



pennsylvania
SYSTEM OF CARE PARTNERSHIP

Baseline Descriptive and Demographic Data Form (BDD)

*This is completed only once for all youth
at enrollment into services/treatment*



Baseline Descriptive and Demographic Data

When a question is something that must be asked of the Identified Youth/Primary Caregiver directly:

- Use "Refused" when a youth/caregiver does not want to answer the question.
- Use "Unsure" when the youth/caregiver does not know the information.

You may also choose "Unsure" if the information is unable to be obtained from the chart/record.

A. REFERRAL INFORMATION

1. Agency or individual who referred the Identified Youth to your program: select **only one** primary referral agency.

- | | |
|---|--|
| <input type="radio"/> a. Mental Health Agency/Clinic/Provider | <input type="radio"/> g. Child Welfare/Child Protective Services |
| <input type="radio"/> b. Physical Health Agency/Clinic/Provider | <input type="radio"/> h. Family Court |
| <input type="radio"/> c. Substance Abuse Agency/Clinic/Provider | <input type="radio"/> i. Juvenile Court/Corrections/Probation/Police |
| <input type="radio"/> d. Intellectual Disabilities Agency/Clinic/Provider | <input type="radio"/> j. Caregiver |
| <input type="radio"/> e. School/Educational Facility/Staff | <input type="radio"/> k. Self-referred |
| <input type="radio"/> f. Early Care | <input type="radio"/> l. Other: _____
<small>(specify)</small> |

2. With which of the following agencies is the Identified Youth **currently** involved? **Select all** that apply.

- | | |
|---|---|
| <input type="checkbox"/> a. Mental Health Agency/Clinic/Provider | <input type="checkbox"/> f. Early Intervention |
| <input type="checkbox"/> b. Physical Health Care Agency/Clinic/Provider | <input type="checkbox"/> g. Child Welfare/Child Protective Services |
| <input type="checkbox"/> c. Substance Abuse Agency/Clinic/Provider | <input type="checkbox"/> h. Family Court |
| <input type="checkbox"/> d. Intellectual Disabilities Agency/Provider | <input type="checkbox"/> i. Juvenile Court/Corrections/Probation/Police |
| <input type="checkbox"/> e. School/Educational Facility | <input type="checkbox"/> j. Other: _____
<small>(specify)</small> |

3. Child welfare involvement: **Choose only one. If Child Welfare is not selected above, choose "Not applicable" and go to question 4.**

- | | |
|---|--|
| <input type="radio"/> N/A (Not applicable) | <input type="radio"/> e. Voluntary out-of-home placement— Foster care |
| <input type="radio"/> a. Receiving child abuse and neglect investigation/assessment | <input type="radio"/> f. Voluntary out-of-home placement— Kinship care |
| <input type="radio"/> b. Court-ordered out-of-home placement— Foster care | <input type="radio"/> g. Voluntary out-of-home placement—Residential treatment |
| <input type="radio"/> c. Court-ordered out-of-home placement—Kinship care | <input type="radio"/> h. Court-ordered in-home services |
| <input type="radio"/> d. Court-ordered out-of-home placement—Residential treatment | <input type="radio"/> i. Voluntary in-home services |

4. Does the Identified Youth **currently** have any mental health diagnoses (DSM IV or DSM 5)?

- DSM IV DSM-5 No diagnosis Refused Unsure

5. What is the date of the Identified Youth's **most recent** diagnostic evaluation?

/ /

OR

Refused Unsure Not Applicable (no diagnosis)



A. REFERRAL INFORMATION (cont.)

6. Who provided the diagnosis? Choose **only one**.

- | | |
|---|---|
| <p><input type="radio"/> Not applicable (No diagnosis)</p> <p><input type="radio"/> a. Child psychiatrist</p> <p><input type="radio"/> b. General psychiatrist</p> <p><input type="radio"/> c. Child psychologist</p> <p><input type="radio"/> d. General psychologist</p> <p><input type="radio"/> e. Licensed mental health staff
(clinical social worker/professional counselor/therapist)</p> | <p><input type="radio"/> f. Primary care physician</p> <p><input type="radio"/> g. Nurse practitioner/psychiatric nurse/physician's assistant</p> <p><input type="radio"/> h. Other licensed physical health staff</p> <p><input type="radio"/> i. Unlicensed staff (mental health assessment specialist)</p> <p><input type="radio"/> j. Other: _____
(specify)</p> <p><input type="radio"/> Refused</p> <p><input type="radio"/> Unsure</p> |
|---|---|

