

**Stabilization Services evaluation procedures**

**3/1/2023**

For our evaluation of the SAMHSA Children’s Mental Health Initiative grant to Hennepin County, we will collect some detailed information about the youth and families served through the Stabilization Services program. This information will be used to satisfy grant and county reporting requirements along with providing vital information about the implementation and success of the Family Response and Stabilization Service approach.

The provision of this individual and identifiable data is protected under a signed Business Associate Agreement between Community Research Solutions and each agency. De-identified data will also be submitted to Hennepin County by the evaluation team. This data submission will fulfill the county contracting reporting requirements.

Evaluation requirements for Stabilization Services fall into four categories:

**1**

**Collect consent forms for each family**

First, a signed consent form is needed in order for families to participate in the Stabilization Services discharge interviews. Please review the consent form with the family at intake, and answer any questions that they may have about the interview. Families may decline the interview if desired. Their choice to be interviewed or not does not impact any of the services that they will receive. A copy of the consent form should be submitted regardless of whether they have provided consent or declined.

**Information needed**

See attachment 1 for sample consent form. An agency-specific version is available for each agency.

**Information submission**

**Timeline**. Consent forms should be completed at the time of intake into Stabilization Services. Completed consent forms should be scanned or photographed and forwarded to Community Research Solutions within 7 days of intake.

**Submission instructions**: Completed consent forms can be [uploaded](https://airtable.com/shrdog4qSGpgG92QZ) for the evaluation team when completed.

**Conduct baseline interviews with parents/ caregivers and submit intake data**

**2**

SAMHSA requires some consistent information be collected at the time that a family enters Stabilization Services. The baseline interviews include some information about the youth/family background and presenting concerns. Some information is completed by the Stabilization Services provider on their own; other information is collected from the family.

**Information needed**

See attachment 2 for intake interview protocol.

**Information submission**

All intake interviews should be completed and submitted to the evaluation team within 7 days of intake. There are two options for submitting this interview.

Option 1: Complete the interview on paper and then [upload](https://airtable.com/shr6MBRWaFHL7KWcm) a completed copy of the intake interview.

Option 2: [Manually enter](https://airtable.com/shrvK49YYmSTD79SN) the data for each intake interview as they are completed.

**3**

**Submit discharge information**

The discharge documentation provides information about the services received and notifies the evaluation team that a family has completed services. All discharge summaries should be completed and submitted to the evaluation team within 2 days of discharge.

**Information needed**

See attachment 3 for discharge data submission.

**Information submission**

There are two options for submitting information:

Option 1: Complete the summary on paper and then [upload](https://airtable.com/shriB4SV0w7VuQVfB) a copy of the completed form.

Option 2: [Manually enter](https://airtable.com/shrfXOY4bvXSFyd1y) the data for each discharge summary as they are completed.

**Collect follow-up information**

Feedback from families should be collected 30-days post discharge. Project staff can collect the information from each family using a variety of approaches based on convenience to staff and the family. Surveys can be completed via email or text, or completed over the phone. If desired, the evaluation team can set up an online form for families to submit responses directly.

**Information needed**

See attachment 4 for 30-day follow-up questions.

**Information submission**

All completed 30-day follow-ups should be submitted to the evaluation team as completed. There are multiple options for submitting information:

There are two options for submitting information:

Option 1: Complete the follow-up survey on paper and then [upload](https://airtable.com/shrj9tTvdeLLSiXYn) a copy of the completed form.

Option 2: [Manually enter](https://airtable.com/shrdcu9dqDHvPT15z) the data for each 30-day follow-up as they are completed.

**Attachment 1: SAMPLE Consent form**

**Purpose**

The services that you will receive from **[agency]** are being funded through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the United States Department of Health and Human Services. In order to improve these services, families are being asked to participate in an interview. **[Agency]** is partnering with Community Research Solutions, a local evaluation firm, to conduct these interviews. The interview results will be used to examine the needs of families, understand the impact of services, and identify ways to improve future services. Some of the information from your interview will also be submitted to SAMHSA to comply with funding requirements. This form describes the interview in greater detail and authorizes Community Research Solutions to contact you for an interview.

**Description of Participation**

The evaluation consists of one interview conducted by the evaluation team when you conclude services. You can choose the way that the interview will be conducted. We plan to conduct the interview by phone or online using Zoom. If preferred, the interview could also be conducted in-person at your home, or another location that is comfortable for you. During the interview, you will be asked about your child, your family, and the services you have received. The interview will take up to 60 minutes.

Some information you provide during the interviews will also be submitted to SAMHSA for inclusion. Your name and your child’s name will not be shared with SAMHSA.

Your participation in this interview is completely voluntary. Refusing to participate in this interview will not impact the services your child receives from **[agency]**. Even if you consent now to the interview, you are free to decline when you are contacted at discharge. You can refuse to answer any interview question. You can withdraw from this project by contacting Cheryl Holm-Hansen at evaluation@community-research.solutions.

**Benefits and Risks**

If you participate in this evaluation, you will receive a $30 electronic gift card for completing the interview. Your gift card will be emailed to you within one week of completing the interview. The information we learn from you will also help us improve services that your child or other youth and families may receive.

During the interview, you may feel uncomfortable when talking about personal matters. You have the right to refuse to answer any question during the interview.

**Confidentiality**

All of your interview responses and other personal information will be treated confidentially. We have taken steps to protect your privacy whenever possible. Only authorized people who are working on this project will have access to the information from your interview. Your child will be assigned a unique identification number that is used on the interview forms. Papers with your name on them will be kept in a locked filing cabinet. In reports, your answers will be grouped with answers from others and we will never mention your name or your child’s name.

