The purpose of today's presentation is to train you on the administration of the NOMs Client-level Measures for Discretionary Programs Providing Direct Services to Adults. I will refer to this as the **Client-level Measures , or Services Activities, module** throughout this presentation.

This training will cover the most important topics and items—however, before administering the **Client-level Measures, or Services,** tool, you should also review the **Client-level Measures** Question-by-Question **Instruction** Guide for detailed information on how and when to do client-level interviews.

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Transformation Accountability (TRAC) Resources

- TRAC website: https://www.cmhs-gpra.samhsa.gov
  Materials
  - ✓ General Info & Training → Services/NOMS Client Level Measures→ Adult Services Materials
- TRAC Help Desk
  - ✓ Phone: 1-888-219-0238
  - ✓ Email: TRACHELP@westat.com

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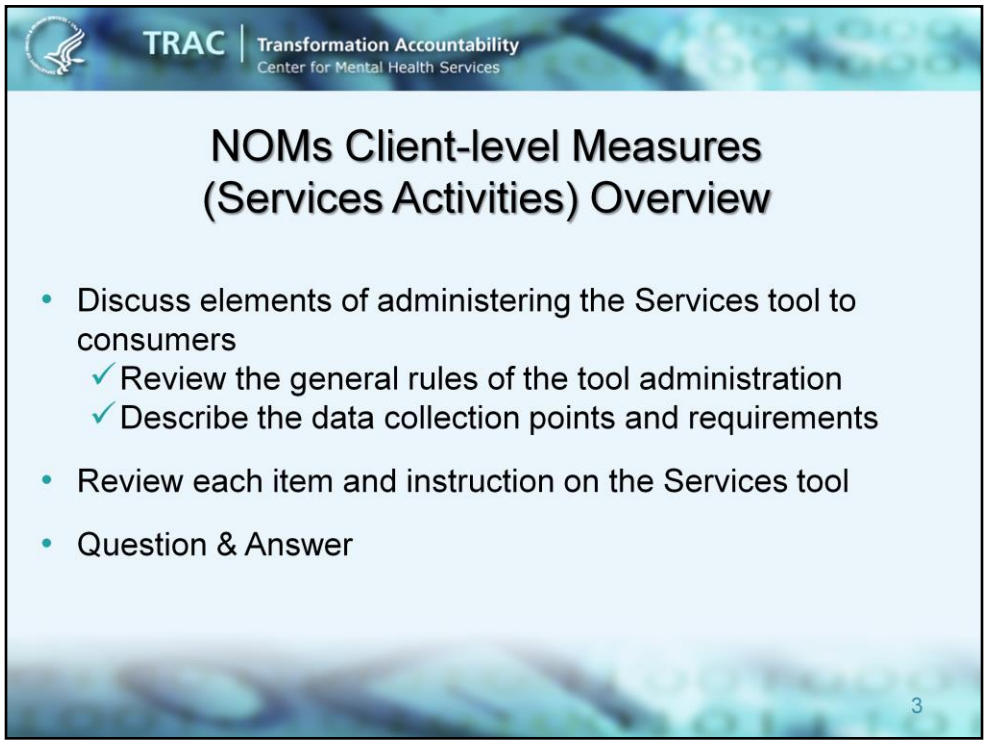
A couple of notes on resources before we begin. The Services Activities Data Collection training guides and this presentation are located on the TRAC website at the address you see here. Click on "General Info & Training", then "Services/NOMS Client Level Measures", then "Adult Services Materials".

The NOMs Client-Measures Services tool , the Question-by-Question Instruction Guide and this presentation can be found under "Adult Services Materials." These are the critical reference materials you might want to have handy during today's training.

For technical issues during this training, dial 0 at any time to reach technical support.

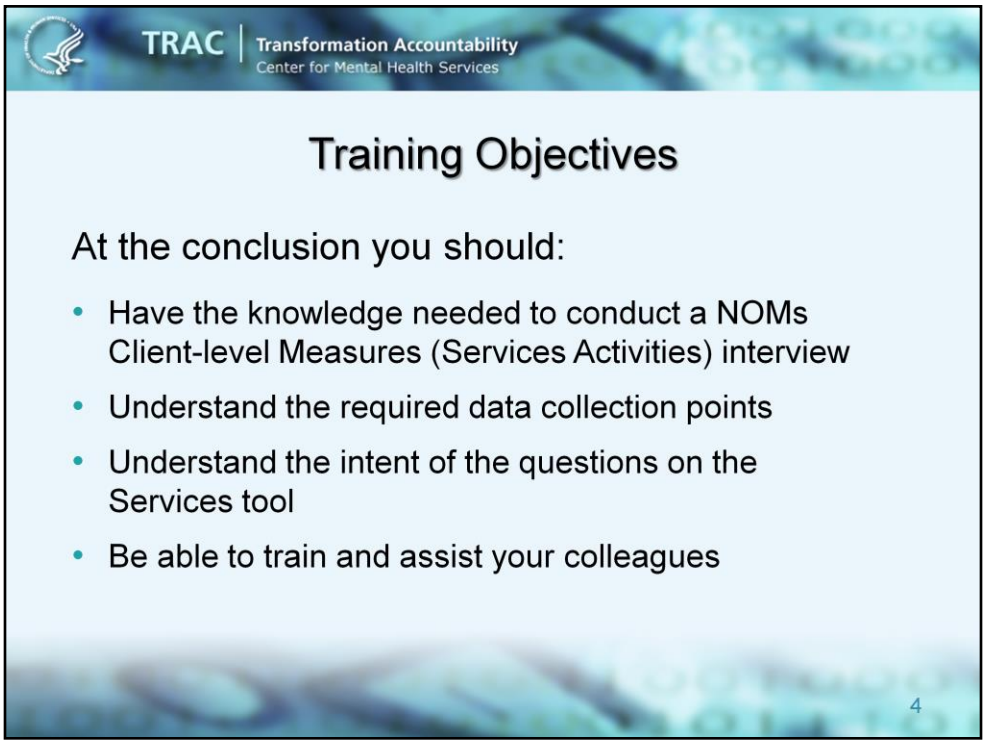


Today's training will provide you with an overview of the NOMs Client-level Measures, commonly referred to as the **Services Tool for Adult programs**, including:

- General rules for tool administration;
- Time points for data collection; and
- Reporting requirements

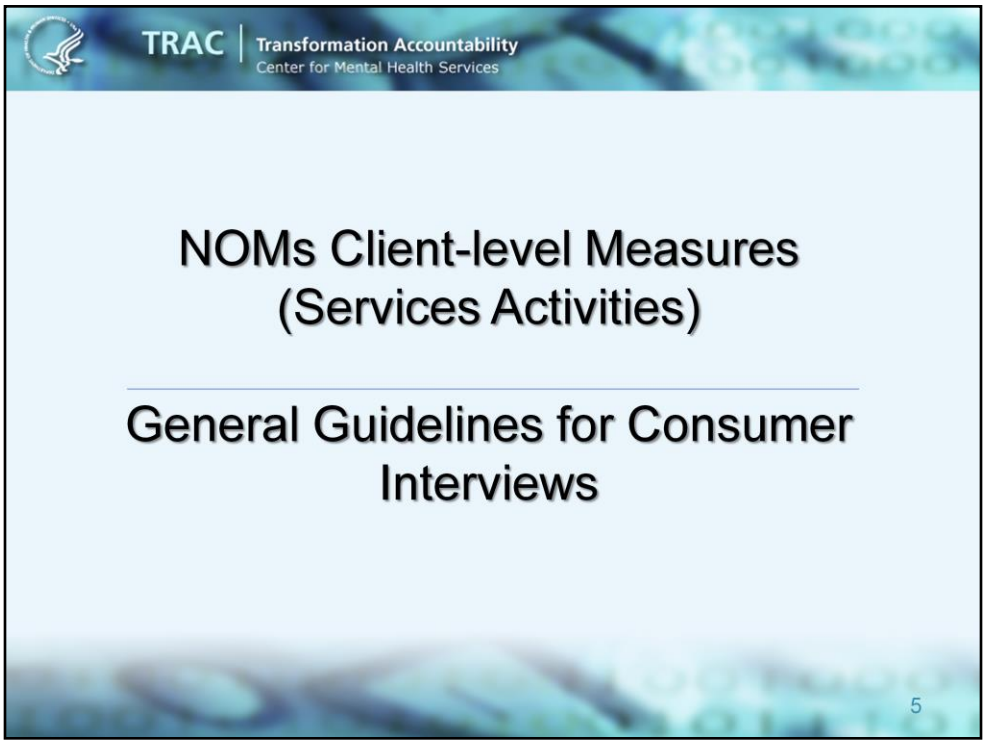
We will also walk through each of the items in the Adult Services Tool, using the Question-by-Question Instruction Guide.