7. Fill in the diagnostic codes below for all diagnoses the Identified Youth **currently** has.

Primary diagnosis should be listed as the first diagnosis

If you don't know the specific DSM/ICD code, write down as much detail as you can and we will look up the code when the data is entered

If there is no diagnosis, write that there is "no diagnosis"

If the diagnosis code and any diagnosis information is missing from the chart, write "missing"

Clinical Disorders

	Diagnostic Codes:	.	Diagnostic Name:							
Code 1:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____
Code 2:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____
Code 3:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____
Code 4:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____
Code 5:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____
Code 6:	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					.	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			_____

A. REFERRAL INFORMATION (cont.)

8. What were the specific problems that led the Identified Youth to be referred to your program? **Select all** that apply.

- | | |
|--|--|
| <p><input type="checkbox"/> 1. Anxiety (e.g. fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, and/or posttraumatic stress disorder)</p> <p><input type="checkbox"/> 2. Behavioral concerns (e.g. aggression, severe defiance, acting out, impulsivity, recklessness, and/or excessive level of overactivity)</p> <p><input type="checkbox"/> 3. Conduct/delinquency-related behaviors (e.g. physical aggression, extreme verbal abuse, non-compliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, and/or police contact)</p> <p><input type="checkbox"/> 4. Depression</p> <p><input type="checkbox"/> 5. Eating disorders (e.g. anorexia, and/or bulimia)</p> <p><input type="checkbox"/> 6. Hyperactive and attention-related behaviors (including hyperactive, impulsive, attentional difficulties)</p> <p><input type="checkbox"/> 7. Persistent non-compliance (when directed by adults)</p> <p><input type="checkbox"/> 8. Psychotic behaviors (e.g. hallucinations, delusions, and/or strange or odd behaviors)</p> <p><input type="checkbox"/> 9. Self-Injury (e.g. self-injurious behavior, hair pulling, and/or cutting, etc.)</p> <p><input type="checkbox"/> 10. Suicide-related thoughts or actions (e.g. suicide ideation and/or suicide attempt)</p> <p><input type="checkbox"/> 11. Intellectual disabilities</p> <p><input type="checkbox"/> 12. Learning disabilities</p> <p><input type="checkbox"/> 13. Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)</p> <p><input type="checkbox"/> 14. Specific developmental disabilities (e.g. enuresis, encopresis, expressive or receptive speech, and/or language delay)</p> <p><input type="checkbox"/> 15. Adjustment-related issues (e.g. changes in behaviors or emotions in reaction to a significant life stress)</p> <p><input type="checkbox"/> 16. Current home unable to meet child's needs</p> <p><input type="checkbox"/> 17. Maltreatment (e.g. child abuse and/or neglect)</p> | <p><input type="checkbox"/> 18. Gender identity</p> <p><input type="checkbox"/> 19. School/Educational performance</p> <p><input type="checkbox"/> 20. Sleeping problems</p> <p><input type="checkbox"/> 21. Substance use, abuse, and drug dependency behaviors</p> <p><input type="checkbox"/> 22. Other concerns/issues that are related to youth's health (e.g. cancer, illness, and/or disease related-problems)</p> <p><input type="checkbox"/> 23. Attachment problems</p> <p><input type="checkbox"/> 24. Disruptive behaviors in young children</p> <p><input type="checkbox"/> 25. Excessive crying/tantrums</p> <p><input type="checkbox"/> 26. Excluded from pre-school or childcare due to behavioral or developmental problems</p> <p><input type="checkbox"/> 27. Feeding problems (e.g. failure to thrive)</p> <p><input type="checkbox"/> 28. Non-engagement with people</p> <p><input type="checkbox"/> 29. Separation problems</p> <p><input type="checkbox"/> 30. High-risk environment: Caregiver mental health</p> <p><input type="checkbox"/> 31. High-risk environment: Caregiver substance abuse</p> <p><input type="checkbox"/> 32. High-risk environment: Family health problems</p> <p><input type="checkbox"/> 33. High-risk environment: Other family problems</p> <p><input type="checkbox"/> 34. High-risk environment: Problems related to housing</p> <p><input type="checkbox"/> 35. Other: _____
(specify)</p> |
|--|--|



