

1. FAMILY ADVOCACY AGENCY YOUTH AND FAMILY PARTICIPATING IN:

- 1. Urban-Family Agency Collaboration/Mental Health Center of Denver
- 2. Suburban-Federation of Families for Children’s Mental Health
- 3. Rural-Pikes Peak Mental Health Center
- 4. Rural-Montrose County School District

2. ENROLLMENT DATE: Enter the date the youth was actually enrolled in the family advocacy program and/or assigned a family advocate. **(MM/DD/YYYY)**

3. FAMILY ADVOCATE’S NAME:

- a. First Name:
- b. Last Name:

YOUTH DEMOGRAPHIC INFORMATION:

4. FIRST NAME:

5. LAST NAME:

6. GENDER:

- 1. Male
- 2. Female
- 3. Transgender

7. DATE OF BIRTH: **(MM/DD/YYYY)**

8. REFERRAL RESIDENCE: Identify where the youth is living at the time of the referral into the family advocacy program.

- | | |
|---|--|
| <input type="checkbox"/> 1. Adoptive Family | <input type="checkbox"/> 5. Residential Treatment In State |
| <input type="checkbox"/> 2. Foster Care | <input type="checkbox"/> 6. Residential Treatment Out of State |
| <input type="checkbox"/> 3. Other Relatives | <input type="checkbox"/> 7. Other <i>(Please Specify)</i> |
| <input type="checkbox"/> 4. Parents | <input type="checkbox"/> 99. Unknown |

9. ETHNICITY: Identify the youth’s ethnic background. ***(Check all that apply)***

- | | |
|---|---|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 5. Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 6. White-Non Hispanic |
| <input type="checkbox"/> 3. Black or African American | <input type="checkbox"/> 7. Other <i>(Please Specify)</i> |
| <input type="checkbox"/> 4. Hispanic/Latino | |

10. FAMILY MEMBERS: Identify if any other children within their family (i.e. sibling, cousins, etc) are enrolled in the Family Advocacy Demonstration Program.

- A.**
- 0. No
 - 1. Yes
 - 99. Unknown

B. If yes, what is their name(s)?

REFERRAL

11. REFERRAL DATE: Enter the date on which the referral was received by the family advocacy program. **(MM/DD/YYYY)**

12. REFERRAL AGENCY: Select the agency and type of agency that made the referral.

A. Name:

B. Type:

- | | |
|---|--|
| <input type="checkbox"/> 1. Court System | <input type="checkbox"/> 7. Pre-Trial Services |
| <input type="checkbox"/> 2. Department of Human Services | <input type="checkbox"/> 8. Probation |
| <input type="checkbox"/> 3. Diversion | <input type="checkbox"/> 9. School District |
| <input type="checkbox"/> 4. Division of Youth Corrections | <input type="checkbox"/> 10. Other (<i>Please Specify</i>) |
| <input type="checkbox"/> 5. Health Department | <input type="checkbox"/> 99. Unknown |
| <input type="checkbox"/> 6. Mental Health Center | |

13. REFERRAL REASON(S): List the reason(s) the youth was referred to your family advocacy program.

14. NEEDS ASSESSMENT: Identify the **youth's** needs based on the initial, as well as any subsequent, assessments. Where possible, please specify a service/intervention name to accompany the identified need(s). Enter as many service names that fit the needs category. Include the date of the assessment(s) for each. (**Check all that apply**)

Needs	Specific Service /Intervention Name	Assessment Date (MM/DD/YYYY)
<input type="checkbox"/> 1. Child Welfare		
<input type="checkbox"/> 2. Developmental Disabilities		
<input type="checkbox"/> 3. Education		
<input type="checkbox"/> 4. Juvenile Justice	_____	_____
<input type="checkbox"/> 5. Mental Health		
<input type="checkbox"/> 6. Mentoring		
<input type="checkbox"/> 7. Physical Health		
<input type="checkbox"/> 8. Substance Abuse		
<input type="checkbox"/> 9. Traumatic Brain Injury		
<input type="checkbox"/> 10. Other (<i>Please Specify</i>)		

15. SYSTEM INVOLVEMENT: Identify the youth's current involvement in the system at point of referral as well as any involvement in the system over the past one year. The past year is from the date the youth was referred in the family advocacy program back one year. (**Check all that apply**)