At the end of the training, we will allow time for a question & answer session; however, please feel free to ask questions at any time during the presentation.

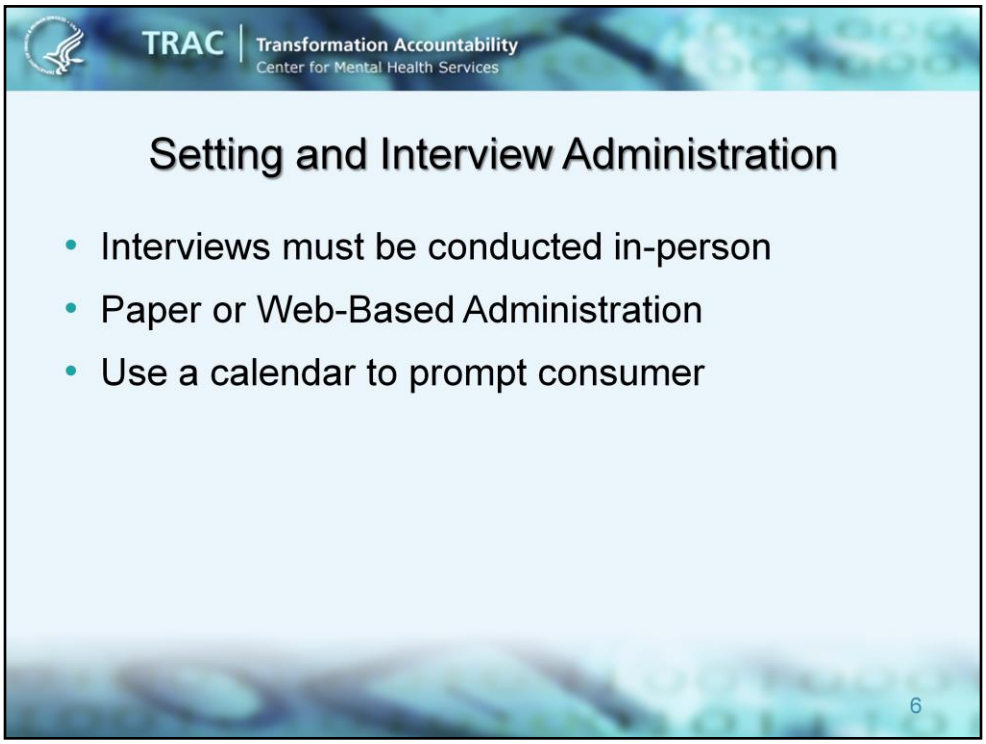


By the end of today's training, you should:

1. Be able to conduct an interview using the Services Tool
2. Understand the required data collection points;
3. Understand the intent of the Tool's questions—allowing you to appropriately handle questions that consumers may have during the interview and how to record answers that may not fit the specified categories
4. Feel comfortable enough with the information provided today that you will be able to train others on the tool's administration



I am going to review the general guidelines for conducting interviews. These guidelines apply to all interview types.

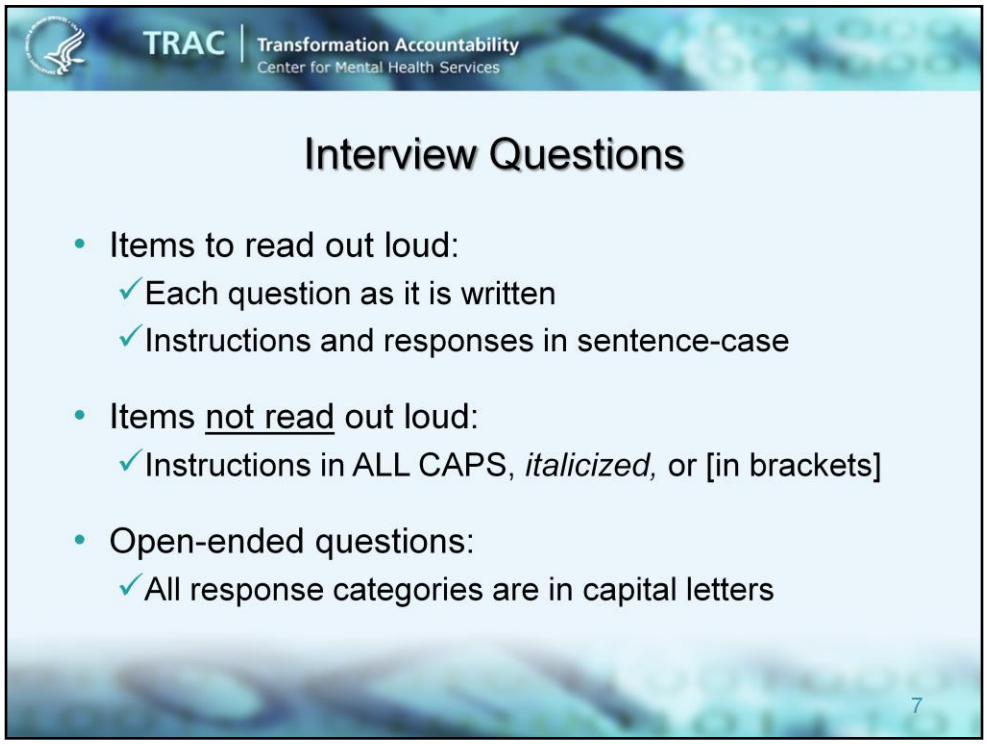


- All interviews must be administered in an in-person. You must be physically with the consumer and be able to read the questions to them.

- If it is not possible to conduct an interview in-person with a consumer, you can ask for a waiver to conduct the interview by telephone. To request a waiver contact the TRAC Help Desk. A waiver must be approved by your grant's GPO **and** the CMHS TRAC administrator (Danyelle Mannix).

- The interview can be administered in one of two ways. You can either use a printed paper tool or you can enter data directly into the TRAC web-based system.
    - The instructions in the Question-by-Question guide explain how to administer the paper tool; however, if you and your staff have the capability, you may enter data directly into the TRAC system, by-passing the use of the paper tool.
        - One slight difference between the two methods is that while administering the paper tool, <u>you will have to follow skip patterns throughout the interview</u> while the web-based system is programmed to automatically skip items based on a consumer's responses.

- Some of the questions will ask the consumer to report on aspects of their life or treatment **"within the past 30 days." For these items, you may find it helpful** to have a calendar handy to help consumers remember back over the past month in order to get more accurate responses.

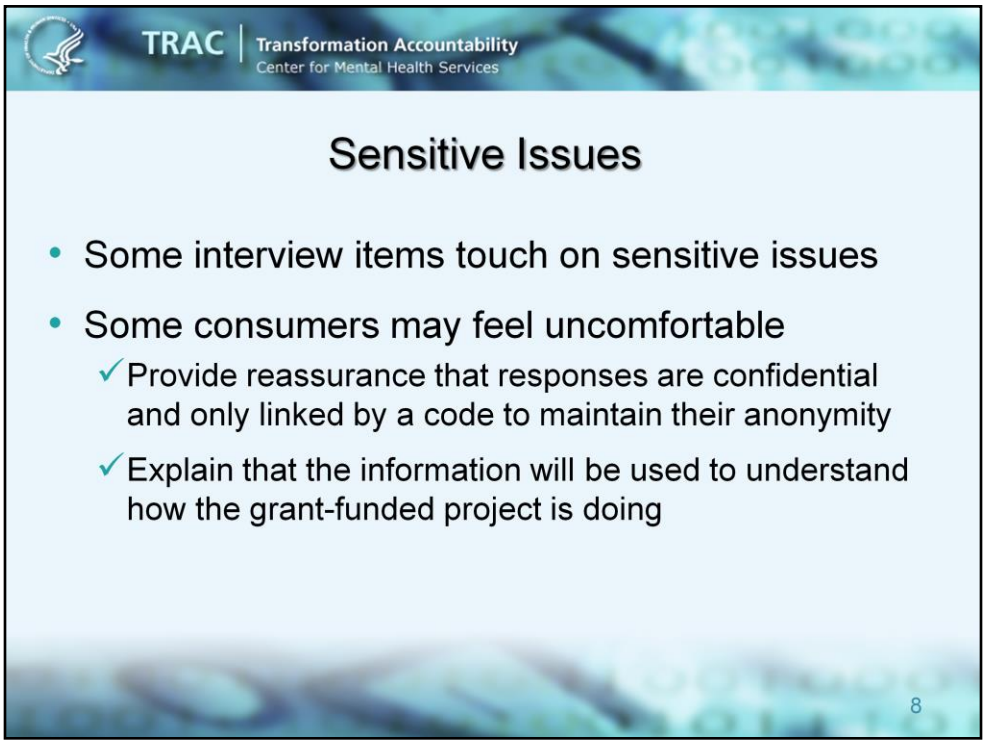


Keep these points in mind while asking the questions during the interview.

