

## ENCOUNTER

**Only Complete if referral came from MRSS Provider (ex. called directly etc) or Other Crisis Line/County Hotline/988. All data with an \* Asterisk before the question must be completed to "Save" the form. (Green=Standard or Pre-loaded Provider Responses, Gray=Data that is utilized in MRSS Benchmarks)**

\*Status  Closed  New  In-progress

Closed Reason

- Linked to Open Encounter  Duplicate Encounter  Created in Error
- Provider Required ROI/Permission to Treat Prior to Assessment: Not Signed by Family
- Referred to MRSS but Family Declined Telephonically
- Not Able to Reach the Family Telephonically to Follow-up on Referral
- Youth Transported to Hospital Following Referral

\*Origin

- Email  SMS  Postal Mail  Director's Office  Web
- Phone  Chat  Legislative Office  Follow up Encounter  Other: \_\_\_\_\_

\*Anonymous?  Yes  No

\*Caller Type

- Agency-based Crisis Team  Intellectual and Development Provider  Peer Supporter
- Child Welfare/CPS/Foster Care  Law Enforcement  School Staff
- Emergency Department  Mental Health or Substance Use Provider  Unknown
- Hospital-Medical Unit  Other Family Member  Wraparound/Service Coordination
- EMTS  Other Mobile Crisis Provider  Child/Young Adult
- Inpatient Behavioral Unit  Parent/Caregiver
- Other, Please Specify: \_\_\_\_\_

Caller Organization: \_\_\_\_\_

\*Primary Reason for Call

- MRSS Mobile Response

\*Subject: \_\_\_\_\_

Name of Caller: \_\_\_\_\_

Caller ID Number: \_\_\_\_\_

Provider Affiliation: \_\_\_\_\_

Call Back Phone #: \_\_\_\_\_ Time initial referral call ended: \_\_\_\_\_

Speak English?  Yes  No Language other than English: \_\_\_\_\_

Referral Source

- MRSS Call Center  MRSS Provider (called directly, etc.)  Other Crisis Line/County Hotline  988

Summary: \_\_\_\_\_

Date of current referral to MRSS program: \_\_\_\_\_

### ADDRESS FOR RESPONSE : EXPECTED MEETING LOCATION

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: OHIO Zip Code: \_\_\_\_\_

# PERSON ACCOUNT

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## New/Update Person

Select an option to associate this record with a Person Account:

- Search Existing Person Accounts (If Client has re-engaged and you have already entered them in the new Data Management System)
- Create a New Person Account (If it is the first time, you will enter them in the Data Management System)

## ACCOUNT INFORMATION: Complete Directly After You've Entered Encounter Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: (system will calculate from birthdate)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Frequent Caller
- Intellectual/Developmental Disability

Primary Care Giver First Name: \_\_\_\_\_ Primary Care Giver Last name: \_\_\_\_\_

Primary Care Phone Number: \_\_\_\_\_ Primary Care Email: \_\_\_\_\_

## MEDICAL INFORMATION

Medicaid Id Number: \_\_\_\_\_

Medicare Id Number: \_\_\_\_\_

## CLIENT ADDRESS INFORMATION

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

County: \_\_\_\_\_

Gender

- Male
- Female
- Transgender
- Non-binary
- Unknown
- Not Asked
- Self-identified, please specify \_\_\_\_\_

What race is the child/young adult? (Select All That Apply)

- African American/Black American
- White
- Unknown
- Bi-racial or Multi-racial
- American Indian
- Not Asked
- Middle Eastern, Arab, or North African
- Asian
- Other race not listed above \_\_\_\_\_
- Native Hawaiian/Pacific Islander
- Alaska Native

Ethnicity

- Not of Hispanic or Latino Origin
- Mexican
- Puerto Rican
- South American
- Not Asked
- Central American
- Cuban
- Dominican
- Unknown
- Other Hispanic or Latino ethnic group, please specify \_\_\_\_\_

Is anyone in the household a Veteran?  Yes  No  Unknown

# TRIAGE

**Only Complete if referral came from MRSS Provider (ex. called directly etc) or Other Crisis Line/County Hotline/988.**

Is the youth at immediate risk of seriously harming themselves?  Yes  No

If yes, please explain:

Is the youth at immediate risk of seriously harming or assaulting others?  Yes  No

If yes, please explain:

Are you currently in a safe environment?  Yes  No

If no, please explain:

Has anything happened recently that might suggest that the youth may need immediate medical attention?

