

**PA Department Of Human Services - Office of Mental Health & Substance Abuse Services (OMHSAS)
PA Department of Drug & Alcohol Programs – Division of Prevention and Intervention**

Quarterly Form (SAP Online), Page 1

- 1) Please enter the total number of screenings that were performed. _____
- 1-a) Please enter the number of students referred for assessment by age group, sex, and race/ethnicity in the chart below.

	9 or younger		10 to 13		14 to 17		18 or older	
Age Group	Male	Female	Male	Female	Male	Female	Male	Female
White (Non-Hispanic)								
Black (Non-Hispanic)								
Hispanic								
Asian								
American Indian								
Other Race								

- 1-b) Please enter the number of students referred that received a Drug and Alcohol assessment during this reporting quarter. _____
- 1-c) Please enter the number of students referred that received a Mental Health assessment during this reporting quarter. _____
- 1-d) Please enter the number of students referred that received a Co-Occurring assessment during this reporting quarter. _____

**PA Department Of Human Services - Office of Mental Health & Substance Abuse Services (OMHSAS)
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Quarterly Form (SAP Online), Page 2

Assessment Results (The information should be based on the FINAL assessment)

2-a) For each age group, state the number of students whose assessment resulted in the following PRIMARY problem categories. (Include each student only ONCE in the count.):

Age Group	Primary Drug/Alcohol	Primary Mental Health	Primary Co-Occurring	NONE
9 or younger				
10 – 13				
14-17				
18 – older				

2-b) For each age group, state the number of students whose assessment resulted in the following SECONDARY problem categories. (A student may be entered more than once):

Age Group	Co-dependency	Suicide Ideation	Suicide Attempt	Child Abuse	Bullying	Grief/Loss	Tobacco	GLBTQI Issues	Other Trauma/Other
9 or younger									
10 – 13									
14-17									
18 – older									

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Quarterly Form (SAP Online), Page 3

Assessment Results (continued)

3) Of the students who have been assessed indicate in the tables below by age group the number who were referred to each category. Include all that apply in the count. Use PRIMARY Drug and Alcohol referral category only.

Age Group	Intervention			Treatment						
	School Based Group	Community Based Group	Other Support Services	D & A Outpatient	D & A Intensive Outpatient	D & A Partial Hosp.	D & A non-Hospital Rehab	D & A Inpatient	Other	None
9 or younger										
10 – 13										
14 – 17										
18 or older										

PA Department Of Human Services - Office of Mental Health & Substance Abuse Services (OMHSAS)
PA Department of Drug & Alcohol Programs – Division of Prevention and Intervention

Quarterly Form (SAP Online), Page 4

Assessment Results (continued)

- 4) Of the students who have been assessed indicate in the tables below by age group the number who were referred to each category. Include all that apply in the count. *Use PRIMARY Mental Health referral category only.*

Age Group	Intervention			Treatment						
	School Based Group	Community Based Group	Other Support Services	Psychiatric Outpatient	Psychiatric Partial Hospital	FBMHS or BHR	Psychiatric Residential	Psychiatric Inpatient	Other	NONE
9 or younger										
10 – 13										
14 – 17										
18 or older										

PA Department Of Human Services - Office of Mental Health & Substance Abuse Services (OMHSAS)
 PA Department of Drug & Alcohol Programs – Division of Prevention and Intervention

Quarterly Form (SAP Online), Page 5

Assessment Results (continued)

- 5) Of the students who have been assessed indicate in the tables below by age group the number who were referred to each category. Include all that apply in the count. Use *PRIMARY Co-occurring referral category only*.

Age Group	Intervention			Treatment						
	School Based Group	Community Based Group	Other Support Services	D & A Outpatient	D & A Intensive Outpatient	D & A Partial Hosp.	D & A non-Hospital Rehab	D & A Inpatient	Other	None
9 or younger										
10 – 13										
14 – 17										
18 or older										



Age Group	Intervention			Treatment						
	School Based Group	Community Based Group	Other Support Services	Psychiatric Outpatient	Psychiatric Partial Hospital	FBMHS or BHRS	Psychiatric Residential	Psychiatric Inpatient	Other	None
9 or younger										
10 – 13										
14 – 17										
18 or older										

PA Department Of Human Services - Office of Mental Health & Substance Abuse Services (OMHSAS)
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Quarterly Form (SAP Online), Page 6

Referral Outcomes

- 6) Total number of students who were admitted to at least one of the Intervention or Treatment options _____
- 7) Total number of students who were not admitted to at least one of the Intervention or Treatment options _____

Enter the number of students who were not admitted to at least one of the intervention or treatment options by category.

- 8a) Lack of Funds _____
- 8b) Services unavailable _____
- 8c) Referral refused by student _____
- 8d) Referral refused by parent _____
- 8e) Referral refused by D&A provider _____
- 8f) Referral refused by M/H provider _____
- 8g) Admission scheduled for the following quarter _____
- 8h) Client waiting list _____
- 8i) Unknown outcome _____
- 8j) Other _____

- 9) Enter the total number of core team consultations that the liaisons participated in the reporting quarter _____
- 10) Enter the total number of parent teacher consultations that the liaisons participated in the reporting quarter _____