- Some items need to be read out loud to the consumer.
    - Read all the questions out loud exactly as they are written.
    - Feel free to introduce a new section of questions as you move through the interview. For example, you might want to introduce the education & employment section by saying something like: "Now I'm going to ask you some questions about your education and employment".
    - Read instructions and response categories that are written in sentence case outloud, which means in a normal mix of upper and lower cases, like the first bullet on this slide.

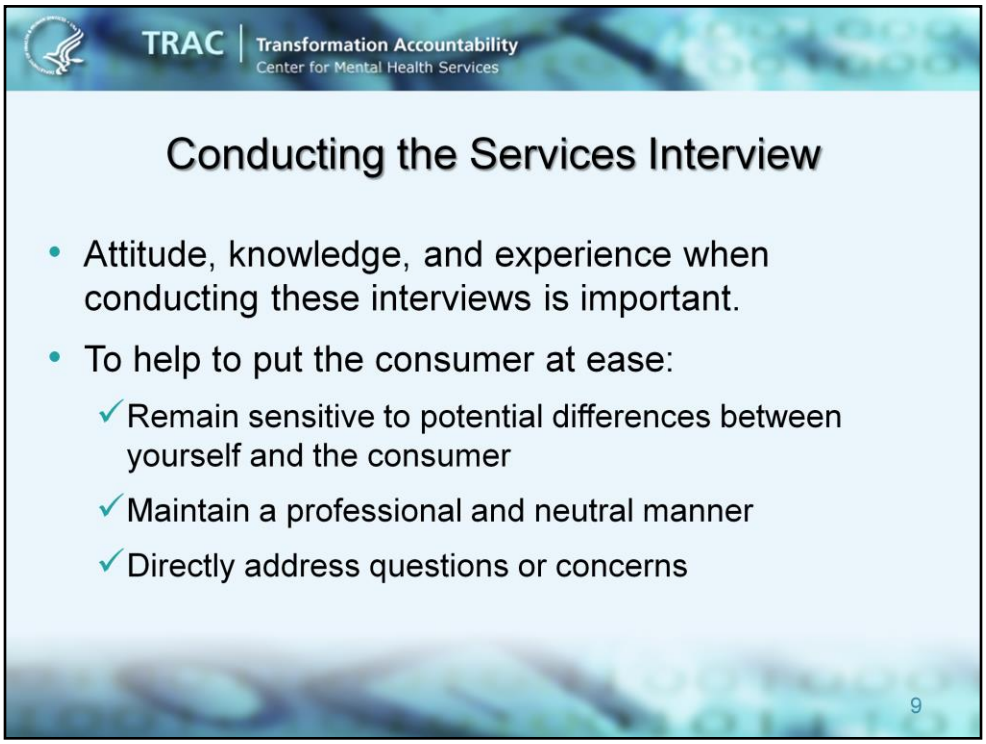
- Some items should never be read out loud to the consumer.
    - Items, instructions or responses that are IN ALL CAPS, *italicized*, or [in brackets] <u>should not be read to the consumer</u>. For example, responses such as REFUSED and DON'T KNOW should <u>not</u> be provided as an option to the consumer, but they are available for you to use if the consumer does refuse or doesn't know the answer to a question.

- Open-ended questions are questions where you don't read any of the response options because you want to get the consumer's answer in their own words. If a question has all response categories in capital letters, that means it is open-ended. One example of this type of question is the education question which asks: "What is the highest level of education you have finished, whether or not you received a degree?" For this question, you should read the question and wait for the consumer's response, then record their response in the appropriate category.



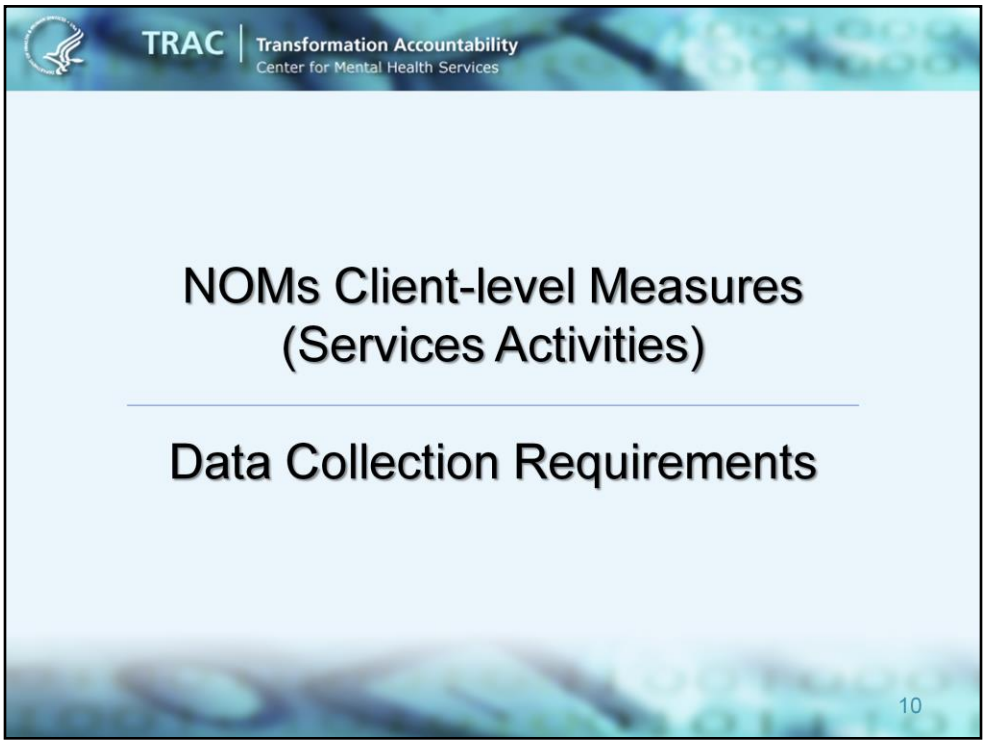
The Services tool contains some items that ask about a consumer's substance use, psychological distress, and sexual identity. When being asked these questions, consumers may feel uncomfortable revealing this information. It is important that you:

- Reassure the consumer that his/her answers are confidential, and will not be linked to their name in any way.
- Explain that the information is used to understand how the grant-funded project is working



Your attitude when asking these questions is also important. Your knowledge and experience as a service provider can help to make the consumer feel at ease when you:

- Are sensitive to potential differences between yourself and the consumer. These can include differences in age, race/ethnicity, gender, culture, education, experience or other factors.
- Maintain a professional and neutral manner.
- Directly address the consumer's questions or concerns by relying on the question-by-question guide.



Now I am going to review the data collection requirements. I'll briefly describe the requirements for each interview type, and the differences between conducted and administrative interviews.

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Who to Interview

- All active consumers receiving CMHS grant-funded services
- Episode of care (CMHS-definition):
  - ✓ Begins when the consumer enters treatment/services; and
  - ✓ Ends when the consumer is discharged OR after a lapse in services of 90 calendar days or more.
  - ✓ A new episode of care begins when a consumer returns for treatment after having been discharged or after a lapse in services of 90 calendar days or more.

