## BRIEFEST SACA: ANSWER THE NEXT SECTION AT EACH REPORT:

MA. In the last 3 months, have you stayed overnight in a hospital, treatment center, group or foster home, juvenile justice facility, or emergency shelter for problems with drugs or alcohol, behaviors, or feelings?

Have you stayed overnight in a (READ EACH AND CODE): IF "YES," ANSWER COL. A AND B.

YES. NO.....GO TO MB

IF YES:

COL A. IF YES: # NIGHTS IN CHECK TYPES OF LAST 3 MOS SERVICES GIVEN: NO YES DK assessment Hospital for problems with drugs or individual treatment/therapy alcohol, behaviors, or feelings group treatment \_family/parent treatment/ed medication \_education/training 2. YES DK assessment Drug or alcohol treatment unit NO nts. \_\_individual treatment/therapy group treatment \_\_family/parent treatment/ed \_medication \_education/training 3. NO YES DK assessment Residential treatment center nts. \_individual treatment/therapy group treatment \_family/parent treatment/ed medication education/training assessment 4. Group home NO YES DK nts. \_individual treatment/therapy \_group treatment \_family/parent treatment/ed \_\_medication \_education/training 5. Foster home NO YES DK assessment nts. \_\_individual treatment/therapy group treatment family/parent treatment/ed medication education/training Detention center/Prison or jail NO YES DK \_assessment \_\_nts. \_\_individual treatment/therapy \_group treatment \_\_family/parent treatment/ed \_medication \_education/training Emergency shelter for problems with NO YES DK assessment nts.

behaviors or feelings.

Other: describe

Did client have an episode that resulted in use of mechanical or chemical restraints?

NO YES DK

YES NO

\_\_individual treatment/therapy

\_\_individual treatment/therapy \_\_group treatment \_\_family/parent treatment/ed

\_group treatment \_family/parent treatment/ed

\_medication \_education/training

\_\_assessment

\_\_medication \_\_education/training

\_nts.

<sup>9.</sup> If "Yes" to any of above:

## MB. In the last 3 months, have you received outpatient help (not overnight) from a $\,$ (IF YES ANSWER COLS A & B):

|        |   |           | IF YES:         |   |
|--------|---|-----------|-----------------|---|
|        |   |           | COL A<br>NUMBER | OF IF YES:                                      |
|        |   |           | HOURS OR I      |   |
|        |   |           | OF SERVI        |   |
| 9.     | Community mental health center or other           |           |                 | assessment                                      |
|        | outpatient mental health clinic                   | NO YES DK | hrs             | individual treatment/therapy                    |
|        | outputient mentar neurin enme                     | NO TED DI |                 | group treatment                                 |
|        |   |           |                 | family/parent treatment/ed                      |
|        |   |           | day:            | smedication                                     |
|        |   |           | _               | education/training<br>case management           |
| 10.    | Professional like a psychologist, psychiatrist,   |           |                 | assessment                                      |
| 10.    |   |           |                 | individual treatment/therapy                    |
|        | social worker, or family counselor not part of a  |           |                 | group treatment                                 |
|        | service or clinic already mentioned               | NO YES DK | hrs.            | family/parent treatment/ed                      |
|        |   |           |                 | medication                                      |
|        |   |           |                 | education/training                              |
| 11     | Doutied beganitelization on deviteestment macanam |           |                 | case management assessment                      |
| 11.    | Partial hospitalization or day treatment program  | NO VEC DI |                 | assessment<br>individual treatment/therapy      |
|        |   | NO YES DK | hrs             | group treatment                                 |
|        |   |           |                 | family/parent treatment/ed                      |
|        |   |           | da              | medication                                      |
|        |   |           | •               | education/training                              |
| 12.    | Drug or alcohol clinic                            | NO YES DK |                 | assessment                                      |
|        | · ·   |           | hrs.            | individual treatment/therapy                    |
|        |   |           |                 | group treatment                                 |
|        |   |           |                 | family/parent treatment/ed<br>medication        |
|        |   |           | day             | Snedication<br>education/training               |
| 13.    | Therapist or counselor or family preservation     |           |                 | assessment                                      |
| 15.    | worker who came to your home                      |           | 1               | individual treatment/therapy                    |
|        | worker who came to your nome                      | NO YES DK | hrs             | group treatment                                 |
|        |   | NO ILS DI | <u> </u>        | family/parent treatment/ed                      |
|        |   |           | day             | medication                                      |
|        |   |           |                 | education/training<br>case management           |
| 1.4    |   |           |                 |   |
| 14.    | Emergency room for problems with behaviors or     |           |                 | assessment<br>individual treatment/therapy      |
|        | feelings  |           | hrs.            | family/parent treatment/ed                      |
|        |   | NO YES DK |                 | medication                                      |
| 15.    | Pediatrician or family doctor for problems with   |           |                 | assessment                                      |
|        | behaviors or feelings                             |           | hrs.            | individual treatment/therapy                    |
|        | community of roomings                             | NO YES DK |                 | group treatment                                 |
|        |   | NO ILD DI | •               | family/parent treatment/ed<br>medication        |
|        |   |           |                 | education/training                              |
| 16.    | Probation or juvenile corrections officer or a    |           |                 | assessment                                      |
| 10.    | court counselor                                   |           | 1               | individual treatment/therapy                    |
|        | court counscion                                   | NO YES DK | hrs.            | group treatment                                 |
|        |   | NO ILS DR | _               | family/parent treatment/ed                      |
|        |   |           |                 | medication                                      |
| 17.    | Priest, Minister or Rabbi for problems with       |           |                 | education/training<br>assessment                |
| 1/.    |   | NO VEC DI |                 | individual treatment/therapy                    |
|        | behaviors or feelings                             | NO YES DK | hrs.            | group treatment                                 |
|        |   |           |                 | family/parent treatment/ed                      |
|        |   |           |                 | education/training                              |
| 18.    | Acupuncturist/Chiropractor                        |           |                 | assessment                                      |
|        |   |           |                 | individual treatment/therapy<br>group treatment |
|        |   | NO YES DK | hrs.            | family/parent treatment/ed                      |
|        |   |           |                 | medication                                      |
|        |   |           |                 | education/training                              |
| 19.    | Crisis hotline                                    |           | hrs.            |   |
|        |   | NO YES DK |                 |   |
| 20.    | Any self-help group like Alcoholics Anonymous     |           | hrs.            |   |
|        | or peer counseling                                | NO YES DK |                 |   |
| 21 O+h | er: describe                                      |           |                 |   |
| 21 Oth | ici. ucsciiut                                     | NO VEC DE | hrs.            |   |
|        |   | NO YES DK | _               |   |

