BBH SOC Data Collection and Management System

User Guide

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Content

1. Getting Started

1.1. BBH System of Care

Welcome to the Bureau for Behavioral Health's System of Care (SOC) Data Collection and Management System. The SOC collects data on grant-funded programs and services for clients with the CDC's Epi Info software. This software is required to access all the forms for this project. Please see the ***Epi Info and SQL Server Express 2019 Installation Guide*** for where to download these tools and how to install them. The SOC project file to enter data can be accessed on the WVU OneDrive folder.

Within the Epi Info software, you will be able to add and edit data from forms within three areas:

- Funded Grants,
- Program-specific Events, and
- Individual Client Information.

The forms in this data collection cover 11 programs within the SOC:

Children's Mental Health Wraparound (CMHW),
Children's Mobile Crisis Response and Stabilization (MCRS),
Children's Expanded School Mental Health (ESMH),
Positive Behavior Support (PBS),
First Episode Psychosis (FEP),
Regional Youth Service Center (RYSC),
Children's Crisis Respite Services (RESPITE),
Regional Youth Intervention Specialist (RYIS),
System of Care Family Coordinator (SOCFC),
State Opioid Response Family Coordinator (SORFC), and
Drop-in Center for Transitional Youth (DCTY).

Depending on the program your agency covers, you may or may not need to report data on all the forms. There will be webinar recordings to assist with using Epi Info and how to enter, edit, and package data.

For Grant-related data collection, please see the diagram below for data from forms specific to each program.

	CMHW	MCRS	ESMH	PBS	FEP	RYSC	RESPITE	RYIS	SOCFC	SORFC	DCTY
GRANT DATA											
Location Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Staff Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Satisfaction Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MHPET Data			✓								
ESMH Tier Data			✓								
MCRS Referral Data		✓									
FC Feedback Data									✓	✓	
Youth Satisfaction Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Caregiver Satisfaction Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

1.1.1. What if my agency covers multiple programs?

If your agency covers more than one program, you will need to enter grant data for each funded program in the Grant section and data on the program services provided to the youth in the Client section.

All agencies will need to record data collection for the following forms:

- Information on the location of the program associated to the Program Code on the Location form.

- Information on the staff supporting the program on the Staff form

- Information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- Information on individual Satisfaction Survey responses for Youths and Caregivers.

There are additional forms needed for specific programs. Please go to the specific section on each program to see additional forms needed.

Follow the steps for reporting data in the later section to record information across different programs.

1.1.2. What if my agency covers Children's Mental Health Wraparound (CMHW)?

Similar to all the programs, if your agency covers Children's Mental Health Wraparound (CMHW), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Pages 6 CMHW and 7 CMHW Cont on the Client Form
- Page 5 CHMW on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.3. What if my agency covers Children's Mobile Crisis Response and Stabilization (MCRS)?

Similar to all the programs, if your agency covers Children's Mobile Crisis Response and Stabilization (MCRS), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 8 MCRS on the Client Form
- Page 6 MCRS on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- The MCRS program will need monthly information collected on the MCRS Referrals form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.4. What if my agency covers Children's Expanded School Mental Health (ESMH)?

Similar to all the programs, if your agency covers Children's Expanded School Mental Health (ESMH), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 9 ESMH on the Client Form
- Page 7 ESMH on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- For schools in the ESMH program, additional information will need to be filled out in the Location Information form.

- For leadership in the ESMH program, only specific information is needed on the Staff Information form.

- For schools in the ESMH program, the MHPET Data (Mental Health Planning and Evaluation Template) needs to be filled out.

- The ESMH program will need monthly information collected on the ESMH Tier Data (Tier Transitions and School Wide Occurrences) form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

- For Tier Prevention activities in the ESMH, additional information will need to be filled out on the ESMH page of the Events form.

1.1.5. What if my agency covers Positive Behavior Support (PBS)?

Similar to all the programs, if your agency covers Positive Behavior Support (PBS), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 10 PBS on the Client Form
- Page 8 PBS on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.6. What if my agency covers First Episode Psychosis (FEP)?

Similar to all the programs, if your agency covers First Episode Psychosis (FEP), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 11 FEP on the Client Form
- Page 9 FEP on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.7. What if my agency covers the Regional Youth Service Center (RYSC)?

Similar to all the programs, if your agency covers Regional Youth Service Center (RYSC), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 12 RYSC on the Client Form
- Page 10 RYSC on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.8. What if my agency covers Children's Crisis Respite Services (RESPITE)?

Similar to all the programs, if your agency covers Children's Crisis Respite Services (RESPITE), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 13 RESPITE on the Client Form
- Page 11 RESPITE on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the Consumer Satisfaction Surveys form.

- This program will need Satisfaction Survey responses for Youths and Caregivers.

- This program will need monthly information collected on aggregated services provided on the Service Data (Service Appointment with Client) form.

1.1.9. What if my agency covers Regional Youth Intervention Specialist (RYIS)?

Similar to all the programs, if your agency covers Regional Youth Intervention Specialist (RYIS), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- Page 14 RYIS on the Client Form
- Page 12 RYIS on the Monthly Client Form

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the Location form.

- This program will need information on the staff supporting the program on the Staff form

- This program will need information on aggregated numbers of surveys on the [Consumer Satisfaction Surveys](#) form.

- This program will need Satisfaction Survey responses for [Youths](#) and [Caregivers](#).

- This program will need monthly information collected on aggregated services provided on the [Service Data (Service Appointment with Client)](#) form.

1.1.10. What if my agency covers the System of Care Family Coordinator (SOCFC)?

Similar to all the programs, if your agency covers the System of Care Family Coordinator (SOCFC), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- [Page 15 SOCFC on the Client Form](#)
- [Page 13 SOCFC on the Monthly Client Form](#)

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the [Location](#) form.

- This program will need information on the staff supporting the program on the [Staff](#) form

- This program will need information on aggregated numbers of surveys on the [Consumer Satisfaction Surveys](#) form.

- [Feedback Data Form (Family Coordinator Feedback)](#)

- This program will need Satisfaction Survey responses for [Youths](#) and [Caregivers](#).

- This program will need monthly information collected on aggregated services provided on the [Service Data (Service Appointment with Client)](#) form.

1.1.11. What if my agency covers State Opioid Response Family Coordinator (SORFC)?

Similar to all the programs, if your agency covers State Opioid Response Family Coordinator (SORFC), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- [Page 16 SORFC on the Client Form](#)
- [Page 14 SORFC on the Monthly Client Form](#)

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the [Location](#) form.

- This program will need information on the staff supporting the program on the [Staff](#) form

- This program will need information on aggregated numbers of surveys on the [Consumer Satisfaction Surveys](#) form.

- [Feedback Data Form (Family Coordinator Feedback)](#)

- This program will need Satisfaction Survey responses for [Youths](#) and [Caregivers](#).

- This program will need monthly information collected on aggregated services provided on the [Service Data (Service Appointment with Client)](#) form.

1.1.12. What if my agency covers Drop in Center for Transitional Youth (DCTY)?

Similar to all the programs, if your agency covers Drop in Center for Transitional Youth (DCTY), you will need to enter the general information on the grant, the program events, and the clients. Additionally, there are pages and forms that collect only for this program, such as:

- [Page 17 DCTY on the Client Form](#)
- [Page 15 DCTY on the Monthly Client Form](#)

There are additional forms and information that you will need to fill for this program:

- This program will need information on the location of the program associated to the Program Code on the [Location](#) form.

- This program will need information on the staff supporting the program on the [Staff](#) form

- This program will need information on aggregated numbers of surveys on the [Consumer Satisfaction Surveys](#) form.

- This program will need Satisfaction Survey responses for [Youths](#) and [Caregivers](#).

- This program will need monthly information collected on aggregated services provided on the [Service Data (Service Appointment with Client)](#) form.

1.2. Using Epi Info

1.2.1. What is Epi Info?

Epi Info is a statistical software developed by Centers for Disease Control and Prevention to assist data collection. It provides easy data entry form and database construction, a customized data entry experience, and data analyses with epidemiologic statistics, maps, and graphs for public health professionals. There are a series of forms within Epi Info that you can create and edit records for each grant, client, and program-specific activity and events within the SOC.

Installation instructions for Epi Info is contained within the separate *Epi Info and SQL Server Express 2019 Installation Guide* on the BBH System of Care (SOC) Data Collection System webpage.

1.2.2. How to access the System of Care project file?

- Access the BBH System of Care (SOC) Data Collection System webpage and download the **BBH SOC Epi Info Project Files** to a location you can easily remember

Name		Date Modified	Kind
Epi Info Project Files version 0.9.zip		Today at 2:14 PM	ZIP archive
schema_and_data.sql		Sep 17, 2021 at 10:43 AM	Document

- Follow the *Epi Info and SQL Servicer Express 2019 Installation Guide* to set up the Epi Info project file from the downloaded "schema_and_data.sql" file.

  - .PRJ file is the Epi Info project file

> 💡 **Webinar Recording Available**

1.2.3. How to open the System of Care project files in Epi Info?

Before getting started with the Epi Info software, make sure you have created the Epi Info project file from the **BBH SOC Epi Info Project Files**.

- Open the Epi Info software

- Select "Enter Data"
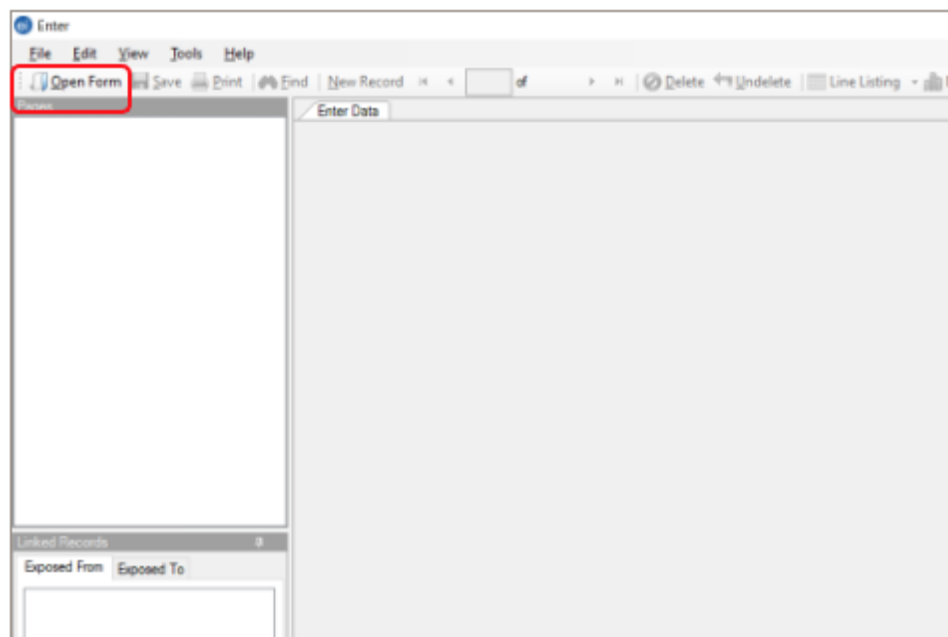
- From the Enter Data screen, select "Open Form" in the upper left of the screen
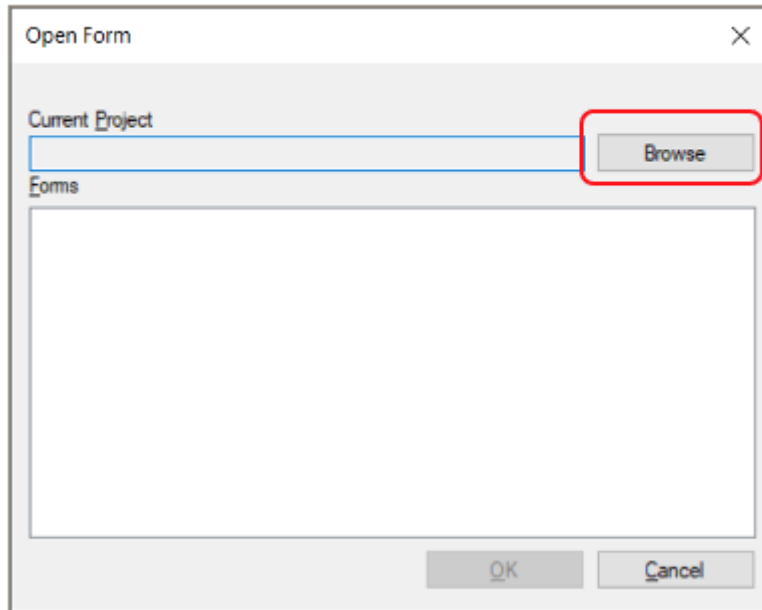
- Select "Browse" from the pop-up to navigate to the Pilot files you saved to a location you can easily access
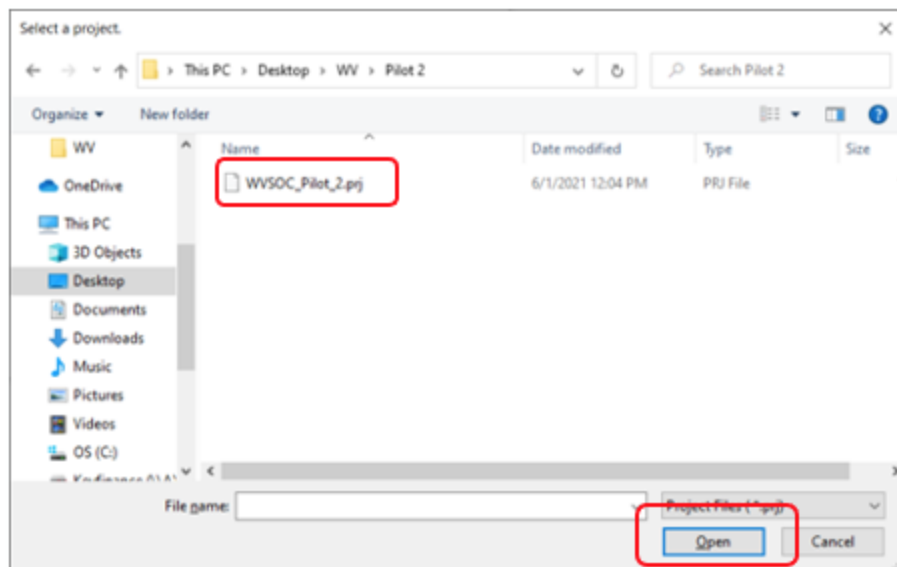
- Select the file "SOC_Epi_Info.prj" from your saved location (the file name a user may have created based on the *Epi Info and SQL Server Express 2019 Installation Guide* may not match what is in the screenshot provided)

- After selecting the WVSOC_Pilot_2.prj file select "Open"

- Epi Info will now show the correct file in the "Current Project" area

- The WVSOC Data form will appear in the "Forms" area and will be highlighted

- Select "OK" to continue

- It will take some time for the Epi Info database to get set up as you navigate the forms (particularly the first time through)

1.3. Saving and Adding New Records in Epi Info

1.3.1. Saving a Record

When you first open your project in Epi Info, the forms will all be blank. Once you are finished entering data in a form, you can either click the **Save** or **New Record** buttons in the top navigation.

Using the **Save** button (see below) will save the information but keep you within the record you just saved.

💡 Required Fields

Throughout the system, there are required fields. In order to save the data on the respective form, all required fields must be entered even if they are on different pages of the form. These fields can be identified by a light yellow border around the field, and an asterisk.

When you save it by clicking on **New Record** it saves what you are working on and then opens an empty record.

> 💡 **Closing Epi Info**
>
> When you close and then come back into Epi Info, the program will default to the first record of the form you are working on. So don't just start typing right away or you will overwrite the data on that existing record.

1.4. Navigating Epi Info

There are various ways to navigate to and from records within Epi Info:

- Navigating via the Arrows
- Navigating via Line Listing
- Searching Records using FIND

1.4.1. Navigating via the Arrows

At the top of the Epi Info navigation as you can see in the red box, this is record 2 of 4. It will list the total number of records that you have for that form and what record number you are on.

- The double arrow at the far left of the box moves the user to the very first record
- The single arrow to the left of the "2" takes you back to the previous record.
- The single arrow to the right of the 4 takes you to the next record
- The double arrow at the far right of the box takes you to the last record.

1.4.2. Navigating via Line Listing

In the top navigation there is a button for Line Listing. Click on this.

A listing of the records will appear in a new window and will look like the screenshot below.

To go to a record in that listing, select the record—it will appear in blue--and double-click on it. It will take you to that record.

You can also click on a column to sort by it. In the example below, CLIENTNAMEL (Client Last Name) was clicked on to list the records in alphabetical order by last name. You can sort on any of the fields in the line listing.

To get out of Line Listing, click on the 'X' in the far upper right navigation.

If you would like to export these records to Excel, click on the down area to the right of Line Listing.

A menu will pop up, click on MS Excel.