The information collected during this interview will be entered into a database that can be accessed by federal staff. A unique identification number will be used so that no identifying information will be sent to federal staff.

In situations of child abuse or neglect, or if you disclose a plan to harm yourself or someone else, we will contact agency staff or some other authority so that you can get help. In addition, the federal agency funding this research may see your information if it audits the program.

**Please indicate your consent below.**

[ ]  When services are complete, I will allow evaluation staff to contact me or my child’s caregiver in order to obtain information about my child, my family, and the services received through this grant. I know that I will have the right to refuse to answer any of the questions asked. I understand that some of my responses, but not my name or my child’s name, will be shared with the funder as part of the required evaluation.

[ ]  I decline the interview to be completed at the time my child completes Stabilization Services. I understand that I will not be eligible to receive the $30 gift card.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/youth name (please print) Parent/legal guardian name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/legal guardian signature Date signed

**IF YOU AGREED TO THE DISCHARGE INTERVIEW, PLEASE PROVIDE THE FOLLOWING INFORMATION.**  This information will help us plan for the interviews, though you will be able to update your preferences prior to the interview.

Your phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mode of contact: [ ]  Phone call

 [ ]  Text message

 [ ]  Email address

Preferred interview type: [ ]  Telephone

 [ ]  Virtual (using Zoom or Microsoft Teams)

 [ ]  In-person

Preferred electronic gift card: [ ]  Amazon

 [ ]  Target

 [ ]  Cub Foods

 [ ]  Walmart

**Attachment 2: Stabilization Services intake interview**

**National Outcome Measures (NOMs)** - **Baseline - Intake**

**SERVICES TOOL (3/1/2023)**

SAMHSA’s Performance Accountability and Reporting System (SPARS) August 2022

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing client/consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.

NOTE: Any instructions below in ALL CAPS are for the interviewer, such as questions that only pertain to certain age groups or directions about how you should read the question and responses. They should not be read aloud during the interview.

# **SECTION 1: COMPLETED BY STABILIZATION SERVICES PROVIDER**

RECORD MANAGEMENT

**Youth name:** Click or tap here to enter text.

**NOTE:** Youth name is collected only for internal tracking purposes and will not be shared with SAMHSA.

**Youth ID:** Click or tap here to enter text.

**Date of referral to Stabilization Services:** Click or tap to enter a date.

**Date when the family first received services for this episode of care:** Click or tap to enter a date.

**Youth date of birth:** Click or tap to enter a date.

**Agency providing Stabilization Services:** Click or tap here to enter text.

**Name of person completing form:** Click or tap here to enter text.

BEHAVIORAL HEALTH DIAGNOSES

**NOTE: Behavioral health diagnoses information is reported by Stabilization Services staff at baseline, even if an assessment interview is not completed.**

**1. Was the youth screened or assessed by your program for trauma-related experiences?**

[ ]  DON’T KNOW

[ ]  No 1a. **If no, please select why**:

[ ]  No time during interview

[ ]  No training around trauma screening/disclosure

[ ]  No institutional/organizational policy around screening

[ ]  No referral network and/or infrastructure for trauma services currently available

[ ]  OTHER (specify: Click or tap here to enter text.)

[ ]  Yes 1b. **If yes, was the screen positive**:

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

**2. Did the youth have a positive suicide screen?**

[ ]  DON’T KNOW

[ ]  No

[ ]  Yes 2a. **Was a suicidal safety plan developed?**

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

2b. **Was access to lethal means assessed?**

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

**3. Did the family define the problem/challenge they want help with?**

[ ]  DON’T KNOW

[ ]  No

[ ]  Yes

**4. Behavioral Health Diagnoses**

Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below**, as made by a clinician**. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three behavioral health diagnoses from the mental health, Zcodes, and substance use diagnoses below.

**If no mental health diagnosis, select reason**:

[ ]  No clinician assessment

[ ]  High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis

[ ]  Only met criteria for a “Z” code

[ ]  Other (specify: Click or tap here to enter text.)

|  |  |
| --- | --- |
| **MENTAL HEALTH DIAGNOSES**  |  **Diagnosed?**  |
| **Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders**  |   |
| F20 – Schizophrenia  |[ ]
| F21 – Schizotypal disorder  | [ ]   |
| F22 – Delusional disorder  | [ ]   |
| F23 – Brief psychotic disorder  | [ ]   |
| F24 – Shared psychotic disorder  | [ ]   |
| F25 – Schizoaffective disorders  | [ ]   |
| F28 – Other psychotic disorder not due to a substance or known physiological condition  | [ ]   |
| F29 – Unspecified psychosis not due to a substance or known physiological condition  | [ ]   |
| **Mood [affective] disorders**  |  |
| F30 – Manic episode  |[ ]
| F31 – Bipolar disorder  |[ ]
| F32 – Major depressive disorder, single episode  |[ ]
| F33 – Major depressive disorder, recurrent  |[ ]
| F34 – Persistent mood [affective] disorders  |[ ]
| F39 – Unspecified mood [affective] disorder  |[ ]
| **Phobic anxiety and other anxiety disorders**  |   |
| F40 – Phobic anxiety disorders  |[ ]
| F40.00 – Agoraphobia, unspecified  |[ ]
| F40.01 – Agoraphobia with panic disorder  |[ ]
| F40.02 – Agoraphobia without panic disorder  |[ ]
| F40.1 – Social phobias (Social anxiety disorder)  |[ ]
| F40.10 – Social phobia, unspecified  |[ ]
| F40.11 – Social phobia, generalized  |[ ]
| F40.2 – Specific (isolated) phobias  |[ ]
| F41 – Other anxiety disorders  |[ ]
| F41.0 – Panic disorder  |[ ]
| F41.1 – Generalized anxiety disorder  |[ ]
| **Obsessive-compulsive disorders**  |   |
| F42 – Obsessive-compulsive disorder  |[ ]
| F42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and acts  |[ ]
| F42.3 – Hoarding disorder  |[ ]
| F42.4 – Excoriation (skin-picking) disorder  |[ ]
| F42.8 – Other obsessive-compulsive disorder  |[ ]
| F42.9 – Obsessive-compulsive disorder, unspecified  |[ ]