A. REFERRAL INFORMATION (cont.)

9. What is the date of the Identified Youth's enrollment into services/treatment?

(The interview portion must be completed within 30 days after this date.)

/ /

10. Who participated in the development of the service plan? (Evidence of participation includes attendees of the meeting, or those mentioned in the plan.)

These are meant to capture categories of people. If more than one person in a category participated, please write in each person's ROLE in the "Specify" line.

Check the box if the category of people participated. Leave it empty if the category of people did not.

- a. Identified Youth's caregiver or guardian
- b. Identified Youth
- c. Other family member *(includes biological family, adoptive family, stepfamily, and foster family)*
- d. Case manager/service coordinator

- e. Planning process facilitator/service coordinator *(e.g., wraparound facilitator)*
- f. Therapist
- g. Other mental health staff *(e.g., behavioral aide, respite worker)* **Specify role:** _____
- h. Intellectual disabilities provider

- i. Family advocate
- j. Parent/Peer support provider
- k. Youth advocate
- l. Youth/Peer support provider

- m. Education staff (e.g., teacher, counselor) **Specify role:** _____
- n. Child welfare staff (e.g., case worker) **Specify role:** _____
- o. Juvenile justice staff (e.g., probation officer) **Specify role:** _____
- p. Physical health staff (e.g., pediatrician, nurse) **Specify role:** _____

- q. Other *(For up to three people)* **Specify role:** _____
Specify role: _____
Specify role: _____



Basic Demographics

1. What is the Identified Youth's date of birth?

/ /

OR

Refused Unsure

2. What is the Identified Youth's gender identity? **Select all** that apply.

Male Transgender Female to Male Intersex Refused
 Female Transgender Male to Female Other: _____ Unsure
(specify)

3. What is the Identified Youth's sexual orientation? For Identified Youth **12 years of age or older**.

Heterosexual Lesbian Questioning Undecided/Not Applicable
 Gay Bisexual Asexual Refused

4. Is the Identified Youth Hispanic/Latino? Yes No Refused Unsure

If Yes, select all that apply.

Central American Dominican Puerto Rican Other: (specify)
 Cuban Mexican South American _____

5. Which race(s) does the Identified Youth identify with? **Select all** that apply.

Even if the Identified Youth is Hispanic, you still must try to get an answer for race.

If the respondent says that the only racial/ethnic group that applies to him/her is Hispanic/Latino, choose "Other" and write "Does not identify race"

White/Caucasian Asian Indian Multiracial
 Black or African American Chinese Other: _____
 American Indian Filipino (specify)
 Alaska Native Japanese Refused
 Native Hawaiian Korean Unsure
 Guamanian or Chamorro Vietnamese
 Samoan Other Asian
 Other Pacific Islander

