

# Now is the Time: Healthy Transitions

## Baseline Descriptive and Demographic Data

When a question is something that must be asked of the Youth/Young Adult or Primary Caregiver directly:

- Use "Refused" when a Youth/Young Adult or Primary Caregiver does not want to answer the question.
- Use "Unsure" when the Youth/Young Adult or Primary Caregiver does not know the information.

You may also choose "Unsure" if the information is unable to be obtained from the chart/record.

1. Agency or individual who referred the Youth/Young Adult to your program: select **only one** primary referral agency.

- |  |   |
|--|---|
| <input type="radio"/> a. Child Welfare<br><br><input type="radio"/> b. Drug & Alcohol<br><br><input type="radio"/> c. Juvenile Justice<br><br><input type="radio"/> d. Adult Criminal Justice System/Corrections<br><br><input type="radio"/> e. Child Mental Health<br><br><input type="radio"/> f. Adult Mental Health | <input type="radio"/> g. Physical Health<br><br><input type="radio"/> h. Regular Education<br><br><input type="radio"/> i. Special Education<br><br><input type="radio"/> j. Office of Vocational Rehabilitation (OVR)<br><br><input type="radio"/> k. Family/Relative<br><br><input type="radio"/> l. Self-referred<br><br><input type="radio"/> m. Other: _____<br><small>(specify)</small> |
|--|---|

2. Agencies that the Youth/Young Adult is **currently** involved with: select **all** that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> a. Child Welfare<br><br><input type="checkbox"/> b. Drug & Alcohol<br><br><input type="checkbox"/> c. Juvenile Justice<br><br><input type="checkbox"/> d. Adult Criminal Justice System/Corrections<br><br><input type="checkbox"/> e. Child Mental Health<br><br><input type="checkbox"/> f. Adult Mental Health | <input type="checkbox"/> g. Physical Health<br><br><input type="checkbox"/> h. Higher Education<br><br><input type="checkbox"/> i. Special Education<br><br><input type="checkbox"/> j. Office of Vocational Rehabilitation (OVR)<br><br><input type="checkbox"/> k. Other: _____<br><small>(specify)</small> |
|--|---|

3. Child welfare involvement: **Choose only one. If Child Welfare is not selected above, choose "Not applicable" and go to question 4.**

- |  |   |
|--|---|
| <input type="radio"/> N/A (Not applicable)<br><br><input type="radio"/> a. Receiving child abuse and neglect investigation/assessment<br><br><input type="radio"/> b. Court-ordered out-of-home placement—Foster care<br><br><input type="radio"/> c. Court-ordered out-of-home placement—Kinship care<br><br><input type="radio"/> d. Court-ordered out-of-home placement—Residential treatment | <input type="radio"/> e. Voluntary out-of-home placement—Foster care<br><br><input type="radio"/> f. Voluntary out-of-home placement—Kinship care<br><br><input type="radio"/> g. Voluntary out-of-home placement—Residential treatment<br><br><input type="radio"/> h. Court-ordered in-home services<br><br><input type="radio"/> i. Voluntary in-home services |
|--|---|



4. Does the Youth/Young Adult **currently** have any mental health diagnoses (DSM IV or DSM 5)?

- Yes  No **If Yes, is it a DSM IV or DSM 5 diagnosis?**  DSM IV  DSM 5  Unsure

5. What is the date of the Youth's/Young Adult's **most recent** diagnostic evaluation?

/   /

OR

Unsure  N/A

6. Who provided the diagnosis? Choose **only one**.

- N/A
- a. Child psychiatrist
- b. General psychiatrist
- c. Child psychologist
- d. General psychologist
- e. Licensed mental health staff  
(clinical social worker/professional counselor/therapist)
- f. Primary care physician
- g. Nurse practitioner/psychiatric nurse/physician's assistant
- h. Other licensed physical health staff
- i. Unlicensed staff (mental health assessment specialist)
- j. Other: \_\_\_\_\_  
(specify)

7. Fill in the DSM codes below for all diagnoses the Youth/Young Adult **currently** has.

*Primary diagnosis should be listed as the first diagnosis*

*If you don't know the specific DSM code, write down as much detail as you can and we will look up the code when the data is entered*

*If there is no diagnosis, write that there is "no diagnosis"*

*If the diagnosis code and any diagnosis information is missing from the chart, write "missing"*

N/A (No clinical diagnosis)

**Clinical Disorders**

	DSM Codes:	Name:
Code 1:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
Code 2:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
Code 3:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
Code 4:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
Code 5:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
Code 6:	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____