|  |  |
| --- | --- |
| **MENTAL HEALTH DIAGNOSES**  |  **Diagnosed?**  |
| **Reaction to severe stress and adjustment disorders**  |   |
| F43 – Acute stress disorder; reaction to severe stress, and adjustment disorders  |[ ]
| F43.10 – Post traumatic stress disorder, unspecified  |[ ]
| F43.2 – Adjustment disorders  |[ ]
| F44 – Dissociative and conversion disorders  |[ ]
| F44.81 – Dissociative identity disorder  |[ ]
| F45 – Somatoform disorders  |[ ]
| F45.22 – Body dysmorphic disorder  |[ ]
| F48 – Other non-psychotic mental disorders  |[ ]
| **Behavioral syndromes associated with physiological disturbances and physical factors**  |   |
| F50 – Eating disorders  |[ ]
| F51 – Sleep disorders not due to a substance or known physiological condition  |[ ]
| **Disorders of adult personality and behavior**  |   |
| F60.0 – Paranoid personality disorder  |[ ]
| F60.1 – Schizoid personality disorder  |[ ]
| F60.2 – Antisocial personality disorder  |[ ]
| F60.3 – Borderline personality disorder  |[ ]
| F60.4 – Histrionic personality disorder  |[ ]
| F60.5 – Obsessive-compulsive personality disorder  |[ ]
| F60.6 – Avoidant personality disorder  |[ ]
| F60.7 – Dependent personality disorder  |[ ]
| F60.8 – Other specific personality disorders  |[ ]
| F60.9 – Personality disorder, unspecified  |[ ]
| F63.3 – Trichotillomania  |[ ]
| F70–F79 – Intellectual disabilities  |[ ]
| F80–F89 – Pervasive and specific developmental disorders  |[ ]
| **Behavioral and emotional disorders with onset usually occurring in childhood and adolescence**  |   |
| F90 – Attention-deficit hyperactivity disorders  |[ ]
| F91 – Conduct disorders  |[ ]
| F93 – Emotional disorders with onset specific to childhood  |[ ]
| F93.0 – Separation anxiety disorder of childhood  |[ ]
| F94 – Disorders of social functioning with onset specific to childhood or adolescence  |[ ]
| F94.0 – Selective mutism  |[ ]
| F94.1 – Reactive attachment disorder of childhood  |[ ]
| F94.2 – Disinhibited attachment disorder of childhood  |[ ]
| F95 – Tic disorder  |[ ]
| F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence  |[ ]
| F99 – Unspecified mental disorder  |[ ]

|  |  |
| --- | --- |
| **Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances**  |  **Diagnosed?**  |
| Z55 – Problems related to education and literacy  |[ ]
| Z56 – Problems related to employment and unemployed  |[ ]
| Z57 – Occupational exposure to risk factors  |[ ]
| Z59 – Problems related to housing and economic circumstances  |[ ]
| Z60 – Problems related to social environment  |[ ]
| Z62 – Problems related to upbringing  |[ ]
| Z63 – Other problems related to primary support group, including family circumstances  |[ ]
| Z64 – Problems related to certain psychological circumstances  |[ ]
| Z65 – Problems related to other psychosocial circumstances  |[ ]

