# Substance Abuse and Mental Health Services Administration (SAMHSA)

# Center for Mental Health Services (CMHS)

# National Outcome Measures (NOMs)
# Client-Level Measures for Discretionary
# Programs Providing Direct Services
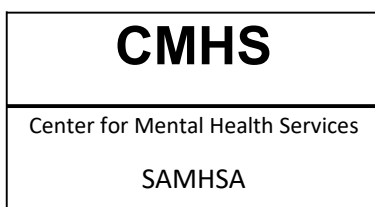
# QUESTION-BY-QUESTION
# INSTRUCTION GUIDE

| CMHS |
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| Center for Mental Health Services |
| SAMHSA |

November 2022

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# Guide Overview

These instructions are for collecting and reporting on the Center for Mental Health Services (CMHS) National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services, **also known as Services Activities.** A summary of each section of this document is as follows:

1) **Deadlines and reporting requirements**—This section provides an explanation of the NOMs requirement, when interviews should be completed, and when data collected through the NOMs tool should be reported in SPARS. [Section updated: November 2022]

2) **Interviewing guidelines**—This section explains how to use the interview tool, including how to use caregiver prompts and read questions. [Section updated: November 2022]

3) **Question by Question guide**—This section is organized according to the sections of the Services tool. [Section updated: November 2022]
   The following information is provided about each question:
   **Answered by**—Indicates whether the question should be answered by grantee staff or the client/caregiver.
   **Intent/Key Points**—Describes the intent of the question.
   **Skip Pattern**—Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on how a client answered a previous question.
   **Response Options**—Lists all response options for the initial base question and provides any definitions if necessary.
   **Follow-on Questions**—Lists all questions that follow the initial base question, their response options, and any definitions if necessary.
   **Additional Probes**—Applicable for questions to be answered by client or caregiver; offers suggestions for probes that may help prompt the client's memory or understanding.
   **Considerations for Grantee Staff**—Applicable for questions to be answered by grantee staff; offers additional information for grantee staff to take into account that may help them provide answers.
   **Coding Topics**—Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that could otherwise produce vague answers.
   **Cross-Check Items**—Alerts the interviewer or person capturing the data to items that should be related and answers that should be verified if a contradiction occurs during the interview.
   **Tool Version Note**—Based on 2022 revisions, provides information about changes to a specific question from previous versions of the data collection tool where appropriate.

4) **Setting and entering annual goals in SPARS**—This section provides information on how to set annual and cumulative goals for clients served and how to enter these goals into SPARS. [Section updated: November 2022]

5) **Reporting NOMs in SPARS**—This section includes information on how to directly enter data or how to batch upload data that was entered into a grantee-specific system. [Section updated: Coming soon!]

6) **Accessing NOMs data from SPARS**—This section includes information on how to access and use SPARS reports and how to download NOMs data for further analysis. [Section updated: Coming soon!]

# Interviewing Guidelines

## Consent

The client, caregiver, or proxy may indicate that they do not want to be interviewed. If this happens, the interview should not be conducted.

**IMPORTANT:** *Refusing consent to a NOMs interview does not affect eligibility for grant-funded services.*

A refusal to the current interview may or may not apply to future interviews or data collection; response options for both cases are available. Upon the start of a new episode of care, clients begin with a "clean slate" and a baseline interview should be attempted.

If an interview was not conducted because of consent reasons, the grantee must still make an administrative entry, see above section on data collection points for further information.

## Translation

A Spanish version of the paper Services tool (https://spars.samhsa.gov/sites/default/files/2022-09/CMHSNOMSToolSpanish.pdf) is available on the SPARS website for download. In cases where a client speaks a language other than English or Spanish, you should follow the same procedures for collecting the data as used to obtain any other information for that client.

| | |
|---|---|
| **TIP** | If a translation of the NOMs tool is needed frequently, it is recommended to document and write out the translation so that the questions are consistently translated in the same way and that the intent of the questions is maintained. |

## Reading the Questions

At the beginning of each section there are instructions as to whether the questions are to be answered by the client or if they are to be completed by grantee staff. Do not read questions to the client or caregiver that are to be collected by the grantee staff. In Section E PERCEPTION OF CARE and some Section G subsections there are question-specific instructions.

At the start of a new section of questions for the client introduce the next section (e.g., "Now I'm going to ask you some questions about …").

Read each question as it is written. Instructions written in all capitals and/or italicized should not be read to the client. For example, "[ADULT ONLY]" should not be read to the client or caregiver.

If a client has difficulty understanding a question or response options, it is acceptable to explain the question to them using the descriptions listed in this guide as Additional Probes. However, do not change the wording of the question.

Before starting the interview, consider using a calendar to indicate the past 30 calendar days or asking the client if they keep a calendar. Many questions in the Services tool refer to the past 30 calendar days and having a calendar present may help the client recall events.