## MC. Have you received the following types of help in school (IF YES ANSWER COL A. AND B.):

32. supported work

33. other (describe:\_

| , , , , , , , , , , , , , , , , , , ,   | · ·       | IF YES:<br>COL A.<br>NUMBER OF<br>HOURS OR DAYS<br>SERVICE  | IF YES:<br>CHECK TYPES OF<br>SERVICES GIVEN:  |  |  |  |
|---|-----------|---|---|--|--|--|
| 22. Being placed in a special school for students with problems with behaviors or feelings                      | NO YES DK | days  | assessment<br>individual treatment/therapy<br>group treatment<br>family/parent treatment/ed<br>medication |  |  |  |
| 23. Being placed in a special classroom for problems with drugs or alcohol, behaviors, or feelings              | NO YES DK | hrs.  | assessment<br>individual treatment/therapy<br>group treatment<br>family/parent treatment/ed               |  |  |  |
|   | -         | days  |   |  |  |  |
| 24. Getting special help (such as tutoring or training) in the regular classroom for problems with behaviors or | -         | hrs.  | _assessment<br>_individual treatment/therapy  |  |  |  |
| feelings  | NO YES DK | days  | group treatment<br>family/parent treatment/ed   |  |  |  |
| 25. Other counseling or therapy in school, related to problems with drugs or alcohol, behaviors, or feelings    | NO YES DK | hrs.  | assessment<br>individual treatment/therapy<br>group treatment<br>family/parent treatment/ed               |  |  |  |
| 26. Other: describe:  | NO YES DK | assessmentindividual treatment/therapygroup treatmentfamily/parent treatment/edmedicationeducation/training |   |  |  |  |
| MD. In past 3 months, have you or your family received:   |           |   |   |  |  |  |
|   | You       | Your Famil  | IF YES:<br>COL. A.<br>NUMBER OF<br>HOURS<br>SERVICE   |  |  |  |
| 27. mentor services   | NO YES DK | NO YES I  | OK  |  |  |  |
| 28. transitional living services  | NO YES DK | NO YES I  | OK  |  |  |  |
| 29. parent aide   | NO YES DK |   | OK  |  |  |  |
| 30. recreational/community activities   | NO YES DK |   | OK  |  |  |  |
| 31. incidental/clothing/transportation  | NO YES DK | NO YES I  | OK  |  |  |  |

NO

NO

YES

YES

DK

DK

NO

NO

YES

YES DK

DK