For example, a recent overdose or head injury?  Yes  No

If yes, please explain:

Are you aware of actions, postings or other communications that may suggest that the youth is at risk of carrying out dangerous actions, such as a shooting?  Yes  No

If yes, please explain:

Are there any weapons at the current location?  Yes  No

If yes, please explain:

Do you, your youth or anyone around you need 911 assistance for a medical emergency, personal safety concerns or to help with managing your current situation?  Yes  No

If yes, please explain:

Has the youth or others present have COVID currently or exposed to a person who actively has COVID?  Yes  No

If yes, please explain:

# INTAKE

Gray=Data that is utilized in MRSS Benchmarks

## PROVIDER INFORMATION

Assigned Clinician: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## INITIAL MRSS CONTACT

Provider Person Identifier: \_\_\_\_\_

Reason identified by the Youth, Family, or Call Center for Referral: Select Primary Reason(s) Only:

- |  |  |
|--|--|
| <input type="radio"/> Suicide-related thoughts or actions          | <input type="radio"/> Running Away                             |
| <input type="radio"/> Depression                                   | <input type="radio"/> Family Communication Issues              |
| <input type="radio"/> Anxiety                                      | <input type="radio"/> Family Conflict/Stress                   |
| <input type="radio"/> Self-Injury/Harm                             | <input type="radio"/> Sibling Conflict                         |
| <input type="radio"/> Trauma (Acute Stress, PTSD)                  | <input type="radio"/> Divorce/Custody Issues                   |
| <input type="radio"/> Grief-related Issues                         | <input type="radio"/> Transitioning to new household/placement |
| <input type="radio"/> Gender Identity                              | <input type="radio"/> Sexual Violence or Abuse                 |
| <input type="radio"/> Anger  | <input type="radio"/> Domestic Violence or Abuse               |
| <input type="radio"/> Aggression/Physical Outburst                 | <input type="radio"/> Victim or Witness of Physical Abuse      |
| <input type="radio"/> Homicidal Ideation                           | <input type="radio"/> Human Trafficking                        |
| <input type="radio"/> Oppositionality/Non-Compliance Behaviors     | <input type="radio"/> Childhood Maltreatment/Neglect           |
| <input type="radio"/> Conduct/delinquency-related behaviors        | <input type="radio"/> School: Truancy/School Avoidance         |
| <input type="radio"/> ADHD/ADD                                     | <input type="radio"/> School: Suspension/Expulsion             |
| <input type="radio"/> Behavior consistent with Autism/ASD          | <input type="radio"/> School: Bullying                         |
| <input type="radio"/> Substance use, abuse, and dependency (youth) |  |
| <input type="radio"/> Psychosis                                    |  |
| <input type="radio"/> Other referral reasons: _____                |  |

Please select the triage decision based on established criteria of the referral

- Information Referral
- Non-Immediate (Scheduled within 48 Hours)
- Immediate (Response within 60 minutes)
- Emergency (911 Call w/ MRSS Follow-up – this includes individuals who were taken directly to the hospital or JDC due to safety concerns)

## INITIAL MRSS CONTACT cont.

Please select the service outcome of the referral you are entering.

- 3 DAYS or LESS Mobile Response
- 4 DAYS or MORE Stabilization Services
- Not able to reach the family after the first referral call from MRSS Call Center or other referral source
- Referred to MRSS but declined (Your mobile response team did travel to the youth/family and they refused services)

If the family did not choose MRSS Stabilization Services (4 days or more), what was the reason?

- Could not reach family after initial crisis
- Family already receives IHBT or Similar Services
- Family declines services
- Family prefers to follow up with existing provider
- Youth/family unavailable (moved or residing out of county)
- Youth Hospitalized

After the referral was received, how long did it take for your MRSS team to start the initial face-to-face contact in the community with the child/young adult and/or parent/caregiver(s)?

- 60 Minutes or Less
- 8 Hours or Less
- 9-24 Hours
- 25-48 Hours

At what location, did the MRSS Team meet with the child/young adult and/or parent/caregiver(s) for the Initial response?