Some questions have the same initial phrase repeated in a group that may be formatted in a table with multiple rows. In this case, read the initial phrase, the question stem, and the response options for each question, pause for and record the response given and then repeat the steps. For example, Section B STABILITY IN HOUSING starts as:

1. In the past 30 [thirty] days, have you [has your child] …

> 1a. Been homeless?
>
> 1b. Spent time in a hospital for mental health care?
>
> 1c. Spent time in a facility for detox/inpatient or residential substance abuse disorder?

Interviewers should ensure they read the initial phrase, "In the past 30 days, have you" before each question stem.  For example, this question would read, "In the past 30 days, have you Been homeless? Yes or No? … In the past 30 days have you Spent time in a hospital for mental health care? Yes or No? … In the past 30 days have you Spent time in a facility for detox/inpatient or residential substance abuse disorder? Yes or No? …"

## Child Clients

If the client is a child, either the child or the child's caregiver must be interviewed for the purposes of the SPARS data collection; interviews of both individuals **are not required**. The table below describes the appropriate criteria for the different interviewees. Within the tool, there are some questions with specific instructions that indicate whether to ask adult or child clients. For example, children under the age of 17 are not asked whether they are serving in the military as they are not old enough to enlist.

**Table 5. Age-based Criteria in NOMs**

| Client | Interviewee | Criteria |
|---|---|---|
| **Child or Adolescent under 18 years old or in a child program and meet the program-specific age guidance** | Client | Child is 11 years old or older and can provide informed consent and respond to interview questions |
| | Caregiver | Caregiver who has knowledge of / role in the behavioral or mental health treatment needs of the child or adolescent. Note that the caregiver does not need to be a parent or legal guardian. |
| **Adult 18 years or older** | Client | While it is not listed as an option for a caregiver to respond on behalf of adult clients, there may be cases where a proxy is provided, or the client is not interviewed because they are unable to provide informed consent. |

**NOTE:** *If possible, please attempt to maintain consistency across client interviews to avoid problems related to inter-rater reliability (i.e., if the child is interviewed initially, the child should be interviewed for reassessment and clinical discharge).*

## Caregiver Prompts

With the merge of the Adult and Child versions of the CMHS NOMs Client-Level Measures tool, most questions have prompts to indicate how to read the question when interviewing a caregiver or guardian rather than the client themselves. These prompts should not be used or read to clients, they should only be read to caregivers or guardians answering on behalf of a client.

For example, the question "Are you [is your child] Hispanic, Latino/a, or of Spanish origin?" should be read as "Are you Hispanic, Latino/a, or of Spanish origin?" when interviewing the client or "Is your child Hispanic, Latino/a, or of Spanish origin?" when interviewing the caregiver of a child.

## Reading the Response Options

Read response categories that appear in sentence-case lettering, which is a normal mix of uppercase and lowercase letters (e.g., "Central American" or "Gender non-conforming").

If all response categories are in all capital letters, ask the question open-ended; do not read any of the response categories listed (e.g., "VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA").

REFUSED, NO RESPONSE, and NOT APPLICABLE are also written in all caps to signify that these should not be read to clients or caregivers even when available for recording the responses.

## Recording Responses

There are multiple responses which are written in all caps that should not be read to the client and should be used rather than leaving questions blank if possible.

- NOT APPLICABLE is an available response for appropriate items. For those items, if the question instructions indicate that the question does not apply (e.g. [ADULT ONLY]) or if a client does not feel the question applies to them, choose NOT APPLICABLE as their response to that question.
- The response option NO RESPONSE/REFUSED is provided for most items that are asked of the client. If the client refuses to answer a question, mark NO RESPONSE/REFUSED where available. Clients may refuse to answer any question, even if the option was not included; if this occurs, leave the question blank when conducting the interview on the paper tool and mark it as MISSING when entering the data in SPARS.
- The response option DON'T KNOW is provided for certain items that are asked of the client. If the client does not know the answer to a question, mark DON'T KNOW as applicable.
- The REFUSED and DON'T KNOW or UNKNOWN response options are not available for items that are answered by the grantee except for the "Don't Know" response option for Behavioral Health Diagnoses questions in the RECORD MANAGEMENT section and a few questions in Section G.

# Question-by-Question Guide

## Record Management

This section pertains to the collection of the client's identification for SPARS, the grantee information, and the client's interview information.

The RECORD MANAGEMENT section is **not** asked of the client but is supplied by the grantee. The RECORD MANAGEMENT information must be filled in for each interview, regardless of whether an interview was conducted.

**Section Instructions**

RECORD MANAGEMENT information is collected by grantee staff at BASELINE, REASSESSMENT, and DISCHARGE, even when an assessment interview is not conducted.

