



# **pennsylvania**

## **SYSTEM OF CARE PARTNERSHIP**

### **National Outcome Measures Interview (NOMS)**

*This is completed for all youth (age 11 or older\*):*

- *within 30 days after enrollment into services/treatment*
  - *every 6 months that youth are participating*
  - *at discharge from services/treatment*

*\* For youth younger than 11 years old,  
data can be collected from the caregiver instead*



Updated: 04/2016



### NOMs Interview - Youth

When a question is something that must be asked of the youth directly:

- Use "Refused" when a youth does not want to answer the question.
- Use "Unsure" when the youth 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     30 month
2. Have you or other staff had contact with the Identified Youth within the **last 90 days**?     Yes     No
3. Is the Identified Youth still receiving services from your project?       Yes     No

Clinical Discharge

1. On what date was the Identified Youth discharged?      [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]  
Month                  Day                  Year

2. What is the Identified Youth'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 crises 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 IDENTIFIED YOUTH.

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 B3**

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 NOT MALE** 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 B6**

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 <small>(e.g. coke, crack, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
b. Prescription stimulants <small>(e.g. Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
c. Methamphetamine <small>(e.g. speed, crystal meth, ice, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
d. Inhalants <small>(e.g. nitrous oxide, glue, pant thinner, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
e. Sedatives or sleeping pills <small>(e.g. Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
f. Hallucinogens <small>(e.g. LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
g. Street opioids <small>(e.g. heroin, opium, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
h. Prescription opioids <small>(e.g. fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
i. Cannabis <small>(e.g. marijuana, pot, grass, hash, etc.)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	
j. Other: <small>(Specify)</small>	<input type="text"/> <input type="text"/> days	OR	<input type="radio"/>	<input type="radio"/>	

**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 IDENTIFIED YOUTH.

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)  Unsure
- Emergency shelter, including hotel or motel  Refused
- Staying or living with family (e.g., room, apartment, or house)
- Staying or living with 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 halfway 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 Identified Youth
- House owned by Identified Youth
- 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 IDENTIFIED YOUTH.*If an interview is being conducted during the summer months, refer the youth back to the last attended school session.*

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

- No/Not enrolled (SKIP TO QUESTION D2)
- Enrolled, full time
- Enrolled, part time
- Other: \_\_\_\_\_  
(Specify)
- Refused (SKIP TO QUESTION D2)
- Unsure (SKIP TO QUESTION D2)

a. **If currently enrolled in school or a job training program**, during the **past 30 days of school**, how many days did you miss school?

Total absences in the past 30 days of school or work:

 days      OR       Refused       Unsureb. **If absent one or more days**, how many days were unexcused absences?*An unexcused absence refers to missing a required activity without permission.*

Unexcused absences in the past 30 days of school or work:

 days      OR       Refused       Unsure       Not Applicable (did not miss school/work in past 30 days)

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

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



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

**IF THE IDENTIFIED YOUTH IS UNDER 16 YEARS OF AGE, SKIP TO SECTION E**

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

If the Identified Youth is INCARCERATED, select "Unemployed, not looking for work"

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

**E. CRIME AND CRIMINAL JUSTICE STATUS**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

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  Not applicable  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

4. In the **past 30 days**, how many nights have you spent in a correctional facility?

nights OR  Refused  Unsure

**F. MENTAL AND PHYSICAL HEALTH**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

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

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

- Excellent   
  Very Good   
  Good   
  Fair   
  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 am handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get along with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get along with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am doing 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"/>
e. I am able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF THE IDENTIFIED YOUTH IS UNDER 10 YEARS OF AGE, SKIP TO QUESTION F5**

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

- Yes   
  No   
  Refused   
  Unsure

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

- Yes   
  No   
  Refused   
  Unsure



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

5. 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

6. 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

7. 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

8. The following six questions (8a-8f) 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"/>

**G. RECOVERY, SELF HELP, AND PEER SUPPORT**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

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

Strongly agree     Agree     Undecided     Disagree     Strongly disagree     Refused     Unsure

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

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

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

Strongly agree     Agree     Undecided     Disagree     Strongly disagree     Refused     Unsure

**H. VIOLENCE AND TRAUMA**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

1. 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   
  Once   
  A few times   
  More than a few times   
  Refused   
  Unsure

a. If **"Once" or more**, what kind of event was this? (SELECT ALL THAT APPLY)