6. How well does the Identified Youth **currently** speak English?

Very well Well Not well Not at all N/A Unsure

7. Is a language other than English **currently** spoken at home?

Yes No Unsure **If Yes, specify:** Spanish Other: _____

8. Was the Identified Youth told they could have an interpreter for their **current** services?

Yes No N/A Unsure **If Yes, did they use the interpreting service?** Yes No



B. YOUTH INFORMATION (cont.)

Disability Status

9. Is the Identified Youth **currently** diagnosed with an Intellectual and Developmental Disability (IDD)?
 Yes No Refused Unsure
10. Is the Identified Youth deaf or **currently** have serious difficulty hearing?
 Yes No Refused Unsure
11. Is the Identified Youth blind or **currently** have serious difficulty seeing, even when wearing glasses or contacts?
 Yes No Refused Unsure
12. Because of a physical, mental, or emotional condition, does the Identified Youth have serious difficulty concentrating, remembering, or making decisions?
 Yes No Refused Unsure
13. Does the Identified Youth have serious difficulty walking or climbing stairs?
 Yes No Refused Unsure
14. Does the Identified Youth have difficulty dressing or bathing?
 Yes No Refused Unsure

Education, Employment, and Income

15. What is the Identified Youth's **current** level of education? Choose **only one**.
 Highest Grade completed: Earned GED Associate's Master's Unsure
 Graduated HS Tech School Bachelor's Doctorate
16. Is the Identified Youth **currently** employed?
 Yes No Refused Unsure
17. What range does the Identified Youth's (and family's, if living together) annual household income **currently** fall into?
 Less than \$2,500 \$10,000-\$14,999 \$35,000-\$49,999 Greater than \$100,000
 \$2,500-\$4,999 \$15,000-\$24,999 \$50,000-\$74,999 Refused
 \$5,000-\$9,999 \$25,000-\$34,999 \$75,000 - \$100,000 Unsure

Financial Resources Utilized by the Youth/Family

18. During the past 6 months, did the Identified Youth receive funds through...? **Select all** that apply.
- a. Medicaid/Medical Assistance
 - b. Pennsylvania Children's Health Insurance Program (**CHIP**)
 - c. Supplemental Security Income (**SSI**)
 - d. Private insurance
 - e. Temporary Assistance for Needy Families (**TANF**)
 - f. Local county programs
 - g. Other: _____
(specify)
 - No insurance



B. YOUTH INFORMATION (cont.)

Military Service in the Family

19. Is anyone in the Identified Youth's family **currently** serving on active duty or retired/separated from the **Armed Forces, the Reserves, or the National Guard?**

- Yes No Refused Unsure

IF YES, WHO? *Choose up to 6 of the following:*

- | | |
|--|--|
| <input type="checkbox"/> a. Identified Youth's spouse
<input type="checkbox"/> b. Identified Youth's unmarried partner
<input type="checkbox"/> c. Identified Youth's mother
<input type="checkbox"/> d. Identified Youth's father
<input type="checkbox"/> e. Identified Youth's son(s)
<input type="checkbox"/> f. Identified Youth's daughter(s) | <input type="checkbox"/> g. Identified Youth's brother(s)
<input type="checkbox"/> h. Identified Youth's sister(s)
<input type="checkbox"/> i. Another member of the Identified Youth's family
(SPECIFY) _____
<input type="checkbox"/> Refused
<input type="checkbox"/> Unsure |
|--|--|

IF THE IDENTIFIED YOUTH IS UNDER 17 YEARS OF AGE, SKIP TO QUESTION 25

Youth in the Military

20. Has the Identified Youth **ever** served on active duty in the Armed Forces, the Reserves, or the National Guard?

ACTIVE DUTY - *refers to full-time duty in the active military/uniformed services of the United States*

- Yes No Refused Unsure

IF THE ANSWER IS NO, REFUSED, OR UNSURE, SKIP TO QUESTION 25

21. In what branch did the Identified Youth serve?

- | | | | |
|------------------------------------|-----------------------------------|--|-------------------------------|
| <input type="radio"/> Army | <input type="radio"/> Air Force | <input type="radio"/> Public Health Service (PHS) | <input type="radio"/> Refused |
| <input type="radio"/> Marine Corps | | <input type="radio"/> National Oceanic and Atmospheric Administration (NOAA) | <input type="radio"/> Unsure |
| <input type="radio"/> Navy | <input type="radio"/> Coast Guard | | |

22. In which component did the Identified Youth serve?

- Active Reserve National Guard Refused Unsure

23. Is the Identified Youth currently on active duty, or are they separated, or are they retired?

SEPARATED - *refers to a service period in the United States uniformed services that is less than 20 years*