💡 Adding Rows to Line Listing

The default number of rows for Line Listing is 50 rows. That can be changed to 2000, the maximum allowed. To do this:

- Click on Line listing in the top navigation and then you will be presented with the screen below (Interactive mode). Click on the Setting option (the gear icon in the upper right corner of the screen).

- You will then see the menu below. Click on **Display** in the left navigation and you will be presented with the following (see screenshot):

- In the box under **Max rows to display**, enter 2000. That is the maximum number of rows you can set it to. Then click **OK** at the bottom of the screen.

1.4.3. Searching Records using FIND

You can use the Find function to search for a client via first and last name, last 4 digits of SSN, and other fields.

Find has a binoculars icon and is located in the top navigation along with the Line Listing.

It is useful to know the variable name for a field, listed here are the most commonly searched on for clients:

Field Name	Variable Name
Client First Name	CLIENTNAMEF
Client Last Name	CLIENTNAMEL
Client Last 4 Digits of SSN	CLIENTSSN

Client Medicaid ID	CLIENTMEDICAIDID
Client WVEIS ID No.	WVEISID

Once you click on Find you will be presented a listing of the fields available in the overall form you are in:

Using the scrollbar, navigate to the variable you want to search on. In this example, navigate to CLIENTNAMEL to search on the client's last name. And then enter the last name in the empty box that appears on the right. Click the ENTER button on your keyboard.

The resulting record(s) will appear like below.

Double click on the arrow at the start of the record. This will take you to that record.

	RECSTATUS	GlobalRecord	FirstSaveLog	FirstSaveTim	LastSaveLog	LastSaveTim	FKEY	USERNAME	CLIENTNAM	CLIENTNAM
▶	1	f5b3e37a-51c	AXIOM\kmull	6/3/2021	AXIOM\kmull	7/6/2021	7127632a-8e	Kathleen	Billy	G.

1.4.3.1.   Identifying the Variable Name of a Field Pages 5+

If there is a field you would like to search on but don't know the variable name (we provided only a listing of the most common for searching for a client) such as a parent's last name or by city. Put your cursor in the box for the field, in the lower left of the navigation in the tray area, will be the field name. You can then use the Find function and select that variable from the listing to search on.

2. Reporting Data

2.1. Entering Grant(s)

2.1.1. How to collect data on grant(s)?

- Begin by entering data on the Grant(s) you are reporting on by selecting the "Go to Grant Forms" button from the homepage of the WVSOC project
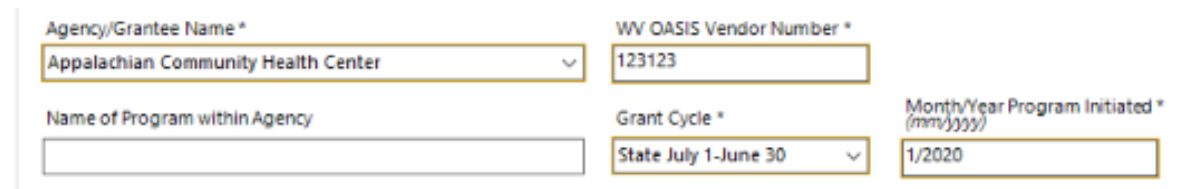
- On the first page of every form, there is an area in the upper right-hand corner to record your name. This field is required; you cannot save the form without entering it. Enter in your First Name and Last Name.

> **💡 Required Fields**
>
> Throughout the system, there are many required fields on each form. In order to save the data on the respective form, all required fields must be entered even if they are on different pages of the form. These fields can be identified somewhat by a somewhat different color that is used for the field border.
>
> Agency/Grantee Name *
> | Appalachian Community Health Center ⌄ |
>
> WV OASIS Vendor Number *
> | 123123 |
>
> Name of Program within Agency
> | |
>
> Grant Cycle *
> | State July 1-June 30 ⌄ |
>
> Month/Year Program Initiated *
> (mm/yyyy)
> | 1/2020 |

- You will enter Grant information on this page, including:

  - **Program** the grant supports within WVSOC

  - **Grant number** (this list changes based on your Program selection)

  - **Grantee information** including:

    - information about your agency,

    - the primary POC for the Grant, and

    - the number of staff in various categories

After entering all of the required fields, you can "Save" the record in the top navigation bar. The Grant data will be saved in Epi Info and does not have to be updated unless there are changes.

> **💡 Tip with Data Entry**
>
> You can tab through forms to ease data entry.
>
> All required fields need to be entered before navigating to a linked form (such as navigating to Monthly Client Data from the Client Data form).
>
> Many of the forms include logic to enable/disable fields or populate data in dropdowns based on the entry of other data.

2.1.2. How to collect program information on the grant(s)?

Depending on the Program the Grant supports, various additional forms will be available from the Grant page.

After saving your Grant, you can enter information on:

- Location Data Form (Location Information--available for all programs)
- Staff Data Form (Staff Information--available for all programs)
- Satisfaction Data Form (Consumer Satisfaction Surveys and Pertinent Notes--available for all programs)
- MHPET Data Form (Mental Health Planning and Evaluation Template--only for ESMH)
- ESMH Tier Data Form (Children's Expanded Mental Health Tier Updates--only for ESMH)
- MCRS Referral Data Form (Mobile Crisis Response and Stabilization Referrals--only for MCRS)
- Feedback Data Form (Family Coordinator Feedback--only for SOC and SOR)
- Satisfaction Caregiver Data (Caregiver Satisfaction Survey--available for all programs)
- Satisfaction Youth Data (Youth Satisfaction Survey--available for all programs)

2.1.2.1. Location Information

Every Grant should have at least one (1) Location Information record. This form is used to identify the **Program Code** and location address where Grant services are provided.

- **Program Codes** are dynamically populated based on the Program and Grant Number pulled from the Grant record
- **Region** is dynamically populated based on the County selected

> 💡 **ESMH-Specific**
>
> **If the location is a School in the ESMH program**, select the checkbox for "Is the location a school?" to enter additional school-specific data regarding grades served and previous year metrics.

> 💡 **RYSC-Specific**
>
> **If the location is for RYSC**, non-traditional hours can be reported at the bottom of the page

The Location Information data will be saved in Epi Info and does not have to be updated unless there are changes.

2.1.2.2. Staff Information

This form is available to capture information on the providers, ESMH Leadership or other staff supporting the grant for the agency reporting.

You must select the **Program Code** to assign staff to a location.

Only the top section, Staff Information, is required.

> 💡 **ESMH-Specific**
>
> For ESMH, this form is where you can enter information on ESMH Leadership. There is a checkbox to select so that this record is flagged as ESMH Leadership Team.

The Staff Information data will be saved in Epi Info and does not have to be updated unless there are changes

> 💡 **Staff Records**
>
> If there is a staff member who belongs to different programs under different grants, each grant would need its own record of the same staff member.

2.1.2.3. Consumer Satisfaction Surveys

This form is available to capture information on surveys provided by the Provider to their consumers per month. You must select the Program Code to assign this data to a location.

BBH System of Care
Monthly Updates for Consumer Satisfaction

Updated By *

Month *   ⌄   Year *   ⌄

Grant Information

Program	Grant Number	Program Code *
ESMH - Children's Expanded School Mental Health	G200740	⌄

Consumer Satisfaction

Number of Surveys Conducted: *   Number of Survey Participants: *

The Consumer Satisfaction Surveys data should be entered **monthly**. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period

2.1.2.4. Mental Health Planning and Evaluation Template

This form is only available to ESMH Providers. The Mental Health Planning and Evaluation Template data should be entered as evaluations occur. There are 5 pages of this form to capture all of the data from the evaluation.

You must:

● Select the **Program Code** to assign this data to a location
● Enter the **Evaluation Date** in the upper right corner of the form

All fields are required.

> 💡 **ESMH-Specific**

2.1.2.5. Tier Transitions and School Wide Occurrences

This form is only available to ESMH Providers. You must select the Program Code to assign this data to a location.

The Tier Transitions and School Wide Occurrences data should be entered monthly. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period

> 💡 **ESMH-Specific**

2.1.2.6. Monthly Updates for MCRS Referrals

This form is only available to MCRS Providers. You must select the Program Code to assign this data to a location.

The Monthly Updates for MCRS Referrals data should be entered monthly. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period.

> 💡 **MCRS-Specific**

2.1.2.7. Family Coordinator Feedback

This form is only available to SOC and SOR Family Coordinator Providers. You must select the Program Code to assign this data to a location.

The Family Coordinator Feedback data should be entered **monthly**. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period.

> 💡 **SOCFC-Specific and SORFC-Specific**

2.1.2.8. Caregiver Satisfaction Survey

This form collects data for single entries of Caregiver Satisfaction Survey data and is available to all Providers. You must select the Program Code to assign this data to a location.

Each Provider may have multiple records for each month, as surveys are completed by caregivers. The Caregiver Satisfaction Survey data should be entered monthly. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period.

💡 **MCRS-Specific**

2.1.2.9. Youth Satisfaction Survey

This form collects data for single entries of Youth Satisfaction Survey data and is available to all Providers. You must select the Program Code to assign this data to a location.

Each Provider may have multiple records for each month, as surveys are completed by youth. The Youth Satisfaction Survey data should be entered **monthly**. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period.

> 💡 **MCRS-Specific**

2.1.3. Completing Grant Data

After entering all of the relevant Grant Data for your project, you can access the main WVSOC page by using the navigation back to "Home" in the top left of the page.
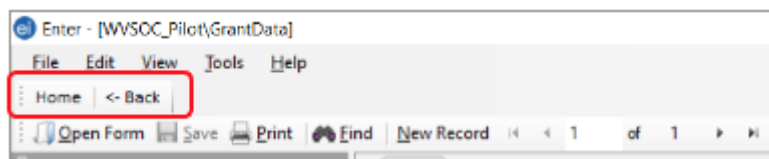
2.2. Entering Program, Event, and Activity Data

2.2.1. How to collect data on a program, event, and activity?

To streamline the data entry forms, data collection is streamlined for: Outreach, Trainings, Tier Prevention Activities, Cross-Planning Activities, Community Events, Assessments, and more on this form.

Begin by selecting the "Go to Event Form" button from the homepage of the WVSOC project

2.2.2. How to collect additional data for a specific program?

The Events form has 4 pages that provide program-specific data entry fields depending on the Program selection on the Page 1 General form.

- The Program selected refines the available options in the Grant Number dropdown

- The Grant Number selected refines the available options in the Program Code dropdown

- The available options under Program/Event/Activity Type are dependent upon the Program selected. The following list all the programs and its event/activity type:

  - CMHW - Children's Mental Health Wraparound
    - Cross Planning Initiative
    - Outreach
    - Training Attended
    - Training Provided
    - Other (specify)
  - ESMH - Children's Expanded School Mental Health
    - Consultation with School Personnel
    - Evidence-based Program
    - Parent Meeting/Consultation
    - Public Events
    - Quarterly Leadership Meeting
    - Tier 1 Prevention
    - Tier 2 Prevention
    - Training Attended
    - Training Provided
    - Other (specify)
  - FEP - First Episode Psychosis
    - Commercials on TV/Media Spotlights
    - Community Presentation
    - Outreach
    - Training Attended
    - Training Provided
    - Other (specify)
  - MCRS - Children's Mobile Crisis Response and Stabilization
    - Cross Planning Initiative
    - Promotion
    - Training Attended
    - Training Provided
    - Other (specify)
  - PBS - Positive Behavior Support
    - Cross Planning Initiative

- ■ Individual Case Consultation
- ■ Outreach
- ■ Training Attended
- ■ Training Provided
- ■ Other (specify)
- ○ RESPITE - Children's Crisis Respite Services
  - ■ Cross Planning Initiative
  - ■ Promotion
  - ■ Training Attended
  - ■ Training Provided
  - ■ Other (specify)
- ○ RYIS - Regional Youth Intervention Specialist
  - ■ Follow-up: Access to Care
  - ■ Outreach
  - ■ Referral
  - ■ Screening
  - ■ Training Attended
  - ■ Training Provided
  - ■ Other (specify)
- ○ RYSC - Regional Youth Service Centers
  - ■ Clinical Supervision
  - ■ Community Collaboration/Meeting
  - ■ Community Presentation
  - ■ Cross Planning
  - ■ Cross Planning Initiative
  - ■ Interagency Collaboration
  - ■ Outreach
  - ■ Promotion
  - ■ School Administration
  - ■ School Group Activity
  - ■ School Presentation
  - ■ Training Attended
  - ■ Training Provided
  - ■ Other (specify)
- ○ SOCFC - System of Care Family Coordinator
  - ■ Cross Planning Initiative
  - ■ Outreach

- ■ Regional Advisory Group
- ■ Training Attended
- ■ Other (specify)
- ○ SORFC - State Opioid Response Family Coordinator
  - ■ Cross Planning
  - ■ Cross Planning Initiative
  - ■ Training Attended
  - ■ Other (specify)
- ○ DCTY - Drop in Center for Transitional Youth
  - ■ Cross Planning Initiative
  - ■ Outreach
  - ■ Promotion
  - ■ Training Attended
  - ■ Training Provided
  - ■ Other (specify)

2.2.2.1. Page 2 ESMH

For Evidence-based Program, Parent Meeting/Consultation, Public Events, or Other(specify) selected for ESMH, there are additional fields available to be filled out:

Children's Expanded School Mental Health (ESMH)

Was this event for Tier 1, 2, or 3 focused participants? *

[⌄]

Children's Expanded School Mental Health (ESMH) - Tier 1 or 2 Preventions

Name of School* :

[   ]

Participants

Number of students participated in Tier 1 or 2

Pre-K	K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Tier 2 Demographics

Number of participants served by age

0-4	5	6	7	8	9	10	11
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

12	13	14	15	16	17	18	19-21
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

For Tier 1 and 2 Prevention activities, additional fields are available to be filled out:

For all other activities, these fields are not available for data entry.

> 💡 **ESMH-Specific**

2.2.2.2. Page 3 RYIS

If RYIS is selected on Page 1 of the Event form, Page 3 RYIS should be completed by the user.
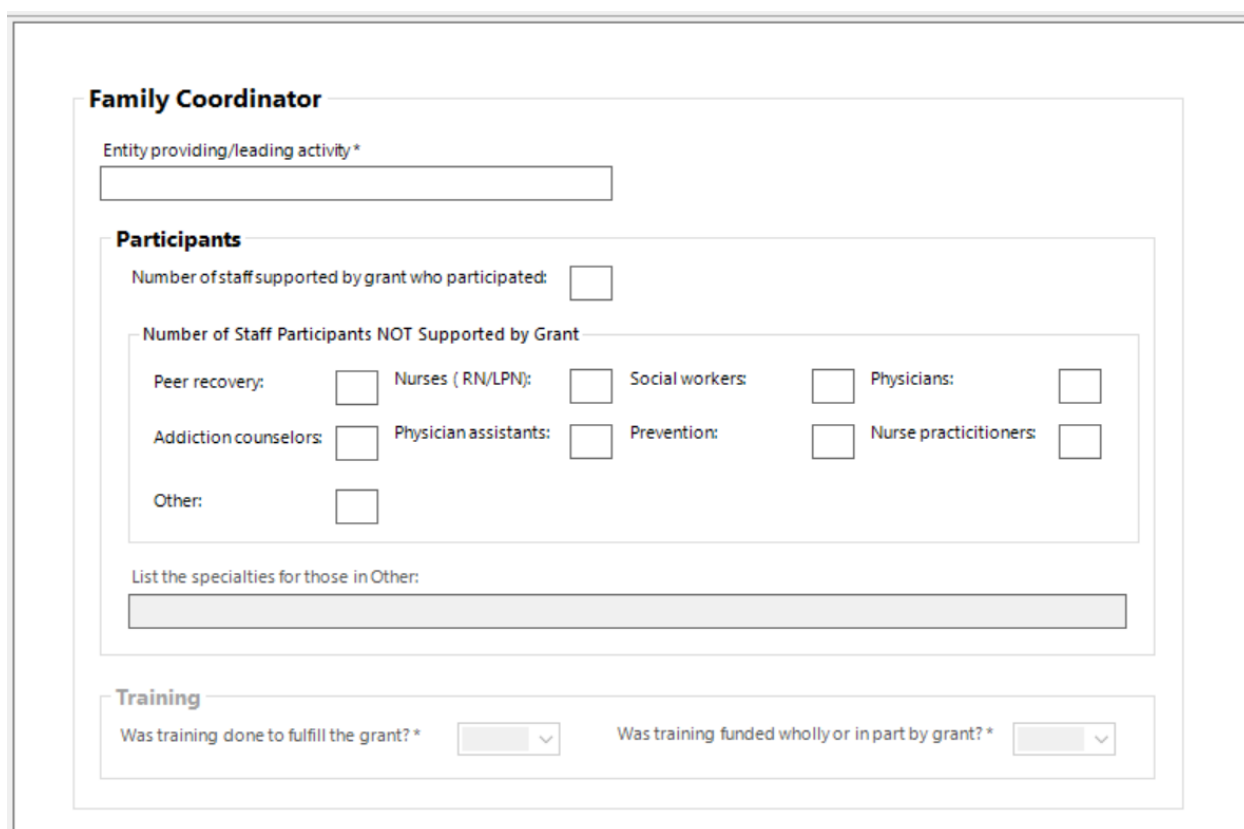
All fields on this form are required.