8. What were the specific problems that led the Youth/Young Adult to be referred to your program? **Select all** that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Suicide-related problems                               | <input type="checkbox"/> 19. At-risk for or has failed family home placement        |
| <input type="checkbox"/> 2. Depression-related problems                            | <input type="checkbox"/> 20. Suspension from school or higher education             |
| <input type="checkbox"/> 3. Anxiety-related problems                               | <input type="checkbox"/> 21. Expulsion from school or higher education              |
| <input type="checkbox"/> 4. Hyperactive and attention-related problems             | <input type="checkbox"/> 22. Maltreatment (child abuse or neglect)                  |
| <input type="checkbox"/> 5. Conduct/delinquency-related problems                   | <input type="checkbox"/> 23. Other health problems for the Youth/Young Adult        |
| <input type="checkbox"/> 6. Criminal/Legal-related problems                        | <input type="checkbox"/> 24. High-risk environment: Maternal depression             |
| <input type="checkbox"/> 7. Substance use, abuse, or dependence-related problems   | <input type="checkbox"/> 25. High-risk environment: Maternal mental health          |
| <input type="checkbox"/> 8. Adjustment-related problems                            | <input type="checkbox"/> 26. High-risk environment: Paternal mental health          |
| <input type="checkbox"/> 9. Psychotic behaviors                                    | <input type="checkbox"/> 27. High-risk environment: Other caregiver mental health   |
| <input type="checkbox"/> 10. Pervasive developmental disabilities                  | <input type="checkbox"/> 28. High-risk environment: Maternal substance abuse        |
| <input type="checkbox"/> 11. Specific developmental disabilities                   | <input type="checkbox"/> 29. High-risk environment: Paternal substance abuse        |
| <input type="checkbox"/> 12. Learning disabilities                                 | <input type="checkbox"/> 30. High-risk environment: Other caregiver substance abuse |
| <input type="checkbox"/> 13. School performance unrelated to learning disabilities | <input type="checkbox"/> 31. High-risk environment: Family health problems          |
| <input type="checkbox"/> 14. Eating disorders                                      | <input type="checkbox"/> 32. High-risk environment: Other family problems           |
| <input type="checkbox"/> 15. Gender identity                                       | <input type="checkbox"/> 33. High-risk environment: Problems related to housing     |
| <input type="checkbox"/> 16. Separation problems                                   | <input type="checkbox"/> 34. High-risk environment: High-risk peer group            |
| <input type="checkbox"/> 17. Non-engagement with people                            | <input type="checkbox"/> 35. High-risk environment: Unsafe/high crime neighborhood  |
| <input type="checkbox"/> 18. Sleeping problems                                     | <input type="checkbox"/> 36. Other: _____<br>(specify)                              |



9. What is the Youth's/Young Adult's date of birth?

/   /

10. What is the Youth's/Young Adult's gender identity?

- Male                       Transgender Female to Male                       Intersex                       Refused  
 Female                       Transgender Male to Female                       Other: \_\_\_\_\_  Unsure  
(specify)

11. What is the Youth's/Young Adult's sexual orientation?

- Heterosexual                       Lesbian                       Questioning                       Undecided/Not Applicable  
 Gay                       Bisexual                       Asexual                       Refused

12. Is the Youth/Young Adult Hispanic/Latino?

- Yes     No     Refused     Unsure

**If Yes, select all that apply.**

- Central American                       Dominican                       Puerto Rican  
 Cuban                       Mexican                       South American                       Other: \_\_\_\_\_  
(specify)

13. Which race(s) does the Youth/Young Adult identify with? **Select all that apply.**

*Even if the Youth/ Young Adult is Hispanic, you still must try to get an answer for race.*

*If the respondent says that the only racial/ ethnic group that applies to him/her is Hispanic/Latino, choose "Other" and write "Does not identify race"*

- African American or Black                       Native Hawaiian/Pacific Islander                       Refused  
 White/Caucasian                       Multiracial                       Unsure  
 Alaska Native/American Indian                       Other: \_\_\_\_\_  
(specify)  
 Asian

14. Is the Youth/Young Adult **currently** diagnosed with an Intellectual and Developmental Disability

- Yes     No     Refused     Unsure

15. Is the Youth/Young Adult deaf or **currently** have serious difficulty hearing?

- Yes     No     Refused     Unsure

16. Is the Youth/Young Adult blind or **currently** have serious difficulty seeing, even when wearing glasses or contacts?

- Yes     No     Refused     Unsure

17. Because of a physical, mental, or emotional condition, does the Youth/Young Adult have serious difficulty concentrating, remembering, or making decisions?