- Another MH/SUD Provider
- Another Unit in Your Provider Agency
- Emergency Room
- Family Home
- Juvenile Court
- Juvenile Detention Center
- Police Department
- Residential Treatment Center
- School
- Virtual/TeleHealth
- Your MRSS Office
- Other Community Location

What date was this child/young adult and/or parent/caregiver(s) first served by your MRSS staff for the current referral?

\_\_\_\_\_

What was the time the initial face-to-face contact started? \_\_\_\_\_ am pm

Has this child/young adult been served by your MRSS program previously?  Yes  No

If yes, when was the last time the youth was discharged from MRSS services?

- 30 days or less
- 31-90 days
- 91-365 days
- Over a year ago

## CLIENT INFORMATION

### Primary Clinical Presentation/Secondary Clinical Presentation/Area of Focus

- Substance Use: Alcohol
- Substance Use: Opioids
- Substance Use: Cannabis
- Substance Use: Sedatives, Hypnotics, or Anxiolytics
- Substance Use: Cocaine
- Substance Use: Other Stimulants
- Substance Use: Hallucinogens
- Substance Use: Nicotine
- Substance Use: Inhalants
- Substance Use: Multiple Drugs
- Substance Use: Intoxication
- Substance Use: Non-Psychoactive Drugs
- Substance Use: Other/Unspecified
- Thought/Perception: Schizophrenia/Schizophreniform
- Thought/Perception: Delusional
- Thought/Perception: Brief Psychotic Episode
- Thought/Perception: Schizoaffective
- Thought/Perception: Psychosis, Other/Unspecified
- Mood: Manic Episode
- Mood: Bipolar Hypomanic
- Mood: Bipolar Manic
- Mood: Bipolar, Depressed
- Mood: Bipolar Unspecified
- Mood: Bipolar, Mixed
- Mood: Cyclothymia
- Mood: Disruptive Dysregulation
- Mood: Depression, Major, Single Episode
- Mood: Depression, Major, Recurrent
- Mood: Depression, Other/Unspecified
- Mood: Dysthymia
- Mood: Premenstrual Dysphoric
- Mood: Depression, Post-Partum
- Mood: Other/Unspecified
- Anxiety: Agoraphobia
- Anxiety: Social Phobia
- Anxiety: Phobia, Other/Unspecified
- Anxiety: Panic Disorder
- Anxiety: Generalized
- Anxiety: Other/Unspecified
- Anxiety: Obsessive-Compulsive
- Anxiety: Obsessive Thoughts and/or Acts, Other
- Anxiety: Hoarding
- Anxiety: Trichotillomania
- Anxiety: Excoriation (skin-picking)
- Trauma/Severe Stress: Acute Stress Reaction
- Trauma/Severe Stress: PTSD, Acute
- Trauma/Severe Stress: PTSD, Chronic
- Trauma/Severe Stress: Other/Unspecified
- Trauma/Severe Stress: Dissociation/Conversion
- Adjustment: Depression
- Adjustment: Anxiety
- Adjustment: Anxiety and Depression
- Adjustment: Conduct
- Adjustment: Mixed Emotions and Conduct
- Adjustment: Other/Unspecified
- Body: Somatic/Somatization
- Body: Sleep Related
- Body: Enuresis
- Body: Encopresis
- Body: Dysmorphia
- Body: Sexual Dysfunction
- Eating: Anorexia Nervosa
- Eating: Bulimia Nervosa
- Eating: Binge Eating
- Eating: Avoidant/Restrictive Food Intake
- Eating: Pica
- Eating: Other/Unspecified
- Gender Identity: Childhood
- Gender Identity: Other/Unspecified
- Intellectual Disability: Mild/Moderate
- Intellectual Disability: Severe/Profound
- Intellectual Disability: Other/Unspecified
- Development: Speech and Language
- Development: Scholastic Skills
- Development: Motor Functioning
- Development: Pervasive
- Development: Autism
- Development: Asperger's
- Development: Rett's syndrome
- Development: Other/Unspecified
- ADHD: Inattentive
- ADHD: Hyperactive
- ADHD: Combined
- ADHD: Other/Unspecified
- Behavior: Conduct, Confined to Family Contact
- Behavior: Conduct, Childhood-Onset
- Behavior: Conduct, Adolescent-Onset
- Behavior: Oppositional Defiant
- Behavior: Conduct, Other/Unspecified
- Behavior: Intermittent Explosive
- Behavior: Impulsivity
- Attachment/Social Functioning: Reactive Attachment
- Attachment/Social Functioning: Disinhibited Attachment
- Attachment/Social Functioning: Selective Mutism
- Attachment/Social Functioning: Other/Unspecified
- Tics/Movement: Motor or Vocal
- Tics/Movement: Stereotyped Movement
- Tics/Movement: Tourette's Disorder
- Tics/Movement: Other/Unspecified
- Other/Unspecified: Behavior Concern
- Other/Unspecified: Mental Condition
- Other/Unspecified: Emotional Condition
- Other/Unspecified: Social Condition
- Other/Unspecified: Due to Physiology
- Other/Unspecified: Adult Personality
- Other/Unspecified: Adult Impulsivity

