

*Now is the Time:  
Healthy Transitions*

**DCI Interview**

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

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

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

**A. RECORD MANAGEMENT**

What type of interview was completed?

**Baseline**

**Reassessment**

1. Which 6-month reassessment?  6 month  12 month  18 month  24 month
2. Have you or other staff had contact with the Youth/Young Adult within the **last 90 days**?  Yes  No
3. Is the Youth/Young Adult still receiving services from your project?  Yes  No

**Clinical Discharge**

1. On what date was the Youth/Young Adult discharged?  /  /   
Month Day Year

2. What is the Youth's/Young Adult's discharge status?

- Mutually agreed cessation of treatment
- Withdrew from/refused treatment
- No contact within 90 days of last encounter
- Incarcerated
- Clinically referred out
- Death
- Other:   
(specify)

**Definitions:**

**MUTUALLY AGREED CESSATION OF TREATMENT** - was compliant with the project/treatment plan and either completed or graduated or left before completion with the agreement of the treatment staff.

**WITHDREW FROM/REFUSED TREATMENT** - ended or did not follow the treatment against medical advice.

**NO CONTACT WITHIN 90 DAYS OF LAST ENCOUNTER** - was not in contact for 90 calendar days or more since his/her last encounter. No other information is known about his/her status. Contact refers to services/referral provided, phone calls related to a service plan (not scheduling), or crisis intervention or emergency services.

**INCARCERATED (Newly or re-incarcerated)** - was arrested due to offense committed prior to services received or during services received

**CLINICALLY REFERRED OUT** - was referred to another program or services

**DEATH** - died prior to completing treatment.

**OTHER** - status does not meet any of the above noted conditions. For example, they were not compliant with the treatment plan and were terminated by the provider. Check OTHER and specify the reason for the clinical discharge the space provided.



**B. DRUG AND ALCOHOL USE**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. In the **past 30 days**, how many days have you used alcoholic beverages? *Responses must be between 0 and 30 days.*

days      OR       Refused       Unsure

**IF ZERO, SKIP TO QUESTION 3**

2. In the **past 30 days**, how many days have you used alcohol to intoxication? *Responses must be between 0 and 30 days.*

**IF MALE** Alcohol intoxication is defined as FOUR or more drinks in a day

days      OR       Refused       Unsure

**IF FEMALE** Alcohol intoxication is defined as THREE or more drinks in a day

days      OR       Refused       Unsure

3. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

No risk       Slight risk       Moderate risk       Great risk       Refused       Unsure

4. In the **past 30 days**, how many days did you use any illegal drugs including prescription drugs that were taken for reasons or in doses other than prescribed? *Responses must be between 0 and 30 days.*

days      OR       Refused       Unsure

**IF ZERO, SKIP TO QUESTION 6 - Tobacco**

5. The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed.

In the **past 30 days**, how many days have you used...

*Responses must be between 0 and 30 days.*

Refused    Unsure

- a. Cocaine (coke, crack, etc)  
(e.g. coke, crack, etc.)        days      OR       Refused       Unsure
- b. Prescription stimulants  
(e.g. Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)        days      OR       Refused       Unsure
- c. Methamphetamine  
(e.g. speed, crystal meth, ice, etc.)        days      OR       Refused       Unsure
- d. Inhalants  
(e.g. etc.)        days      OR       Refused       Unsure
- e. Sedatives or sleeping pills  
(e.g. Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)        days      OR       Refused       Unsure
- f. Hallucinogens  
(e.g. LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)        days      OR       Refused       Unsure
- g. Opioids  
(e.g. heroin, opium, etc.)        days      OR       Refused       Unsure
- h. Prescription opioids  
(e.g. fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)        days      OR       Refused       Unsure
- i. Cannabis  
(e.g. marijuana, pot, grass, hash, etc.)        days      OR       Refused       Unsure
- j. Other: \_\_\_\_\_  
(Specify)        days      OR       Refused       Unsure

**B. DRUG AND ALCOHOL USE (cont.)**

6. The following five questions (6a-6e) relate to your experience with tobacco or other tobacco related products.

In the **past 30 days**, how many days have you used...