For all other programs, these fields are not available for data entry.

<div style="border: 1px solid blue;">

💡 **RYIS-Specific**

</div>

2.2.2.3. Page 4 FC

If SOCFC or SORFC are selected on Page 1 of the Event form, Page 4 FC should be completed by the user.

All fields on this form are required.

For all other programs, these fields are not available for data entry.

<div style="border: 1px solid blue;">

💡 **SOCFC-Specific and SORFC-Specific**

</div>

2.2.3. Completing Event Data

After entering all of the relevant information for a Program, Event or Activity, you should "Save" your record and can then choose to add additional events by selecting "New Record" or you can access the main WVSOC page by using the navigation back to "Home" in the top left of the page.
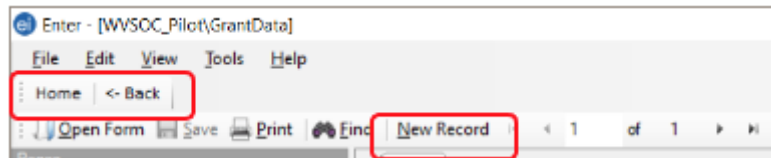
2.3. Entering Client Data

2.3.1. How to collect data on client(s)?

- Begin by selecting the "Go to Client Form" button from the homepage of the WVSOC project

- There are multiple pages within the general Client Information form as well as links to Additional Client forms

- A Client Information record must be completed and saved before entering data into any of the Additional Forms (Monthly Client Information, Services Provided to Client, or CAT Assessment)

- This form should be completed on Client Program Enrollment and should be updated upon

Program discharge for any relevant program

- Pages 1 through 5 should be entered for every client

- Pages 6 and up are activated based on the Programs selected on Page 5

- Remember to select only the Programs that you are reporting information on to BBH

2.3.1.1. Page 1 General

- If you select the checkbox "Select if the client's mailing address is the same as the physical address and skip the Mailing Address Information", this will deactivate the Mailing Address section

- If this checkbox is not selected, you must enter information for both Physical Address at Entry and Mailing Address

- Middle Initial, Prior Names, Unique Client ID, Medicaid ID, WVEIS ID, and the Parent's Contact Information section are not required fields

2.3.1.2. Page 2 Caregiver

- If you select the checkbox "Select if the primary caregiver is the parent and skip the Primary Caregiver Information", this will deactivate the Primary Caregiver Information section

- None of the fields on this page are required for entry

2.3.1.3. Page 3 Demographics

- Most of the fields on this page are required for entry

- The following are not required:

    - Does the client identify as Lesbian, Gay, Bisexual, Transgender, or Questioning?

    - Has any previous caregiver ever had a problem with drugs or alcohol?

    - Does the current caregiver have a current problem with drugs or alcohol?

2.3.1.4. Page 4 History

Client SSN 6565

Enrollment

Was the client previously enrolled? No

Youth's Situation at Entry

Custody Status	If other, please specify.	Living Situation	If other, please specify.
Parent		Home with parent/guardi	

Employment Status	Was the client adopted?	Number of Living Changes in the Past 12 Months
Not Applicable	Yes	0

System Involvement at Entry

☐ CPS   ☐ Criminal Justice   ☑ Juvenile Justice   ☐ Juvenile Probation   ☑ Behavioral Health

☐ Special Education   ☐ Youth Services   ☐ Other (specify)   If other, please specify.

Involvement in the 12 Months Prior to Entry

Number of unexcused absences from school:	25	Number of suspensions from school:	5
Number of expulsions from school:	1	Number of other school disciplinary actions:	6
Number of out-of-state placements:	0	Number of crisis stays:	0
Number of Emergency Department (ED) visits:	2	Number of residential/partial residential placements:	0
Number of foster care placements:	0	Number of group home placements:	0
Number of hospital/psychiatric unit placements:	2	Number of acute care hospitalizations:	4
Number of emergency shelter placements:	0	Number of encounters with law enforcement: *(Encounters include being arrested, hassled by police, or taken by the police to a shelter or crisis program.)*	3
Number of times arrested:	0	Number of status charges:	0
Number of delinquency charges:	3	No. of involuntary admissions to psychiatric hospital:	0

Medical Status and Screenings at Entry

Insurance Status	Private Pay	Does the client meet SED Diagnostic Criteria?	Yes
Does the client meet SMI Diagnostic Criteria?	Not Screened	Does the client meet SUD Diagnostic Criteria?	Not Screened
Does the client have an IDD diagnosis?	Not Screened	Does the client have co-occurring disorders?	No
Primary Diagnosis Code (ICD-10)	HX6666	Secondary Diagnosis Codes (ICD-10)	FX9999

Does the client have any history with IV Drug Use? No

Page 4/17

- None of the fields on this page are required for entry

- If a selection of "Other (specify)" is made in a dropdown, the appropriate "If other, please specify." field will become active and entry will be required.

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2.3.1.5. Page 5 Programs

On this page, you will select the Programs the Client participates in that you will be reporting on to BBH.

Each checkbox activates a data entry page for the appropriate program. Notes under the Program name provide instructions on which page has additional fields for the respective Program.

> **💡 TIP: Enter One Program at a Time**
>
> If you do not have enough time to enter all of the Program-specific information in one sitting, do not select the programs on this page until you have time to enter the data as there are required fields that will be activated.

2.3.1.6. Pages 6+

Pages 6 and up are dedicated to capturing Program-specific Enrollment and Discharge information for each Client.

Client SSN 6565

Children's Mental Health Wraparound (CMHW)

Enrollment Start Date *

M/D/YYYY

Notes

Referral Information

Date Referred into Program *   Living Situation at Referral *   If other, please specify: Type of Referral: *

M/D/YYYY

Referral Source

☐ Not Applicable	☐ Mobile Crisis (MCRS)	☐ ESMH
☐ PBS	☐ FEP	☐ RYSC
☐ RESPITE	☐ RYIS	☐ SOCFC
☐ SORFC	☐ DCTY	☐ Children's Crisis Line
☐ Child welfare	☐ Doctor	☐ ER
☐ Law enforcement/course/juvenile justice	☐ MAT	☐ School
☐ Self	☐ Parent/guardian	☐ Other family member
☐ Other (specify)	If other, please specify.	

Initial Youth Information

Date of Initial CANS Score   Client School at Time of Referral: Last Name of Facilitator

M/D/YYYY

Date of First Contact with Family: M/D/YYYY Was service provided within 24-48 hours of referral?

Date of Family Joining/First Home Visit: M/D/YYYY Was the first contact within 5 business days?

Date Crisis Plan created: M/D/YYYY Was service within 5 business days of receipt of referral?

Date Plan Completed and Signed: M/D/YYYY Was the plan completed and signed within 30 days?

Wraparound Team

☐ Faith community	☐ Family/friends	☐ MCRS

Client SSN 6565

Children's Mental Health Wraparound (CMHW) Cont

Discharge Information

Discharge Date *   Discharge Reason*   If other, please specify:

M/D/YYYY

Was discharge planning done? *   Living Situation at Discharge *   If other, please specify:

Involved in Juvenile Justice at Discharge? *

You must enter enrollment information for the Client for each Program you selected on Page 5. On the Program-specific page, you will be required to enter Enrollment Start Date, Referral Information, and any other Program-specific enrollment data that needs to be captured

If a Client has been discharged from the Program, you will enter a date in the "Enrollment End Date" field, which will activate the relevant Discharge Information fields for the program

2.3.1.7. Completion

After completion of the Client Information record, you should save the form before navigating to Additional Client forms. After saving, you can move on to Monthly Client Information.

2.3.2. Monthly Client Information

Similar to the Client Information form, there are multiple pages within the Monthly Client Information form. A Monthly Client Information record should be completed on a **monthly** basis for clients receiving services from your Program.

- Pages 1 through 4 should be entered for every client

- Pages 5 and up are activated based on the Programs selected on Page 1

2.3.2.1. Page 1 General

A Monthly Client Information record should be completed on a **monthly** basis for clients receiving services from your Program. Choose the appropriate Month and Year in the upper right corner of the form to select the appropriate reporting period.

You will notice that data on the Client from the linked Client Information record will appear at the top of the page for reference.

In the System of Care Program(s) Serving the Client, select the Programs that you are reporting information on to BBH.

If the client's address has changed during the relevant reporting period, that checkbox should be selected to allow entry of the new address information. The County is always required in order to capture that information for reporting across months.

> ### 💡 When Specifying "Other"
> If a selection of "Other (specify)" is made in a dropdown, the appropriate "If other, please specify." field will become active and entry will be required.

2.3.2.2.   Page 2 School and Involvements

The fields on this page are not required.

Client SSN: 123456789

School Information

☐ Select if the client's school information changed and update the information below.

Name of school child is attending   School status   If other, please specify.

Grade   GPA Remained Consistent   School Performance   Course Completion/Status

Job/Living Skills

The client was assisted with obtaining the following skills:

☐ Money Management   ☐ Job Skills   ☐ Completing Job Applications   ☐ Obtaining and Attending Job Interviews

System Involvement

☐ CPS   ☐ Criminal Justice   ☐ Juvenile Justice   ☐ Juvenile Probation   ☐ Behavioral Health

☐ Special Education   ☐ Youth Services   ☐ Other

If other, please specify.

Involvements in the Past Month

☐ Select if the client had any involvements this month and enter the number of involvements below.

Number of unexcused absences from school: [0]   Number of suspensions from school: [0]

Number of expulsions from school: [0]   Number of other school disciplinary actions: [0]

Number of out-of-state placements: [0]   Number of crisis stays: [0]

Number of ED visits: [0]   Number of residential/partial residential placements: [0]

Number of foster care placements: [0]   Number of group home placements: [0]

2.3.2.3.   Page 3 Medical and Screenings

Presenting Behaviors and Medication are the only fields that are required for entry on this page each month.

Client SSN: 3141

Medical Information

☐ Select if the client's medical information has changed and update the information below.

Insurance Status

Medical Information Notes (include any additional diagnoses)

Screenings, Diagnoses, and Assessments

☐ Select if the client had any screenings, diagnoses, and assessments conducted this month.

Client screened for co-occurring disorders?   Does the client meet SED Diagnostic Criteria?

Does the client meet SMI Diagnostic Criteria?   Does the client meet SUD Diagnostic Criteria?

Does the client have an IDD diagnosis?   Has the client been screened for suicide risk?

Which screening/assessment tools were administered this month?

☐ AUDIT (Alcohol Use Disorder Identification Test)   ☐ ASAP-20 (Adolescent Suicide Assessment Protocol-20)

☐ CRAFFT (Car Relax Alone Forget Friends Trouble)   ☐ DAST (Drug Abuse Screening Tool)

☐ PADDI (Practical Adolescent Dual Diagnosis Interview) - Assessment   ☐ Suicide Screening Tools

Other Screenings Conducted:

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2.3.2.4. Page 4 Referrals

If the client was referred to another program during the reporting month, select the checkbox for "Select if the client received a referral to a service(s)." to enable to fields below for selection

> ### 💡 When Specifying "Other"
>
> If a selection of "Other (specify)" is made in a dropdown, the appropriate "If other, please specify." field will become active and entry will be required.
>
>

2.3.2.5. Pages 5+

Pages 5 and up are dedicated to capturing Program-specific Monthly Reporting Information for each Client.

You must enter Monthly Reporting Information for the Client for each Program you selected on Page 1. On the Program-specific page, you will be required to enter Program-specific data that needs to be captured. Most of the fields on the Program-specific pages are required for entry each month.

2.3.2.6. Completion

After completion of the Monthly Client Information record, you should save the form before navigating away from the record

You can select the "Back" button in the navigation to return to the Client Information form

2.3.3. Service Appointments with Client

From the Client Information form, you can choose to enter Service-data for the client. This form collects information on various types of service appointments. Each record of this form can be for a specific program. This information should be entered when relevant but does not require monthly reporting if it does not apply.

BBH System of Care
Services with Client

Updated By*

Month* [⌄] Year* [⌄]

Client Information

First Name	Middle Initial	Last Name	Prior Names/Aliases
Ben		Nemeth	

Unique Client ID	Client SSN	Medicaid ID	WVEIS ID
	8743		

Program Information

Program* [⌄]   Grant Number* [⌄]   Program Code* [⌄]

Services

Services completed:* [ ]   Services missed:* [ ]

Services were accessible:* [ ]   Services included relevant assessment* [ ]

Average minutes traveled to receive services:* [ ]

Number of Appointments by Type

Case management:* [ ]   PBS case consultation with client:* [ ]

Program-specific information are required for each record:

- Program
- Grant Number
- Program Code

Services that can be recorded through this form include:

- PBS case consultation with client
- Case management
- Child and family team meeting
- Psychiatry/medication management
- Individual therapy
- Group therapy
- Family therapy
- Peer/recovery services
- Supporting education
- Support with independent living
- Supported employment

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- Other activity/recreational services

Service Appointments will be reported in aggregate by type and by Location for the appropriate reporting period for the specific client.

2.3.4. CAT Assessment

From the Client Information form, you can choose to enter CAT Assessment data for the client. This information should be entered when relevant but does not require monthly reporting if it does not apply.

BBH System of Care

Crisis Assessment Tool (CAT)

Updated By*

Client Information

First Name	Middle Initial	Last Name	Prior Names/Aliases
Ben		Nemeth	

Unique Client ID	Client/Student ID (SSN)*	Medicaid ID	WVEIS ID

Client's Age Category*   CAT Assessment Date* M/D/YYYY   CAT Assessment Score*

Behavior/Emotional Needs

Adjustment to Trauma *		Anger Control/Frustration Tolerance *
Antisocial Behavior *		Anxiety *
Attachment difficulties *		Atypical or repetitive behaviors *
Conduct *		Depression *
Emotion Control *		Failure to Thrive *
Oppositional *		Impulsivity *
Substance use *		Psychosis *

There is validation that requires an entry between 0 and 3 for all of the assessment values. You should input "0" for any missing values. The "CAT Assessment Score" field will automatically calculate the score based on entry of the fields, upon saving the record.

> 💡 **Tip with Data Entry**
>
> You can tab through forms to ease data entry.
>
> All required fields need to be entered before navigating to a linked form (such as navigating to Monthly Client Data from the Client Data form).
>
> Many of the forms include logic to enable/disable fields or populate data in dropdowns based on the entry of other data.
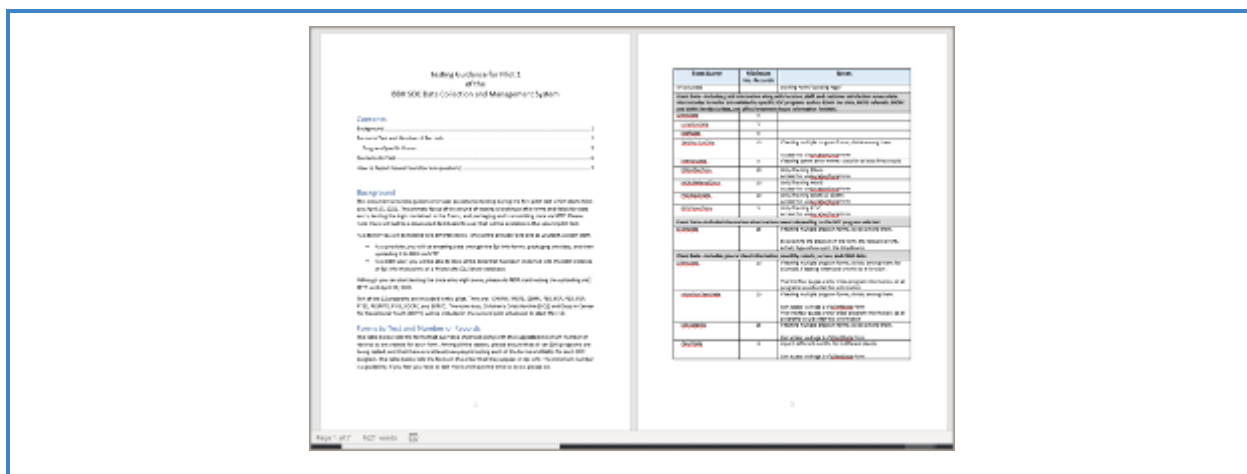
3. Packaging Data and Submitting Data to BBH

3.1. Packaging Data in Epi Info

Providers will be required to package and send data via SFTP to BBH on a biweekly basis. In order to package data, you need to navigate back to the main WVSOC page.

- Select the "File" menu
- Select "Package for Transport" (It will take some time for the next screen to appear.)