|  |  |
| --- | --- |
| **SUBSTANCE USE DIAGNOSES**  |  **Diagnosed?**  |
| **Alcohol related disorders**  |  |
| F10.10 – Alcohol abuse, uncomplicated  |[ ]
| F10.11 – Alcohol abuse, in remission  |[ ]
| F10.20 – Alcohol dependence, uncomplicated  |[ ]
| F10.21 – Alcohol dependence, in remission  |[ ]
| F10.9 – Alcohol use, unspecified  |[ ]
| **Opioid related disorders**  |  |
| F11.10 – Opioid abuse, uncomplicated,  |[ ]
| F11.11 – Opioid abuse, in remission  |[ ]
| F11.20 – Opioid dependence, uncomplicated  |[ ]
| F11.21 – Opioid dependence, in remission  |[ ]
| F11.9 – Opioid use, unspecified  |[ ]
| **Cannabis related disorders**  |  |
| F12.10 – Cannabis abuse, uncomplicated  |[ ]
| F12.11 – Cannabis abuse, in remission  |[ ]
| F12.20 – Cannabis dependence, uncomplicated  |[ ]
| F12.21 – Cannabis dependence, in remission  |[ ]
| F12.9 – Cannabis use, unspecified  |[ ]
| **Sedative, hypnotic, or anxiolytic related disorders**  |  |
| F13.10 – Sedative, hypnotic, or anxiolytic abuse, uncomplicated  |[ ]
| F13.11 – Sedative, hypnotic, or anxiolytic abuse, in remission  |[ ]
| F13.20 – Sedative, hypnotic, or anxiolytic dependence, uncomplicated  |[ ]
| F13.21 – Sedative, hypnotic, or anxiolytic dependence, in remission  |[ ]
| F13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified  |[ ]
| **Cocaine related disorders**  |  |
| F14.10 – Cocaine abuse, uncomplicated  |[ ]
| F14.11 – Cocaine abuse, in remission  |[ ]
| F14.20 – Cocaine dependence, uncomplicated  |[ ]
| F14.21 – Cocaine dependence, in remission  |[ ]
| F14.9 – Cocaine use, unspecified  |[ ]
| **Other stimulant related disorders**  |  |
| F15.10 – Other stimulant abuse, uncomplicated  |[ ]
| F15.11 – Other stimulant abuse, in remission  |[ ]
| F15.20 – Other stimulant dependence, uncomplicated  |[ ]
| F15.21 – Other stimulant dependence, in remission  |[ ]
| F15.9 – Other stimulant use, unspecified  |[ ]
| **Hallucinogen related disorders**  |  |
| F16.10 – Hallucinogen abuse, uncomplicated  |[ ]
| F16.11 – Hallucinogen abuse, in remission  |[ ]
| F16.20 – Hallucinogen dependence, uncomplicated  |[ ]
| F16.21 – Hallucinogen dependence, in remission  |[ ]
| F16.9 – Hallucinogen use, unspecified  |[ ]
| **Inhalant related disorders**  |  |
| F18.10 – Inhalant abuse, uncomplicated  |[ ]
| F18.11 – Inhalant abuse, in remission  |[ ]
| F18.20 – Inhalant dependence, uncomplicated  |[ ]
| F18.21 – Inhalant dependence, in remission  |[ ]
| F18.9 – Inhalant use, unspecified  |[ ]
| **Other psychoactive substance related disorders**  |  |
| F19.10 – Other psychoactive substance abuse, uncomplicated  |[ ]
| F19.11 – Other psychoactive substance abuse, in remission  |[ ]
| F19.20 – Other psychoactive substance dependence, uncomplicated  |[ ]
| F19.21 – Other psychoactive substance dependence, in remission  |[ ]
| F19.9 – Other psychoactive substance use, unspecified  |[ ]
| **Nicotine dependence**  |  |
| F17.20 – Nicotine dependence, unspecified  |[ ]
| F17.21 – Nicotine dependence, cigarettes  |[ ]

# **SECTION 2: COMPLETED AS INTERVIEW WITH PARENT/CAREGIVER**

INTERVIEW COMPLETION

**1. Was the parent/caregiver interview conducted?**

[ ]  No 1a. **If no, why not?**

[ ]  Not able to obtain consent from proxy

[ ]  Caregiver was impaired or unable to provide consent

[ ]  Caregiver refused this interview

[ ]  Caregiver was not reached for interview

[ ]  Caregiver refused all interviews

[ ]  Yes 1b. **If yes, date of interview**: Click or tap to enter a date.



**NOTE: If interview was not conducted, skip the remainder of these questions.**

DEMOGRAPHIC DATA

**2. What gender does your child identify with?**

[ ]  Male

[ ]  Female

[ ]  Transgender (Male to Female)

[ ]  Transgender (Female to Male)

[ ]  Gender non-conforming

[ ]  OTHER (Specify: Click or tap here to enter text.)

[ ]  REFUSED

**3. Is your child Hispanic, Latino/a, or of Spanish origin?**

[ ]  Yes 3a. **If yes, what ethnic group(s) do your child consider**

[ ]  No **themselves? You may indicate more than one.**

[ ]  REFUSED [ ]  Central American

 [ ]  Cuban

[ ]  Dominican

[ ]  Mexican

[ ]  Puerto Rican

[ ]  South American

[ ]  OTHER (Specify: Click or tap here to enter text.)

[ ]  REFUSED

**4. What is your child’s race? You may indicate more than one.**

[ ]  Black or African American [ ]  Korean

[ ]  White [ ]  Vietnamese

[ ]  American Indian [ ]  Other Asian

[ ]  Alaska Native [ ]  Native Hawaiian

[ ]  South Asian [ ]  Guamanian or Chamorro

[ ]  Chinese [ ]  Samoan

[ ]  Filipino [ ]  Other Pacific Islander

[ ]  Japanese [ ]  OTHER (Specify: Click or tap here to enter text.)

[ ]  REFUSED

**5. [IF YOUTH IS 5 YEARS OLD OR OLDER]: Does your child speak a language other than English at home?**

[ ]  Yes 5a. **If yes, what is this language?**

[ ]  No [ ]  Spanish

[ ]  NOT APPLICABLE [ ]  Somali

 [ ]  OTHER (Specify: Click or tap here to enter text.)