	Past Year	Point of Referral		Past Year	Point of Referral
1. Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	8. Pre-Trial Services	<input type="checkbox"/>	<input type="checkbox"/>
2. Court	<input type="checkbox"/>	<input type="checkbox"/>	9. Probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	10. School/Education	<input type="checkbox"/>	<input type="checkbox"/>
4. Diversion	<input type="checkbox"/>	<input type="checkbox"/>	11. Senate Bill 94	<input type="checkbox"/>	<input type="checkbox"/>
5. Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	12. Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical	<input type="checkbox"/>	<input type="checkbox"/>	13. Youth Corrections	<input type="checkbox"/>	<input type="checkbox"/>
7. Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	14. Other (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

16. HISTORY OF VICTIMIZATION: Does the youth have any prior victimization(s) in the following areas (**Check all that apply**)

1. History of sexual abuse
2. History of physical abuse
3. History of emotional/verbal abuse

17. RISK FACTORS: Identify the youth's risk factors. **(Check all that apply)**

Family

- Violent Environment
- Out-of home placement
- Parent Can't Control Youth
- Family Neglects Basic Needs
- Inadequate Supervision
- Inadequate Resources
- Delinquent Siblings
- Family History Criminality
- Poor Family Management
- Family Conflict
- Homeless

Substance Use/Abuse

- Alcohol
- Marijuana
- Cocaine/Crack
- Other Drugs
- Gets High/Intoxicated
- Depend/Addict/Interferes

School

- School Truancy
- School Suspension/Expulsion
- School Drop Out
- School Early Failure
- School Behavioral Problems

Dangerousness

- Aggressive
- Threatening
- Violent
- Animal Cruelty
- Destroys Property
- Sets fires
- Homicidal Threat
- Danger to Others

Law/Juvenile Justice Involvement

- Contact
- Lecture/Release
- Summons
- Runaway
- Arrested
- Charged
- Detained
- Committed/Prison
- Probation/Parole
- Detention/Jail
- Juvenile Justice Services within 1 year*

Socialization

- Disrespect
- Disregards Authority
- Disregards Rules
- Denies Responsibility
- Gang Member
- Delinquent Peers
- Runaway
- Risk Taking/Impulsivity

* One year is from the date the youth was referred in the family advocacy program back one year.

DIAGNOSTIC CRITERIA

18. DOES THE YOUTH HAVE A MENTAL HEALTH DIAGNOSIS:

- 0. No
- 1. Yes
- 99. Unknown

19. DATE OF MOST RECENT MULTIAXIAL DIAGNOSTIC EVALUATION: (MM/DD/YYYY)

20. WHO PROVIDED THE MENTAL HEALTH DIAGNOSIS: (Check all that apply)

- 1. Child Psychologist
- 2. General Psychiatrist
- 4. General Psychologist
- 5. Licensed Clinical Social Worker
- 6. Licensed Professional Counselor
- 7. Primary Care Physician
- 8. Other (Please Specify)
- 9. Unknown

21. DSM-IV DIAGNOSIS(S): Identify the mental health diagnosis.

	Diagnosis
A	
B	
C	
D	
E	

22. SERVICE(S) REFERRED: Record the service(s) to which the youth and/or family have been referred. This includes family advocate referrals and any other services referred to by others. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Service Name: Enter the agency name of the referred service.
 Service Type: Select the type of referred service.
1=Case Management; 2=Family Counseling; 3=Group Counseling; 4=Individual Counseling; 5=Education Services; 6=Medical Services; 7=Mentor; 8=Support Group; 9=Substance Abuse Treatment; 10=Other (specify); 11=Wraparound 99=Unknown

Who is the referred service for: Enter whether the youth, family, or youth and family were referred to this service.
1=Youth; 2=Family; 3=Youth and Family; 9=Unknown

Who referred them to this service: Enter who referred them to this service (service may have begun prior to advocacy enrollment).
1=Advocate referred; 2=Non-advocate referral/came in already receiving service; 3=Group/treatment decision which included advocate; 9=Unknown

Date of referral: Enter the date (MM/DD/YYYY) they were referred to this service.

	Service Name	Service Type	Date of referral (MM/DD/YYYY)	Who is the referred service for?	Who referred them to this service?
1.		Select... Specify		Select...	Select...
2.		Select... Specify		Select...	Select...
3.		Select... Specify		Select...	Select...
4.		Select... Specify		Select...	Select...
5.		Select... Specify		Select...	Select...
6.		Select... Specify		Select...	Select...
7.		Select... Specify		Select...	Select...
8.		Select... Specify		Select...	Select...
9.		Select... Specify		Select...	Select...
10.		Select... Specify		Select...	Select...
11.		Select... Specify		Select...	Select...
12.		Select... Specify		Select...	Select...
13.		Select... Specify		Select...	Select...
14.		Select... Specify		Select...	Select...
15.		Select... Specify		Select...	Select...
16.		Select... Specify		Select...	Select...
17.		Select... Specify		Select...	Select...
18.		Select... Specify		Select...	Select...
19.		Select... Specify		Select...	Select...
20.		Select... Specify		Select...	Select...

