**Stabilization Services Discharge Interview**

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

**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.