- Yes     No     Refused     Unsure     N/A

18. Does the Youth/Young Adult have serious difficulty walking or climbing stairs?

- Yes     No     Refused     Unsure     N/A

19. Does the Youth/Young Adult have difficulty dressing or bathing?

- Yes     No     Refused     Unsure     N/A



20. What is the Youth's/Young Adult's **current** level of education? Choose **only one**.

- Highest Grade completed:     
  Earned GED   
  Associate's   
  Master's   
  Unsure  
 Graduated HS   
  Tech School   
  Bachelor's   
  Doctorate

21. If applicable, what is the Primary Caregiver's **current** level of education? Choose **only one**.

- Highest Grade completed:     
  Earned GED   
  Associate's   
  Master's   
  Unsure  
 Graduated HS   
  Tech School   
  Bachelor's   
  Doctorate   
  N/A

22. Is the Youth/Young Adult **currently** employed?

- Yes   
  No   
  Refused   
  Unsure

23. If applicable, is the Primary Caregiver **currently** employed?

- Yes   
  No   
  Refused   
  Unsure   
  N/A

24. What range does the Youth's/Young Adult's (and family's, if living together) annual household income **currently** fall into?

- \$0-\$9,999   
  \$20,000-\$29,999   
  \$40,000-\$49,999   
  \$60,000-\$69,000   
  Refused  
 \$10,000-\$19,999   
  \$30,000-\$39,999   
  \$50,000-\$59,000   
  \$70,000+   
  Unsure

25. Does the Youth/Young Adult (or family, if living together) **currently** use or receive funding from any of the following programs?

a. Medicaid?

- Yes   
  No   
  Refused   
  Unsure

b. Pennsylvania Children's Health Insurance Program (**CHIP**)?

- Yes   
  No   
  Refused   
  Unsure

c. Supplemental Security Income (**SSI**)?

- Yes   
  No   
  Refused   
  Unsure

d. Temporary Assistance for Needy Families (**TANF**)?

- Yes   
  No   
  Refused   
  Unsure

e. local county programs?

- Yes   
  No   
  Refused   
  Unsure

26. Is the Youth/Young Adult **currently** covered under any private insurance?

- Yes   
  No   
  Refused   
  Unsure

27. How well does the Youth/Young Adult **currently** speak English?

- Very well   
  Well   
  Not well   
  Not at all   
  Unsure

28. If applicable, how well does the Primary Caregiver **currently** speak English?

- Very well   
  Well   
  Not well   
  Not at all   
  N/A   
  Unsure

29. Is a language other than English **currently** spoken at home?

- Yes   
  No   
  Unsure   
 **If Yes, specify:**  Spanish   
 Other: \_\_\_\_\_

30. Was the Youth/Young Adult told they could have an interpreter for their **current** services?

- Yes   
  No   
  N/A   
  Unsure   
**If Yes, did they use the interpreting service?**  Yes   
 No



31. What was the date of the 1st planning meeting for the Youth/Young Adult in your program?

/   /

32. Who participated in the development of the service plan? (Evidence of participation includes attendees of the meeting, or those mentioned in the plan.)

*These are meant to capture categories of people, so if there is more than one person under each category please write in each person's role in the "Specify" line*

*Check the box if the category of people participated. Leave it empty if the category of people did not.*

	Participated?	Specify:
a. If applicable, Youth's/Young Adult's Primary Caregiver or guardian:	<input type="checkbox"/>	
b. Youth/Young Adult:	<input type="checkbox"/>	
c. Other family member: <i>(includes biological family, adoptive family, stepfamily, and foster family)</i>	<input type="checkbox"/>	
d. Case manager:	<input type="checkbox"/>	
e. Therapist:	<input type="checkbox"/>	
f. Other child mental health staff (e.g., behavioral aide, respite worker):	<input type="checkbox"/>	_____
g. Other adult mental health staff (e.g., behavioral aide, respite worker):	<input type="checkbox"/>	_____
h. Special education staff (e.g., teacher, counselor):	<input type="checkbox"/>	_____
i. Higher education staff (e.g., teacher, counselor):	<input type="checkbox"/>	_____
j. Child welfare staff (e.g., case worker):	<input type="checkbox"/>	_____
k. Juvenile justice (e.g., probation officer):	<input type="checkbox"/>	_____
l. Adult Criminal Justice System/Corrections (e.g., parole officer):	<input type="checkbox"/>	_____
m. Health staff (e.g., pediatrician, nurse):	<input type="checkbox"/>	_____
n. Office of Vocational Rehabilitation (OVR):	<input type="checkbox"/>	_____
o. Family peer support:	<input type="checkbox"/>	_____
p. Planning process facilitator/service coordinator:	<input type="checkbox"/>	_____
q. Youth/Young Adult peer support:	<input type="checkbox"/>	_____
r. Other:	<input type="checkbox"/>	_____

33. Is anyone in the Youth's/Young Adult's family **currently** serving on active duty or retired/separated from the **Armed Forces, the Reserves, or the National Guard**?

