**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.

**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.

REFERRAL/INTAKE INFORMATION

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

**Date when the family was first contacted following referral:** Click or tap to enter a date.

**Was the family contacted within three days of referral?**

[ ]  Yes

[ ]  No **If no, why not?**  Click or tap here to enter text.

**Did the family agree to enter Stabilization Services?**

[ ]  Yes **If yes, what was the date of the initial meeting with the Stabilization Services provider?** Click or tap to enter a date.

 **Did the initial meeting occur at the parent/caregiver’s preferred time and location/contact method?**

[ ]  YES

[ ]  NO (Why not? Click or tap here to enter text.)

[ ]  No **If no, why not?**

[ ]  Services no longer needed/Situation has improved (Please describe: Click or tap here to enter text.)

[ ]  Family decided to receive alternate services (Please describe: Click or tap here to enter text.)

[ ]  Other (Please describe: Click or tap here to enter text.

**IF FAMILY DECLINED SERVICES, PLEASE STOP HERE AND SUBMIT DATA TO EVALUATORS.**

**IF FAMILY AGREED TO STABILIZATION SERVICES, PLEASE CONTINUE WITH THE REST OF THE INTAKE INTERVIEW QUESTIONS BELOW.**

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. |[ ] [ ] [ ]