- |   |   |
|---|---|
| <input type="checkbox"/> Not applicable               | <input type="checkbox"/> Interpersonal violence                   |
| <input type="checkbox"/> Natural or man-made disaster | <input type="checkbox"/> Military trauma                          |
| <input type="checkbox"/> Community or school violence | <input type="checkbox"/> Other: _____<br><small>(Specify)</small> |

**IF THE YOUTH HAS NO HISTORY OF TRAUMATIC EVENTS, SKIP TO SECTION I**

2. Did any of the (traumatic) experiences feel so frightening, horrible, or upsetting that **in the past 30 days** that you:

(a) Had nightmares about the experiences or thought about them when you did not want to?

- Yes   
  No   
  Refused   
  Unsure

(b) Tried hard not to think about the experiences or went out of your way to avoid situations that reminded you of the experiences?

- Yes   
  No   
  Refused   
  Unsure

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

- Yes   
  No   
  Refused   
  Unsure

(d) Felt numb and detached from others, activities, or your surroundings?

- Yes   
  No   
  Refused   
  Unsure

**I. SOCIAL CONNECTEDNESS**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

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 know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I have people that I am comfortable talking with about my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In a crisis, I would have the support I need from family and/or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have people with whom I can do enjoyable things.	<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**

**Next page**

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



**J. PERCEPTION OF CARE**

**NOTE:** The following questions are addressed to the IDENTIFIED YOUTH.

1. In order to provide the best possible mental health and related services, we need to know what you think about the services the Identified Youth 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 here treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Staff respected my family's religious/spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Staff spoke with me in a way that I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I helped choose my services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I helped choose my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I participated in my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Overall, I am satisfied with 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"/>
i. The people helping me stuck with me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I felt I had someone to talk to when I was troubled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The services I received were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I got the help I wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I got as much help as I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Who completed the interview?

- Administrative staff
- Care coordinator
- Case manager
- Clinician providing direct services
- Clinician not providing services
- Consumer peer
- Data collector
- Evaluator
- Family advocate
- Research assistant staff
- Self-administered
- Other:
- Refused
- Unsure

**K. SERVICES RECEIVED**

**NOTE:** The following questions are for STAFF to complete.

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

Date of most recent service for the Identified Youth:

/   /

Month Day Year

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

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

**If Yes to K5, how many times were each of the Mental Health Services delivered over the past six months?**

	<b><u>Provided</u></b>		<b><u>If yes, in the past 6 months:</u></b>
	<b>Yes</b>	<b>No</b>	
a. Outpatient therapy	<input type="radio"/>	<input type="radio"/>	# of sessions <input type="text"/> <input type="text"/> <input type="text"/>
b. Group therapy	<input type="radio"/>	<input type="radio"/>	# of sessions <input type="text"/> <input type="text"/> <input type="text"/>
c. Family therapy (including Identified Youth)	<input type="radio"/>	<input type="radio"/>	# of sessions <input type="text"/> <input type="text"/> <input type="text"/>
d. Partial hospitalization/day treatment	<input type="radio"/>	<input type="radio"/>	# of days <input type="text"/> <input type="text"/> <input type="text"/>
e. Psychiatric hospitalization	<input type="radio"/>	<input type="radio"/>	# of days <input type="text"/> <input type="text"/> <input type="text"/>

	<b><u>Provided</u></b>			<b>Service Not Available</b>
	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	
6. Co-Occurring Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Wraparound Planning Team Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Was the Identified Youth referred to another agency for any of the above services (questions K1-K8)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**K. SERVICES RECEIVED (cont.)**

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

	<u>Provided</u>			Service Not Available
	Yes	No	Unknown	
10. Medical Care (primary care or other physical health services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If Yes to K12, how many times were each of the Mental Health Services delivered over the past six months?**

	<u>Provided</u>			Service Not Available
	Yes	No	Unknown	
a. Peer-support partner for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Peer-support partner for caregiver/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Respite Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<u>Provided</u>			Service Not Available
	Yes	No	Unknown	
15. Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Social Recreational Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Consumer Operated Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Substance abuse related services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Intellectual disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Was the Identified Youth referred to another agency for any of the above support services (questions K10-K20)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