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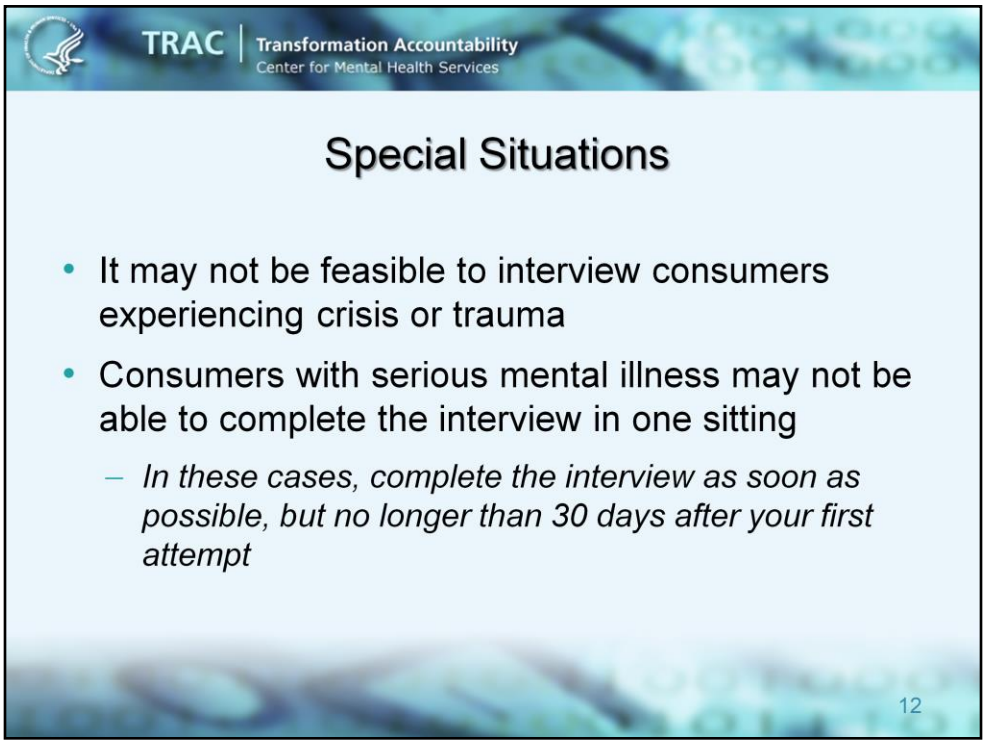
1. DATA COLLECTION IS REQUIRED FOR all consumers who are actively receiving services from a CMHS-funded program.
   - An active consumer is someone who has NOT had a lapse in service for 90 calendar days or more OR has not yet been discharged.

2. An EPISODE OF CARE begins when a consumer enters treatment/services (as defined by your program) and ends EITHER when the consumer is discharged and no longer receiving treatment/services or experiences a lapse in services of 90 calendar days or more.

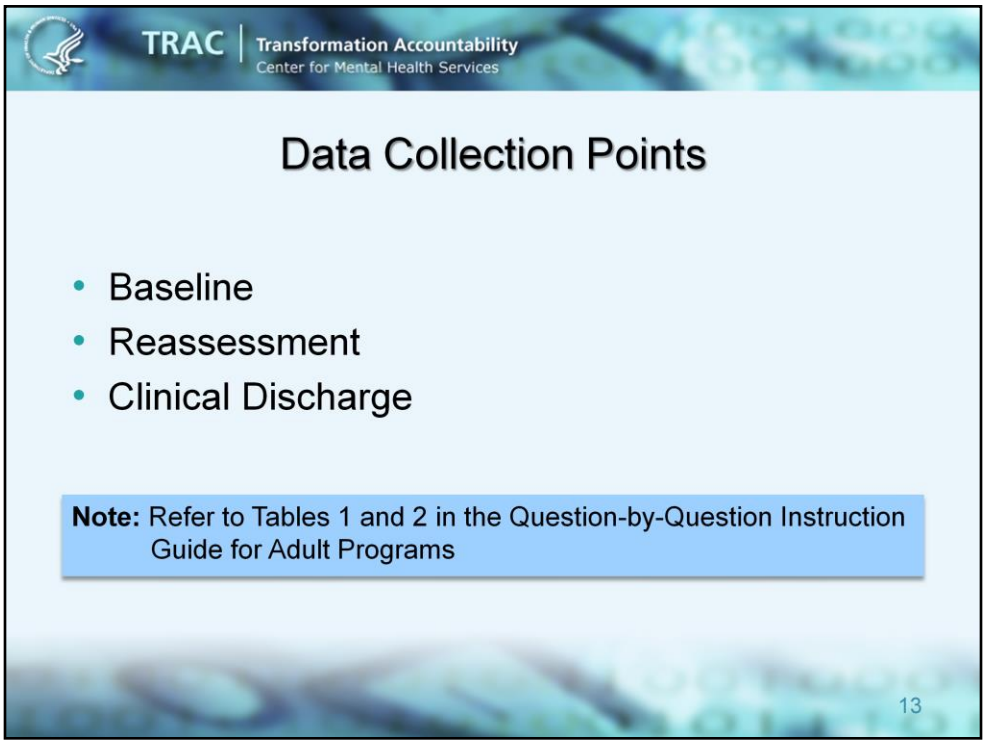
3. Each time a consumer returns for services after having been discharged or after a lapse in services of 90 calendar days or more a NEW EPISODE OF CARE begins.
   - PLEASE NOTE that: the same CONSUMER ID# should be used for a consumer each time they return (or re-enroll) in services. In other words, DO NOT assign a new CONSUMER ID# to a consumer who is returning for a 2nd OR ADDITIONAL episode of services.



If a consumer is experiencing trauma or crisis, it may not be feasible to conduct an interview. Similarly, consumers with serious mental illness may not be able to complete the interview in one sitting.

- In such a situation, you should conduct the interview as soon as possible, but no longer than 30 days after your first attempt. This is likely to apply mostly to baseline interviews, however no interview should ever interfere with the provision of services. It is ok to conduct an interview with people who have serious mental illness in multiple sittings. In all other cases, the interviews should be conducted in one sitting.

- You should be aware that it is advantageous to complete the baseline assessment interview as close to the onset of treatment/services—as it is more likely that the change in outcomes from baseline assessment to reassessment will indicate an improvement.



For every consumer who is receiving services from your CMHS-funded project, you **must administer** the Services tool at:

1. Baseline, (or beginning of treatment)
2. Reassessment, and
3. Clinical Discharge

Detailed information on the **data collection time points** can be found in **Table 1 and Table 2 in the Question-by-Question guide** (AVAILABLE on the TRAC website).

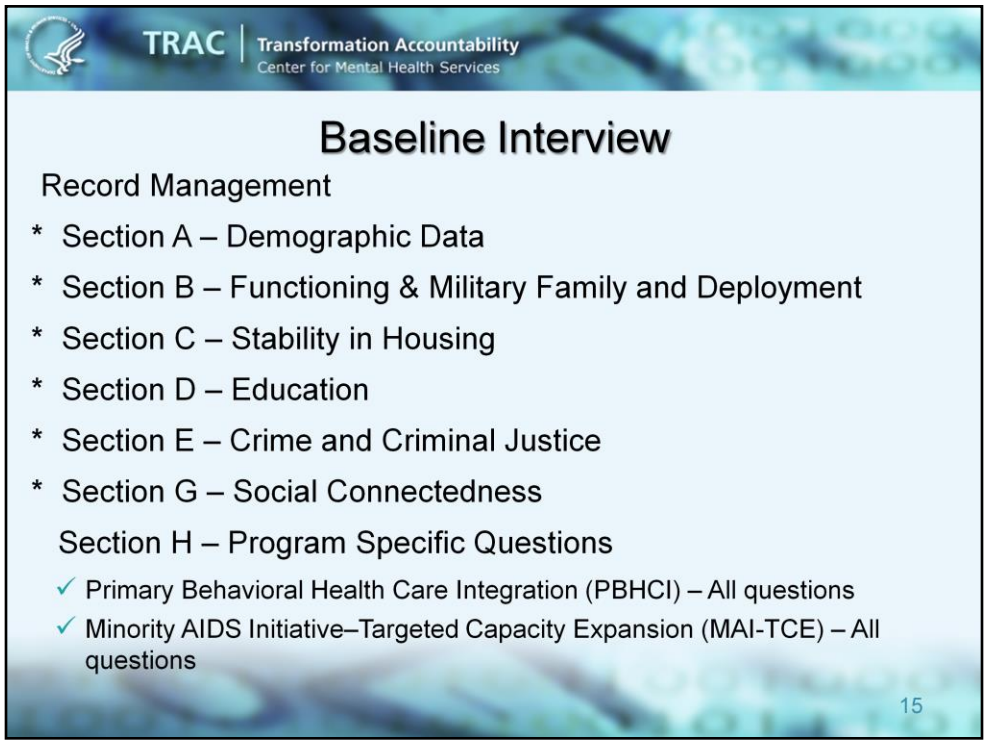
At all data collection time points, you should conduct an interview if possible. If that is not possible, you should submit an administrative record. However administrative records are not desirable.