**6. [IF YOUTH IS 16 YEARS OLD OR OLDER]: Has your child served in the Armed Forces, the Reserves, or the National Guard?**

[ ]  Yes 6a. **If yes, is the youth currently serving on active duty?**

[ ]  No [ ]  Yes

[ ]  DON’T KNOW [ ]  No

[ ]  NOT APPLICABLE [ ]  REFUSED

FUNCTIONING

**7. How would you rate your child’s overall mental health right now?**

[ ]  Excellent

[ ]  Very Good

[ ]  Good

[ ]  Fair

[ ]  Poor

[ ]  NO RESPONSE/REFUSED

**8. To provide the best mental health and related services, we need to know how well your child was able to deal with everyday life during the past 30 [thirty] days. Please indicate your child’s response to each of the following statements: [READ EACH STATEMENT TO THE CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

|  |  |  |  |
| --- | --- | --- | --- |
| **During the past 30 [thirty] days ….**  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| **8a.**  | My child is handling daily life.  |[ ] [ ] [ ]
| **8b.**  | My child is able to deal with unexpected events in their life.  |[ ] [ ] [ ]
| **8c.**  | My child gets along with friends and other people.  |[ ] [ ] [ ]
| **8d.**  | My child gets along with family members.  |[ ] [ ] [ ]
| **8e.**  | My child does well in social situations.  |[ ] [ ] [ ]
| **8f.**  | My child does well in school and/or work.  |[ ] [ ] [ ]
| **8g.**  | My child has had a safe place to live.  |[ ] [ ] [ ]

**9. The following questions ask about how your child has been feeling during the past 30 [thirty] days. Please indicate your child’s response to each question:**

| **During the past 30 [thirty] days, did your child feel …**  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| --- | --- | --- | --- |
| **9a.**  | Nervous?  |[ ] [ ] [ ]
| **9b.**  | Hopeless?  |[ ] [ ] [ ]
| **9c.**  | Restless or fidgety?  |[ ] [ ] [ ]
| **9d.**  | So depressed that nothing could cheer your child up?  |[ ] [ ] [ ]
| **9e.**  | That everything was an effort?  |[ ] [ ] [ ]
| **9f.**  | Worthless?  |[ ] [ ] [ ]
| **9g.**  | Bothered by psychological or emotional problems?  |[ ] [ ] [ ]

STABILITY IN HOUSING

**10. In the past 30 [thirty] days, has your child….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | NO RESPONSE/ REFUSED |
| **10a.**  | Been homeless?  |[ ] [ ] [ ]
| **10b.**  | Spent time in a hospital for mental health care?  |[ ] [ ] [ ]
| **10c.**  | Spent time in a facility for detox/inpatient treatment for a substance abuse disorder?  |[ ] [ ] [ ]
| **10d.**  | Spent time in a correctional facility (e.g., jail, prison, juvenile facility)?  |[ ] [ ] [ ]
| **10e.**  | Gone to an emergency room for a mental health or emotional problem?  |[ ] [ ] [ ]
| **10f.**  | Been satisfied with the conditions of your living space?  |[ ] [ ] [ ]

**11. In the past 30 [thirty]** **days, where has your child been living most of the time?**

 **[DO NOT READ RESPONSE OPTIONS TO THE CLIENT. SELECT ONLY ONE.]**

[ ]  Private residence

[ ]  Foster home

[ ]  Residential care

[ ]  Crisis residence

[ ]  Residential treatment center

[ ]  Institutional setting

[ ]  Jail/correctional setting

[ ]  Homeless/shelter

[ ]  OTHER (Specify: Click or tap here to enter text.)

[ ]  DON’T KNOW

**12.Who is your child currently living with?**

[ ]  Both biological parents

[ ]  Biological mother

[ ]  Biological father

[ ]  Other relatives

[ ]  Legal guardian who is not a relative

[ ]  Foster parents

[ ]  OTHER (Specify: Click or tap here to enter text.)

EDUCATION AND EMPLOYMENT

**13. Is your child currently enrolled in school or a job training program?**

[ ]  Yes

[ ]  No

[ ]  NO RESPONSE/REFUSED

**14. In the past 30 [thirty] days, did you have enough money to meet your child’s needs?**

[ ]  Yes

[ ]  No

[ ]  NO RESPONSE/REFUSED

CRIME AND CRIMINAL JUSTICE STATUS

**15. In the past 30 [thirty] days, has your child…**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 15a. Been arrested?  |[ ] [ ] [ ]
| 15b. Spent time in jail or a correctional facility or been on probation?  |[ ] [ ] [ ]
| 15c. Had interactions with police as a result of their behavior?  |[ ] [ ] [ ]

SOCIAL CONNECTEDNESS

**16. Please indicate YES or NO for each of the following statements. Please answer for relationships with persons other than your child’s mental health provider(s) over the past 30 [thirty] days.** **[READ EACH STATEMENT TO THE CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No**  | NO RESPONSE/ REFUSED  |
| 16a. My child is happy with their friendships.  |[ ] [ ] [ ]
| 16b. My child has people with whom they can do enjoyable things.  |[ ] [ ] [ ]
| 16c. My child feels that they belong in the community.  |[ ] [ ] [ ]
| 16d. In a crisis, my child would have the support needed from family or friends. |[ ] [ ] [ ]
| 16e. My child has family or friends that are supportive of their recovery. |[ ] [ ] [ ]
| 16f. My child generally accomplishes what they set out to do. |[ ] [ ] [ ]

**Attachment 3: Stabilization Services discharge summary**

**National Outcome Measures (NOMs)** - **Discharge**

**SERVICES TOOL (03/01/2023)**

SAMHSA’s Performance Accountability and Reporting System (SPARS) August 2022

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing client/consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.

# **SECTION 1: COMPLETED BY STABILIZATION SERVICES PROVIDER**

RECORD MANAGEMENT

**Youth name:** Click or tap here to enter text.

**NOTE:** Youth name is collected only for internal tracking purposes and will not be shared with SAMHSA.

**Youth ID:** Click or tap here to enter text.

**Youth date of birth:** Click or tap to enter a date.

**Agency providing Stabilization Services:** Click or tap here to enter text.

**Name of person completing form:** Click or tap here to enter text.

BEHAVIORAL HEALTH DIAGNOSES

**NOTE: Behavioral health diagnoses information is reported by Stabilization Services staff at baseline, even if an assessment interview is not completed.**

**1. Was the youth screened or assessed by your program for trauma-related experiences?**

[ ]  DON’T KNOW

[ ]  No 1a. **If no, please select why**:

[ ]  No time during interview

[ ]  No training around trauma screening/disclosure

[ ]  No institutional/organizational policy around screening

[ ]  No referral network and/or infrastructure for trauma services currently available

[ ]  OTHER (specify: Click or tap here to enter text.)