RETIRED - *refers to a service period in the United States uniformed services that is equal to or greater than 20 years*

- On active duty Separated Retired Refused Unsure

24. Has the Identified Youth ever been deployed to a combat zone?

Check all that apply:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> a. No, never deployed to a combat zone | <input type="checkbox"/> Refused |
| <input type="checkbox"/> b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND) | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> c. Yes, other: (SPECIFY) _____ | |



B. YOUTH INFORMATION (cont.)

Youth ID:

--	--	--	--	--	--	--	--	--	--

Suicide History

25. Has the Identified Youth **ever** tried to kill his/herself? Yes No Refused Unsure

Trauma History

26. Traumatic events

a. Has the Identified Youth ever experienced an event, series of events, or set of circumstances that resulted in them **feeling physically or emotionally harmed or threatened?** Yes No Refused Unsure

IF NO, REFUSED, OR UNSURE SKIP TO QUESTION 27

b. If yes, what kind of event was this? (SELECT ALL THAT APPLY)

- Natural or man-made disaster
- Community or school violence
- Interpersonal violence
(including physical, sexual, or psychological)
- Military trauma
- Other: (SPECIFY) _____

Living Situation

27. With whom does the Identified Youth live? **Select all** that apply.

- a. Birth Mother
- b. Birth Father
- c. Stepmother
- d. Stepfather
- e. Adoptive Mother
- f. Adoptive Father
- g. Foster Mother
- h. Foster Father
- i. Grandmother (Biological, Step, or Adoptive)
- j. Grandfather (Biological, Step, or Adoptive)
- k. Siblings (Biological, Step, or Adoptive)
- l. Youth's Spouse/Partner
- m. Youth's Own Children
- n. Friends
- o. Youth lives alone
- p. Youth is homeless
- q. Other: (specify) _____
- Not applicable
- Refused
- Unsure



STOP HERE IF THE IDENTIFIED YOUTH DOES NOT HAVE A CAREGIVER

Next page



GO TO THE NEXT PAGE IF THE IDENTIFIED YOUTH HAS A CAREGIVER



Basic Demographics

1. What is the Primary Caregiver's gender identity? **Select all** that apply.

- Male
- Female
- Transgender: Female to Male
- Transgender: Male to Female
- Intersex
- Other: _____
(specify)
- Not applicable (no Primary Caregiver)
- Refused
- Unsure

2. What is the Primary Caregiver's relationship to the Identified Youth?

- Birth parent
- Step-parent
- Adoptive parent
- Foster parent
- Grandparent (biological, step, or adoptive)
- Sibling (biological, step, or adoptive)
- Other relative: _____
(specify)
- Non-relative not previously listed: _____
(specify)
- Not applicable (no Primary Caregiver)
- Refused
- Unsure

3. How well does the Primary Caregiver **currently** speak English?

- Very well
- Well
- Not well
- Not at all
- N/A
- Unsure

4. Was the Primary Caregiver told they could have an interpreter for their **current** services?

- Yes
- No
- N/A
- Unsure
- If Yes, did they use the interpreting service?**
- Yes
- No

Education and Employment

5. What is the Primary Caregiver's **current** level of education? Choose **only one**.

- Highest Grade completed:
- Earned GED
- Associate's
- Master's
- Unsure
- Graduated HS
- Tech School
- Bachelor's
- Doctorate
- N/A

6. Is the Primary Caregiver **currently** employed?

- Yes
- No
- Refused
- Unsure
- N/A

Living Situation

7. Who has legal custody of the Identified Youth currently?

- N/A (Youth is 18 or older)
- Two parents
- Biological Mother only
- Biological Father only
- Adoptive Parent(s)
- Sibling(s)
- Aunt and/or Uncle
- Grandparent(s)
- Adult Friend
- Ward of the State
- Emancipated
- Other: _____
(specify)

8. How many children, including the Identified Youth, are in the household?

- child/children
- OR
- Refused
- Unsure