The Baseline Interview **must be conducted at**:

- The **first service encounter** with a new consumer or the **start of a new episode of care** for a consumer returning for additional treatment after being discharged.
- It must also be conducted with consumers who are returning for a new episode of care after being discharged or lost to contact for 90 days or more. **Please remember that in the case of a consumer returning for a new episode of care, you will be using the same Consumer ID# as was used for their initial episode of care
- Lastly, it must be conducted with consumers who began receiving grant-funded services prior to the initiation of TRAC. For these consumers, it is expected that you complete the baseline at the next service encounter, following the initiation of TRAC.

An administrative baseline **must be collected when**:

- You are unable to get an interview due to a consumer refusing or not consenting to the interview.

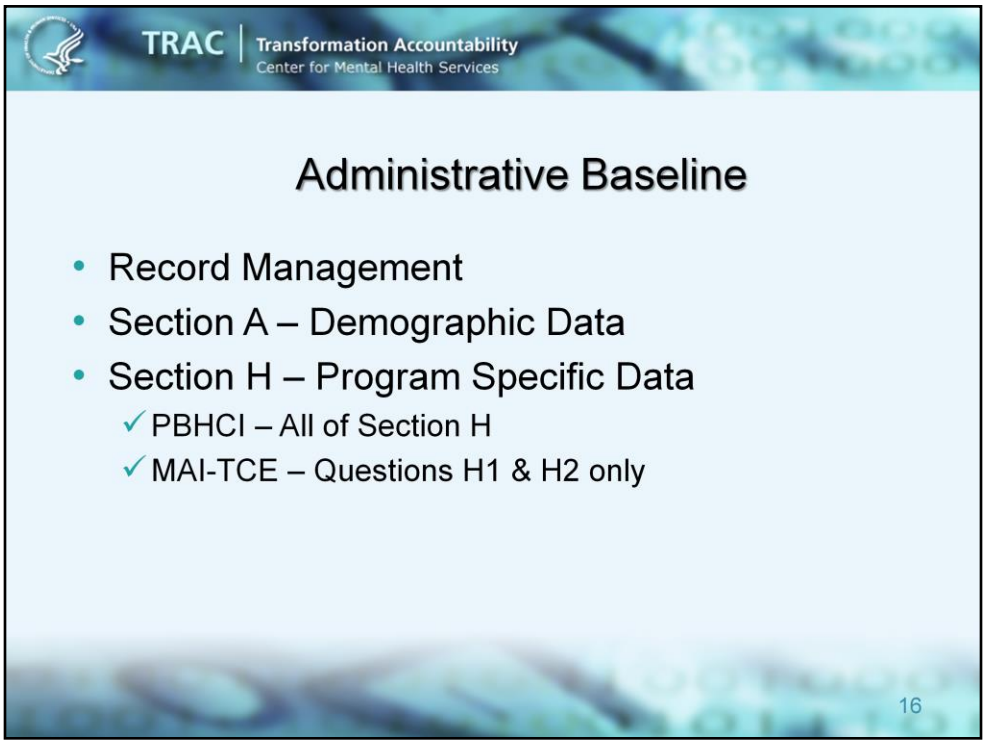


The **Baseline interview** consists of these 8 sections.

•**The first Section—Record Management** is information about the consumer interview (such as date of interview, and assessment type, etc.) and is **completed by you**

•The remaining sections listed with an asterisk—**sections A, B, C, D, E & G**—contain the questions asked of the consumer. In the second half of the presentation we will go over all the questions in each section carefully

• **Section H** consists of program specific data. Currently only the Primary Behavioral Health Care Integration or PBHCI and Minority AIDS Initiative – Targeted Capacity Expansion or MAI-TCE programs collect Section H data. Section H is required for both of these programs for a baseline interview and any conducted interview. You will receive detailed instruction on these questions from your program.



When a baseline interview is not conducted you <u>are required</u> to submit an administrative baseline.

An administrative baseline record consists of items in these 3 sections only:

- **Record Management**
- **Section A** – Demographic Data
- **For Section H –**Program Specific Questions
  - **PBHCI Grantees are required to collect all of Section H.**
  - **MAI-TCE Grantees are required to collect only questions H1 & H2 for an administrative baseline.**

These items are **NOT asked** of the consumer.

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Reassessment Requirements

- Grantees are not responsible for:
  - ✓ Finding consumers to conduct Reassessment (Services Activities) interviews

Note: This does not apply if a reassessment interview is a program or grantee project requirement

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You should know that grantees are NOT RESPONSIBLE for finding or tracking the consumer to conduct a reassessment **interview**.

Grantees **ARE**, however, **responsible for:**

- Conducting reassessments every six months throughout a consumer's entire episode of care.
- **Submitting** an **administrative reassessment** if you are unable to conduct an interview with the consumer.

- The initial reassessment interview should be conducted 6 months (which is calculated as 180 days) from the Baseline interview date.

- Thereafter, reassessment interviews should be conducted every 6 months for the duration of the consumer's treatment.

NOTE:

- As I mentioned earlier, for all **baselines** you are asked to enter the month and year for when the consumer first received services. It is this date that will be used to calculate when future reassessment interviews will be due **if the baseline interview was not conducted**.
- Also, remember that 6 months is calculated as 180 calendar days.

The reassessment **interview** consists of these 10 sections.

•The sections listed with an asterisk—Sections **A** (question 5 only) **B, C, D, E, F, & G**—contain the questions asked of the consumer.

•**Section H** is required for the PBHCI and MAI-TCE programs. PBHCI is required to collect all questions in Section H for reassessment interviews. MAI-TCE is required to collect all of H except questions H1 & H2.

•**For the reassessment interview—Items in Record Management, and Sections I and K are completed <u>by you about the consumer</u> and are NOT ASKED of the consumer.**

•If you are using the Services tool on paper to conduct the interview, please NOTE that:

> •**Section A – Demographic Data is not required for reassessment interviews except for Question 5 if the question has not been asked of the consumer during the episode of care.**

When a reassessment interview is not conducted you <u>are required</u> to submit an administrative reassessment.

An administrative reassessment record consists of items in:

- **The Record Management section**
- **Section A Question 5- again only if not already asked of the consumer**
- **Section H –** Program Specific Questions
- **Section I** – Reassessment Status and
- **Section K** – Services Received.

- **For Section H –** PBHCI Grantees are required to collect all of the questions in Section H for admin reassessments.

These items in each of these sections are **NOT asked** of the consumer.

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Clinical Discharge Requirements

- Grantees are not responsible for:
  - ✓ Finding consumers to conduct a Clinical Discharge (Services Activities) interviews*
- Grantees are responsible for:
  - ✓ Submitting administrative information in the absence of an interview, as applicable

* **Note:** This does not apply if a clinical discharge interview is a program or grantee project requirement

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•Grantees are **not responsible** for finding the consumer to conduct a discharge interview.

•However, if a discharge interview is a program or grantee project requirement, this rule does not apply.

•Grantees **are responsible** for submitting discharge interviews (or administrative discharges) within <u>30 calendar days of the consumer's discharge date.</u>

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Clinical Discharge Interview

Discharge interviews are conducted:

- On the day of discharge (when possible); and
- Whenever a consumer is discharged from treatment/services:
  - ✓ Grantees define discharge for their program; however, if they do not have a definition of discharge OR the consumer experiences a lapse in services for 90 calendar days or more (CMHS definition of discharge)—consumer is considered discharged

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- The discharge **interview** should be conducted:
  - at the time of discharge; and
  - whenever a consumer is discharged from the project.

- The definition of Discharge is determined by the grantee.
  - However, if the consumer experiences a **lapse of services for 90 calendar days or more** or **has died—then they are considered discharged in accordance with the CMHS default definition of discharge.**
  - If either of these conditions are true, then you must enter an **administrative** discharge record for the consumer in the TRAC system.

A COUPLE OF IMPORTANT NOTES ABOUT DISCHARGES:

1. If a reassessment interview was conducted within 30 calendar days of the discharge:
   - a discharge **interview** does not need to be conducted
   - however, you must enter an **administrative discharge record in TRAC** for reassessments to no longer be due.

2. However, if the status of the last reassessment was **"NO CONTACT WITHIN 90 DAYS OF LAST ENCOUNTER":**
   - a discharge record does not need to be submitted
   - the reporting of this status ends the episode of care and stops reassessments from coming due for this consumer. It essentially serves as the administrative discharge for this consumer.