**Key Terms**

*Client ID*— IMPORTANT: To protect the client's identity, do NOT use any information that could identify the client. Prohibited information includes, but is not limited to, the client's name, initials, date of birth or Social Security number as all or part of the Client ID. A unique client identifier that is determined by the grantee. It can be between 1 and 11 characters and can include both numerals and letters. It cannot begin with a dash or contain non-alphanumeric characters, including any of the following: ".",[]!@#$%^&*(.)," with the exception of dashes (-) or underscores (_). This ID is intended to track a specific client through their interviews, baseline, clinical discharge, and 3-month (calculated as 90 calendar days) or 6-month (calculated as 180 calendar days) reassessment, while maintaining the anonymity of the client. The same ID is used each time, regardless of whether the client has more than one episode of care (i.e., if they are discharged and reinitiate care). This Client ID allows for unduplicated counts across all CMHS service programs.

*Grant ID*—The CMHS-assigned grant identification number. The identifier begins with a single number between 1 and 5. For example, a Grant ID may be 1 SM012345. For the purpose of the SPARS project, the identifying portion of the number is SM12345; the first number is not needed. A maximum of 10 digits may be used.

*Site ID*—The purpose of the Site ID is to associate the client data entered for a grant to a specific grant location. It can be used by grantees to help them track where the services were provided or where the interview was conducted. Grants will need to have a Site ID(s) to enter records in SPARS. A default Site ID will be created if the grant has only one site. To request a Site ID(s), the Project Director must go into "My Account" > "Update my Grant" on the SPARS website and complete the questions under the "For Client Service Program Grants Only" section. After completing the section, please notify the Help Desk this was done. The Help Desk will contact the grantee with questions as necessary. The Site ID will be emailed to the grantee from the SPARS Help Desk.

**3. Was the assessment interview conducted?**

**3a. [IF QUESTION 3 IS YES] When?**

**3b. [IF QUESTION 3 IS NO] Why not? Choose only one.**

| | |
|---|---|
| **Answered by** | Grantee staff. |
| **Intent/Key Points** | The intent of this question is to determine whether or not an interview with the client is going to be conducted at this time. |
| **Skip Pattern** | None |
| **Response Options** | o *Yes*—An interview with the client or caregiver was conducted either in-person, or via telehealth.<br>o *No*—No, this is an administrative entry only. |
| **Follow-on Questions** | If you indicate "Yes" to Question 3, answer the follow-up question 3a:<br><br>➢ 3a. When?<br><br>*Response Options*<br><br>Enter the month, day, and year as MM/DD/YYYY when the interview was conducted.<br><br>If you indicate "No" to Question 3, answer the follow-up question 3b:<br><br>➢ 3b. Why not? Choose only one.<br><br>*Response Options*<br><br>Select one of the following reasons why the interview was not conducted.<br><br>o *Not able to obtain consent from proxy*—The grantee was unable to obtain consent from the client's authorized representative.<br>o *Client was impaired or unable to provide consent*—The client was unable to provide consent, typically due to cognitive impairment.<br>o *Client refused this interview*—The client refused to participate in this interview only, and the grantee will try to reach them for the next interview.<br>o *Client was not reached for interview*—For reasons other than consent or refusal issues, the grantee was unable to reach the client to conduct an interview. |

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|  | o *Client refused all interviews*—The client refused to participate in this and all interviews. If this is selected, you will not be required to submit reassessment data and will not receive notification for the reassessment. However, you will be responsible for submitting an administrative discharge for the client. This includes completing the RECORD MANAGEMENT section, BEHAVIORAL HEALTH DIAGNOSES section, Section H SERVICES RECEIVED AND CLINICAL DISCHARGE, and possibly Section G if applicable. |
| **Considerations for Grantee Staff** | None |
| **Coding Topics** | *Proxy* – A person representing someone else or authorized to act on their behalf. A proxy for a NOMs interview does not have to be the legally appointed proxy, but they should knowledge sufficient to answer most of the questions about the client. <br><br> *Cognitive impairment* – When a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe and can include but is not limited to amnesia, dementia, and delirium. |
| **Cross-Check Items** | ✓ *For a Baseline*—The date of the interview should be on or after the grant start date and the grant target start date, and on or before the current date. The baseline interview date will determine when subsequent reassessment interviews are due. <br> ✓ *For a Reassessment*—The date of the interview must be after the date of any previous baseline record entered into SPARS. <br> ✓ *For a Clinical Discharge*—The date of discharge must be after the most recent interview date. |
| **Tool Version Note** | [UNCHANGED] |