- Select the "Browse" button next to the "Package path:" selection

- Determine where you want your new file to be created

  - You need to create a new folder, not the same folder where the .PRJ is located

- Enter a name for the Package in the "Package name:" field

- Please select the checkbox for "Append timesheet to file name" so that it is easy to identify when the package was created

⚠ **Important Warnings for Packaging Data**

- When submitting data to BBH via SFTP, **DO NOT** create a password for the package
- Data will be encrypted during transit using SFTP
- **DO NOT** use any of the additional options to remove data as this will make the data package unusuable.

- After entering a Package name, the "Package" button should be active

- Click "Package"

- A green bar will move along the pop-up window as the file packages

- When the package is complete, a notification will appear "Package creation complete"

- At this point, you can select "Close" to exit this screen

3.2. Sending via SFTP

Once an SFTP account has been created for you by the WV DHHR, you will receive an automated email containing the URL, your user name, and password. The sender of the email is *WVDHHR FTP Server*. The subject of the email will be: *Automated message from EFT administrator*.

1. Navigate to the WV DHHR File Transfer Page at https://eft.svdhhr.org/.
2. Enter your user name and password that were provided to you by DHHR.

3. Once you are logged in, you will see something like below:
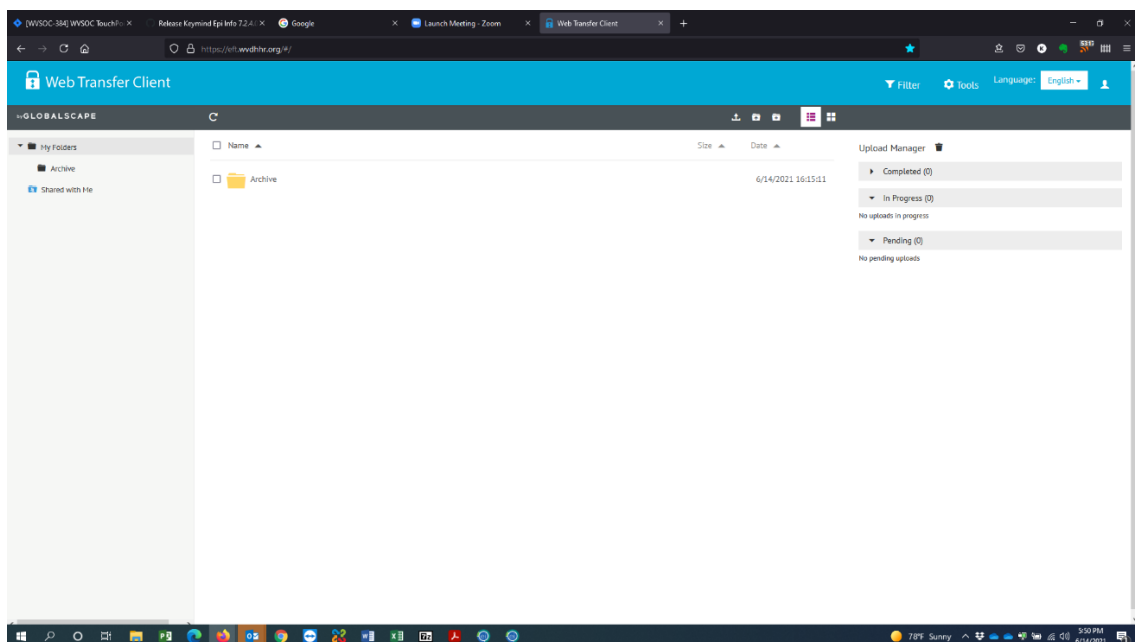
4. For uploading your packages that you have created from Epi Info, you will be using the navigation in the upper right within the black band area. See the red boxed area in the screenshot below:
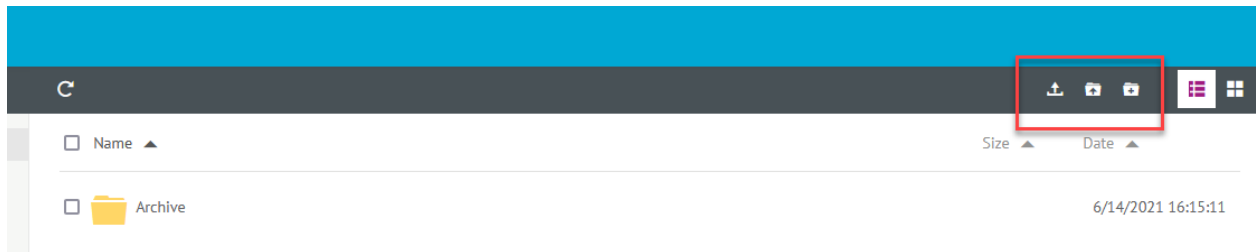
5. To upload a file, click on the upload arrow.
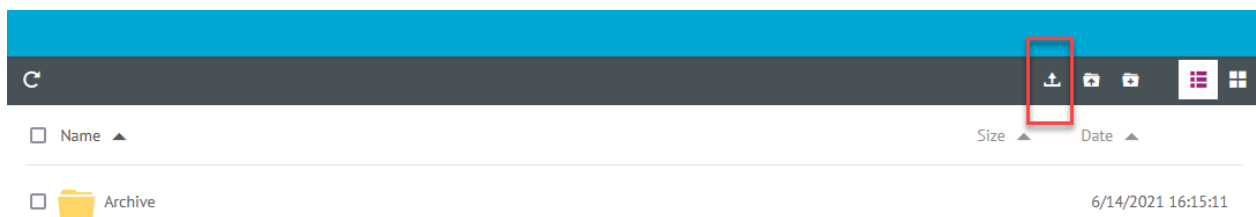
6. Click on the file name. The file name will then appear in the File name box at the bottom of the popup box.
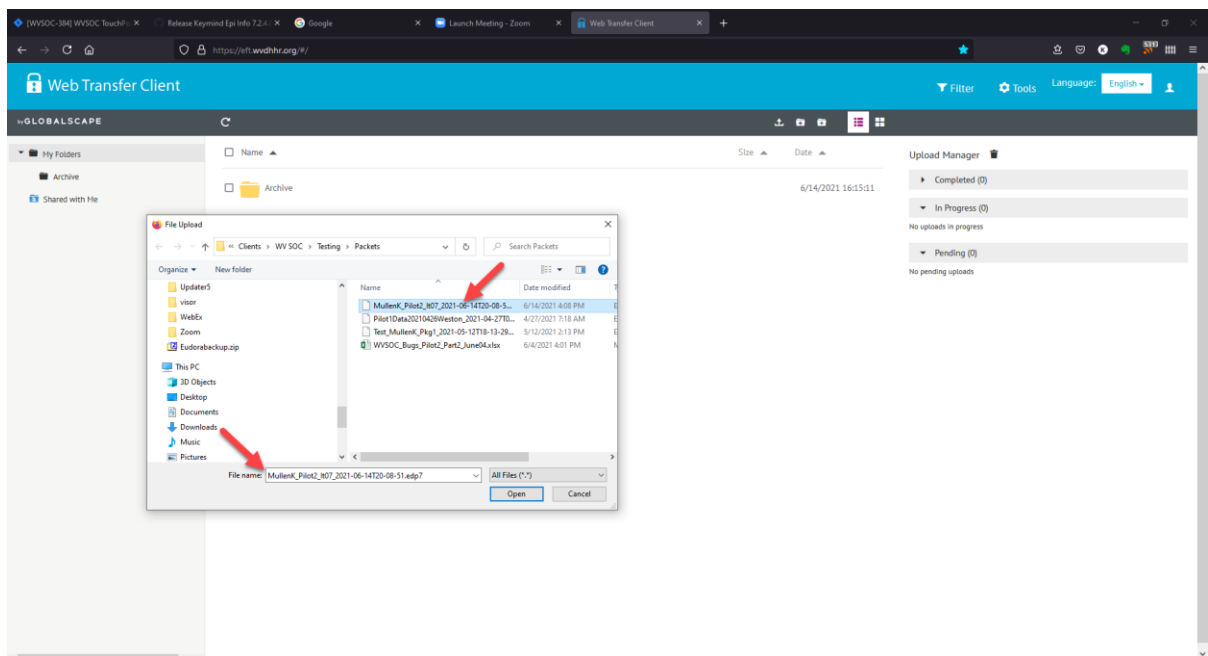
7. After you select the file, click on Open. The file will start to upload and you can watch and track its progress in the Upload Manager area on the right hand side of the screen.
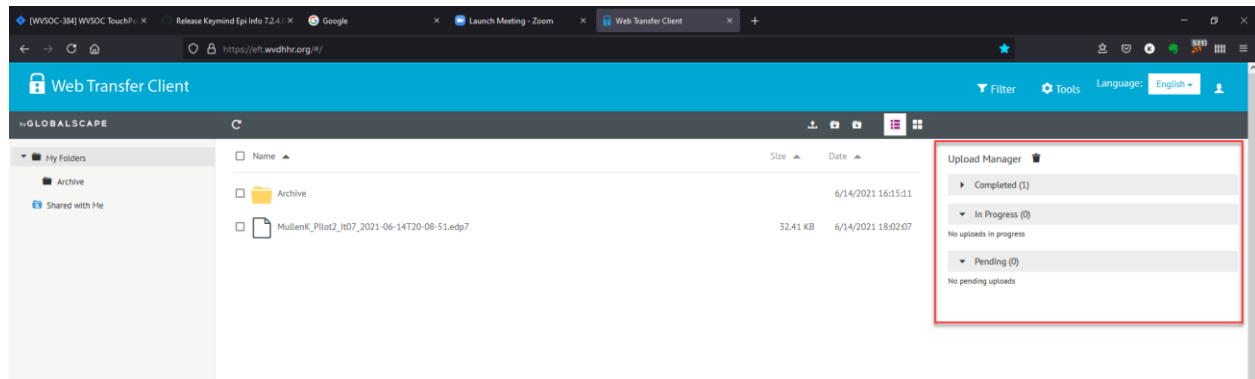
8. Once you have successfully uploaded a package, you will receive an automated email from DHHR from noreply@wv.gov with a subject of *WV SOC Provider Notification: File Submission Confirmed.*

3.3 Packaging Data for Internal Review and Consolidation

Some providers have internal business processes that require users to send data to a reviewer in their organization who will then submit that data to BBH via SFTP after reviewing it.
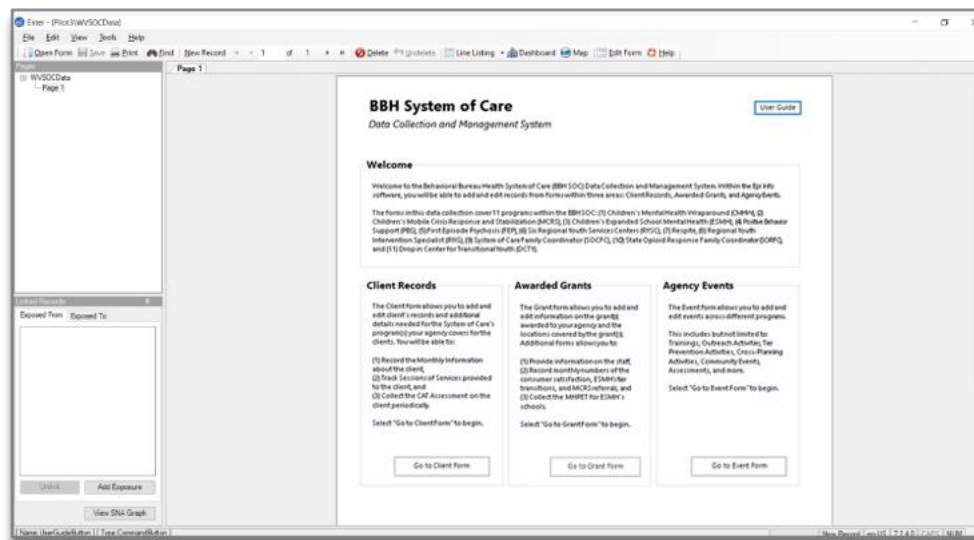
- Select the "File" menu
- Select "Package for Transport"
- It will take some time for the next screen to appear.
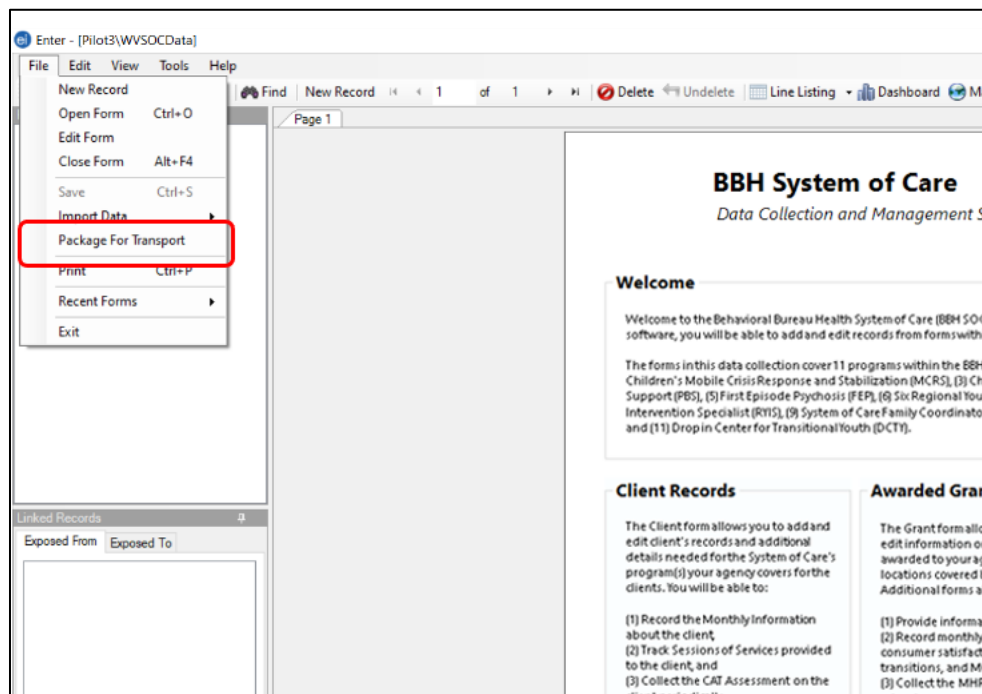
- Select the "Browse" button next to the "Package path:" selection

Package data for transport dialog box showing Project path: C:\Users\staylor\Desktop\WV\Epi_Info_7\WVSOC_Pilot.prj, Form to package: WVSOCData, Package path with Browse button highlighted, Package name field, Append timestamp to file name checkbox, Data Removal and Security section with Password and Verify Password fields, and buttons for Remove Data in Fields, Remove Data in Grids, Select Records, Set Match Keys. Status shows 4/27/2021 12:26:16 PM: Ready. Buttons at bottom: Load Script, Save Script, Package, Close.

- Determine where you want your new file to be created

    ○ You need to create a new folder, not the same folder where the .PRJ is located

- Enter a name for the Package in the "Package name:" field

- Please select the checkbox for "Append timesheet to file name" so that it is easy to identify when the package was created.

⚠ **Important Warnings for Packaging Data with a Password**

- If you need to encrypt the data package, you can create a password

- This password must be provided securely to the Reviewer, as this password will be required to access the data package

- If you do not wish to encrypt your data, leave the Password and Verify Password fields blank

- Do not use any of the additional options to remove data as this will remove necessary data from the package

- After entering a Package name, the "Package" button should be active

- Click "Package"

- A green bar will move along the pop-up window as the file packages

- When the package is complete, a notification will appear "Package creation complete"

- At this point, you can select "Close" to exit this screen

- You can route the package to your reviewer following your organization's established processes outside of Epi Info

3.4 Importing a Data Package for Internal Review and Submittal to BBH

As a reviewer, once you receive a package via email or other method per your organization's business processes for sharing data, you will need to import that data into your instance of Epi Info.

