THE BRIDGE FOR YOUTH

Internal Services Form

Instructions: Complete sections 1 – 5 during Screening and Assessment of a youth. Complete sections 6 – 8 after completing Intake and while providing support to the youth and their family and prior to the first Family (Reconnection / Reunification) Meeting.

1 – GENERAL INFORMATION

Name of Youth	Age	Date of Birth	Time of Call
			?

Parent / Guardian Name(s)	Relationship to Youth	Phone Number	Do we have permission to call this phone number? (Yes / No)

Name of Caller	Relationship to Youth	Phone Number	Do we have permission to call this phone number? (Yes / No)
?	?	?	

2 – CRISIS FACTORS

Rate the intensity of each crisis factor (1 = low intensity, 2 = moderate intensity, 3 = high intensity)

- ☐ Youth not in home
  - ☐ Runaway
  - ☐ Asked to leave home
  - ☐ In between housing
  - ☐ "Couch hopping"
- ☐ Feeling unsafe (youth / parent)
  - ☐ Fear of physical harm
  - ☐ Fear of emotional harm

} COMMENT SECTION

- ☐ Transition from hospital
- ☐ Waiting for treatment
- ☐ Physical conflict between youth and family
- ☐ Parent / family homeless
  - ☐ In shelter (provide name and type below)
  - ☐ Not in shelter
- ☐ Parent needs a break
- ☐ Parent or guardian out of state / deceased / in jail
- ☐ Family conflict

CRISIS DESCRIPTION

Youth perspective

Parent perspective

Other (please specify)

3 – CORE SERVICE REQUESTED

- ☐ Walk-in / Walk-out
- ☐ Individual counseling*
- ☐ Referral
- ☐ JDAI
- ☐ Group counseling*
- ☐ Mental health screening
- ☐ Family counselling*
- ☐ Diagnostic assessment
- ☐ Health screening
- ☐ Emergency shelter stay. Is space available? (Yes / No)
- ☐ Transition shelter stay. Is space available? (Yes / No)

SERVICE REQUEST DETAIL (specific resources provided)

* listed as counseling on intake / exit

 THIS PAGE COMPLETED BY _____ DATE _____ CLIENT # _____

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4 – SERVICE FLAGS

☐ LGBTQ ☐ Black / African American ☐ Latino

☐ Sexually Exploited Youth (SEY) ☐ Native American ☐ Other _____

Systems Involved Youth

☐ Foster care ☐ Child protection ☐ Ward of the state ☐ Reservation connected / ICWA related

Juvenile Corrections

☐ JSC ☐ Diversion ☐ Other _____

5 - CONSIDERATIONS

☐ Previous diagnoses
☐ Previous emergency shelter visits
☐ Mental health and related issues
☐ Sexually assaultive
☐ Trauma experienced
☐ Brain injury
☐ Verbally combative
☐ Recent significant trauma
☐ Developmental disabilities
☐ Presenting with suicidal / homicidal ideation or past attempts
☐ Harm risk (see Section #6)
☐ Parent concerns (mental health, physical disability, engagement)
☐ Physically assaultive
☐ Medical concerns
☐ Chemical / Alcohol issues
☐ Needing significant one-on-one support
☐ Physical disability

CONSIDERATION DETAILS (as reported by / evidenced by, towards whom, when last exhibited)

Rate the intensity of each existing crisis factor. (1 = low intensity, 2 = moderate intensity, 3 = high intensity)

	Parent / Guardian Assessment	Youth Assessment
☐ Intensity of conflict	_____	_____
☐ Concerns for safety of self	_____	_____
☐ Concerns for safety of others	_____	_____

COMMENTS

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6 – HARM RISK

Rate each of the 5 risk factors according to the following rating scale: 0 = Never, 1 = Rarely / Sometimes, 2 = Often