[ ]  Yes 1b. **If yes, was the screen positive**:

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

**2. Did the youth have a positive suicide screen?**

[ ]  DON’T KNOW

[ ]  No

[ ]  Yes 2a. **Was a suicidal safety plan developed?**

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

2b. **Was access to lethal means assessed?**

[ ]  Yes

[ ]  No

[ ]  DON’T KNOW

**3. Did the family define the problem/challenge they want help with?**

[ ]  DON’T KNOW

[ ]  No

[ ]  Yes

**4. Behavioral Health Diagnoses**

Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below**, as made by a clinician**. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three behavioral health diagnoses from the mental health, Zcodes, and substance use diagnoses below.

**If no mental health diagnosis, select reason**:

[ ]  No clinician assessment

[ ]  High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis

[ ]  Only met criteria for a “Z” code

[ ]  Other (specify: Click or tap here to enter text.)

|  |  |
| --- | --- |
| **MENTAL HEALTH DIAGNOSES**  |  **Diagnosed?**  |
| **Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders**  |   |
| F20 – Schizophrenia  |[ ]
| F21 – Schizotypal disorder  | [ ]   |
| F22 – Delusional disorder  | [ ]   |
| F23 – Brief psychotic disorder  | [ ]   |
| F24 – Shared psychotic disorder  | [ ]   |
| F25 – Schizoaffective disorders  | [ ]   |
| F28 – Other psychotic disorder not due to a substance or known physiological condition  | [ ]   |
| F29 – Unspecified psychosis not due to a substance or known physiological condition  | [ ]   |
| **Mood [affective] disorders**  |  |
| F30 – Manic episode  |[ ]
| F31 – Bipolar disorder  |[ ]
| F32 – Major depressive disorder, single episode  |[ ]
| F33 – Major depressive disorder, recurrent  |[ ]
| F34 – Persistent mood [affective] disorders  |[ ]
| F39 – Unspecified mood [affective] disorder  |[ ]
| **Phobic Anxiety and Other Anxiety Disorders**  |   |
| F40 – Phobic anxiety disorders  |[ ]
| F40.00 – Agoraphobia, unspecified  |[ ]
| F40.01 – Agoraphobia with panic disorder  |[ ]
| F40.02 – Agoraphobia without panic disorder  |[ ]
| F40.1 – Social phobias (Social anxiety disorder)  |[ ]
| F40.10 – Social phobia, unspecified  |[ ]
| F40.11 – Social phobia, generalized  |[ ]
| F40.2 – Specific (isolated) phobias  |[ ]
| F41 – Other anxiety disorders  |[ ]
| F41.0 – Panic disorder  |[ ]
| F41.1 – Generalized anxiety disorder  |[ ]
| **Obsessive-compulsive disorders**  |   |
| F42 – Obsessive-compulsive disorder  |[ ]
| F42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and acts  |[ ]
| F42.3 – Hoarding disorder  |[ ]
| F42.4 – Excoriation (skin-picking) disorder  |[ ]
| F42.8 – Other obsessive-compulsive disorder  |[ ]
| F42.9 – Obsessive-compulsive disorder, unspecified  |[ ]
| **MENTAL HEALTH DIAGNOSES**  |  **Diagnosed?**  |
| **Reaction to severe stress and adjustment disorders**  |   |
| F43 – Acute stress disorder; reaction to severe stress, and adjustment disorders  |[ ]
| F43.10 – Post traumatic stress disorder, unspecified  |[ ]
| F43.2 – Adjustment disorders  |[ ]
| F44 – Dissociative and conversion disorders  |[ ]
| F44.81 – Dissociative identity disorder  |[ ]
| F45 – Somatoform disorders  |[ ]
| F45.22 – Body dysmorphic disorder  |[ ]
| F48 – Other non-psychotic mental disorders  |[ ]
| **Behavioral syndromes associated with physiological disturbances and physical factors**  |   |
| F50 – Eating disorders  |[ ]
| F51 – Sleep disorders not due to a substance or known physiological condition  |[ ]
| **Disorders of adult personality and behavior**  |   |
| F60.0 – Paranoid personality disorder  |[ ]
| F60.1 – Schizoid personality disorder  |[ ]
| F60.2 – Antisocial personality disorder  |[ ]
| F60.3 – Borderline personality disorder  |[ ]
| F60.4 – Histrionic personality disorder  |[ ]
| F60.5 – Obsessive-compulsive personality disorder  |[ ]
| F60.6 – Avoidant personality disorder  |[ ]
| F60.7 – Dependent personality disorder  |[ ]
| F60.8 – Other specific personality disorders  |[ ]
| F60.9 – Personality disorder, unspecified  |[ ]
| F63.3 – Trichotillomania  |[ ]
| F70–F79 – Intellectual disabilities  |[ ]
| F80–F89 – Pervasive and specific developmental disorders  |[ ]
| **Behavioral and emotional disorders with onset usually occurring in childhood and adolescence**  |   |
| F90 – Attention-deficit hyperactivity disorders  |[ ]
| F91 – Conduct disorders  |[ ]
| F93 – Emotional disorders with onset specific to childhood  |[ ]
| F93.0 – Separation anxiety disorder of childhood  |[ ]
| F94 – Disorders of social functioning with onset specific to childhood or adolescence  |[ ]
| F94.0 – Selective mutism  |[ ]
| F94.1 – Reactive attachment disorder of childhood  |[ ]
| F94.2 – Disinhibited attachment disorder of childhood  |[ ]
| F95 – Tic disorder  |[ ]
| F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence  |[ ]
| F99 – Unspecified mental disorder  |[ ]