**Additional Contributing Factors (Select up to 3)**

- Parent-Child Relational Problem
- Sibling Relational Problem
- Upbringing Away From Parents
- Child Affected by Parental Relationship Distress
- Problems in relationship with spouse or partner
- Disruption of Family by Separation or Divorce
- High Expressed Emotion Level Within Family
- Uncomplicated Bereavement
- Child Physical Abuse Confirmed
- Child Physical Abuse Suspected
- Child Sexual Abuse Confirmed
- Child Sexual Abuse Suspected
- Child Neglect, Confirmed
- Child Neglect, Suspected
- Child Psychological Abuse, Confirmed
- Child Psychological Abuse, Suspected
- Spouse or Partner Violence, Physical, Confirmed
- Spouse or Partner Violence, Physical, Suspected
- Spouse or Partner Violence, Sexual, Confirmed
- Spouse or Partner Violence, Sexual, Suspected
- Spouse or Partner Abuse, Psychological
- Past history of spouse or partner violence
- Homelessness (Sheltered)
- Homelessness (Unsheltered)
- Inadequate housing
- Discord with neighbors, lodgers and landlord
- Problems related to living in residential institution
- Educational maladjustment and discord with teachers and classmates
- Other problems related to education and literacy
- Food insecurity
- Lack of safe drinking water
- Extreme poverty
- Low income
- Insufficient social insurance and welfare support
- Unspecified Housing or Economic Problem
- Problems of adjustment to life-cycle transitions
- Atypical parenting situation
- Single parent/ Caretaker rearing of children
- Problem related to living alone
- Acculturation difficulty
- Social exclusion and rejection
- Target of perceived adverse discrimination and persecution
- Unspecified Problem related to social environment
- Conviction in civil and criminal proceedings without imprisonment
- Imprisonment and other incarceration
- Problems related to release from prison
- Problems related to other legal circumstances
- Victim of a crime
- Religious or Spiritual
- Unwanted Pregnancy
- Multiparity
- Discord with Service Provider, Probation Officer, Case Manager, etc.
- Victim of Terrorism or Torture
- Exposure to Disaster, War, or other Hostilities
- Problem(s) Related to Psychosocial Circumstances, Other/Unspecified
- History of Psychological Trauma, Other/Unspecified
- Suicidal Behavior
- Non-suicidal self-injury
- Risk Factors, Other/ Unspecified
- Problem related to lifestyle
- Child or Adolescent Antisocial Behavior
- Nonadherence to Medical Treatment
- Loss of love relationship
- Removal from home
- Altered pattern of family relationships
- Events resulting in loss of self-esteem
- Personal frightening experience in childhood
- Negative life event(s), Other/ Unspecified
- Inadequate parental supervision and control
- Parental overprotection
- Institutional upbringing
- Hostility towards and scapegoating of child
- Emotional neglect of child
- Other problems related to neglect in upbringing
- Inappropriate parental pressure and other abnormal qualities of upbringing
- Other specified problems related to upbringing
- Problem related to upbringing, unspecified
- Discord between partners resulting in severe or prolonged loss of control, in generalization of hostile or critical feelings or in a persisting atmosphere of severe interpersonal violence (hitting or striking).
- Problems in relationship with parents and in-laws
- Inadequate family support
- Absence of family member
- Disappearance and death of family member
- Assumed death of family member
- Disruption of family by separation and divorce
- Estrangement
- Dependent relative needing care at home
- Other stressful life events affecting family and household
- Anxiety (normal) about sick person in family
- Health problems within family
- Ill or disturbed family member
- Isolated family
- Family discord NOS
- High expressed emotional level within family
- Inadequate or distorted communication within family
- Problem related to primary support group, Other/Unspecified

