

Staff Name		Clinical Agency	
Staff Email			
YOUTH INFORMATION			
Youth First Name		Youth Last Name	
Date of Birth		CCO	
County		Closure Date	
SERVICE DETAILS			
Which services did the youth receive from the IIBHT team while enrolled?			
Psychiatry Yes No Not available	Case Management Yes No Not available	Skills Training Yes No Not available	Family Peer Support Yes No Not available
Individual Therapy Yes No Not available	Family Therapy Yes No Not available	Crisis Support Yes No Not available	Youth Peer Support Yes No Not available
Was the youth involved in any of these services/ settings/systems during the program? Child Welfare Juvenile Justice/Corrections Self-sufficiency services Disability services Special education Substance use disorder treatment Wraparound Other None		Did the youth attempt suicide while in the program? Yes No Unknown Did the youth present or get admitted to any of the following settings while in the program? Crisis center/walk-In clinic Emergency department Acute or subacute psychiatric inpatient hospital or residential program None Unknown	
CLOSURE DETAILS			
Was the discharge planned or unplanned? Planned Not planned		Did the youth get connected to the clinically recommended care at closure? Yes, follow-up services have started Yes, follow-up services pending at discharge No	
Reason for IIBHT Closure Youth was ready to transition to lower level of care Youth needed higher level of care Youth/family stopped engaging in services Youth/family moved out of service area Other _____			

QUESTIONS? IIBHTinfo@ohsu.edu

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CLOSURE DETAILS

What barriers prevented this youth from obtaining the recommended level of care at IIBHT closure?

Limited access to appropriate provider(s)
 Insurance/coverage barriers
 Other financial barriers
 Diagnosis/behaviors preventing acceptance to recommended services
 Youth/family unable to engage in recommended services
 Youth/family declined further services
 Family did not specify
 Not listed
 No barriers

Additional Information

Did the youth change living locations while in IIBHT?

Yes*
 No

***If yes, please select the new living location below:**

Behavior residential services (BRS)
 Detention/jail
 Developmental disability setting (group home/foster etc.)
 DHS foster home
 DHS temporary lodging/shelter
 Private residence (biological parents/legal guardians)
 Private residence (with relative/other adult)
 Psychiatric residential treatment facility (PRTF)
 Substance use residential facility
 Transient/homeless
 Not listed
 Client unable to answer
 Client declined to answer
 Did not ask

Did the youth's diagnoses change while in IIBHT?

Yes*
 No

***If yes, please check the youth's current diagnoses below:**

Attention-Deficit/Hyperactivity Disorder (F90.0-F90.9)
 Generalized Anxiety Disorder (F41.1)
 Social Anxiety Disorder (F40.10)
 Separation Anxiety Disorder (F93.0)
 Major Depressive Disorder (F32.0-F33.9)
 Bipolar I/II Disorder (F31.0-31.9)
 Disruptive Mood Dysregulation Disorder (F34.81)
 Autism Spectrum Disorder (F84.0)
 Intellectual or Developmental Disorder (F70-F79)
 Specific Learning Disorder (F81.0-F81.81)
 Obsessive-Compulsive Disorder (F42.2)
 Adjustment Disorder (F43.20-F43.25)
 Oppositional Defiant Disorder (F91.3)
 Reactive Attachment Disorder (F94.1)
 Intermittent Explosive Disorder (F63.81)
 Parent-Child or Sibling Relational Problems (Z62.820-Z62.898)
 Posttraumatic Stress Disorder (F43.10)
 Schizophrenia and Other Psychotic Disorders (F20.81-F29)
 Alcohol Use Disorder (F10.10-F10.99)
 Cannabis Use Disorder (F12.10-F12.99)
 Other Disorder (Specify)

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