|  |  |
| --- | --- |
| **Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances**  |  **Diagnosed?**  |
| Z55 – Problems related to education and literacy  |[ ]
| Z56 – Problems related to employment and unemployed  |[ ]
| Z57 – Occupational exposure to risk factors  |[ ]
| Z59 – Problems related to housing and economic circumstances  |[ ]
| Z60 – Problems related to social environment  |[ ]
| Z62 – Problems related to upbringing  |[ ]
| Z63 – Other problems related to primary support group, including family circumstances  |[ ]
| Z64 – Problems related to certain psychological circumstances  |[ ]
| Z65 – Problems related to other psychosocial circumstances  |[ ]

|  |  |
| --- | --- |
| **SUBSTANCE USE DIAGNOSES**  |  **Diagnosed?**  |
| **Alcohol related disorders**  |  |
| F10.10 – Alcohol abuse, uncomplicated  |[ ]
| F10.11 – Alcohol abuse, in remission  |[ ]
| F10.20 – Alcohol dependence, uncomplicated  |[ ]
| F10.21 – Alcohol dependence, in remission  |[ ]
| F10.9 – Alcohol use, unspecified  |[ ]
| **Opioid related disorders**  |  |
| F11.10 – Opioid abuse, uncomplicated,  |[ ]
| F11.11 – Opioid abuse, in remission  |[ ]
| F11.20 – Opioid dependence, uncomplicated  |[ ]
| F11.21 – Opioid dependence, in remission  |[ ]
| F11.9 – Opioid use, unspecified  |[ ]
| **Cannabis related disorders**  |  |
| F12.10 – Cannabis abuse, uncomplicated  |[ ]
| F12.11 – Cannabis abuse, in remission  |[ ]
| F12.20 – Cannabis dependence, uncomplicated  |[ ]
| F12.21 – Cannabis dependence, in remission  |[ ]
| F12.9 – Cannabis use, unspecified  |[ ]
| **Sedative, hypnotic, or anxiolytic related disorders**  |  |
| F13.10 – Sedative, hypnotic, or anxiolytic abuse, uncomplicated  |[ ]
| F13.11 – Sedative, hypnotic, or anxiolytic abuse, in remission  |[ ]
| F13.20 – Sedative, hypnotic, or anxiolytic dependence, uncomplicated  |[ ]
| F13.21 – Sedative, hypnotic, or anxiolytic dependence, in remission  |[ ]
| F13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified  |[ ]
| **Cocaine related disorders**  |  |
| F14.10 – Cocaine abuse, uncomplicated  |[ ]
| F14.11 – Cocaine abuse, in remission  |[ ]
| F14.20 – Cocaine dependence, uncomplicated  |[ ]
| F14.21 – Cocaine dependence, in remission  |[ ]
| F14.9 – Cocaine use, unspecified  |[ ]
| **Other stimulant related disorders**  |  |
| F15.10 – Other stimulant abuse, uncomplicated  |[ ]
| F15.11 – Other stimulant abuse, in remission  |[ ]
| F15.20 – Other stimulant dependence, uncomplicated  |[ ]
| F15.21 – Other stimulant dependence, in remission  |[ ]
| F15.9 – Other stimulant use, unspecified  |[ ]
| **Hallucinogen related disorders**  |  |
| F16.10 – Hallucinogen abuse, uncomplicated  |[ ]
| F16.11 – Hallucinogen abuse, in remission  |[ ]
| F16.20 – Hallucinogen dependence, uncomplicated  |[ ]
| F16.21 – Hallucinogen dependence, in remission  |[ ]
| F16.9 – Hallucinogen use, unspecified  |[ ]
| **Inhalant related disorders**  |  |
| F18.10 – Inhalant abuse, uncomplicated  |[ ]
| F18.11 – Inhalant abuse, in remission  |[ ]
| F18.20 – Inhalant dependence, uncomplicated  |[ ]
| F18.21 – Inhalant dependence, in remission  |[ ]
| F18.9 – Inhalant use, unspecified  |[ ]
| **Other psychoactive substance related disorders**  |  |
| F19.10 – Other psychoactive substance abuse, uncomplicated  |[ ]
| F19.11 – Other psychoactive substance abuse, in remission  |[ ]
| F19.20 – Other psychoactive substance dependence, uncomplicated  |[ ]
| F19.21 – Other psychoactive substance dependence, in remission  |[ ]
| F19.9 – Other psychoactive substance use, unspecified  |[ ]
| **Nicotine dependence**  |  |
| F17.20 – Nicotine dependence, unspecified  |[ ]
| F17.21 – Nicotine dependence, cigarettes  |[ ]

SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS

**5. On what date did the family last receive services?** Click or tap to enter a date.

**6-7. Identify all the services your grant project provided to the client during their participation in the program. This includes grant-funded and non-grant funded services.**

|  |  |
| --- | --- |
| **Core services** | **Service provided?** |
|  | **Yes** | **No** | **UNKNOWN** | **SERVICE NOT AVAILABLE** |
| 6a. Screening |[ ] [ ] [ ] [ ]
| 6b. Assessment |[ ] [ ] [ ] [ ]
| 6c. Identification and discussion of family’s strengths |[ ] [ ] [ ] [ ]
| 6d. Treatment planning or review |[ ] [ ] [ ] [ ]
| 6e. Psychopharmacological services |[ ] [ ] [ ] [ ]
| 6f. Mental health services |[ ] [ ] [ ] [ ]
| 6g. Co-occurring services |[ ] [ ] [ ] [ ]
| 6h. Case management |[ ] [ ] [ ] [ ]
| 6i. Crisis stabilization while receiving services |[ ] [ ] [ ] [ ]
| 6j. Creation of actionable safety plan |[ ] [ ] [ ] [ ]
| 6k. Resilience identification and promotion |[ ] [ ] [ ] [ ]
| 6l. Parent peer support services |[ ] [ ] [ ] [ ]
| 6m. Trauma-specific services |[ ] [ ] [ ] [ ]
| 6n. Was the client referred to another provider for any of the above core services? |[ ] [ ] [ ] [ ]

|  |  |
| --- | --- |
| **Support services** | **Service provided?** |
|  | **Yes** | **No** | **UNKNOWN** | **SERVICE NOT AVAILABLE** |
| 7a. Medical care |[ ] [ ] [ ] [ ]
| 7b. Employment services |[ ] [ ] [ ] [ ]
| 7c. Family services |[ ] [ ] [ ] [ ]
| 7d. Youth skill building |[ ] [ ] [ ] [ ]
| 7e. Parent skill building |[ ] [ ] [ ] [ ]
| 7f. Child care |[ ] [ ] [ ] [ ]
| 7g. Transportation |[ ] [ ] [ ] [ ]
| 7h. Education services |[ ] [ ] [ ] [ ]
| 7i. Housing support |[ ] [ ] [ ] [ ]
| 7j. Social recreational activities |[ ] [ ] [ ] [ ]
| 7k. Consumer-operated services |[ ] [ ] [ ] [ ]
| 7l. HIV testing |[ ] [ ] [ ] [ ]
| 7m. Discussion with family to plan for continuing care needs |[ ] [ ] [ ] [ ]
| 7n. Was the client referred to another provider for any of the above support services? |[ ] [ ] [ ] [ ]

**8. What referrals were provided to the family for additional services?**

[ ]  NOT APPLICABLE

8a. Resource name: Click or tap here to enter text. Date: Click or tap to enter a date.

8b. Resource name: Click or tap here to enter text. Date: Click or tap to enter a date.

8c. Resource name: Click or tap to enter a date. Date: Click or tap to enter a date.

8d. Resource name: Click or tap here to enter text. Date: Click or tap to enter a date.

**9. What natural supports (e.g., faith-based services, cultural support networks, community-based peer support, non-formal service providers) were utilized during services? How were they used?** Click or tap to enter a date.

**10. On what date was the client discharged?** Click or tap to enter a date.

**11. What is the client’s discharge status?**

[ ]  Mutually-agreed cessation of treatment

[ ]  Withdrew from/refused treatment

[ ]  No contact within 90 days of last encounter

[ ]  Clinically referred out

[ ]  Death

[ ]  Other (specify: Click or tap here to enter text.)

**12. What is the family’s preferred language?**

[ ]  English

[ ]  Spanish

[ ]  Somali

[ ]  Other (specify: Click or tap here to enter text.)

**13. In what language were services provided?**

[ ]  English

[ ]  Spanish

[ ]  Somali

[ ]  Other (specify: Click or tap here to enter text.)

**14. What is the name/contact person of the caregiver who should be contacted for a discharge interview?**

Name: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**15.If family cannot be reached through the primary contact method, what is another way to contact them?**

Alternate phone number: Click or tap here to enter text.

Alternate email address: Click or tap here to enter text.

Other: Click or tap here to enter text.

**Attachment 4: 30-day follow-up survey**

**Stabilization Services
30-day follow-up (03/01/2023)**

**Youth name:** Click or tap here to enter text.

**Youth ID:** Click or tap here to enter text.

**Youth date of birth:** Click or tap to enter a date.

**Agency providing Stabilization Services:** Click or tap here to enter text.

**Date follow-up completed:** Click or tap to enter a date.

1. What is the living arrangement of the youth for which you sought Stabilization Services?

[ ]  Both biological parents

[ ]  Biological mother

[ ]  Biological father

[ ]  Other relatives

[ ]  Legal guardian who is not a relative

[ ]  Foster parents

[ ]  Other (please specify: Click or tap here to enter text.)

2. Has the youth had any out-of-home placements since you completed Stabilization Services?

[ ]  No

[ ]  Yes

3. Other than out-of-home placements, is the youth’s living situation different from when you called Stabilization Services?

[ ]  No

[ ]  Yes: why has the living arrangement changed? Click or tap here to enter text.

4. Have you needed to go to an Emergency Department for your child’s behavioral or mental health since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

5. Have you or your child had any interactions with law enforcement regarding your child’s behavior since your family finished Stabilization Services?

[ ]  No

[ ]  Yes

6. Has your child received mental health services for which they were referred?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

7. Has your child received other services or supports for which they were referred, such as cultural, religious, or other community organizations?

[ ]  No (why not? Click or tap here to enter text.)

[ ]  Yes

[ ]  Not applicable

8. Name of Stabilization Services provider you worked with (optional): Click or tap here to enter text.

9. Any feedback you’d like to provide us? Click or tap here to enter text.