

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 DISCHARGE



February 2014
Version 7

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.

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]

1. On what date was the consumer discharged?

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR

2. What is the consumer'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) _____

[GO TO SECTION K.]

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE IT IS OPTIONAL.]

[IF THE INFORMATION BELOW IS UNKNOWN, RECORD "UNK" IN THE SPACE PROVIDED. IF THE SERVICE IS NOT AVAILABLE PLEASE ENTER "SNA" IN THE SPACE PROVIDED.]

1. On what date did the consumer last receive services? / /
MONTH YEAR

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	_ _ _
2. Day Treatment	_ _ _
3. Inpatient/Hospital (Other than Detox)	_ _ _
4. Outpatient	_ _ _
5. Outreach	_ _ _
6. Intensive Outpatient	_ _ _
7. Methadone	_ _ _
8. Residential/Rehabilitation	_ _ _
9. Detoxification (Select only one)	
A. Hospital Inpatient	_ _ _
B. Free Standing Residential	_ _ _
C. Ambulatory Detoxification	_ _ _
10. After Care	_ _ _
11. Recovery Support	_ _ _
12. Other (Specify)_____	_ _ _

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services	Sessions
1. Screening	_ _ _
2. Referral to Treatment	_ _ _
3. Assessment	_ _ _
4. Treatment/Recovery Planning	_ _ _
5. Individual Counseling	_ _ _
6. Group Counseling	_ _ _
7. Family/Marriage Counseling	_ _ _
8. Co-Occurring Treatment/Recovery Services	_ _ _

	Sessions
9. Pharmacological Interventions	_ _ _
10. HIV/AIDS Counseling	_ _ _
11. Other Clinical Services (Specify)_____	_ _ _

Case Management Services	Sessions
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	_ _ _
2. Child Care	_ _ _
3. Employment Service	
A. Pre-Employment	_ _ _
B. Employment Coaching	_ _ _
4. Individual Services Coordination	_ _ _
5. Transportation	_ _ _
6. HIV/AIDS Service	_ _ _
7. Supportive Transitional Drug-Free Housing Services	_ _ _
8. Other Case Management Services (Specify)_____	_ _ _

Medical Services	Sessions
1. Medical Care	_ _ _
2. Alcohol/Drug Testing	_ _ _
3. HIV/AIDS Medical Support & Testing	_ _ _
4. Other Medical Services (Specify)_____	_ _ _

After Care Services	Sessions
1. Continuing Care	_ _ _
2. Relapse Prevention	_ _ _
3. Recovery Coaching	_ _ _
4. Self-Help and Support Groups	_ _ _
5. Spiritual Support	_ _ _
6. Other After Care Services (Specify)_____	_ _ _

K. SERVICES RECEIVED (Continued)

Education Services

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

Peer-To-Peer Recovery Support Services

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