23. YOUTH SERVICES: Enter the service that is provided to the YOUTH while enrolled in the family advocacy program. Each line represents an individual session. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Service Name: Enter the name of the specific agency that is providing the service.

Service Type: Select the type of service the agency is providing.

- 1=Case Management; 2=Family Counseling; 3=Group Counseling;
 4=Individual Counseling; 5=Education Services; 6=Medical Services;
 7=Mentor; 8=Support Group; 9=Substance Abuse Treatment;
 10=Other (specify); 11=Wraparound; 99=Unknown**

Date: Enter the date (MM/DD/YYYY) for each service session.

Cost: Enter the amount each session costs (i.e. \$100)

Notes: Enter notes on the identified youth. The notes should include reason for completion and any notable (positive or negative) events

	Service Name	Service Type	Date (MM/DD/YYYY)	Cost	Notes
1.		Select... Specify			
2.		Select... Specify			
3.		Select... Specify			
4.		Select... Specify			
5.		Select... Specify			
6.		Select... Specify			
7.		Select... Specify			
8.		Select... Specify			
9.		Select... Specify			
10.		Select... Specify			
11.		Select... Specify			
12.		Select... Specify			
13.		Select... Specify			
14.		Select... Specify			
15.		Select... Specify			
16.		Select... Specify			
17.		Select... Specify			
18.		Select... Specify			
19.		Select... Specify			
20.		Select... Specify			
21.		Select... Specify			

	Service Name	Service Type	Date (MM/DD/YYYY)	Cost	Notes
22.		Select... <i>Specify</i>			
23.		Select... <i>Specify</i>			
24.		Select... <i>Specify</i>			
25.		Select... <i>Specify</i>			
26.		Select... <i>Specify</i>			
27.		Select... <i>Specify</i>			
28.		Select... <i>Specify</i>			
29.		Select... <i>Specify</i>			
30.		Select... <i>Specify</i>			
31.		Select... <i>Specify</i>			
32.		Select... <i>Specify</i>			
33.		Select... <i>Specify</i>			
34.		Select... <i>Specify</i>			
35.		Select... <i>Specify</i>			
36.		Select... <i>Specify</i>			
37.		Select... <i>Specify</i>			
38.		Select... <i>Specify</i>			
39.		Select... <i>Specify</i>			
40.		Select... <i>Specify</i>			
41.		Select... <i>Specify</i>			
42.		Select... <i>Specify</i>			
43.		Select... <i>Specify</i>			
44.		Select... <i>Specify</i>			
45.		Select... <i>Specify</i>			
46.		Select... <i>Specify</i>			
47.		Select... <i>Specify</i>			
48.		Select... <i>Specify</i>			
49.		Select... <i>Specify</i>			
50.		Select... <i>Specify</i>			

24. FAMILY SERVICES: Enter the service that is provided to the FAMILY MEMBER(S) of the youth while the youth is enrolled in the family advocacy program. Each line represents a different service. Do not record staffing (TDM, IEP, etc) here. Record staffing at the end of the form (Q.32).

Family Member: Select which family member(s) were participating in a service. Check "None" if family members are not receiving any services.
 Service Agency Name: Enter the name of the specific agency that is providing the service.
 Service Type: Select the type of service it is.
1=Case Management; 2=Family Counseling; 3=Group Counseling; 4=Individual Counseling; 5=Education Services; 6=Medical Services; 7=Mentor; 8=Support Group; 9=Substance Abuse Treatment; 10=Other (specify); 11=Wraparound; 99=Unknown
 Start Date: Enter the start date (MM/DD/YYYY) for when the service began.
 End Date: Enter the end date (MM/DD/YYYY) for the service the family member(s) is no longer receiving/participating in.
 # of Sessions: Enter the number of times the family member(s) have attended this service.
 Notes: Enter notes on the identified youth. The notes should include reason for completion and any notable (positive or negative) events.