- Click on File in the upper left of the main WVSOC screen.
- Select "Import Data"
- Then navigate to and select "From Data Package"

File	Edit	View	Tools	Help

New Record	
Open Form	Ctrl+O
Edit Form	
Close Form	Alt+F4
Save	Ctrl+S
Import Data	▶
Package For Transport	
Print	Ctrl+P
Recent Forms	▶
Exit	

From Mobile Device
From Web Survey
From Cloud Data Capture
From Epi Info 7 Project
From Data Package
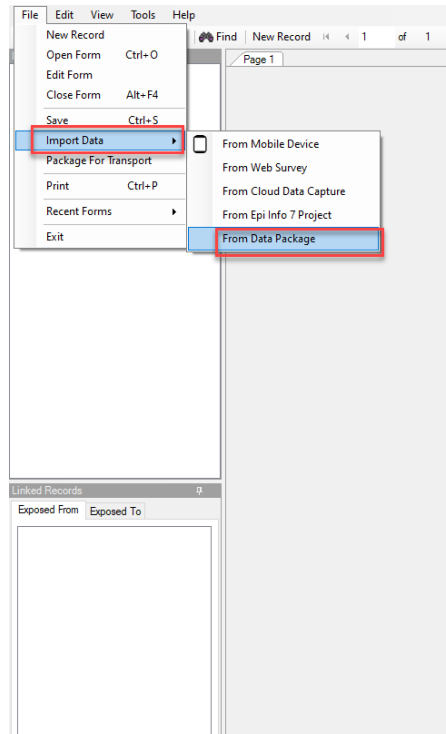
A pop-up screen "Import Encrypted Data Package" will appear
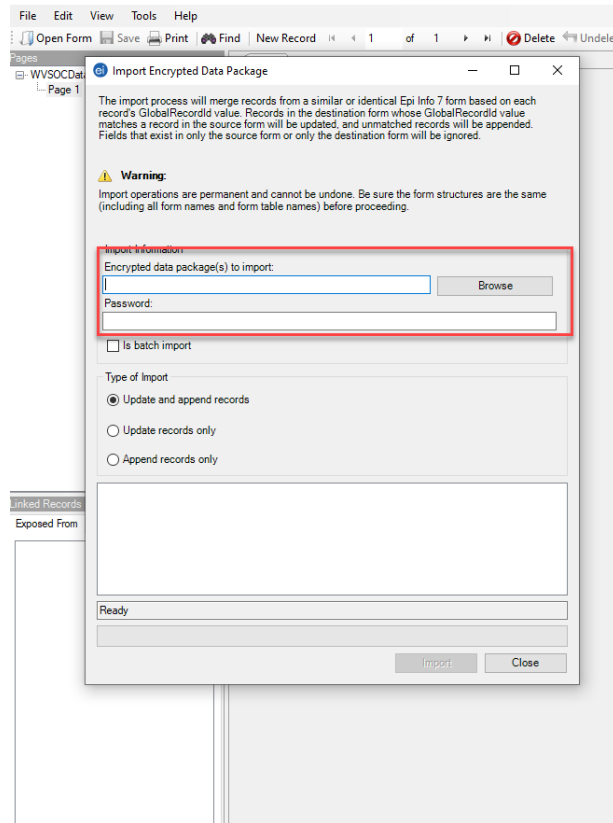
- Click on Browse, another box will pop where you will select the data package file that you want to import
- Another window pops-up where you will select the file package for import.
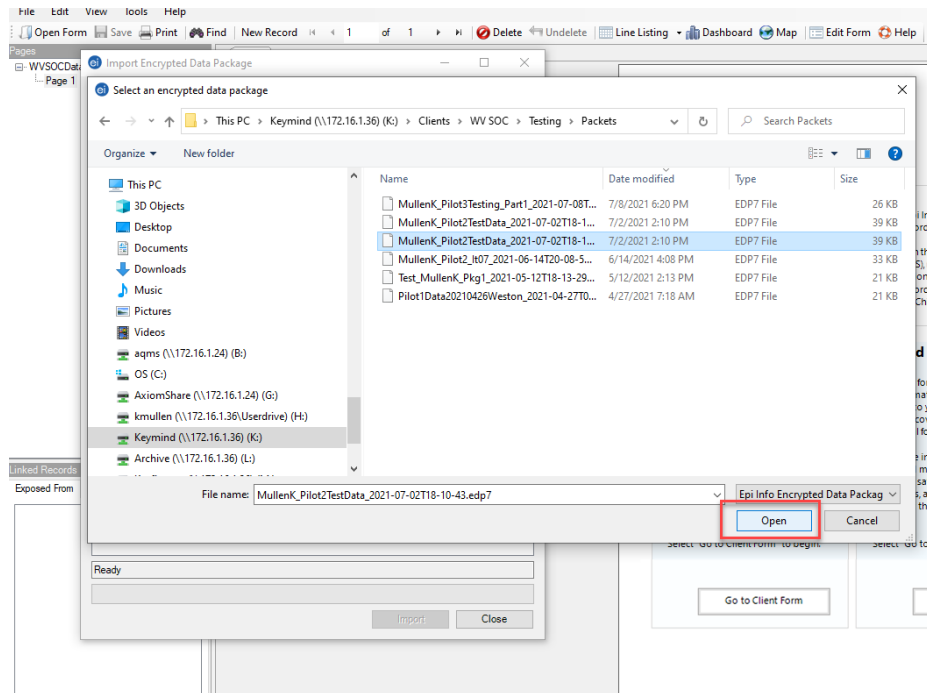
- Click Open
- You will be taken back to the "Import Encrypted Data Package" screen.
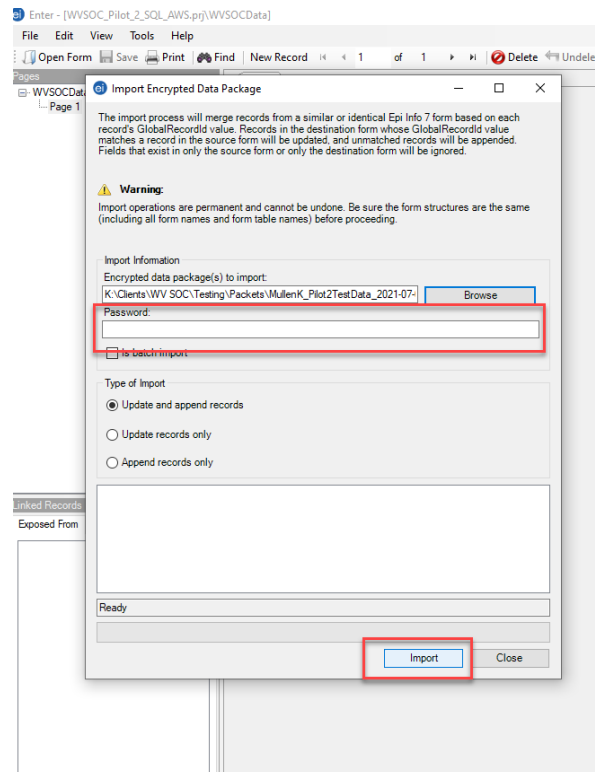
- If it was password protected, enter the password provided to you in the Password field.

- For Type of Import, select the default "Update and Append Records"

- Click the enabled "Import" button at the bottom of the screen

- Your import will begin.
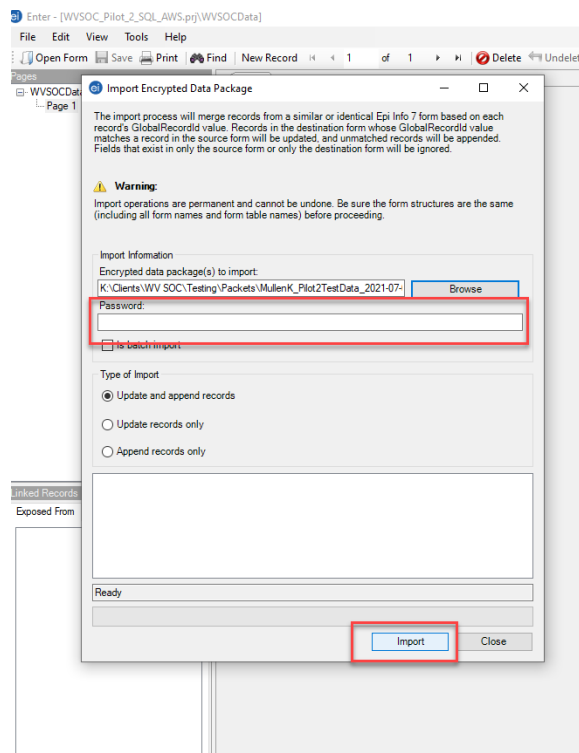
Once the import is complete, you are ready to review data and then create and submit the package as described in *Sections 3.1* and *3.2* of this User Guide.

4. Visualizing Data

Visual Dashboard will be used by BBH staffs.

> ⚠ **Warning with using Visual Dashboard at the Provider-Level**
>
> It is **NOT** recommended for providers to run data analysis through the Visual Dashboard. Data collection at the provider-level **DOES NOT** include all of the final compiled BBH data to run an accurate analysis through the system.

5. Form Field Index

There are several forms within the Epi Info project with unique and common field names and dropdown values. The Form Field Index lists every field name, what they are for, what type of field it is, on which form or forms you can find the field, and a list of all the values if it is a dropdown field or a checkbox selection. These fields are listed in alphabetical order. Below is an example of a field in the index:

💡 **Example of a field in the index:**

Name of the field: Description of the field [Type of field]

Forms: Name of the form (page numbers where the field exist)

Values:

- List of specific values if the field is a dropdown or a checkbox.

A

Abuse or Neglect: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 2)

Academic Credentials: List any academic credentials [Date]

   Form: Staff (page 1)

Active Military: Select the appropriate value from the dropdown list [Checkbox]

   Form: Client (page 3)

   Values:

- Yes
- No
- Unknown
- Not Applicable
- Decline to Answer

Addiction counselors: Enter the number for this group who participated but are not supported by the grant [Integer]

   Form: Event (page 4)

Additional Needs/Information: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Monthly Client (page 12)

   Values:

- Substance abuse treatment
- School-based health center

- Homelessness
- Military/veteran
- Domestic violence

- Suicide attempt survivor
- Support group
- Survivor of suicide loss

Address: Street address [Text]

   Forms: Grant (page 1), Location (page 1), Client (pages 1, 2), Monthly Client (page 1)

Adjustment to Trauma: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Age at Admission: Enter the age at admission [Integer]

   Form: Client (page 3)

Agency/Grantee Name: Name of the agency that holds the grant [Dropdown]

   Form: Grant (page 1)

   Values:

- Appalachian Community Health Center
- Board of Childcare
- Braley and Thompson
- Cabin Creek Health Systems
- FMRS Health Systems, Inc.
- Genesis Youth Crisis Center Inc.
- Marshall University Research Corporation

- Morgan County Board of Education
- National Youth Advocate Program
- Ohio County Board of Education
- Potomac Highlands Guild, Inc.
- Prestera Center for Mental Health Services Inc.
- Rainelle Medical Center, Inc.
- Southern Highlands

- United Summit Center, Inc.
- University Healthcare Physicians
- West Virginia University Research Corp
- West Virginia Department of Education
- Westbrook Health Services, Inc.
- Youth Health Service
- Youth Services System, Inc.

Aggressive Behavior: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Anger Control/Frustration Tolerance: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Antisocial Behavior: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Anxiety: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Assistance with Needs (amount): Enter the dollar amount. [Number]

    Forms: Monthly Client (page 13)

At the completion of respite, was the client ever unable to return to their prior living arrangement?: Select the appropriate value [Dropdown]

    Form: Monthly Client (page 11)

    Values:

- Yes
- No

Attachment difficulties: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Attended Participants: For each type of participant, enter the number from that group who participated: Youths and Family Members; School Staff; Program Staff; Others/Not Staff; Total Attended [Integer]

    Form: Event (page 1)

Atypical or repetitive behaviors: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Average minutes traveled to receive services: Enter the number of services that included an assessment [Integer]

    Form: Service Appointment (page 1)

C

CAT Assessment Date: Enter the date of this assessment [Date]

    Form: CAT (page 1)

CAT Assessment Score: Auto Populates based on responses within the scores entered on the CAT form [Read-only text]

    Form: CAT (page 1)

Certification Date: Enter the date certification was received [Date]

    Form: Staff (page 1)

Certifications to Facilitate Trainings: List any certifications that this staff has for facilitating trainings [Text]

    Form: Staff (page 1)

Certifications to Train Trainers: List any certifications that this staff has for training trainers [Text]

    Form: Staff (page 1)

Certified Prevention Type: Select the appropriate value [Dropdown]

    Form: Staff (page 1)

    Values:

● NA	● Level 1 Prevention Specialist	● Level 2 Prevention Specialist

City: City [Text]

    Forms: Client (pages 1 and 2), Grant (page 1), Location (page 1), Monthly Client (page 1)

Client's Age Category: Select the appropriate value from the dropdown list [Dropdown]

    Form: CAT (page 1)

    Values:

● 0–5	● 6-15	● 16-21

Client Last 4 Digits of SSN: Enter the last four digits of the client's social security number (SSN) [4-digit number]

    Form: Client (page 1)

Client School at Time of Referral: Enter the name of the school [Text]

    Form: Client (page 6)

Client SSN (prepopulated): This field exists as a read-only text across all pages for Client and Monthly Client. It mirrors the Client Last 4 Digits of SSN from Page 1 on the Client form. No action is needed.

    Forms: Client (pages 2-17), Monthly Client (pages 2-15)

Client screened for co-occurring disorders?: Select the appropriate value from the dropdown list [Dropdown]

> **Form:** Monthly Client (page 3)

> **Values:**

- Yes
- No

Client Veteran Status: Select the appropriate value from the dropdown list [Dropdown]

> **Form:** Client (page 3)

> **Values:**

- Yes
- No
- Unknown
- Not Applicable
- Decline to Answer

Community Safety: Enter a score between 0 and 3 [Integer]

> **Form:** CAT (page 2)

Conduct: Enter a score between 0 and 3 [Integer]

> **Form:** CAT (page 1)

Contact First Name: Point of contact first name [Text]

> **Form:** Grant (page 1),

Contact Last Name: Point of contact last name [Text]

> **Form:** Grant (page 1)

Contact Number: Phone number for point of contact [Phone Number (10 digits)]

> **Form:** Grant (page 1), Location (page 1)

County/County of Residence: County [Dropdown]

> **Forms: Client (page 1),** Grant (page 1), Location (page 1)

> **Values:**

- Barbour County
- Berkeley County
- Boone County
- Braxton County
- Brooke County
- Cabell County
- Calhoun County
- Clay County
- Doddridge County
- Fayette County
- Gilmer County
- Grant County
- Greenbrier County
- Hampshire County
- Hancock County

- Hardy County
- Harrison County
- Jackson County
- Jefferson County
- Kanawha County
- Lewis County
- Lincoln County
- Logan County
- Marion County
- Marshall County
- Mason County
- McDowell County
- Mercer County
- Mineral County

- Mingo County
- Monongalia County
- Monroe County
- Morgan County
- Nicholas County
- Ohio County
- Pendleton County
- Pleasants County
- Pocahontas County
- Preston County
- Putnam County
- Raleigh County
- Randolph County
- Ritchie County

- Roane County
- Summers County
- Taylor County
- Tucker County
- Tyler County
- Upshur County
- Wayne County
- Webster County
- Wetzel County
- Wirt County
- Wood County
- Wyoming County

Course Completion Status: Select the appropriate county from the dropdown list [Dropdown]

Forms: Client (page 9), Monthly Client (page 2)

Values:

- Not applicable
- Graduated
- GED
- Graduated modified diploma

- Moved to next grade
- Retained
- Dropped out
- Transferred to another school

- No change
- Other
- Unknown

Custody Status (Youth's Situation at Entry): Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (page 4), Monthly Client (page 1)

Values:

- Parent

- Guardian

- DHHR

- Other (specify)

Credentials of person leading event: List the credentials of the person leading the event [Text]

    Form: Event (page 1)

Criminal Behavior: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 2)

Crisis Plan: Select the appropriate value from the dropdown list [Checkbox]

    Form: Monthly Client (page 6)

    Values:

- Yes
- No

D

Danger to others: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Date Crisis Plan Created: Enter date created (mm/dd/yyyy) [Date]

    Form: Client (page 6)

Date of Birth: Enter their date of birth--mm/dd/yyyy [Date]

    Form: Client (page 3)

Date of Event/Activity: Date of the event [Text]

    Form: Event (page 1)

Date of Family Joining/First Home Visit: Enter date (mm/dd/yyyy) [Date]

    Form: Client (page 6)

Date of First Contact with Family: Enter date of first contact (mm/dd/yyyy) [Date]

    Form: Client (page 6)

Date of Hire: Enter the date the staff was hired [Date]

    Form: Staff (page 1)

Date of Initial CANS Score: Enter date of initial CANS score (mm/dd/yyyy) [Date]

    Form: Client (page 6)

Date of Feedback: Enter the date [Date]

   Form: Feedback (page 1)

Date of First Entry: Enter the date [Date]

   Forms: Client (page 17)

Date Plan Completed and Signed: Enter date completed and signed (mm/dd/yyyy) [Date]

   Form: Client (page 6)

Date Referred into Program: Enter the date the client was referred into the program [Date]

   Forms: Client (pages 6, 8-17)

Date Vacated Position: Enter the date the staff left [Date]

   Form: Staff (page 1)

Delinquent Behavior: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 2)

Depression: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Did you get any treatment or services today?: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Caregiver Satisfaction Survey (page 1)

   Values:

- Yes
- No

Discharge Date: Enter the date (mm/dd/yyyy) [Date]

   Forms: Client (pages 7-17)

Discharge Reason: Select the appropriate value from the dropdown list [Dropdown]

   Forms: Client (pages 7-17)