## 4. [CHILD ONLY] Was the respondent the child or the caregiver?

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| **Answered by** | Grantee staff. |
| **Intent/Key Points** | The intent of this question is to ascertain if the child or the caregiver is answering the interview questions to inform which prompts to ask in the question. |
| | It is preferred that the caregiver be the respondent for any child under the age of 11. For children 11 years or older, the grantee, client, and caregiver can use their best judgement as to who to interview. |
| | If possible, it is preferred that the consistency of the respondent is maintained across multiple interviews to address problems related to inter-rater reliability (i.e., if the child is interviewed initially, the child should be interviewed for the duration of their treatment). |
| **Skip Pattern** | If the client is an adult (even if the interview is being conducted with a proxy for the adult), this question should be skipped. |
| **Response Options** | ○ *Child*—The client responding to the interview is a child, defined as under age 18 or in a child program and meets the program-specific age guidance. |
| | ○ *Caregiver*—The individual responding to the interview is the caregiver for the client who is a child or adolescent that is unable to be interviewed themselves. Caregivers should have knowledge about the child sufficient to answer many or all the questions but, do not need to have parental or guardian rights. |
| **Follow-on Questions** | None |
| **Considerations for Grantee Staff** | None |
| **Coding Topics** | None |
| **Cross-Check Items** | None |

| Tool Version Note | [REVISED] The question has been moved to RECORD MANAGEMENT to help determine which question wording should be administered, such as whether the child or caregiver prompts are appropriate. |
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# A. Functioning

This section pertains to issues of emotional/mental health and daily functioning. Introduce the section to the client or caregiver, for example by saying: "This section of the interview asks about your day-to-day functioning."

The scales in this section ask the client to report on their perception of their current mental health and daily functioning. Do not read NO RESPONSE/REFUSED as options.

**Section Instructions**

Section A FUNCTIONING information is asked of the client at BASELINE, REASSESSMENT, and DISCHARGE when an interview is conducted.

**Please ask the questions and mark the response given by the client or the caregiver.** If the client refuses to answer a question, mark the REFUSED option (where applicable), and go to the next question. Do not read response options in ALL CAPS.

## 1. How would you rate your [your child's] overall mental health right now?

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine information about the client's self-report of their overall mental health status at the time of the interview. This question applies to emotional and/or mental health. |
| | For this item, read the question and response choices ranging from "Excellent" to "Poor" and record the client's answer. |
| **Skip Pattern** | None |
| **Response Options** | Select one of the following response options |
| | o *Excellent* |
| | o *Very Good* |
| | o *Good* |
| | o *Fair* |
| | o *Poor* |
| | o *NO RESPONSE/REFUSED* |
| **Follow-on Questions** | None |

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| **Additional Probes** | If needed, clarify that the question refers to emotional and/or mental health, not physical health. Acknowledge that the two may be related but encourage the client or caregiver to consider their emotions and feelings in responding. Mental health is not defined as the absence of mental illness, rather it is a person's condition regarding their resilience, psychological and emotional well-being. |
| **Coding Topics** | None |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, this question has been revised to refer to mental health only rather than overall health or physical health. |

**2. To provide the best mental health and related services, we need to know how well you were [your child was] able to deal with everyday life during the past 30 [thirty] days.**

**Please indicate your [your child's] response to each of the following statements:**

**During the past 30 [thirty] days...**

**2a. I am [my child is] handling daily life.**

**2b. I am [my child is] able to deal with unexpected events in my [their] life.**

**2c. I [my child does] get along with friends and other people.**

**2d. I [my child does] get along with family members.**

**2e. I do [my child does] well in social situations.**

**2f. I do [my child does] well in school and/or work.**

**2g. I have [my child has] a safe place to live.**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine information about the client's recent functioning. Ask specifically about how the client was able to deal with everyday life during "the past 30 calendar days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the last 30 calendar days covers April 15–May 15. |
| | Read the instructions and then each statement followed by the response options of "Yes" or "No". It is important to read all the functioning statements (items A2a–A2g) regardless of whether the client refuses to respond to one of the statements. |
| **Skip Pattern** | None |
| **Response Options** | ○ *Yes*—The client agrees with the statement about their social supports and living conditions within the past 30 days.<br>○ *No*—The client disagrees with the statement about their social supports and living conditions within the past 30 days.<br>○ *NO RESPONSE/REFUSED*— The client refused to provide an answer or there was no response given. |
| **Follow-on Questions** | None |

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| **Additional Probes** | If needed, can provide some of the following probes and clarifications: |
| | o   Clarify that the mental health and related services refer to services and, treatment that are provided as a result of the grant. These services may include those pertaining to physical health, housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc. |
| | o   Daily life means doing the things that happen routinely in our lives such as making sure we wake up, take meals, go to school or work, and do basic tasks. |
| | o   Unexpected events may be hearing surprising news or managing despite severe weather. |
| | o   Family members can include the broader family, not only those that live with the client. |
| | o   Examples of social situations include having to attend a parent-teacher meeting or being invited to a dinner or party at a friend or colleague's house. |
| | o   Doing well in school or work is relative to the individual; it does not have to mean all A's or a promotion. |
| | o   Having a safe place to live is about where the client lives now rather than what they own. |
| | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| | If needed, remind clients that the answer options are "Yes" and "No" so they should select what they feel best represents their experience. |
| **Coding Topics** | If the client refuses to answer a question, mark the NO RESPONSE/REFUSED option, and continue with the next sub-question in A2. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, each statement has been revised and answer options have been simplified to "Yes" or "No" rather than ranging from "Strongly disagree" to "Strongly agree". This allows the interview to take less time and the client to identify their answer more easily. |