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Clinical Discharge Interview

Record Management

* Section A – Question 5 only (once per episode of care)
* Section B – Functioning, Violence and Trauma
* Section C – Stability in Housing
* Section D – Education and Employment
* Section E – Crime and Criminal Justice
* Section F – Perception of Care
* Section G – Social Connectedness
* Section H – Program-Specific Questions
  - ✓ PBHCI – All questions
  - ✓ MAI-TCE – All but H1 & H2

Section J – Clinical Discharge Status

Section K – Services Received

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The Discharge Interview consists of these 10 sections—the same sections required at reassessment with ***one exception:*** **Section J—Clinical Discharge Status** in place of Section I. Section J is only asked at discharge.

•Again:

- •The sections shown with an asterisk are items **asked of the consumer while**
- •Record Management and Sections J & K contain items that are **completed by you, and not asked of the consumer**.
- •For Section **H, just like reassessment interviews,** PBHCI is required to collect all questions in the Section while MAI-TCE is required to collect all but questions H1 & H2.

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Administrative Clinical Discharge

- Administrative information is required if the CMHS default definition is true:
  - ✓ The consumer has had no contact with the grantee for 90 calendar days; or
  - ✓ Has died
- Record Management
- Section A – Question 5 only (once per episode of care)
- Section H – Program Specific Questions
  - ✓ PBHCI – All questions
- Section J – Clinical Discharge
- Section K – Services Received

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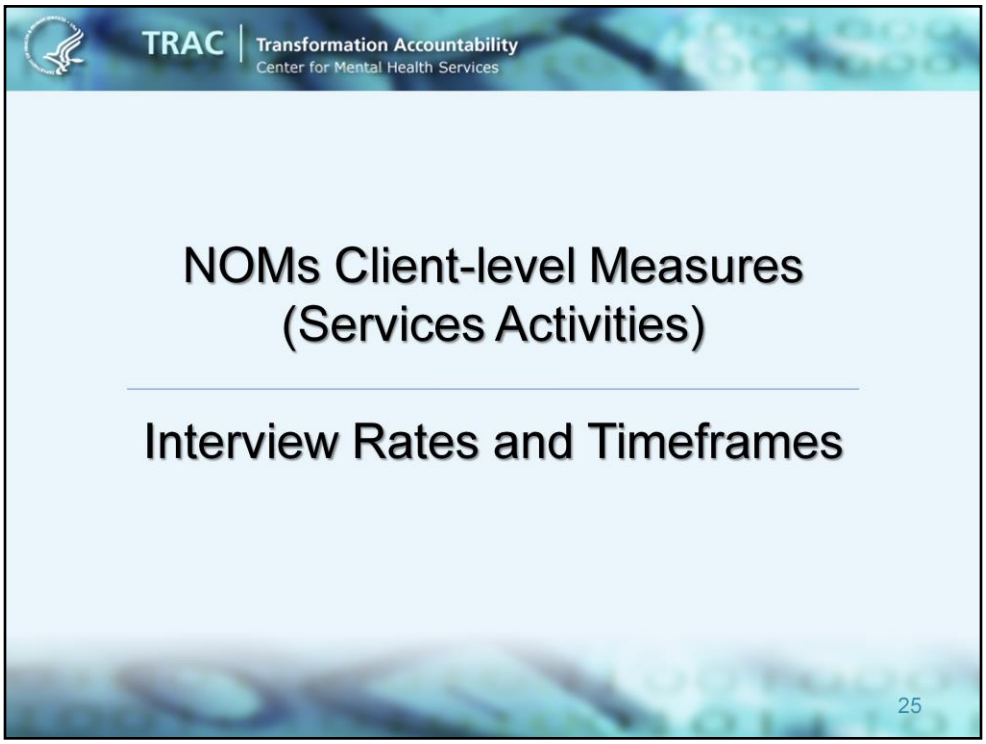
When a Discharge Interview **is not conducted** you are **required** to submit an administrative discharge record.

•Again, this occurs in accordance with the CMHS definition of discharge: the consumer has had no contact with you or other grant staff for 90 calendar days or has died

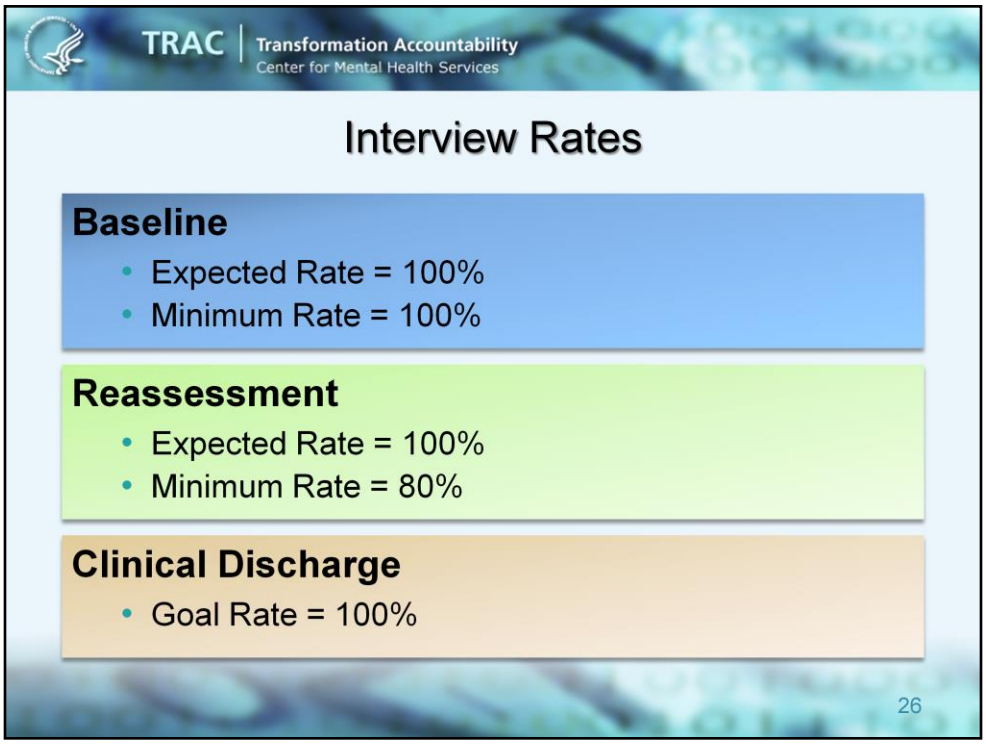
•For an Administrative Discharge you will complete:

- **Record Management**
- **Section A** – Question 5 only, again only if not already asked of the consumer at a previous interview in the episode of care
- **Section H – Program Specific Questions**
- **Section J** – Clinical Discharge Status and
- **Section K** – Services Received.

•**For Section H –**PBHCI Grantees are required to collect all of the questions in Section H for admin clinical discharges.



In this section of the presentation, I will describe the expected interview rates and the timing for each type of interview.



The expectations for interview rates for TRAC are as follows:

Baseline

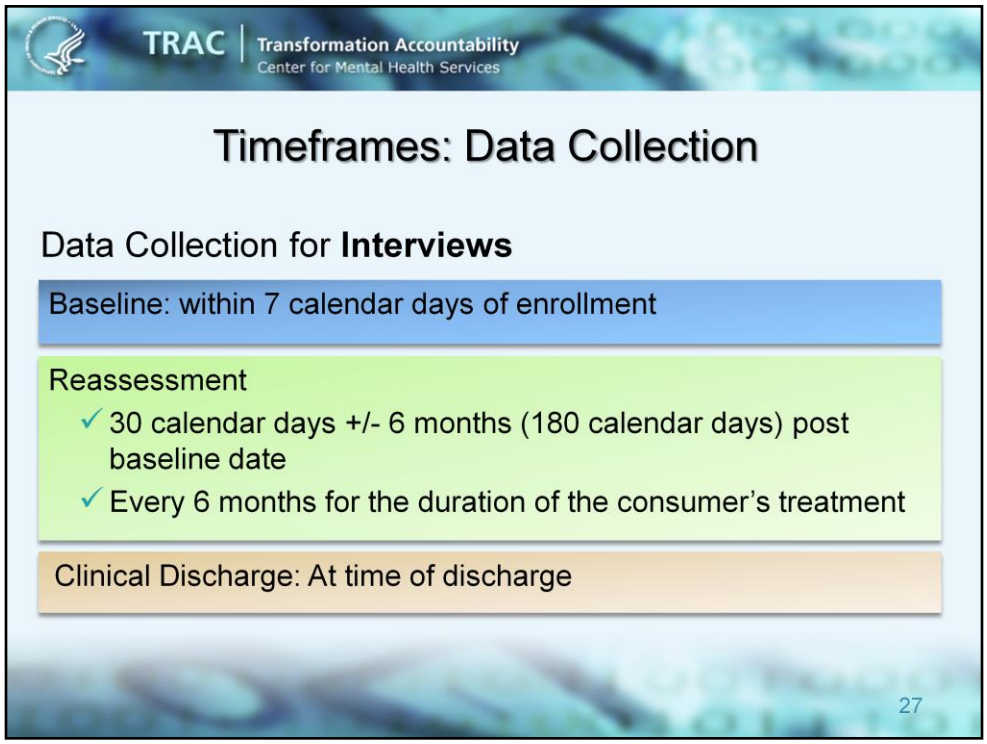
- The goal is 100%
- It is expected that you will complete a **Baseline interview** with **all consumers.**

Reassessment

- The goal for Reassessment Interviews is 100%. However, the minimum acceptable reassessment **interview** rate is 80%.
- You must attempt to reassess all consumers.
- If you are **unable to conduct a reassessment interview** an administrative reassessment record must be submitted.
    - However, Administrative Reassessments ***do not*** count towards the Reassessment Interview Rate.