	Family Members					Service Agency Name	Service Type	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	# of Sessions	Notes
	None	Parent	Sibling	Grand parent	Other Relative						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select... Specify				

INVOLVEMENT IN THE YOUTH'S CASE

25. WHO IS INVOLVED IN THE YOUTH'S CASE? Identify who (professionals, natural supports, family members, etc) is involved in this youth's case. *(Check all that apply)*

	Full Name(s)	Agency Name or Relationship to Youth	Address (street/city/zip)	Phone Number
<input type="checkbox"/> a. Parent/Caregiver				
<input type="checkbox"/> b. Other Family Member				
<input type="checkbox"/> c. Natural Support				
<input type="checkbox"/> d. Case Manager				
<input type="checkbox"/> e. Therapist				
<input type="checkbox"/> f. Other Mental Health Staff				
<input type="checkbox"/> g. Substance Abuse Counselor				
<input type="checkbox"/> h. Education Staff				
<input type="checkbox"/> i. Child Welfare Staff				
<input type="checkbox"/> j. Court Staff				
<input type="checkbox"/> k. Probation Officer				
<input type="checkbox"/> l. Diversion Officer				
<input type="checkbox"/> m. Pre-Trial Officer				
<input type="checkbox"/> n. Medical Staff				
<input type="checkbox"/> o. Family Advocate				
<input type="checkbox"/> p. Mentor				
<input type="checkbox"/> q. Development Disabilities Provider				
<input type="checkbox"/> r. Other <i>(Specify)</i>				

DISCHARGE (Fill out this section ONLY when the youth has discharged the family advocacy program)

26. DISCHARGE DATE: Enter the date on which the youth discharged the family advocacy program. **(MM/DD/YYYY)**

- 27. DISCHARGE STATUS:** Record the discharge status.
- 1. Currently participating in the family advocacy program
 - 2. Successful Completion
 - 3. Unsuccessful Completion
 - 4. Program Terminated (Teller only)
 - 5. Inactive status (Denver only)

28. REASON(S) FOR THE UNSUCCESSFUL COMPLETION OF THE FAMILY ADVOCACY PROGRAM: Identify the reason(s) for unsuccessful completion of the family advocacy program. *If the youth successfully completed the family advocacy program enter NA.*

29. WAS THE YOUTH REFERRED FOR ADDITIONAL/ONGOING SERVICE(S) ONCE THEY DISCHARGED THE FAMILY ADVOCACY PROGRAM?

A1. Additional Service(s)

- 0. No
- 1. Yes
- 99. Unknown

A2. If yes, what service(s)?

B1. Continuous/Ongoing Service(s)

- 0. No
- 1. Yes
- 99. Unknown

B2. If yes, what type of service(s)?

30. DISCHARGE RESIDENCE: Identify where the youth is living at the time of the discharge from the family advocacy program.

- 1. Adoptive Family
- 2. Foster Care
- 3. Other Relatives
- 4. Parents
- 5. Residential Treatment In State
- 6. Residential Treatment Out of State
- 7. Other (*Please Specify*)
- 99. Unknown

ADVOCATE

31. ADVOCATE'S ROLE: Identify what the family advocate did to provide assistance to the youth and family.

- 1. Conducted intake with youth and family
- 2. Met/spoke with school counselor
- 3. Met/spoke with social worker
- 4. Met/spoke with teacher(s)
- 5. Met/spoke with Probation Officer
- 6. Met/spoke with Diversion Officer
- 7. Met/spoke with Pre-trial Officer
- 8. Met/spoke with treatment provider(s)
- 9. Phone conversations with youth
- 10. Phone conversations with family
- 11. Voicemails left at youth's home
- 12. Attended court hearings
- 13a. Referred youth for an IEP
- 13b. Attended IEP meetings
- 14. Attended Wraparound meetings
- 15. Attended TDM meetings
- 16. Attended other staffings (*specify*)
- 17. Visited youth while detained/committed
- 18. School visits
- 19. Work visits
- 20. Home visits
- 21. Provided clothing
- 22. Provided food
- 23. Provided school supplies
- 24. Provided misc supplies (*specify*)
- 25. Found housing/shelter
- 26. Provided transportation (i.e. bus passes)
- 27. Other (*specify*)
- 28. Other (*specify*)
- 29. Other (*specify*)
- 30. Other (*specify*)
- 31. Other (*specify*)
- 32. Other (*specify*)
- 33. Other (*specify*)
- 34. Other (*specify*)

STAFFINGS

32. STAFFINGS: Record all staffings (i.e. TDM, IEP, etc) that took place during the youth's participation in the family advocacy program (even if the youth/family/family advocate did not attend). Do not record wraparound here. Continue recording wraparound under Q.22, Q.23, and Q.24. Record the name/type of staffing, date, and who was present at the staffing.

	Name of Staffing	Staffing Date (MM/DD/YYYY)	Present at the Staffing		
			Youth	Family	Family Advocate
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>