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

During the past 30 [thirty] days did you [your child] feel …

**3a. Nervous?**

**3b. Hopeless?**

**3c. Restless or fidgety?**

**3d. So depressed that nothing could cheer you [your child] up?**

**3e. That everything was an effort?**

**3f. Worthless?**

**3g. Bothered by psychological or emotional problems?**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to assess if the client experienced psychological distress within the past 30 days and if the client was bothered by these problems. |
| | Read the instructions and then each statement followed by the response options of "Yes" or "No". It is important to read all the functioning statements (items A3a–A3g) regardless of whether the client refuses to respond to one of the statements. |
| **Skip Pattern** | None |
| **Response Options** | ○ *Yes*—The client agrees that they have felt the indicated feeling in the past 30 days. |
| | ○ *No*— The client does not think that they have felt the indicated feeling in the past 30 days. |
| | ○ *NO RESPONSE/REFUSED*—The client refuses to provide an answer or there was no response given. |
| **Follow-on Questions** | None |
| **Additional Probes** | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| | If needed, remind clients that the answer options are "Yes" and "No" so they should select what they feel best represents their experience. |

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| **Coding Topics** | If the client refuses to answer a question, mark the NO RESPONSE/REFUSED option, and continue with the next sub-question in A3. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, answer options have been simplified to "Yes" or "No" rather than ranging from "All of the time" to "None of the time" or "Not at all" to "Extremely". |

# B. Stability in Housing

Section B is asked at all interviews. This section pertains to the client's housing situation in the past 30 calendar days. Introduce the section to the client or caregiver, for example by saying: "Now I am going to ask about your [your child's] housing situation."

**Section Instructions**

Section B STABILITY IN HOUSING information is asked of the client at BASELINE, REASSESSMENT, and DISCHARGE when an interview is conducted.

**Please ask the questions and mark the response given by the client or the caregiver.** If the client refuses to answer a question, mark the REFUSED option (where applicable), and go to the next question. Do not read response options in ALL CAPS.

**1. In the past 30 [thirty] days, have you [has your child] …**

**1a. Been homeless?**

**1b. Spent time in a hospital for mental health care?**

**1c. Spent time in a facility for detox/inpatient or residential substance abuse disorder?**

**1d. Spent time in a correctional facility (e.g., jail, prison, [juvenile] facility)?**

**1e. Gone to an emergency room for a mental health or emotional problem?**

**1f. Been satisfied with the conditions of your living space?**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent of these questions is to determine the client's ability to maintain life within the community during the past 30 days. Read each question and record if the client spent time in each type of setting. |
| **Skip Pattern** | None |
| **Response Options** | o *Yes*—The client indicates that the statement has applied to them in the past 30 days.<br>o *No*—The client indicates that the statement has not applied to them in the past 30 days.<br>o *NO RESPONSE/REFUSED*—The client refused to provide an answer or there was no response given. |
| **Follow-on Questions** | None |

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| **Additional Probes** | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| **Coding Topics** | *Homeless*—Defined as living in a shelter, on the street (in cars, vans, or trucks), outdoors, or in a park. |
| | *Hospital for mental health care*—Defined as a hospital for the care and treatment of patients affected with acute or chronic mental illness; includes a stay in the psychiatric ward of a general hospital. Do not count veterans' hospitals. |
| | *Detox/inpatient or residential substance abuse treatment facility*—Defined as a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances. |
| | *Correctional facility (Jail, prison, [juvenile] facility)*—Defined as living in lockup and/or holding cells in courts or other locations, in addition to living in a prison facility. |
| | *Emergency Room*—The department of a hospital that provides immediate treatment for acute illnesses and trauma. It also includes urgent care or care outside of normal hours without an appointment. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, answer options have been simplified to "Yes" or "No" rather than asking about the number of nights. |