*Responses must be between 0 and 30 days.*

- a. Cigarettes   days OR  Refused  Unsure
- b. Chewing tobacco   days OR  Refused  Unsure
- c. Cigars   days OR  Refused  Unsure
- d. Electronic Cigarettes (e-cigarettes)   days OR  Refused  Unsure
- e. Other tobacco related products   days OR  Refused  Unsure  
(Specify) \_\_\_\_\_

**C. FAMILY AND HOUSING**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. In the **past 30 days**, where have you been living most of the time?

*If there are two placements with 15 days each, choose the most recent.*

- Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)  Refused
- Emergency shelter, including hotel or motel  Unsure
- Staying or living with family/friends (e.g., room, apartment, or house)
- Transition Housing
- Substance abuse treatment center or detox center
- Residential treatment (substance abuse or mental health)
- Therapeutic community or hallway house
- Psychiatric hospital or other psychiatric facility
- Long-term care facility or nursing home
- Hospital or other residential non-psychiatric medical facility
- Permanent supportive housing
- Foster care home or foster care group home
- Jail, prison, or juvenile detention facility
- House rented by Youth/Young Adult
- House owned by Youth/Young Adult
- Other: \_\_\_\_\_  
(Specify)

2. In the **past 30 days**, how many nights have you been homeless? *Responses must be between 0 and 30 days.*

*Homeless includes living in a shelter, on the street (e.g., cars, vans, or trucks), or in any place not meant for habitation (e.g., airport, abandoned building, park).*

- days OR  Refused  Unsure



**D. EDUCATION, EMPLOYMENT, AND INCOME****NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

## 1. Current Education

a. Are you currently enrolled in a school or job training program? (If INCARCERATED, select "NO/NOT ENROLLED")

- No/Not enrolled (SKIP TO QUESTION 2)
- Enrolled, full time
- Enrolled, part time
- Other: \_\_\_\_\_  
(Specify)
- Refused (SKIP TO QUESTION 2)
- Unsure (SKIP TO QUESTION 2)

b. If you are currently enrolled in school or job training program, during the **past 30 days**, how many days were unexcused absences?*An excused absence refers to permission to miss a required activity. If an interview is being conducted during the summer months, refer the youth back to the last attended school session.*

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 10 days
- More than 10 days
- Refused
- Unsure

## 2. What is the highest level of education you have finished (whether or not you received a degree)?

- |   |  |
|---|--|
| <input type="radio"/> Pre-school                                | <input type="radio"/> Some college or university                     |
| <input type="radio"/> Kindergarten                              | <input type="radio"/> Bachelor's Degree (BA, BS) or higher           |
| <input type="radio"/> 1st Grade                                 | <input type="radio"/> Vocational/Technical Diploma after High School |
| <input type="radio"/> 2nd Grade                                 | <input type="radio"/> Refused  |
| <input type="radio"/> 3rd Grade                                 | <input type="radio"/> Unsure   |
| <input type="radio"/> 4th Grade                                 |  |
| <input type="radio"/> 5th Grade                                 |  |
| <input type="radio"/> 6th Grade                                 |  |
| <input type="radio"/> 7th Grade                                 |  |
| <input type="radio"/> 8th Grade                                 |  |
| <input type="radio"/> 9th Grade                                 |  |
| <input type="radio"/> 10th Grade                                |  |
| <input type="radio"/> 11th Grade                                |  |
| <input type="radio"/> 12th Grade/High School diploma/Equivalent |  |



**D. EDUCATION, EMPLOYMENT, AND INCOME (cont.)**

3. Are you currently employed? *Focus on the work status during most of the previous week.*

**IF THE YOUTH/YOUNG ADULT IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E**

If the Youth/Young Adult is INCARCERATED, select "Unemployed, not looking for work" AND SKIP TO SECTION E.