Clinical Discharge

- The goal for Clinical Discharge Interviews is 100%.
- You must attempt to do a Clinical Discharge interview with all consumers.
- You are expected to submit a discharge record (**interview** or **administrative discharge**) for each consumer who is no longer receiving services.



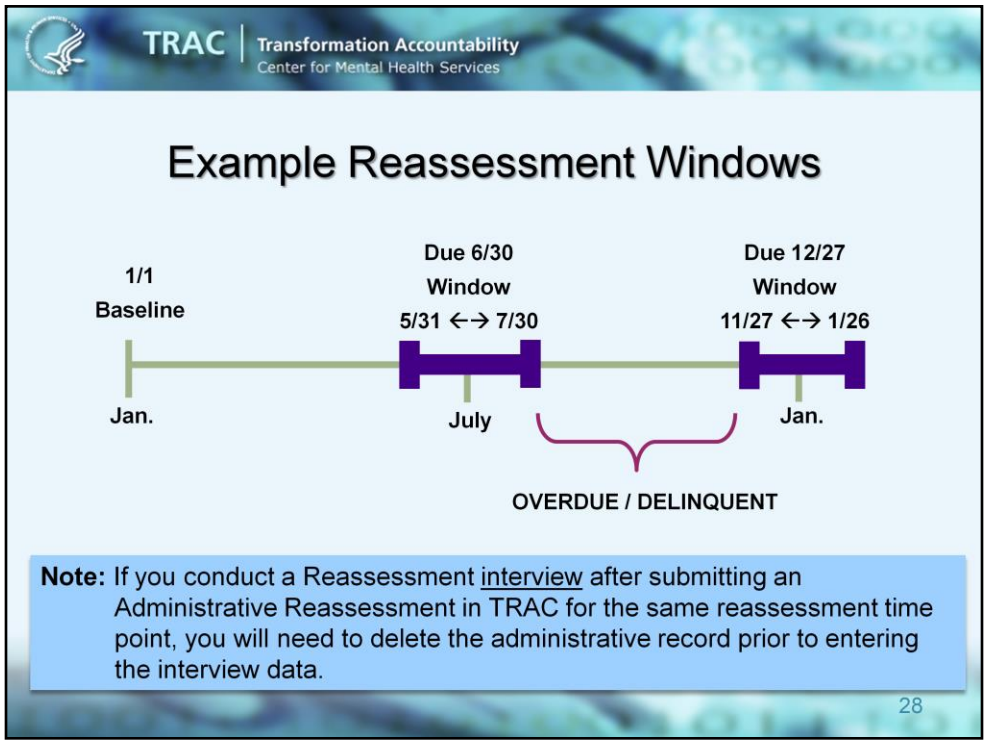
The timeframes for **data collection** are as follows:

•**Baseline** – the interview must be conducted **within 7 calendar days** of the **consumer enrolling in the program**.

•As we mentioned earlier, if the interview cannot be conducted at baseline, it must be conducted as soon as possible—the grace period **cannot exceed 30 calendar days**.

•**The first 6 month Reassessment-**must be conducted 6 months (180 calendar days) from the baseline interview date; you can conduct the interview 30 calendar days before OR after the due date. Thereafter, a reassessment must be conducted every 6 months for the duration of the consumer's treatment.

•**Discharge**–interviews should be conducted at the time of discharge.

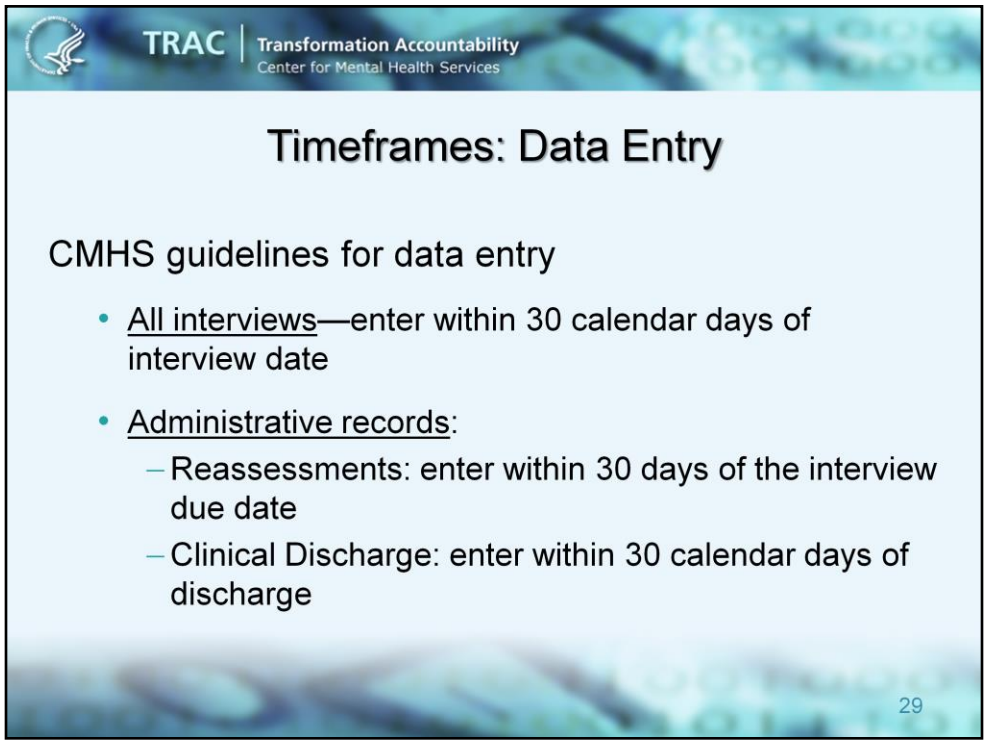


This slide illustrates windows of eligibility for reassessments. Please note that the windows are illustrated by the thick purple lines.

- In this example, the consumer completed a baseline on January 1st.
  - The **1st reassessment** would then be due on **6/30**
    - **The window of eligibility** for completing the interview is 30 calendar days before or after the due date.
    - In other words, you have from 5/31 to 7/30 to conduct the interview.
    - **If you are unable to conduct the interview, you will need to enter an admin reassessment instead. It should be completed within the same timeframe.**

  - The **due date for the 2nd reassessment** is, again, measured from the intake date of January 1st.
    - Therefore, the actual due date for the 2nd reassessment is 12/27.
    - Following the same rule, the window of eligibility for the 2nd reassessment is 30 calendar days before or after 12/27.
    - You have from 11/27 to 1/26 to conduct the 2nd reassessment.