## 2. In the past 30 [thirty] days, where have you [has your child] been living most of the time?

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|---|---|
| **Answered by** | Client or caregiver |
| **Intent/Key Points** | The intent is to determine the client's housing stability during the past 30 calendar days. Read the item as an open-ended question and then code the client's response in the category that best matches their response.<br><br>Fifteen or more calendar days is considered most of the time. |
| **Skip Pattern** | None |
| **Response Options** | ○ *PRIVATE RESIDENCE*—Count living in a room, boarding house, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer.<br>○ *FOSTER HOME*—Count living in a standard foster care arrangement with or without a standard treatment component. Count living in a private home with care provided by foster care parents.<br>○ *RESIDENTIAL CARE*—Count living in a residential facility that provides long-term care given to adults or children who stay in a residential setting rather than in their own home or family home.<br>○ *CRISIS RESIDENCE*—Crisis residence provides 24-hour rapid crisis stabilization and multi-disciplinary evaluation for individuals who do not meet criteria for an acute or subacute inpatient level of care but need help transitioning to community services and supports (i.e., connect with case manager, outpatient, etc.).<br>○ *RESIDENTIAL TREATMENT CENTER*—Count living in a live-in health care facility providing therapy for substance use disorders, mental illness, or other behavioral problems.<br>○ *INSTITUTIONAL SETTING*—Count hospitalization or other institutions not listed as a response option as "institution".<br>○ *JAIL/CORRECTIONAL FACILITY*—Count living in lockup and/or holding cells in courts or other locations, in addition to living in a juvenile detention center or "youth only" correctional facility with high structure and supervision.<br>○ *HOMELESS/SHELTER*—Count living in a shelter, on the street (in cars, vans, or trucks), outdoors, or in a park.<br>○ OTHER (SPECIFY)—The client provides an answer that does fall into the any of the listed categories. Please capture the specific response from the client.<br>○ DON'T KNOW—The client does not know where they have been living most of the time. |

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| **Follow-on Questions** | None |
| **Additional Probes** | If the client asks what is meant by "Where they have been living most of the time", explain that it means where they have been staying or spending their nights. If the client is having trouble remembering, start with the past evening and work backward in small increments (i.e., "Where did you sleep last night?", "Where did you sleep most of last week?"). |
| **Coding Topics** | Mark only one response. If the client has been living in more than one place for the past 30 calendar days, count where they have been living for 15 or more calendar days or where they have been living the longest. |
| | If the client reports that they have been living in two different places for 15 calendar days each, record the most recent living arrangement. |
| | If the client or caregiver response seems to fit more than one response, for example that they have been 'institutionalized in a correctional facility', choose the most specific response option, for example '*JAIL/CORRECTIONAL FACILITY*'. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, answer options have been revised by combining previous answer options together to simplify and clarify answer options. |

# C. Education and Employment

Section C is asked at all interviews. This section pertains to the client's education and employment status. Introduce the section to the client or caregiver, for example by saying to a caregiver of a child: "This next section is going to ask about school."

**Section Instructions**

Section C EDUCATION AND EMPLOYMENT information is asked of the client at BASELINE, REASSESSMENT, and DISCHARGE when an interview is conducted.

**Please ask the questions and mark the response given by the client or the caregiver.** If the client refuses to answer a question, mark the REFUSED option (where applicable), and go to the next question. Do not read response options in ALL CAPS.

## 1. Are you [is your child] currently enrolled in school or a job training program?

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine whether the client is currently involved in an educational or job training program. |
| **Skip Pattern** | None |
| **Response Options** | ○ *Yes*—The client is currently enrolled in school or a job training program. <br> ○ *No*—The client is not currently enrolled in school or a job training program. <br> ○ *NO RESPONSE/REFUSED*—The client refuses to provide an answer to the question or give another response. |
| **Follow-on Questions** | None |
| **Additional Probes** | If clarity is needed, job training programs can include apprenticeships, internships, or formal training for a trade. <br><br> Persons are enrolled in a job training program or GED while at a correctional facility can be counted as Yes. |
| **Coding Topics** | *Job training program*—Programs to improve employment prospects for adults, youth and dislocated workers. These programs aim to improve an individual's employability and earnings. |

## 4. In the past 30 [thirty] days, did you have enough money to meet your [your child's] needs?

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine whether the person responsible for providing basic needs (e.g., housing, food, gas or bus fare) believes they have enough money to do so. Basic needs do not include having money for discretionary or extra spending.<br><br>This question is not asked of a child unless they are emancipated or living on their own. |
| **Skip Pattern** | If the respondent is a child who is emancipated or living on their own, and the child is responding to the interview, skip to Section D CRIME AND CRIMINAL JUSTICE STATUS. |
| **Response Options** | o *Yes*—The client or caregiver feels they have had enough money to meet their [their child's] needs in the past 30 days.<br>o *No*—The client or caregiver feels they have not had enough money to meet their [their child's] needs in the past 30 days.<br>o NO RESPONSE/REFUSED—The client refuses to answer or provides no response to the question. |
| **Follow-on Questions** | None |
| **Additional Probes** | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| **Coding Topics** | If a caregiver is the respondent, the caregiver should respond to this question about their child's needs. The response question can be skipped or REFUSED if the caregiver is unable to answer.<br><br>If the client is an adult and responding, they should be asked about their own needs. |
| **Cross-Check Items** | None |

# D. Crime and Criminal Justice Status

Section D is asked at all interviews. This section asks basic information about the client's involvement with the criminal justice system. Introduce the section to the client or caregiver, for example by saying: "This next section includes questions about arrests and your involvement with the criminal justice system."