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work - unemployed, disabled (SKIP TO SECTION E)
- Unemployed, volunteer work (SKIP TO SECTION E)
- Unemployed, retired (SKIP TO SECTION E)
- Unemployed, not looking for work - (SKIP TO SECTION E)
- Other: \_\_\_\_\_  
(Specify)
- Refused (SKIP TO SECTION E)
- Unsure (SKIP TO SECTION E)

4. Are you paid at or above the minimum wage?

- Yes     No     Refused     Unsure

5. Are your wages paid directly to you by your employer?

- Yes     No     Refused     Unsure

6. Could anyone have applied for your job?

*If it is a SHELTERED POSITION select "No" (e.g., working, but not in the labor force, possibly working for therapeutic purposes in conjunction with a mental health agency/program, in a closely supervised or protective setting)*

- Yes     No     Refused     Unsure

**E. CRIME AND CRIMINAL JUSTICE STATUS**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. Legal Status over the past month

a. In the **past 30 days**, how many times have you been arrested? *Responses must be between 0 and 30 times.*

- |  |  |
|--|--|
|  |  |
|--|--|

 times    OR     Refused     Unsure

(IF ZERO, SKIP to Question E2)

b. Out of the times you have been arrested in the **past 30 days**, how many times have you been arrested for drug-related offenses? *Responses must be between 0 and 30 days.*

*Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving while intoxicated; and public intoxication.*

- |  |  |
|--|--|
|  |  |
|--|--|

 times    OR     Refused     Unsure

2. Are you currently awaiting charges, trial, or sentencing?

- Yes     No     Refused     Unsure

3. Are you currently on parole or probation?

- Yes     No     Refused     Unsure



**F1. MENTAL AND PHYSICAL HEALTH**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. How would you rate your overall health right now?

*Overall health refers to mental, emotional, and physical health.*

- Excellent     
  Very Good     
  Good     
  Poor     
  Refused     
  Unsure

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the **past 30 days**. Please indicate your disagreement/agreement with each of the following statements.

In the <b>past 30 days</b> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. I deal effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am able to deal with crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am getting along with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I do well in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I do well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My housing situation is satisfactory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My symptoms are not bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F1. MENTAL AND PHYSICAL HEALTH (cont.)**

**IF THE YOUTH/YOUNG ADULT IS UNDER 10 YEARS OF AGE, SKIP TO QUESTION 6**

3. *Not applicable for Pennsylvania programs*

4. At any time in the **past 6 months**, did you seriously think of killing yourself?

- Yes     No     Refused     Unsure

5. During the **past 6 months**, did you try to kill yourself?

- Yes     No     Refused     Unsure

6. In the **past 30 days**, how many nights have you spent in a hospital for mental health care? *Responses must be between 0 and 30 days.*

- nights    OR     Refused     Unsure

7. In the **past 30 days**, how many nights have you spent in a facility for detox/inpatient or residential substance abuse treatment? *Responses must be between 0 and 30 days.*

- nights    OR     Refused     Unsure

8. In the **past 30 days**, how many times have you gone to an emergency room for psychiatric or emotional problems? *Responses must be between 0 and 30 days.*

- times    OR     Refused     Unsure

9. The following six questions (9a-9f) ask about how you have been feeling during the **past 30 days**. For each question, please indicate how often you had this feeling.

During the **past 30 days**...how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Unsure
a. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restless or fidgety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. So depressed that nothing could cheer you up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**F2. MENTAL HEALTH SERVICES**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. Have you received any behavioral health services in **the past 6 months**?  Yes  No
2. Are you **currently** at risk for inpatient, residential, or partial hospitalization mental health services?  Yes  No  N/A

**IF THE YOUTH/YOUNG ADULT HAS NOT RECEIVED ANY MENTAL HEALTH SERVICES IN THE PAST 6 MONTHS, SKIP TO SECTION F3.**

3. Which of the following mental health services have you received in **the past 6 months**?

	None	Current	In the past 6 months (but not Current)
a. Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a1. Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a2. Blended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a3. Intensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behavioral Health Rehabilitation Services (BHRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b1. Behavioral Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2. Mobile Therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b3. Therapeutic Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric Rehabilitation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c1. Site Based (Clubhouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c2. Mobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c3. Assertive Community Treatment team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crisis Intervention and Emergency Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inpatient psychiatric hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mental Health Residential Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Partial hospitalization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**F2. MENTAL HEALTH SERVICES (cont.)**

