

**Transformation Accountability (TRAC)**  
Center for Mental Health Services

**NOMs Client-Level Measures for Discretionary  
Programs Providing Direct Services**

**SERVICES TOOL**  
**for**  
**Minority AIDs Initiative – TCE, Adult Programs**  
**ADMINISTRATIVE REASSESSMENT**



March 2013  
*Version 6*

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Public reporting burden for this collection of information is estimated to average 30 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing 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 SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, 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 OMB control number. The control number for this project is 0930-0285.



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**I. REASSESSMENT STATUS**

*[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]*

**1. Have you or other grant staff had contact with the consumer within 90 days of the last encounter?**

Yes

No

**2. Is the consumer still receiving services from your project?**

Yes

No



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**K. SERVICES RECEIVED (Continued)**

**Education Services**

- |   | <b>Sessions</b> |
|---|-----------------|
| 1. Substance Abuse Education                  | _ _ _           |
| 2. HIV/AIDS Education                         | _ _ _           |
| 3. Other Education Services<br>(Specify)_____ | _ _ _           |

**Peer-To-Peer Recovery Support Services**

- |  | <b>Sessions</b> |
|--|-----------------|
| 1. Peer Coaching or Mentoring  | _ _ _           |
| 2. Housing Support   | _ _ _           |
| 3. Alcohol- and Drug-Free Social<br>Activities                       | _ _ _           |
| 4. Information and Referral  | _ _ _           |
| 5. Other Peer-To-Peer Recovery<br>Support Services<br>(Specify)_____ | _ _ _           |