   Values:

- Successfully completed program
- Dropped out of program
- Moved to another area
- Transferred to more intensive level of care
- Other (specify)

Does the client have an IDD diagnosis?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 4)

Values:

- Yes
- No
- Not Screened

Does the client have an IDD diagnosis?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 3)

Values:

- Yes
- No

Does the client have any history with IV Drug Use?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 4)

Values:

- Yes
- No

Does the client have co-occurring disorders?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 4)

Values:

- Yes
- No
- Not Screened

Does the client have co-occurring disorders?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 3)

Values:

- Yes
- No

Does the client have dependents?: Select the appropriate value from the dropdown list [Checkbox]

Forms: Client (page 3), Monthly Client (page 1)

Values:

- Yes
- Unknown
- Decline to Answer
- No
- Not Applicable

Does the client identify as Lesbian, Gay, Bisexual, Transgender, or Questioning?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 3)

Values:

- Yes
- No
- Unknown
- Decline to Answer

Does the client meet SED Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 4)

Values:

- Yes
- No
- Not Screened

Does the client meet SED Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 3)

Values:

- Yes
- No

Does the client meet SMI Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (page 4)

Values:

- Yes
- No
- Not Screened

Does the client meet SMI Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 3)

Values:

- Yes
- No

Does the client meet SUD Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 4)

Values:

- Yes
- No
- Not Screened

Does the client meet SUD Diagnostic Criteria?: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 3)

    Values:

- Yes
- No

Does the client need a follow-up?: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 12)

    Values:

- Yes
- No
- Refused

Does the current caregiver have a current problem with drugs or alcohol?: Select the appropriate value from the dropdown list. [Dropdown]

    Form: Client (page 3)

    Values:

- Yes
- No
- Unknown

E

Email/Email Address: Enter the email address [Text]

    Form: Client (pages 1 and 2), Staff (page 1)

Emotion Control: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Empathy with Children: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 2)

Employment Status: Select the appropriate value from the dropdown list [Dropdown]

    Forms: Client (page 4), Monthly Client (page 1)

    Values:

- Employed
- Unemployed
- Not Applicable

Employer/Agency: Enter the agency or employer name [Text]

    Form: Staff (page 1)

End Date (if applicable): End date of the event [Date]

    Form: Event (page 1)

Enrollment Start Date: Enter the enrollment start date [Date]

    Form: Client (pages 6, 8-17)

Enter team average score: For team average score on the MHPET form, enter an integer between 1 and 6. Ranging from 1 meaning "Not at All in Place" to 6 meaning "Fully in place." [Integer]

    Form: MHPET (page 1)

Entity providing/leading activity: Specify the name of the entity providing or leading the activity [Text]

    Form: Event (page 4)

ESMH Leadership Team: Select if staff member is part of the ESMH Leadership Team [Checkbox]

    Form: Staff (page 1)

Ethnicity Group: Select the appropriate value from the dropdown list [Dropdown]

    Form: Client (page 3)

    Values:

- Hispanic or Latino
- Not Hispanic or Latino
- Origin Unknown

Evaluation Date: Enter the date of the MHPET evaluation [Date]

    Form: MHPET (page 1)

F

Failure to Thrive: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Family Member Screened: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 14)

    Values:

- Bio Mother
- Bio Father
- Foster Mother
- Foster Father
- Adopt Mother
- Adopt Father
- Grandmother
- Grandfather
- Kinship
- Other (specify)

Family Military Involvement: Select the appropriate value from the dropdown list [Checkbox]

    Form: Client (page 3)

Values:

- Yes
- No

- Unknown
- Not Applicable

- Decline to Answer

Family Stress: Enter a score between 0 and 3 [Integer]

Form: CAT (page 2)

Feeding or Elimination: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

Feedback Received: Select the appropriate value from the dropdown list. [Dropdown]

Form: Feedback (page 1)

Values:

- Yes
- No
- NA

Fire setting: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

First Name: Enter the first name [Text]

Form: Client (page 1), Staff (page 1)

Flight Risk: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

Follow-up completed?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 12, 13, 14)

Values:

- Yes
- No
- Not Applicable

Further Assistance Requested: Select the appropriate value from the dropdown list [Dropdown]

Forms: Monthly Client (pages 13, 14)

Values:

- Yes
- No
- Not Applicable

G

Gender: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 3)

Values:

- Male
- Female
- Transgender
- Other

Grades Served: Check the boxes for the grades that your school serves [Checkboxes]

Form: Location (page 1)

Values:

- Pre-K
- K
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- All

Grant Cycle: Fiscal cycle for the grant at hand [Dropdown]

Form: Grant (page 1)

Values:

- State July 1 - June 30
- Federal October 1 - November 30

Grant Number: Number of the grant assigned by BBH [Dropdown]

Forms: Event (page 1), Grant (page 1), Monthly Client (pages 5-15), Service (page 1)

Values:

- G210636
- G210169
- G200739
- G200740
- G200741
- G200742
- G200743
- G200744
- G200805
- G210170
- G210171
- G210172
- G210173
- G210174
- G210175
- G210176
- G210177
- G210178
- G210179
- G210180
- G210356
- G210356
- G210356
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- G210358
- G210359
- G210360
- G210360
- G210360
- G210360
- G210360
- G210360
- G210360
- G210361
- G210361
- G210361
- G210361
- G210361
- G210362
- G210362
- G210362
- G210363

- G210363
- G210364
- G210364
- G210364
- G210517
- G210518
- G210519
- G210520
- G210521
- G210522
- G210523
- G210553
- G210554
- G210555
- G210556
- G210557
- G210630
- G210631
- G210632
- G210633
- G210634
- G210635
- G210637
- G210638
- G210639
- G210640
- G210641

- G210663
- G210665
- G210836
- G210846
- G210847
- G210848
- G210849
- G210850
- G210851
- G220203
- G220203
- G220203
- G220203
- G220204
- G220204
- G220204
- G220204
- G220204
- G220204
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- G220206

● G220207	● G220208	● G220211
● G220207	● G220208	● G220211
● G220207	● G220208	● G220211
● G220207	● G220208	● G220211
● G220207	● G220208	● G220211
● G220207	● G220209	● G220211
● G220207	● G220209	● G220211
● G220207	● G220209	● G200805
● G220207	● G220210	● G200806
● G220207	● G220210	● G200807
● G220207	● G220210	● G200808
● G220208	● G220210	● G200809
● G220208	● G220211	● G200810

GPA Remained Consistent: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 2)

Values:

● Not Applicable	● Yes	● No

H

Has any previous caregiver ever had a problem with drugs or alcohol?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 3)

Values:

● Yes	● No	● Unknown

Has the client been screened for suicide risk?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Monthly Client (page 3)

Values:

● Yes	● No	● Refused

Health or Behavioral Health: Enter a score between 0 and 3 [Integer]

Form: CAT (page 2)

How long did it take for the youth to see a provider after getting the referral?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Caregiver Satisfaction Survey (page 1)

Values:

- Within one hour of requesting assistance from Mobile Crisis Response

- The same day

- 1-7 days (about one week)

- 2-3 weeks

- About one month

- Longer than one month

How long did it take for you to see a provider after getting the referral?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Youth Satisfaction Survey (page 1)

Values:

- Within one hour of requesting assistance from Mobile Crisis Response

- The same day

- 1-7 days (about one week)

- 2-3 weeks

- About one month

- Longer than one month

How many instances occurred overnight?: Enter the number of instances occurred for Respite Provided by Friends, Family, and Other Natural Supports (Paid) with Crisis and with Scheduled, and for Respite Provided by Hired Professional Help with Crisis and with Scheduled [Integer]

Form: Monthly Client (page 11)

How many people are in the client's household, including the client?: Enter the number [Integer]

Form: Client (page 3)

I

I&R: Enter the I&R information [Text]

Form: Monthly Client (page 8)

I helped make decisions about my treatment today.: Select the appropriate value from the dropdown list. [Dropdown]

Form: Youth Satisfaction Survey (page 1)

Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

I was satisfied with how fast the youth was able to see this provider.: Select the appropriate value from the dropdown list. [Dropdown]

Form: Caregiver Satisfaction Survey (page 1)

Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

I was satisfied with how fast I was able to see this provider.: Select the appropriate value from the dropdown list. [Dropdown]

Form: Youth Satisfaction Survey (page 1)

Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

If other, please specify: If a dropdown is selected with the option for "Other (specify)" then this field is required to be filled out to add specification otherwise it is disabled and not required [Text]

Forms: Client (pages 2, 4, 6-17), Event (page 1), Monthly Client (pages 1-2, 4-5, 11, 13, 14), Location (page 1), Feedback (page 1)

If there are other sources, list crisis response locations: List the locations for other sources [Text]

Form: Monthly Client (page 6)

If this was a FOLLOW-UP appointment, how long did it take to get it scheduled for the youth?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Caregiver Satisfaction Survey (page 1)

Values:

- Within one hour of requesting assistance from Mobile Crisis Response

- The same day

- 1-7 days (about one week)

- 2-3 weeks

- About one month

- Longer than one month

- Not Applicable

If this was a FOLLOW-UP appointment, how long did it take to get it scheduled?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Youth Satisfaction Survey (page 1)

Values:

- Within one hour of requesting assistance from Mobile Crisis Response

- The same day

- 1-7 days (about one week)

- 2-3 weeks

- About one month

- Longer than one month

- Not Applicable

If other, please specify: If other is selected, please specify the appropriate content pin this text field. [Text]

   Form: Client (pages 2, 4, 5-17), Event (page 1), Feedback (page 1), Location (page 1), Monthly Client (pages 1-2, 4-5, 11-15)

Impulsivity: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Incentive for Participation (amount): Enter dollar amount [Number]

   Form: Monthly Client (page 13)

Insurance Status: Select the appropriate value from the dropdown list [Dropdown]

   Forms: Client (page 4), Monthly Client (page 3)

   Values:

- Medicaid Only

- Non-Medicaid Only

- Both

- Private Pay

- Not Known

Intentional misbehavior/sanction seeking behavior: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Involved in Juvenile Justice at Discharge?: Select the appropriate value from the dropdown list. [Dropdown]

   Forms: Client (pages 7 and 9)

   Values:

- Yes

- No

Involvement in the 12 Months Prior to Entry/ Involvement in the Past Month: Enter a number in each of the boxes, enter a 0 if none: [Integers]

   Form: Client (page 4), Monthly Client (page 2)

   Values:

- No. of unexcused absences from school
- No. of suspensions from school
- No. of expulsions from school
- No. of other school disciplinary actions
- No. of out-of-state placements
- No. of crisis stays

- No. of Emergency Department (ED) visits
- No. of residential/partial residential placements
- No. of foster care placements
- No. of group home placements
- No. of hospital/psychiatric unit placements
- No. of acute care hospitalizations

- No. of emergency shelter placements
- No. of encounters with law enforcement
- No. of times arrested
- No. of status charges
- No. of delinquency charges
- No. of involuntary admissions to psychiatric hospital

Involvement with Care: Enter a score between 0 and 3 [Integer]

Form: CAT (page 2)

Is client at risk for human trafficking at entry?: Select the appropriate value from the dropdown list [Checkbox]

Form: Client (page 3)

Values:

- Yes
- No

- Unknown
- Decline to Answer

Is the client an IV-drug user?: Select the appropriate value from the dropdown list [Checkbox]

Form: Monthly Client (page 1)

Values:

- Yes
- No

Is the client pregnant?: Select the appropriate value from the dropdown list [Checkbox]

Forms: Client (page 3), Monthly Client (page 1)

Values:

- Yes
- No

- Unknown
- Not Applicable

- Decline to Answer

Is there anything else you wanted to say about your experiences?: Enter the feedback provided by the caregiver/youth. [Text]

 Forms: Caregiver Satisfaction Survey (page 1), Youth Satisfaction Survey (page 1)

Is this location a school?: Check this box if the location is a school. Leave it blank if your location is NOT a school. [Checkbox]

 Form: Location (page 1)

Is staff a Certified Prevention Specialist?: If a dropdown is selected with the option for "Other (specify)" then this field will need to be filled out to add specification [Text]

 Form: Location (page 1)

 Values:

- Yes
- No

J

Judgement or Decision Making: Enter a score between 0 and 3 [Integer]

 Form: CAT (page 1)

L

Last Name: Enter the last name [Text]

 Forms: Client (page 1), Staff (page 1)

Last Name of Facilitator: Enter the last name of the facilitator [Text]

 Forms: Client (page 6), Monthly Client (page 5)

Legal: Enter a score between 0 and 3 [Integer]

 Form: CAT (page 2)

List the specialties for those that participated: If Other was selected, list the specialties for those that participated [Text]

 Form: Event (page 4)

Living situation: Enter a score between 0 and 3 [Integer]

 Form: CAT (page 1)

Living situation (Youth's Situation at Entry/Youth's Status): Select the appropriate value from the dropdown list [Dropdown]

 Forms: Client (page 4), Monthly Client (page 1)

 Values:

- Not Applicable to Program
- Acute hospital
- Crisis resident
- Foster home or kinship/relative care

- Home with parent/guardian
- Homeless
- Jail/juvenile detention facility
- Lost to follow-up/unknown

- Residential/partial residential treatment facility
- Shelter
- Therapeutic foster care
- Other private residence
- Other (specify)

Living Situation at Discharge: Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (pages 7-17)

Values:

- Acute hospital
- Crisis resident
- Foster home or kinship/relative care
- Home with parent/guardian

- Homeless
- Jail/juvenile detention facility
- Lost to follow-up/unknown

- Residential/partial residential treatment facility
- Shelter
- Therapeutic foster care
- Other private residence
- Other (specify)

Living Situation at Referral: Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (pages 6, 8-17)

Values:

- Not Applicable to Program
- Acute hospital
- Crisis resident
- Foster home or kinship/relative care

- Home with parent/guardian
- Homeless
- Jail/juvenile detention facility

- Residential/partial residential treatment facility
- Shelter
- Therapeutic foster care
- Other private residence
- Other (specify)

Locations where a respite event occurred: Specify the location of the event. [Checkbox]

Form: Monthly Client (page 11)

Values:

- Home

- School

- Family/friend

- Community location
- Clinical setting
- Other (specify)

M

Marital/Partner Violence in Home: Enter a score between 0 and 3 [Integer]

Form: CAT (page 2)

Medicaid ID: Enter the Medicaid ID [Text]

Form: Client (page 1)

Medical Information Notes (include any additional diagnoses): Add any medical information on the client. [Text]

Form: Monthly Client (page 3)

Medication Compliance: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

Month: Select the month for which data is being collected with the associated form [Dropdown]

Forms: ESMH Tier (page 1), Feedback (page 1), MCRS Referral (page 1), Monthly Client (page 1), Parent Satisfaction (page 1), Satisfaction (page 1), Service (page 1), Youth Satisfaction (page 1)

Values: 01 through 12, 01 for January, 02 for February, etc.