3. Which of the following mental health services have you received in **the past 6 months?** (cont.)

	None	Current	In the past 6 months (but not Current)
i. Certified Peer Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community Residential Rehabilitation Services Group/Host Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. First Episode Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. High Fidelity Wraparound (HFW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Transition to Independence Process (TIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Dialectical Behavior Therapy (DBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Functional Family Therapy (FFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Multidimensional Treatment Foster Care (MTFC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Multisystemic Therapy (MST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Outpatient therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Autism-specific Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Intellectual Disabilities-specific Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. School-based mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Other: _____ (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F3. RECOVERY, SELF HELP, AND PEER SUPPORT****NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.**RECOVERY**

1. In the **past 30 days**, have you attended any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

*SAMHSA defines **recovery** as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.*

In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

Yes -  times    OR     No     Refused     Unsure

2. In the **past 30 days**, have you attended any religious or faith affiliated recovery self-help groups?

Yes -  times    OR     No     Refused     Unsure

3. *Not applicable for Pennsylvania programs*

**SELF HELP AND PEER SUPPORT**

4. In the **past 30 days**, have you had interaction with family and/or friends who are supportive of your recovery?

Yes     No     Refused     Unsure

5. In the **past 30 days**, I generally accomplished what I set out to do.

Strongly agree     Agree     Undecided     Disagree     Strongly disagree     Refused     Unsure

6. I feel capable of managing my health care needs.

- On my own most of the time  
 With support from others most of the time  
 On my own  
 Some of the time and with support from others  
 Some of the time  
 Rarely or never  
 Refused  
 Unsure

7. I have family or friends that are supportive of my recovery.

Strongly agree     Agree     Undecided     Disagree     Strongly disagree     Refused     Unsure



**F4. VIOLENCE AND TRAUMA**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. *Not applicable for Pennsylvania programs*

2. In the **past 30 days**, how often have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

- Never
- A few times
- More than a few times
- Refused
- Unsure

**G. SOCIAL CONNECTEDNESS**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons **other than your mental health provider(s)** over the **past 30 days**.

Over the <b>past 30 days</b> ...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. I had people with whom I did enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am happy with the friendships I had.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**STOP HERE FOR BASELINE INTERVIEWS**

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**GO TO NEXT PAGE FOR REASSESSMENT OR DISCHARGE INTERVIEWS**



**H. PERCEPTION OF CARE**

**NOTE:** The following questions are addressed to the YOUTH/YOUNG ADULT.

1. In order to provide the best possible mental health and related services, we need to know what you think about the services the Youth/Young Adult received during **the past 30 days**, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

*(These questions apply to all mental health services, treatments, and/or medications. Youth may receive mental health services at one or more agencies.)*

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Refused	Unsure
a. Staff believe I can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Staff were sensitive to my cultural background (race, religion, language, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I like the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. If I had other choices, I would still get services from the same agency/agencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I would recommend this agency/these agencies to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**K. SERVICES RECEIVED**

**Services Received** Complete for all services the Identified Youth has received in the last 6 months

1. Date of most recent service for the Identified Youth:

/   /

Month Day Year

**Core Services: \* See Services Definitions Addendum**

	<u>Provided</u>			Service Not Available
	Yes	No	Unknown	
2. Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Treatment Planning or Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Psychopharmacological Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If **Yes** to 6, how often were Mental Health Services delivered?

Unknown

or

Number of times:

per

Day

Week

Month

Year

7. Co-Occurring Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Was the youth referred to another agency for any of the above services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Support Services: (Services other than those for mental health)**

	<u>Provided</u>			Service Not Available
	Yes	No	Unknown	
11. Medical Care (primary care or other physical health services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Social Recreational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Consumer Operated Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Was the Identified Youth referred to another agency for any of the above support services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