Even if the client is court mandated to treatment, these questions must be asked, and the client's answers recorded. There may be additional information that was not part of the court mandate. Some clients may be reluctant to offer this information. Reassure the client that their identity will be protected when providing this information.

**Section Instructions**

Section D CRIME AND CRIMINAL JUSTICE STATUS is asked of the client at BASELINE, REASSESSMENT, and DISCHARGE when an interview is conducted.

**Please ask the questions and mark the response given by the client or the caregiver.** If the client refuses to answer a question, mark the REFUSED option (where applicable), and go to the next question. Do not read response options in ALL CAPS.

**1. In the past 30 [thirty] days, have you [has your child] …**

**1a. Been arrested?**

**1b. Spent time in jail or a correctional facility or been on probation?**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine if the client has been formally arrested and official charges were filed in the last 30 calendar days or if the client has spent time in a jail or correctional facility or on [juvenile] probation in the last 30 calendar days. These instances should only include formal arrests, not times when the client was just picked up or questioned. |
| | For this item, read the question and response choices, "Yes" or "No", and record the client's answer, not the interviewer's opinion or data from jail, correctional facility, or probation records available to the program. |
| **Skip Pattern** | For BASELINE interviews, go to Section F SOCIAL CONNECTEDNESS. |
| | For REASSESSMENTS or clinical DISCHARGE, go to Section E PERCEPTION OF CARE. |
| **Response Options** | ○ *Yes*—The client has been arrested or spent time in a jail, correctional facility, or been on probation in the past 30 days. |
| | ○ *No*—The client has not been arrested or spent time in a jail, correctional facility, or been on probation in the past 30 days. |

|  |  |
|---|---|
|  | ○ *NO RESPONSE/REFUSED*—The client refuses to answer the question or provides no response. |
| **Follow-on Questions** | None |
| **Additional Probes** | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| **Coding Topics** | *Arrest*—An instance when a person is seized or forcibly restrained by a law enforcement officer and is in the custody of legal authorities for a criminal charge. This does not include times when the client was just picked up, rousted, or questioned. |
|  | *Jail or Correctional Facility*—Count living in lockup and/or holding cells in courts or other locations, in addition to living in a juvenile detention center or "youth only" correctional facility with high structure and supervision. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, response options have been simplified to "Yes" or "No" rather than number of times and the question text has been revised to reflect that change. |

# E. Perception of Care

Section E is only asked at reassessment and clinical discharge interviews. This section pertains to the client's perception of the services they received during the past 30 calendar days. Introduce the section to the client or caregiver, for example by saying: "Now I am going to ask about how you perceive the care that you have received here at [name of your organization or site]."

**Section Instructions**

Question 1 of Section E PERCEPTION OF CARE is asked of the client at REASSESSMENT and DISCHARGE when an interview is conducted. Question 2 is answered by the grantee staff at REASSESSMENT and DISCHARGE when an interview is conducted.

**Please ask the questions and mark the response given by the client or the caregiver.** If the client refuses to answer a question, mark the REFUSED option (where applicable), and go to the next question. Do not read response options in ALL CAPS.

Ask specifically about the client's perceptions during "the past 30 calendar days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 calendar days covers April 15–May 15.

**1. In order to provide the best possible mental health and related services, we need to know what you [your child] think[s] about the services you [they] received <u>during the past 30 [thirty] days,</u> the people who provided it, and the results.**

**Please indicate your [your child's] disagreement/agreement with each of the following statements.**

**1a. Staff here believe that I [my child] can grow, change, and recover.**

**1b. I [my child] felt free to complain.**

**1c. I [my child] was given information about my [my child's] rights.**

**1d. Staff encouraged me [my child] to take responsibility for how I [they] live my [their] life.**

**1e. Staff told me [my child] what side effects to watch out for.**

**1f. Staff respected my [my child's] wishes about who is and who is not to be given information about my [my child's] treatment.**

**1g. Staff were sensitive to my [my child's] cultural background (race, religion, language, etc.)**

**1h. Staff helped me [my child] obtain the information I [my child] needed so that I [my child] could take charge of managing my [their] illness.**