Month/Year Program Initiated: Date the program first started [Date (mm/yyyy)]

Form: Grant (page 1)

Middle Initial: Enter middle initial, if any [Text]

Forms: Client (page 1), Staff (page 1)

N

Name of Event Lead(s): List the name(s) of the event leads [Text]

Form: Event (page 1)

Name of Event/Activity: Specify the name of the event or activity [Text]

Form: Event (page 1)

Name of Facility (if applicable): Enter the name of your facility [Text]

Form: Location (page 1)

Name of Program Facilitator(s): List the names of the facilitators [Text]

Form: Event (page 1)

Name of Program within Agency: Name of the program if it has a specific or different name [Text]

Form: Grant (page 1)

Name of School (if applicable): Select the appropriate one from the dropdown list. [Dropdown]

Form: Grant (page 1)

Values:

- Baileysville Elementary/Middle School
- Beckley Elementary School
- Berkeley Springs High School
- Beverly Elementary School
- Bluefield Intermediate School
- Brooke Middle School
- Calhoun Middle/High School
- Ceredo-Kenova Elementary School
- Coal City Elementary School
- Davis Thomas Elementary/Middle School
- East Bank Middle School
- Eastern Greenbrier Middle School
- Edgewood Elementary School

- Elm Grove Elementary School
- George Ward Elementary School
- Green Bank Elementary/Middle School
- Greenbrier East High School
- Greenbrier East Middle School
- Greenbrier West High School
- Hamilton Middle School
- Huff Consolidated Elementary/Middle School
- Jennings Randolph Elementary School
- Kimball Elementary School
- Long Drain School
- Mabscott Elementary School
- Madison Elementary School
- Marlinton Elementary School

- Marlinton Middle School
- McNinch Elementary School
- Mercer Elementary School
- Middle Creek Elementary School
- Moundsville Middle School
- Nitro Elementary School
- Oak Glen Middle School
- Parkersburg High School
- Paw Paw High School
- Pleasants County Middle School
- Pocahontas County High School
- Prichard Elementary School
- Riverside High School
- Scott High School
- Sissonville Middle School
- St. Mary's High School
- Stonewall Jackson Middle School

- Triadelphia Middle School
- Tucker County High School
- Tucker Valley Elementary/Middle School
- Tygarts Valley Middle/High School

- Warm Springs Intermediate School
- Warm Springs Middle School
- Weimer Elementary School
- Welch Elementary School

- West Side Middle School
- Western Greenbrier Middle School
- Wheeling Middle School
- Woodsdale Elementary School
- Other

Name of school child is attending: Select the appropriate one from the dropdown list. [Dropdown]

   Form: Grant (page 1)

   Values: Refer to the values from the field "Name of School (if applicable)"

Name of School: Enter the name school for Tier 1 Prevention or Tier 2 Prevention activity [Text]

   Form: Event (page 2)

New to Tier 2: Enter the number of students new to Tier 2 [Integer]

   Form: ESMH Tier (page 1)

New to Tier 3: Enter the number of students new to Tier 3 [Integer]

   Form: ESMH Tier (page 1)

Non-professionals: Enter the number of participants from this category [Integer]

   Form: Event (page 3)

Nonsuicidal self injury: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Notes: Enter any additional critical or key notes for the section [Text]

   Forms: Client (pages 6, 8-17), Event (page 1), Monthly Client (pages 5-15), Staff (page 1), Feedback (page 1)

Number of Appointments by Location: For each of the categories in this section, provide the number of appointments that occurred during this reporting period [Integer]

   Form: Service Appointment (page 1)

   Values:

- Clinic
- Home

- School
- Department of Juvenile Serices

- Telehealth or virtual
- Via Text

- Other

Number of Appointments by Type: For each of the categories in this section, provide the number of appointments that occurred during this reporting period [Integer]

    Form: Service Appointment (page 1)

    Values:

- Case management

- PBS case consultation with client

- Psychiatry/medication management

- Child and family team meeting

- Group therapy

- Individual therap

- Peer/recovery services

- Family therapy

- Supportive education

- Support with independent living

- Supported crisis response

- Supported employment

- Supported early detection or brief intervention for the screening/assessment

- Other activity/ recreational service

- Supported follow up

Number of child and family team meetings: Enter the number [Integer]

    Form: Monthly Client (page 5)

Number of commercials ran: For FEP program and activity type is "Commercials on TV/Media Spotlight" then enter the number of commercials that ran about this event [Integer]

    Form: Event (page 1)

Number of community support services: Enter the number of community support services. [Integer]

    Forms: Monthly Client (pages 13 and 14)

Number of calls from home: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of calls from school: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of calls from other sources: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of Crisis Calls: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of crisis calls in person: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of crisis calls by phone only: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of crisis telehealth or video calls: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of days attending center: Enter the number of days. [Integer]

    Form: Monthly Client (page 15)

Number of face-to-face contact with youth/family: Enter the number [Integer]

    Form: Monthly Client (page 5)

Number of follow up crisis prevention calls: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of Hours: Enter the number of hours for Respite Provided by Friends, Family, and Other Natural Supports (Paid) by Crisis and by Scheduled, and for Respite Provided by Hired Professional Help by Crisis and by Scheduled [Integer]

    Form: Monthly Client (page 11)

Number of information calls (MCRS): Enter the number [Integer]

    Form: MCRS Referrals (page 1)

Number of intensive support services: Enter the number of intensive support services. [Integer]

    Forms: Monthly Client (pages 13 and 14)

Number of Licensed Social Workers: Of the total number of staff, enter the number of staffs who are Licensed Social Workers [Integer]

    Form: Grant (page 1)

Number of Living Changes: Enter the number [Integer]

    Form: Monthly Client (page 1)

Number of Living Changes in the Past 12 Months: Enter the number [Integer]

    Form: Client (page 4)

Number of medication services: Enter the number of medication support services. [Integer]

   Forms: Monthly Client (pages 13 and 14)

Number of new referrals received: Enter the number of for each referral source [Integer]

   Form: MCRS Referrals (page 1)

   Values:

- Referred by family
- Referred by school
- Referred by doctor
- Referred by ER
- Referred by law enforcement/court
- Referred by Other
- Not admitted

Number of Nurturing Parenting Sessions: Enter the number of sessions attended [Integer]

   Form: Monthly Client (page 3)

Number of other contacts (phone, collateral, etc.): Enter the number [Integer]

   Form: Monthly Client (page 5)

Number of Other Sessions: Enter the number for this reporting period. [Integer]

   Form: Monthly Client (pages 13 and 14)

Number of participants served by age: For Tier 2 Prevention activity, enter the number of participants in each textbox [Textbox]

   Form: Event (page 2)

   Values:

- 0-4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19-21

Number of participants served by ethnicity group: For Tier 2 Prevention activity, enter the number of participants in each textbox [Textbox]

   Form: Event (page 2)

   Values:

- Hispanic/Latino
- Non-Hispanic/Latino

Number of participants served by gender: For Tier 2 Prevention activity, enter the number of participants in each textbox [Textbox]

    Form: Event (page 2)

    Values:

- Female
- Male

- Transgender
- Other

Number of participants served by identified as LGBTQ: For Tier 2 Prevention activity, enter the number of participants in each textbox [Textbox]

    Form: Event (page 2)

    Values:

- Identify LGBTQ
- Not LGBTQ
- Unknown/Not Known

Number of participants served by race: For Tier 2 Prevention activity, enter the number of participants in each textbox [Textbox]

    Form: Event (page 2)

    Values:

- American Indian or Alaskan Native
- Asian

- Black or African American
- Native Hawaiian or other Pacific Islander

- White
- Other
- Unknown

Number of post-crisis follow up calls right after: Enter the number of occurrences for this reporting period. [Integer]

    Form: Monthly Client (page 6)

Number of recovery support services: Enter the number of recovery support services. [Integer]

    Forms: Monthly Client (pages 13 and 14)

Number of Regional Family Advisory Board Sessions: Enter the number for this reporting period. [Integer]

    Form: Monthly Client (page 13)

Number of Seeking Safety Recovery Sessions: Enter the number of sessions attended [Integer]

    Form: Monthly Client (page 3)

Number of Services: Enter the number of services for Respite Provided by Friends, Family, and Other Natural Supports (Paid) by Crisis and by Scheduled, and for Respite Provided by Hired Professsional Help by Crisis and by Scheduled [Integer]

Form: Monthly Client (page 11)

Number of SMART Recovery Sessions: Enter the number of sessions attended [Integer]

Form: Monthly Client (page 3)

Number of staff supported by grant who participated: Enter the number of staff who are supported by the grant who participated [Integer]

Form: Event (page 4)

Number of staff with a mental/behavioral health degree: Of the total, how many have a mental health/behavioral health related degree [Integer]

Form: Staff (page 1)

Number of staff with professional accreditation: Of the total, how many have a degree [Integer]

Form: Staff (page 1)

Number of Strengthening Families Sessions: Enter the number of sessions attended [Integer]

Form: Monthly Client (page 3)

Number of students participated in Tier 1 or 2: For each grade level, enter the number of participants for that group [Integer]

Form: Event (page 2)

Values:

- Pre-K
- K
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12

Number of Surveys Conducted: Enter the number of surveys conducted this month [Integer]

Form: Satisfaction (page 1)

Number of Surveys Participated: Enter the number of surveys that were responded to [Integer]

Form: Satisfaction (page 1)

Number of times helped make placement referral: Enter the number of occurrences for this reporting period. [Integer]

Form: Monthly Client (page 6)

Number of times in ER for behavior: Enter the number of occurrences for this reporting period. [Integer]

Form: Monthly Client (page 6)

Number of times responded in person w/in 1 hour: Enter the number of occurrences for this reporting period. [Integer]

   Form: Monthly Client (page 6)

Number of times responded w/ law enforcement: Enter the number of occurrences for this reporting period. [Integer]

   Form: Monthly Client (page 6)

Number of times youth in Crisis Stabilization: Enter the number of occurrences for this reporting period. [Integer]

   Form: Monthly Client (page 6)

Number of times youth in psych. acute care: Enter the number of occurrences for this reporting period. [Integer]

   Form: Monthly Client (page 6)

Nurse practitioners: Enter the number for this group who participated but are not supported by the grant [Integer]

   Form: Event (page 4)

Nurses (RN/LPN): Enter the number for this group who participated but are not supported by the grant [Integer]

   Form: Event (page 4)

Nurturing Parenting Sessions Fully Complete: Select the appropriate value from the dropdown list [Dropdown]

   Form: Monthly Client (page 3)

   Values:

   - Yes
   - No

O

Oppositional: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Other: Enter the number for this group who participated but are not supported by the grant [Integer]

   Form: Event (page 4)

Other Screenings Conducted: List the names or types of other screenings that were administered. [Integer]

> **Form:** Monthly Client (page 3)

Other self harm: Enter a score between 0 and 3 [Integer]

> **Form:** CAT (page 1)

Other support needs or requests: Enter additional information into text field. [Text]

> **Form:** Monthly Client (page 12)

P

Participants by primary language spoken at home: Enter the number of participants in each textbox [Textbox]

> **Form:** Event (page 2)

> **Values:**

- English
- Spanish
- Other
- Unknown

Participants younger than 18 years old: Enter the number of participants from this category [Integer]

> **Form:** Event (page 3)

Peer recovery: Enter the number for this group who participated but are not supported by the grant [Integer]

> **Form:** Event (page 4)

Period of month for which service was provided: If a dropdown is selected with the option for "Other (specify)" then this field will need to be filled out to add specification [Dropdown]

> **Form:** Service (page 1)

> **Values:**

- 1st Half
- 2nd Half

Phone Number: Enter the phone number [10 digit number]

> **Form:** Client (pages 1-2), Staff (page 1)

Physicians: Enter the number for this group who participated but are not supported by the grant [Integer]

> **Form:** Event (page 4)

Physician assistants: Enter the number for this group who participated but are not supported by the grant [Integer]

Form: Event (page 4)

Prevention: Enter the number for this group who participated but are not supported by the grant [Integer]

Form: Event (page 4)

Primary Caregiver Relationship to Client: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 2)

Values:

- N/A

- Parent

- Foster Parent

- Guardian

- Grandparent

- Aunt/Uncle

- Cousin

- Sibling

- Friend

- Other

Primary Diagnosis Code (ICD-10): Enter the ICD-10 code [Text]

Form: Client (page 4)

Primary Language Spoken in the Home: Select the appropriate value from the dropdown list [Checkbox]

Forms: Client (page 3)

Values:

- English

- Spanish

- Other

- Unknown

Primary Role of Participants: Select the primary role of the participants [Dropdown]

Form: Event (page 3)

Values:

- NA
- ED K-12

- Higher Ed
- SA

- Justice
- Community

Professionals: Enter the number of participants from this category [Integer]

Form: Event (page 3)

Program (Statement of Work): Select the appropriate BBH SOC Program Name from the dropdown list [Dropdown]

Forms: Grant (page 1), Event (page 1)

Values:

- CMHW - Children's Mental Health Wraparound

- DCTY - Drop in Center for Transitional Youth

- ESMH - Children's Expanded School Mental Health

- FEP - First Episode Psychosis

- MCRS - Children's Mobile Crisis Response and Stabilization

- PBS - Positive Behavior Support

- RESPITE - Children's Crisis Respite Services

- RYIS - Regional Youth Intervention Specialist

- RYSC - Regional Youth Service Center

- SOCFC - System of Care Family Coordinator

- SORFC - State Opioid Response Family Coordinator

Program Code: Select the appropriate value from the dropdown list. [Dropdown]

Forms: Monthly Client (pages 5-15)

Values:

- 10001252
- 10000225
- 10001175
- 10001176
- 10001177
- 10001183
- 10001184
- 10001180
- 10001199
- 10001168
- 10000559
- 10001166
- 10000560
- 10000563

- 10000968
- 10000598
- 10000969
- 10000596
- 10001165
- 10001245
- 10000528
- 10000529
- 10000530
- 10000531
- 10000536
- 10000537
- 10000538
- 10000539

- 10000946
- 10000947
- 10000524
- 10000525
- 10000526
- 10000527
- 10000532
- 10000540
- 10000541
- 10000542
- 10000543
- 10000544
- 10000545
- 10000546

- 10000547
- 10000554
- 10000555
- 10000556
- 10000557
- 10000743
- 10000558
- 10000953
- 10001145
- 10000573
- 10000574
- 10000584
- 10000585
- 10000586
- 10000587
- 10000973
- 10000965
- 10000966
- 10000967
- 10000464
- 10000322
- 10000972
- 10000321
- 10000323
- 10000366
- 10000320
- 10000324
- 10001206

- 10001207
- 10001208
- 10001209
- 10001210
- 10001211
- 10001249
- 10001250
- 10001254
- 10001253
- 10001251
- 10001020
- 10001241
- 10001322
- 10000353
- 10000352
- 10000350
- 10000372
- 10000367
- 10000375
- 10000528
- 10000529
- 10000530
- 10000531
- 10000536
- 10000537
- 10000538
- 10000539
- 10000946

- 10000947
- 10000524
- 10000525
- 10000526
- 10000527
- 10000532
- 10001387
- 10001388
- 10001389
- 10001390
- 10000540
- 10000541
- 10000542
- 10000543
- 10000544
- 10000545
- 10000546
- 10000547
- 10001380
- 10001381
- 10001382
- 10000554
- 10000555
- 10000556
- 10000557
- 10000743
- 10001383
- 10001384

- 10000558
- 10000953
- 10001145
- 10000573
- 10000574
- 10001385
- 10001386

- 10000584
- 10000585
- 10000586
- 10001378
- 10001379
- 10001385
- 10001386

- 10001391
- 10001372
- 10001373
- 10001374
- 10001375
- 10001376
- 10001377

Program/Event/Activity Type: Select the appropriate type of program, event, or activity from the dropdown list [Dropdown]

Form: Event (page 1)

Values:

- Clinical Supervision
- Commercials on TV/Media Spotlights
- Community Collaboration/Meeting
- Community Presentation
- Consultation with School Personnel
- Cross Planning
- Cross Planning Initiative
- Evidence-based program

- Follow-up: Access to Care
- Individual Case Consultation
- Interagency Collaboration
- Outreach
- Parent Meeting/Consultation
- Promotion
- Public Events
- Quarterly Leadership Meeting
- Referral

- Regional Advisory Group
- School Administration
- School Group Activity
- School Presentation
- Screening
- Tier 1 Prevention
- Tier 2 Prevention
- Training Attended
- Training Provided
- Other (specify)

Prior Names (Last Name, First Name): Enter any prior name or aliases [Text]

Form: Client (page 1)

Psychosis: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

Purpose of Activity: Specify the purpose of the activity [Text]

Form: Event (page 1)

R

Race: Check the boxes for the grades that your school serves [Checkbox]

   Form: Client (page 3)

   Values:

   - American Indian/Alaskan Native
   - Asian
   - Black/African American
   - Native Hawaiian/Other Pacific Islander
   - Prefer Not to Respond
   - Other

Referral Linkage Conducted: Check the box for any of the following referral linkages that were conducted: [Checkbox]

   Forms: Monthly Client (pages 13-14)

   Values:

   - Out Patient SUD TX
   - Residential - Outpatient SUD TX
   - Medication Assisted Treatment
   - Relapse Prevention (Peer Recovery)
   - Mental Health Counseling
   - Support Group
   - Medical Services
   - Educational
   - Employment
   - Housing
   - Childcare
   - Transportation
   - Hepatitis B Testing
   - Hepatitis C Testing
   - HIV Testing
   - Other (specify)

Referral Linkage Org Names and Locations: Enter the names and locations of the organizations involved with the referral linkages. [Text]

   Forms: Monthly Client (pages 13-14)

Referral Source: Select the appropriate value from the dropdown list [Dropdown]

   Forms: Client (pages 6, 8-17)

   Values:

   - Not Applicable
   - CMHW
   - Mobile Crisis (MCRS)
   - ESMH
   - PBS
   - FEP
   - RYSC
   - RESPITE
   - RYIS
   - SOCFC
   - SORFC
   - DCTY
   - Children's Crisis Line
   - Child welfare
   - Doctor

- ER
- Law enforcement/court/juvenile justice

- MAT
- School
- Self

- Parent/guardian
- Other family member
- Other (specify)

Referral to Agencies/Treatment: These become active when the checkbox "Select if the client received a referral to a service(s) and select which was made below. Check any agency or treatment to which the client was referred during this reporting period. [Checkbox]

Form: Monthly Client (page 4)

Values:

- Residential Placement
- Primary Healthcare Provider
- Private Healthcare Provider
- Child Protective Services

- Youth Services
- Medication Assisted Treatment Services
- Community Engagement Specialist
- Out of State Placement
- Comprehensive Agency

- Health Insurance Enrollment
- Other (specify)

Referral to Other Programs: These become active when the checkbox "Select if the client received a referral to a service(s) and select which was made below. Check any program or service to which the client was referred during this reporting period. Select from the options below. [Checkbox]