- Yes       No       Refused       Unsure

**IF YES, WHO?** Choose up to 6 of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> a. Youth's/Young Adult's spouse            | <input type="checkbox"/> g. Youth's/Young Adult's brother(s)                                      |
| <input type="checkbox"/> b. Youth's/Young Adult's unmarried partner | <input type="checkbox"/> h. Youth's/Young Adult's sister(s)                                       |
| <input type="checkbox"/> c. Youth's/Young Adult's mother            | <input type="checkbox"/> i. Another member of the Youth's/Young Adult's family<br>(SPECIFY) _____ |
| <input type="checkbox"/> d. Youth's/Young Adult's father            | <input type="checkbox"/> Refused  |
| <input type="checkbox"/> e. Youth's/Young Adult's on(s)             | <input type="checkbox"/> Unsure   |
| <input type="checkbox"/> f. Youth's/Young Adult's daughter(s)       |   |

**IF THE YOUTH/YOUNG ADULT IS UNDER 17 YEARS OF AGE, SKIP TO QUESTION 39**

34. Has the Youth/Young Adult **ever** served on active duty in the Armed Forces, the Reserves, or the National Guard?

**ACTIVE DUTY** - refers to full-time duty in the active military/uniformed services of the United States

- Yes       No       Refused       Unsure

**IF THE ANSWER IS NO, REFUSED, OR UNSURE, SKIP TO QUESTION 39**

35. In what branch did the Youth/Young Adult serve?

- |                                    |                                   |  |                               |
|------------------------------------|-----------------------------------|--|-------------------------------|
| <input type="radio"/> Army         | <input type="radio"/> Air Force   | <input type="radio"/> Public Health Service (PHS)                            | <input type="radio"/> Refused |
| <input type="radio"/> Marine Corps | <input type="radio"/> Coast Guard | <input type="radio"/> National Oceanic and Atmospheric Administration (NOAA) | <input type="radio"/> Unsure  |
| <input type="radio"/> Navy         |                                   |  |                               |

36. In which component did the Youth/Young Adult serve?

- Active       Reserve       National Guard       Refused       Unsure

37. Is the Youth/Young Adult currently on active duty, or are they separated, or are they retired?

**SEPARATED** - refers to a service period in the United States uniformed services that is less than 20 years

**RETIRED** - refers to a service period in the United States uniformed services that is equal to or greater than 20 years

- On active duty       Separated       Retired       Refused       Unsure

38. Has the Youth/Young Adult ever been deployed to a combat

Check all that apply:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> a. No, never deployed to a combat zone                      | <input type="checkbox"/> Refused |
| <input type="checkbox"/> b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)             | <input type="checkbox"/> Unsure  |
| <input type="checkbox"/> c. Yes, Persian Gulf (Operation Desert Shield/Desert Storm) |                                  |
| <input type="checkbox"/> d. Yes, Vietnam/Southeast Asia                              |                                  |
| <input type="checkbox"/> e. Yes, Korea   |                                  |
| <input type="checkbox"/> f. Yes, World War II  |                                  |
| <input type="checkbox"/> g. Yes, other: (SPECIFY) _____                              |                                  |



39. Has the Youth/Young Adult **ever** tried to kill his/herself?

- Yes       No       Refused       Unsure

40. Traumatic events

a. Has the Youth/Young Adult **ever** experienced an event, series of events, or set of circumstances that resulted in them feeling physically or emotionally harmed or threatened?

- Yes       No       Refused       Unsure

**IF NO, REFUSED, OR UNSURE SKIP TO QUESTION 41**

b. If yes, what kind of event was this? (SELECT ALL THAT APPLY)

- Natural or man-made disaster
- Community or school violence
- Interpersonal violence (including physical, sexual, or psychological)
- Military trauma
- Other: (SPECIFY) \_\_\_\_\_

c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or present that they:

(1) Had nightmares about them or thought about them when they did not want to?

- Yes       No       Refused       Unsure

(2) Tried hard not to think about the experiences or went out of their way to avoid situations that reminded them of the experiences?

- Yes       No       Refused       Unsure

(3) Were constantly on guard, watchful, or easily startled?

- Yes       No       Refused       Unsure

(4) Felt numb and detached from others, activities, or their surroundings?

- Yes       No       Refused       Unsure