**1i. I [my child] was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)**

**1j. I [my child] felt comfortable asking questions about my [their] treatment and medication.**

**1k. I [my child], not staff, decided my [my child's] treatment goals.**

**1l. I [my child] like[s] the services received here.**

**1m. I [my child] would still get services from this agency if there were other choices.**

**1n. I [my child] would recommend this agency to a friend or family member.**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to ascertain information about the client's perception of care and satisfaction with services recently received. |
| | Read the instructions and then each statement followed by the "Yes"/ "No" categories to the client. The grantee may designate an alternate to collect this section of questions from the client in cases where the information collected pertains to care given by the interviewer. |
| | It is important to read all of the PERCEPTION OF CARE statements (items E1a–E1n), regardless of whether the client refuses to respond to one of the statements. |
| **Skip Pattern** | This data is not collected at BASELINE. |
| **Response Options** | o *Yes*—The client agrees with the statement related to services received in the past 30 days. |
| | o *No*—The client disagrees with the statement about the services they have received in the past 30 days. |
| | o *NO RESPONSE/REFUSED*—The client refuses to answer the statement or has no response. |
| **Follow-on Questions** | None |
| **Additional Probes** | If needed, clarify that the statements refer to mental health or related services, treatment, and/or medications. Consider preparing a list of grant-funded services that can be read to the respondent if necessary. |
| | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| **Coding Topics** | If the client refuses to answer E1a, for example, mark the NO RESPONSE/REFUSED option and proceed to E1b. |

*Mental health and related services*—Services provided as the result of this grant that pertain to people with mental illness or at risk of mental illness. When people with mental illness are the population of focus, a wide array of subject areas may be considered mental health–related by virtue of the connection with this population. Under such circumstances, mental health–related areas may include (but are not limited to) those pertaining to physical health, housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

**Cross-Check Items**    None

**Tool Version Note**    [REVISED] Based on revisions in 2022, response options have been simplified to "Yes" or "No" rather than ranging from "Strongly disagree" to "Strongly agree". In addition, the child version was merged with the adult version to make one question.

# F. Social Connectedness

Section F is asked at all interviews. This section pertains to the client's recent social support by persons other than their mental health care providers. Introduce the section to the client or caregiver, for example by saying: "This next section asks about your social connections."

**Section Instructions**

Section F SOCIAL CONNECTEDNESS information is asked of the client at BASELINE, REASSESSMENT and DISCHARGE when an interview is conducted.

Ask specifically about the client's social connections over "the past 30 days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 calendar days covers April 15–May 15. Do not read the response options shown in ALL CAPS.

**1. Please indicate YES or NO for each of the following statements. Please answer for relationships with persons other than your [your child's] mental health provider(s) over the past 30 [thirty] days.**

**1a. I [my child is] am happy with my [their] friendships.**

**1b. I have [my child has] people with whom I [they] can do enjoyable things.**

**1c. I feel [my child feels] that I [they] belong in the community.**

**1d. In a crisis, I [my child] would have the support needed from family or friends.**

**1e. I have [my child has] family or friends that are supportive of my [their] recovery.**

**1f. I [my child] generally accomplish[es] what I [they] set out to do.**

| | |
|---|---|
| **Answered by** | Client or caregiver. |
| **Intent/Key Points** | The intent is to determine information about the client's perception of their support network and social supports. |
| | Read the instructions and then each statement, followed by the "Yes"/ "No" categories to the client. It is important to read all the social connectedness statements (items F1a–F1f), regardless of whether the client refuses to respond to one of the statements. |
| **Skip Pattern** | After this question is answered, if your program does not require Section G: |
| | If this is a BASELINE interview, stop now. The interview is complete. |

| | |
|---|---|
| | If this is a REASSESSMENT or clinical DISCHARGE interview, go to Section H SERVICES RECEIVED AND CLINICAL DISCHARGE. |
| | If your program does require Section G: |
| | Go to Section G for your program. |
| **Response Options** | ○ *Yes*—The client agrees with the statement about their [their child's] social support systems within the past 30 days. |
| | ○ *No*—The client disagrees with the statement about their [their child's] social support systems within the past 30 days. |
| | ○ *NO RESPONSE/REFUSED*—The client refuses to provide an answer or has no response to the statement. |
| **Follow-on Questions** | None |
| **Additional Prompts** | If the client is having trouble remembering, start with the past week and work backward in small increments. |
| | To assist with thinking about relationships with persons other than mental health providers, staff may ask about support from school or teachers, employers or work colleagues, in addition to friends and family. |
| | Being "in a crisis" may include disruptive mental health events or incidents, as well as other situations that may negatively impact the client's ability to conduct their day-to-day activities. |
| **Coding Topics** | If the client refuses to answer F1a, mark the REFUSED option and proceed to F1b; follow the same approach until all the questions have been asked. |
| **Cross-Check Items** | None |
| **Tool Version Note** | [REVISED] Based on revisions in 2022, response options have been simplified to "Yes" or "No" rather than ranging from "Strongly disagree" to "Strongly agree". In addition, the child version was merged with the adult version to make one question. |