Form: Monthly Client (page 4)

Values:

- Children's Mental Health Wraparound (CHMW)
- Children's Mobile Crisis Response and Stabilization (MCRS)
- Children's Expanded School Mental Health (ESMH)
- Positive Behavior Support (PBS)
- First Episode Psychosis (FEP)

- Regional Youth Service Center (RYSC)
- Children's Crisis Respite Services (RESPITE)
- Strategic Prevention Framework Partnership for Success (SPFPFS)
- Regional Youth Intervention Specialist (RYIS)
- System of Care Family Coordinator (SOCFC)

- State Opioid Response Family Coordinator (SORFC)
- Drop in Center for Transitional Youth (DCTY)
- Children's Crisis Hotline (CCL)
- Safe-at-Home
- CSED Waiver
- Suicide Intervention Specialist

● (Other) specify

Region: Auto Populates based on the County selected. List of Regions--not selectable [Read-only]

    Form: Location (page 1)

Residential Stability: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 2)

Risk at out of home placement at referral?: Select the appropriate value from the dropdown list [Dropdown]

    Form: Client (page 10)

    Values:

● Yes	● No

Role/Title: Enter their role or title [Text]

    Form: Staff (page 1)

Runaway: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

S

School Performance: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 2)

    Values:

● Not Applicable	● Improved	● Unknown
● Consistent	● Depreciated	

School status: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 2)

    Values:

● Attending in person	● Homebound/virtual	● Not Applicable
● Expelled	● Alternative School	● Other (specify)

School Wide (Previous Year): Provide the total number that occurred in your school the previous year for each field [Integers]

Form: Location (page 1)

Values:

- Detentions
- Expulsions

- Out of School Suspensions
- Unexcused

- Absences
- Expelled

School/Preschool/Daycare: Enter a score between 0 and 3 [Integer]

Form: CAT (page 1)

Screening Date: Enter the date of the screening. [Date]

Form: Monthly Client (page 17)

Secondary Diagnosis Code (ICD-10): Enter the ICD-10 code [Text]

Forms: Client (page 4)

Seeking Safety Recovery Sessions Fully Complete: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 3)

Values:

- Yes
- No

Select if the client received a referral to a service: Check this box if the client was referred to another program/service. [Checkbox]

Form: Monthly Client (page 3)

Select if the client had any involvements this and enter the number of involvements below: Check this box if the client's information needs updating and update the information within the Involvements in the Past Month group. [Checkbox]

Form: Monthly Client (page 3)

Select if the client had any screenings, diagnoses, and assessments conducted this month.: Check this box if the client's information needs updating and update the information within the Screenings, Diagnoses, and Assessments group. [Checkbox]

Form: Monthly Client (page 3)

Select if the client's address has changed and update the information below: Check this box if the client's address has changed and update the information within the Client Address group. [Checkbox]

Form: Monthly Client (page 1)

Select if the client's mailing address is the same as the physical address and skp the Mailing Address Information: Check if the client's mailing address is the same as their physical address [Checkbox]

   Form: Client (page 1)

Select if the client's medical information has changed and update the information below: Check this box if the client's information has changed and update the information within the Medical Information group. [Checkbox]

   Form: Monthly Client (page 3)

Select if the client's school information has changed and update the information below: Check this box if the client's information has changed and update the information within the School Information group. [Checkbox]

   Form: Monthly Client (page 2)

Select if the demographics has changed and update the information below: Check this box if the client's information has changed and update the information within the Demographics group. [Checkbox]

   Form: Monthly Client (page 1)

Select if the primary caregiver is the parent and skip the Primary Caregiver Information.: Check this box if the parent is the primary caregiver [Checkbox]

   Form: Client (page 2)

Select if the youth's status has changed and update the information below: Check this box if the client's information has changed and update the information within the Youth's Status group. [Checkbox]

   Form: Monthly Client (page 1)

Select if Telehealth is provided at facility/school: Check this box if telehealth is provided. [Checkbox]

   Form: Location (page 1)

Select the county where the staff served: Select the appropriate county from the dropdown. [Dropdown]

   Form: Location (page 1)

   Values: *Refer to the dropdown values from "County"*

Self harm: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Services Completed: Enter the number of services completed [Integer]

   Form: Service (page 1)

Services included relevant assessment: Enter the number of services that included an assessment [Integer]

Form: Service (page 1)

Services Missed: Enter the number of services missed [Integer]

   Form: Service (page 1)

Service referral to Mental Health Services: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Monthly Client (page 15)

   Values:

   - Yes
   - No

Service referral to Mental Health Services and received service: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Monthly Client (page 15)

   Values:

   - Yes
   - No

Services were accessible: Enter the number of services that were accessible [Integer]

   Form: Service (page 1)

Sexually Problematic Behavior: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Sleep: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Social functioning: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 1)

Social Resources: Enter a score between 0 and 3 [Integer]

   Form: CAT (page 2)

Social workers: Enter the number for this group who participated but are not supported by the grant [Integer]

   Form: Event (page 4)

Street Address: Enter street address [Text]

   Form: Client (page 1)

Strengthening Families Sessions Fully Complete: Select the appropriate value from the dropdown list [Dropdown]

    Form: Monthly Client (page 3)

    Values:

- Yes
- No

Substance use: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 1)

Substance Use Assessments: Enter the number of substance use assessments conducted [Integer]

    Form: ESMH Tier (page 1)

Suicide Screenings: Enter the number of suicide screenings conducted [Integer]

    Form: ESMH Tier (page 1)

Supervision: Enter a score between 0 and 3 [Integer]

    Form: CAT (page 2)

Support Request: Enter support request information[Text]

    Form: Monthly Client (Page 9)

Suicide Screening Tools: Enter the number of times this was administered during this reporting period. [Integer]

    Form: Monthly Client (page 3)

System Involvement/System Involvement at Entry: Check the box for what system the client is involved with at time of entry. [Checkboxes]

    Forms: Client (page 4), Monthly Client (page 2)

    Values:

- CPS
- Criminal Justice
- Juvenile Justice
- Juvenile Probation
- Behavioral Health
- Special Education
- Youth Services
- Other (specify)

System of Care Program(s) Serving the Client: Check the program(s) for which you are providing to this client: [Checkboxes]

    Form: Client (page 5)

    Values:

- Children's Mental Health Wraparound (CMHW)

- Children's Mobile Crisis Response and Stabilization (MCRS)

- Children's Expanded School Mental Health (ESMH)

- Positive Behavior Support (PBS)

- First Episode Psychosis (FEP)

- Regional Youth Service Center (RYSC)

- Children's Crisis Respite Services (RESPITE)

- Regional Youth Intervention Specialist (RYIS)

- System of Care Family Coordinator (SOCFC)

- State Opioid Response Family Coordinator (SORFC)

- Drop in Center for Transitional Youth (DCTY)

T

Target Reach (List by counties, region(s), or statewide reach): Specify the target reach [Text]

   Form: Event (page 1)

The client was assisted with obtaining the following skill: Select the appropriate checkbox from the list. [Checkbox]

   Form: Monthly Client (page 2)

   Values:

- Money Management

- Job Skills

- Completing Job Applications

- Obtaining and Attending Job Interviews

The provider I saw today offered specific ways to meet my family's needs.: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Caregiver Satisfaction Survey (page 1) ,Youth Satisfaction Survey (page 1)

   Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

The provider listened carefully to what the youth and I had to say today.: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Caregiver Satisfaction Survey (page 1)

Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

The provider listened carefully to what I had to say today.: Select the appropriate value from the dropdown list. [Dropdown]

 Form: Youth Satisfaction Survey (page 1)

 Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

The provider the youth saw today offered specific watts to improve the youth's health.: Select the appropriate value from the dropdown list. [Dropdown]

 Form: Caregiver Satisfaction Survey (page 1)

 Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

The provider I saw today offered specific watts to improve my health.: Select the appropriate value from the dropdown list. [Dropdown]

 Form: Youth Satisfaction Survey (page 1)

 Values:

- Strongly agree

- Agree

- Neither agree or disagree

- Disagree

- Strongly disagree

Title of person(s) conducting activity (position/title): Specify the job position or title of the person(s) who conducted the activity/event [Text]

 Form: Event (page 1)

Topic: Enter the topic of the event [Text]

 Form: Event (page 1)

Total in Tier 2: Enter the total number of students in Tier 2 [Integer]

 Form: ESMH Tier (page 1)

Total length of service for the month by hours: Enter the number for this reporting period. [Integer]

 Form: Monthly Client (pages 11)

Total number of services provided for the month: Enter the number for this reporting period. [Integer]

  Form: Monthly Client (pages 11)

Total number of staff for the program: Total number of staff supporting the grantee's program [Integer]

  Form: Grant (page 1)

Transition to Tier 1: Enter the number of students who transitioned to Tier 1 [Integer]

  Form: ESMH Tier (page 1)

Transition to Tier 3: Enter the number of students who transitioned to Tier 3 [Integer]

  Form: ESMH Tier (page 1)

Type of Activity: Select the appropriate value from the dropdown list [Dropdown]

  Form: Feedback (page 1)

  Values:

- Focus Group
- Key Informant Interview
- Survey
- Other (specify)

Type of Contact: Select the appropriate value from the dropdown list [Dropdown]

  Form: Feedback (page 1)

  Values:

- Face to face
- Phone
- Video Call
- Other (specify)

Type of Referral: Select the appropriate value from the dropdown list [Dropdown]

  Forms: Client (page 6)

  Values:

- Out of State
- In State
- Preventative

Type of Substance User Assessments and Suicide Screenings Conducted: List the names or types of tools used for these assessments/screenings [Text]

  Form: ESMH Tier (page 1)

U

Unique Client ID: Enter your agency's or organization's unique ID for this client, if applicable [Text]

  Form: Client (page 1)

Updated By: Name of person updating the form [Text]

Form: Caregiver Satisfaction Survey (page 1), Client (page 1), ESMH Tier (page 1), Event (page 1), Grant (page 1), Feedback (page 1), Location (page 1), MHPET (page 1), MCRS Referral (page 1), Monthly Client (page 1), Satisfaction (page 1), Service (page 1), Staff (page 1), Youth Satisfaction Survey (page 1)

W

Was a CANS assessment completed?: Select the appropriate value from the dropdown list for Child and Adolescent Needs and Strengths (CANS) assessment [Dropdown]

Form: Client (page 2)

Values:

- Yes (initial assessment)
- Yes (follow-up assessment)
- No
- Not Applicable

Was a CAT assessment completed?: Select the appropriate value from the dropdown list for Crisis Assessment Tool (CAT) assessment [Dropdown]

Form: Client (page 2)

Values:

- Yes (initial assessment)
- Yes (follow-up assessment)
- No
- Not Applicable

Was a plan developed?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 9)

Values:

- Yes
- No

Was a Strategic Plan completed?: Select the appropriate value [Dropdown]

Form: Location (page 1)

Values:

- Yes
- No

Was a Tiered Fidelity Inventory Completed?: Select the appropriate value [Dropdown]

Form: Location (page 1)

Values:

- Yes
- No

Was contact made with the referent within 48 hours of referral?: Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (page 10)

Values:

- Yes
- No

Was discharge planning done?: Select the appropriate value from the dropdown list [Dropdown]

Forms: Client (pages 7-17)

Values:

- Yes
- No
- Lost to follow-up/refused

Was Functional Behavioral Assessment developed?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 9)

Values:

- Yes
- No

Was it easy for you and the youth to get to this meeting?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Caregiver Satisfaction Survey (page 1)

Values:

- Yes
- No
- It was easy for one of us.
- Youth called Mobile Crisis Response services at home
- Youth called Mobile Crisis Response
- services at an out-of-home location

Was it easy to get to this meeting?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Youth Satisfaction Survey (page 1)

Values:

- Yes
- No
- It was easy for one of us.
- Youth called Mobile Crisis Response services at home

- Youth called Mobile
  Crisis Response

- services at an out-of-home location

Was it within 5 business days of receipt of referral?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Client (page 6)

  Values:

- Yes
- No

Was it within 72 hours of receipt of referral?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Client (page 6)

  Values:

- Yes
- No
- Unknown

Was the client adopted?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Client (page 6)

  Values:

- Yes
- No
- Unknown

Was the client previously enrolled?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Client (page 4)

  Values:

- Yes
- No

Was the client wraparound plan reviewed in the past 30 days?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Monthly Client (page 5)

  Values:

- Yes
- No

Was the client wraparound plan updated in the past 30 days?: Select the appropriate value from the dropdown list [Dropdown]

  Form: Monthly Client (page 5)

  Values:

- Yes
- No

Was the first contact within 5 business days?: Select the appropriate value from the dropdown list [Dropdown]

   Form: Client (page 6)

   Values:

   - Yes
   - No

Was the plan completed and signed within 30 days?: Select the appropriate value from the dropdown list [Dropdown]

   Form: Client (page 6)

   Values:

   - Yes
   - No

Was this event for Tier 1, 2, or 3 focused participants?: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Event (page 2)

   Values:

   - Tier 1
   - Tier 2
   - Tier 3

Was this the first time the youth saw this provider after being referred?: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Caregiver Satisfaction Survey (page 1)

   Values:

   - Yes
   - No
   - Decline to answer
   - This was the first time the youth received
   - Mobile Crisis Response services

Was this the first time you saw this provider after being referred?: Select the appropriate value from the dropdown list. [Dropdown]

   Form: Youth Satisfaction Survey (page 1)

   Values:

   - Yes
   - No
   - Decline to answer
   - This was the first time the youth received
   - Mobile Crisis Response services

Was training done to fulfill the grant?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Event (page 4)

Values:

- Yes
- No

Was training funded wholly or in part by grant?: Select the appropriate value from the dropdown list. [Dropdown]

Form: Event (page 4)

Values:

- Yes
- No

Was training provided to first responders?: For PBS program and activity type is "training provided," select whether training was provided to first responders. [Dropdown]

Form: Event (page 1)

Values:

- Yes
- No

Were event materials disseminated?: Select the appropriate value from the dropdown list [Dropdown]

Form: Event (page 1)

Values:

- Yes
- No

Were respite services ever provided overnight?: Select from dropdown for Respite Provided by Friends, Family, and Other Natural Supports (Paid) by Crisis and by Scheduled, and for Respite Provided by Hired Professsional Help by Crisis and by Scheduled [Dropdown]

Form: Monthly Client (page 11)

Values:

- Yes
- No

Were service gaps identified for the family?: Select the appropriate value from the dropdown list. [Dropdown]

Forms: Monthly Client (pages 13 and 14)

Values:

- Yes
- No

Were there any changes to community/natural supports?: Select the appropriate value from the dropdown list [Dropdown]

Form: Monthly Client (page 5)

Values:

- No change
- Yes, increase
- No, decreased

What was the level of behavioral need?: Select a Tier level from the dropdown. [Dropdown]

Form: Client (page 10)

Values:

- Tier 1
- Tier 2
- Tier 3

Which screening/assessment tools were administered this month?: Select from the list of checkboxes. [Checkbox]

Form: Monthly Client (page 3)

Values:

- AUDIT (Alcohol Use Disorder Identification Test)
- ASAP-20 (Adolescent Suicide Assessment Protocol-20)
- CRAFFT (Car Relax Alone Forget Friends Trouble)
- DAST (Drug Abuse Screening Tool)
- ADDI (Practical Adolescent Dual Diagnosis Interview) – Assessment
- Suicide Screening Tools

Which of the following supports did the client received this month?: Select from the list of checkboxes. [Checkbox]

Form: Monthly Client (page 10)

Values:

- System or program supports
- Employment supports
- Education supports
- Recovery support programs

Wraparound Team: Check the boxes for those that are involved with the wraparound team: [Checkboxes]

Form: Client (page 6)

Values:

- Faith community
- Family/friends
- MCRS
- PBS
- School
- Other provider/agency representation

WVEIS ID: Enter the WVEIS ID if they have one [Text]

Form: Client (page 1)

WV OASIS Vendor Number: WV identification number [Integer]

Form: Grant (page 1)

Y

Year: Select the year for which data is being collected with the associated form [Dropdown]

Forms: ESMH Tier (page 1), Feedback (page 1), MCRS Referral (page 1), Monthly Client (page 1). Satisfaction (page 1), Caregiver Satisfaction Survey (page 1), Youth Satisfaction Survey (page 1)

Values:

- 2021
- 2022

- 2023
- 2024

Youth suicide prevention toolkit provided?: Select the appropriate value from the dropdown list [Dropdown]

Form: Client (page 14)

Values:

- Yes

- No

Z

Zip: Enter the zip code [5 digit number]

Forms: Client (page 1), Grant (page 1), Location (page 1), Client (pages 1, 2), Monthly Client (page 1)

6. Contacting Support

Please contact the BBH SOC support email at soc_datasupport@hsc.wvu.edu if you have questions or require assistance.