SUICIDAL RISK	SELF-HARM RISK	HARM TO OTHERS RISK	HOMICIDAL RISK
1. History of Behavior _____ • # of attempts • How • When last attempted	**1. History of Behavior** _____ • # of attempts • How • When last attempted	**1. History of Behavior** _____ • # of previous situations • How • When last situation • Toward whom	**1. History of Behavior** _____ • # of previous situations • How • When last situation • Toward whom
2. Thinking About It _____ • # of attempts • How • When last considered	**2. Thinking About It** _____ • # of attempts • How • When last considered	**2. Thinking About It** _____ • # of previous situations • How • When last considered • Toward whom	**2. Thinking About It** _____ • # of previous situations • How • When last considered • Toward whom
3. Plan _____ • How specific • How recently developed • Timing for doing it • Describe	**3. Plan** _____ • How specific • How recently developed • Timing for doing it • Describe	**3. Plan** _____ • How specific • How recently developed • Timing for doing it • Describe	**3. Plan** _____ • How specific • How recently developed • Timing for doing it • Describe
4. Access to Means _____ • Immediate / On Person • Elsewhere / Hidden • None	**4. Access to Means** _____ • Immediate / On Person • Elsewhere / Hidden • None	**4. Access to Means** _____ • Immediate / On Person • Elsewhere / Hidden • None	**4. Access to Means** _____ • Immediate / On Person • Elsewhere / Hidden • None
5. Intent _____ • How likely to follow through • Why not done it before • What prevents you from doing it now	**5. Intent** _____ • How likely to follow through • Why not done it before • What prevents you from doing it now	**5. Intent** _____ • How likely to follow through • Why not done it before • What prevents you from doing it now	**5. Intent** _____ • How likely to follow through • Why not done it before • What prevents you from doing it now
TOTAL RISK RATING (0-10) _____	**TOTAL RISK RATING (0-10)** _____	**TOTAL RISK RATING (0-10)** _____	**TOTAL RISK RATING (0-10)** _____

Results

0 – 2	=	Self-care plan
3 +	=	Contract and refer to CSP
3 +	=	Outpatient mental health
7 +	=	Hospital or restricted care facility
7 +	=	Contact police and / or potential victim

Referred to	Referred to	Referred to	Referred to

THIS PAGE COMPLETED BY _____ DATE _____ CLIENT # _____

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SELF-HARM CONTRACT

Complete the Self-Harm Contract with any youth who has reported a concern about self-harm, and / or is not deemed to be in immediate risk of self-harm.

For immediate risk of self-harm, notify the parents or guardian then refer to Hennepin County Crisis Intervention (612-347-3161) or help the family / youth get to a hospital emergency room.

My name is _____ and I agree to all of the following:

- If I have an urge to hurt myself, I will let a staff person at The Bridge know about it,
- I will do my best to explain how I am feeling and what I need to begin to feel better, and
- Right now, I will answer the following questions to the best of my ability so that The Bridge staff can be most helpful to me.

Youth Signature _____ Date _____ Name of Staff _____ Date _____

Have you ever hurt yourself before? If yes, when, where, how and why?

When I am starting to feel bad about myself or my situation, others might notice the following:

In the past, when I have felt like hurting myself or have been this sad, I fought off the urge by:

Rate your current self-harm risk on a scale of 1 – 3 where 1 means you are not considering self-harm and 3 means you often consider self-harm.

What tells you that you are at that number?

Is there anything else The Bridge staff should know about you that would help us help you fight off the urge to harm yourself?

Staff Signature _____ Date _____ Supervisor Signature _____ Date _____

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7 – REASON WE ARE UNABLE TO SERVE YOUTH

☐ Parent / Guardian refuses shelter services ☐ Youth has a warrant for their arrest ☐ Youth refused services

☐ Parent / Guardian instructed not to serve youth ☐ Youth was restricted without completing Reassessment Plan

☐ Recent assaultive behavior

Has the youth been charged? (Yes / No)
Has it gone to court? (Yes / No)
Was it addressed? (Yes / No)
Was there a weapon? (Yes / No)

☐ Sexual assault charge

Has the youth been charged? (Yes / No)
Has it gone to court? (Yes / No)
Was it addressed? (Yes / No)

REASON DETAILS (reported by, towards whom, how has the behavior being addressed, required follow-up)

8 – SERVICE RECEIVED

Case Management

☐ Coordination / Advocacy of education needs ☐ Coordination of transportation ☐ Advocacy with systems

☐ Advocacy / Communication with Child Protective Services ☐ Information gathering ☐ Communication with parents / guardians / caregivers

Emergency Shelter activities participated in

☐ Informal counselling ☐ Support / Counselling ☐ Emergency Shelter groups ☐ Mental health screening / assessments

☐ Health screening ☐ Family reconnection meeting(s) ☐ Recreational activities ☐ Other _____

Transition program activities participated in

☐ Weekly life skills group ☐ Health screening ☐ Job readiness prep.

☐ Individual counselling ☐ Coordination / Advocacy of education needs ☐ Other _____

Clinical Services activities participated in

☐ Family counselling ☐ Individual counseling ☐ Group counseling

☐ Diagnostic Assessment ☐ Other _____