## CLIENT INFORMATION cont.

At intake, was the child/young adult insured through (Select All That Apply)

- Medicaid: Fee for Service
- Medicaid: Managed Care
- Medicaid: OhioRise
- Private/Commercial Health Insurance
- Uninsured
- Unknown
- Other

Is this child/young adult in foster care/custody of Job & Family Services?  Yes  No  Unknown

With which of the following agencies/systems is the child/young adult involved, at time of intake (Select All That Apply)

- Adult Court
- Alternative Educational Setting (including online/home schooled, day treatment, PH, etc.)
- Child Welfare/Child Protective Services
- Early Intervention (i.e. Help Me Grow, Early Headstart, Every Child Succeeds)
- IEP/Special education
- Intellectual and Developmental Disabilities Provider (Bd. Of DD eligible)
- Juvenile Court (Unruly/Delinquency /Diversion) / Probation
- Kinship Navigator
- Mental Health/ Substance Use Agency/Clinic/Provider
- Physical Health Care Agency/ Clinic/ Provider
- Wraparound/Service Coordination/ Family Children First Coordinator
- Other, please specify

During the 30 Days PRIOR to MRSS, the child/youth experienced: (Select All that Apply)

- Psychiatric Hospitalization
- Psychiatric ER Visit
- Juvenile Detention Center
- Adult Jail
- Arrests/Probation Violation/Criminal Charges
- School Suspension/ Expulsion
- Truancy
- Crisis Respite/Crisis Stabilization Unit
- Residential Treatment Center/ Group Home
- Kinship Placement (includes relatives and non-relatives)

## FAMILY SATISFACTION INTERVIEW

Did the family sign the OhioMHAS 'Consent to Contact' form?  Yes  No

If the family did not sign the consent to contact, what was the reason?

- Age of Child (Under 5 years old)
- Not Interested
- Privacy Concerns
- Time Concerns
- No Specific Reason was Given
- Provider did not Give Consent Form to Family



# DISCHARGE

Gray=Data that is utilized in MRSS Benchmarks

## TYPE OF SERVICE

\*Date of last MRSS service provided: \_\_\_\_\_

From the perspective of the staff, which issues were addressed with the family during their involvement with your MRSS program? (Select all that apply)

- Self-injury
- Intellectual and developmental disabilities
- Behavior consistent with Autism/ASD
- Foster care placement
- Suicide-related thoughts or actions
- Substance use, abuse, and drug dependency behaviors (caregiver)
- Substance use, abuse, and drug dependency behaviors (youth)
- Learning disabilities
- Depression
- Eating disorders (including anorexia, bulimia)
- Conduct/delinquency-related behaviors
- Sleeping problems
- Hyperactive and attention-related behaviors
- Current home unable to meet young adult's needs
- Anxiety
- Maltreatment (child abuse and neglect)
- Trauma
- Parenting Skills
- Persistent noncompliance (when directed by caregivers/adults)
- School/Educational performance
- Attachment problems
- Running Away
- Psychosis
- High family stress levels
- Other concerns/issues that are related to child/youth's well being: \_\_\_\_\_
- Lack of family resources
- Guardian/caregiver exhaustion
- Guardian/caregiver mental health issue needs
- Coping skills
- Grief-related Issues
- Gender Identity
- Anger/Aggression/Physical Outburst
- Homicidal Ideation
- Oppositionality/Non-Compliance Behaviors
- ADHD/ADD
- Family Communication
- Family Conflict/Stress
- Sibling Conflict
- Divorce/Custody Issues
- Transitioning to new household/placement
- Sexual Violence or Abuse
- Domestic Violence or Abuse
- Victim or Witness of Physical Abuse
- Human Trafficking
- Childhood Maltreatment/Neglect
- School Academic Performance
- School: Truancy/School Avoidance
- School: Suspension/Expulsion
- School: Bullying

DURING MRSS, the child/young adult experienced: (Select All that Apply)

- Psychiatric Hospitalization
- Psychiatric ER Visit
- Juvenile Detention Center
- Adult Jail
- Arrests/Probation Violation/Criminal Charges
- School Suspension/Expulsions
- Truancy
- Crisis Respite/Crisis Stabilization Unit
- Residential Treatment Center/Group Home
- Kinship Placement (includes relatives and non-relatives)

## FREQUENCY OF CONTACT

How long was the family engaged in MRSS Service  3 Days or Less  4 Days to 42 Days  43 days or more

How many times did you see the child/young adult and/or parent/caregiver(s) face-to-face in their home or in the community? \_\_\_\_\_

How many times did you see the child/young adult and/or parent/caregiver(s) face-to-face at the providers office? \_\_\_\_\_

How many times did you see the child/young adult and/or parent/caregiver(s) using telehealth (Zoom, Skype, etc. NOT TELEPHONE CONTACT) \_\_\_\_\_

## MRSS ESSENTIAL SERVICES

Did the family define the problem or issues they wanted to address during MRSS?  Yes  No

During MRSS, the child/young adult and/or parent/caregiver(s) received the following services (Select All That Apply)

- |   |   |
|---|---|
| <input type="radio"/> Initial crisis assessment at the first face-to-face contact | <input type="radio"/> Skill building (coping, problem solving, regulation skills, etc.) |
| <input type="radio"/> Safety Plan at the first face-to-face contact               | <input type="radio"/> Completed MRSS Plan   |
| <input type="radio"/> Crisis de-escalation  | <input type="radio"/> Crisis planning   |
| <input type="radio"/> Ohio Child Initiative Brief CANS                            | <input type="radio"/> Ongoing re-assessment and planning                                |
| <input type="radio"/> Youth Peer Support  | <input type="radio"/> Short-term counseling   |
| <input type="radio"/> Adult Caregiver Peer Support                                | <input type="radio"/> Linkage and coordination  |

Was law enforcement used during this MRSS episode of care?  Yes  No

Why was law enforcement used during this episode of care? **(Select all that Apply)**

- Currently volatile or potentially dangerous client and/or family presentation (e.g., aggression...
- Police requested MRSS co-response
- Family self-initiated law enforcement response
- Agency protocol: all MRSS responses at a certain time of day (e.g., after-hours)
- Agency protocol: all MRSS responses by one staff (versus a team)
- Agency protocol: individualized response for a particular youth
- Other

In what way was law enforcement used during this episode of care: **(Select all that Apply)**

- Law Enforcement Used ONLY to Facilitate Transport to ED or Provider Site
- Wellness Check PRIOR to MRSS Arrival
- Referral Source Called PRIOR to MRSS Arrival
- Accompanied or Met MRSS at Initial Assessment
- Stayed Throughout Initial Assessment
- Assistance Requested DURING Initial Intake
- Requested by any Source post-intake, during MRSS episode or at discharge

What was the location where law enforcement responded? **(Select all that Apply)**

- Family Home
- School
- Other Community Setting

Was the use of Law Enforcement Essential for Safety Reasons?  Yes  No  Unknown

Did the Provider include the Family Prior to Decision to Use Law Enforcement?  Yes  No  Unknown

Were Alternatives Explored to Ensure Safety Explored Prior to Call to Law Enforcement?  Yes  No  Unknown

Was Family Aware of Use of Law Enforcement Prior to Arrival?  Yes  No  Unknown

## LINKAGES TO PROFESSIONAL SERVICES AND NATURAL SUPPORTS

Which professional services and/or natural support were identified for the family? (Select All That Apply)

	Linked back to previous service	Initiated New Service	Referred for Service, but was Not Initiated prior to Discharge due to waitlist	Referred for Service, but was Not Initiated prior to Discharge due to other reasons	Not Available in the Community
Care Coordination (Service Coordination, Moderate Care Coordination or High-Fidelity Wraparound)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IHBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Peer Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing/Clothing/Food Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Recreation/Pro-social Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Treatment/Crisis Stabilization Unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Support Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young Adult Peer Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job & Family Service Income Support/ Financial Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Support Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Classes/Coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill Development Group/Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Recovery Peer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual and developmental disabilities agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education Advocate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transition to Independence program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kinship Navigator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify _____					