- ***Please note, the dates in the examples do not account for dates in leap years.***



- CMHS guidelines for when to enter data are as follows:
  - All **interviews** must be entered **within 30 calendar days of interview date**
  - **Administrative Reassessments** must be entered **within 30 days of the interview due date.**
  - **Administrative Discharges** must be entered within **30 calendar days of the date of discharge**

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Timeframes: Data Entry Lock

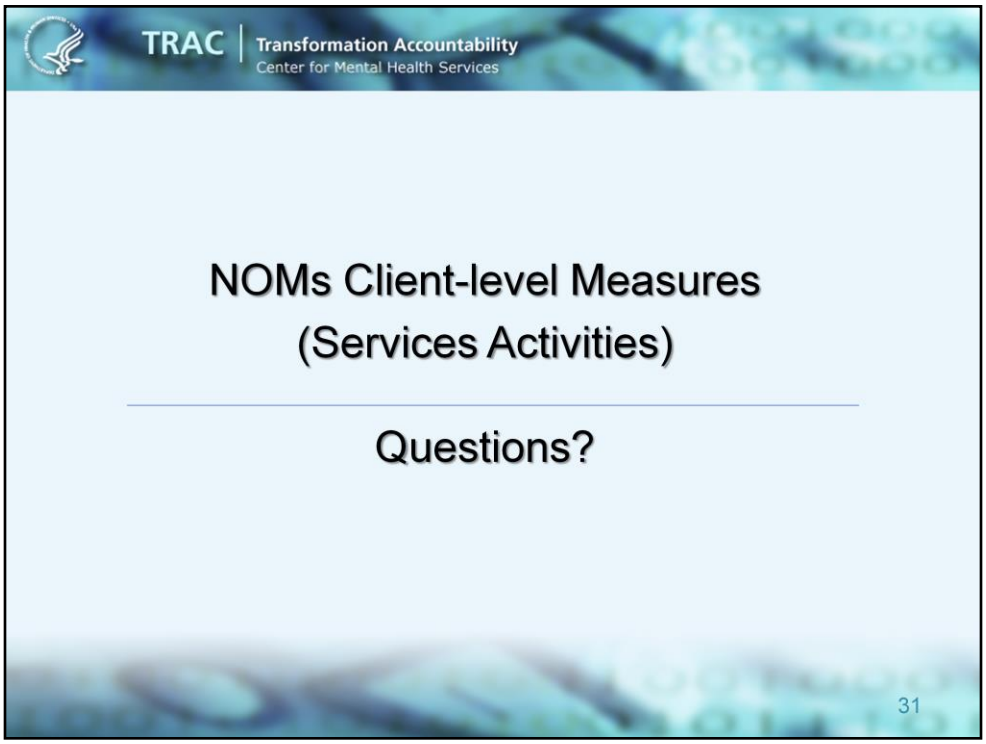
Final deadlines for data entry are shown below (FFY14):

Services Data Collected During this Period:	Grantee should enter (interviews and admins):	System Lock Date
Quarter 1: October 1, 2013 to December 31, 2013	Within 30 days of the interview date or when the interview was due OR Within 30 days of the discharge	April 1, 2014
Quarter 2: January 1, 2014 to March 31, 2014		July 1, 2014
Quarter 3: April 1, 2014 to June 30, 2014		October 1, 2014
Quarter 4: July 1, 2014 to September 30, 2014		January 1, 2015

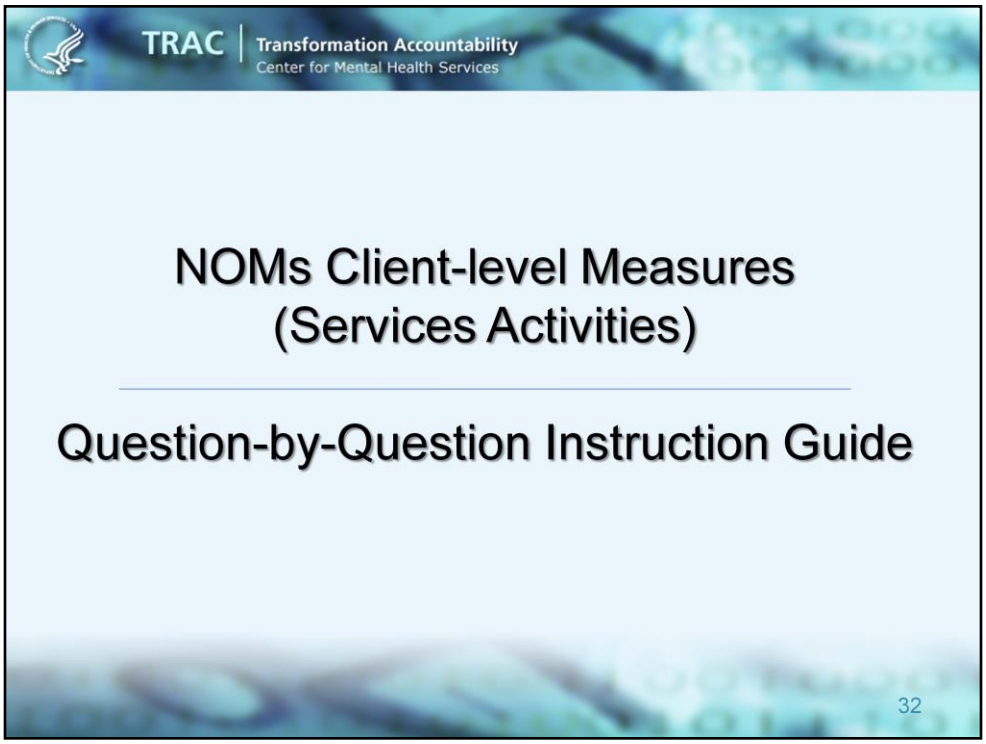
- The Services data entry lock date took effect July 1, 2013. This slide shows the lock dates for FFY 2014.

- The final deadline for data entry for all data, interview or administrative, will then be by the end of the quarter following when the data was collected.
- For example if an interview is conducted between July 1 and September 30, 2014 it should be entered into TRAC within 30 days of the interview date. The system will lock as of January 1, 2015 and this record will not be able to be entered into the TRAC system after that time.

- If a reassessment interview is due on June 15, 2014 and the interview is not conducted for some reason you will need to enter the administrative reassessment record into TRAC before July 15, 2014 and the system will lock on October 1, 2014.
- For Administrative Discharge Records you should enter the record within 30 days of the discharge. For example, if a consumer was discharged on August 1st, the record should be entered into TRAC before August 31st. In this case, the system will lock on January 1, 2015.

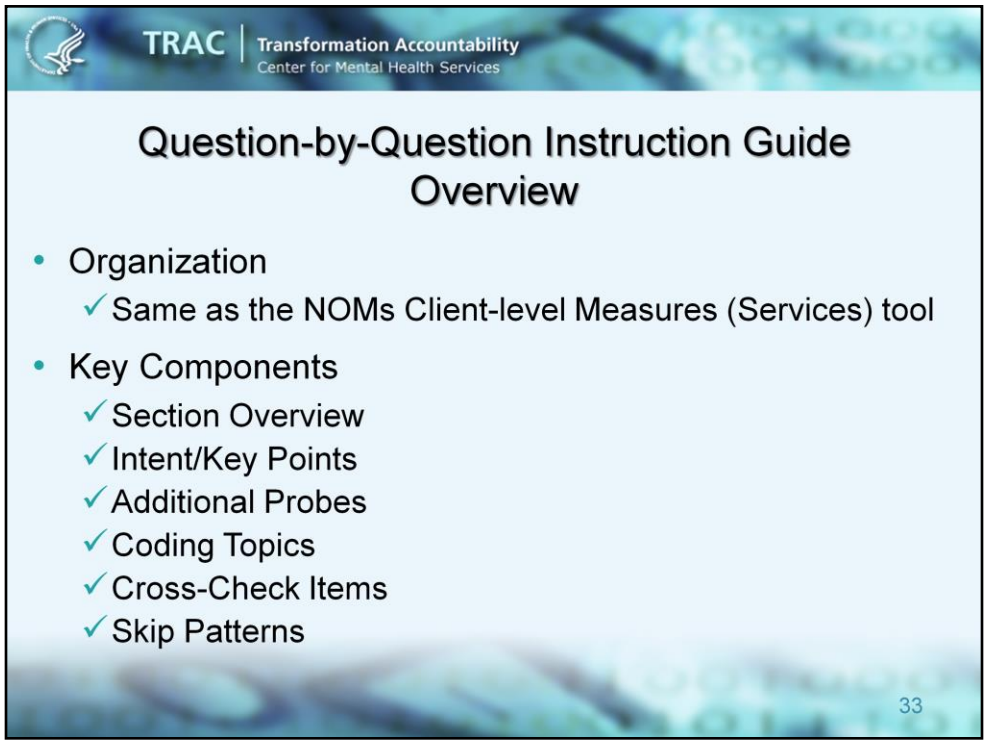


Are there any questions about the data collection and interviewing guidelines, data collection requirements, or interview timeframes before we move on to a review of the questions?



In the next part of this training I am going to provide you with an overview of the Consumer NOMs Client-level Measures Question-by-Question Instruction Guide. I will first go over the general organization of the guide, and then I will review each section of the Services tool, through a brief review of the Question-by-Question Instruction Guide.

It might be helpful for you to have the question-by-question guide and the tool handy for this part of the presentation.

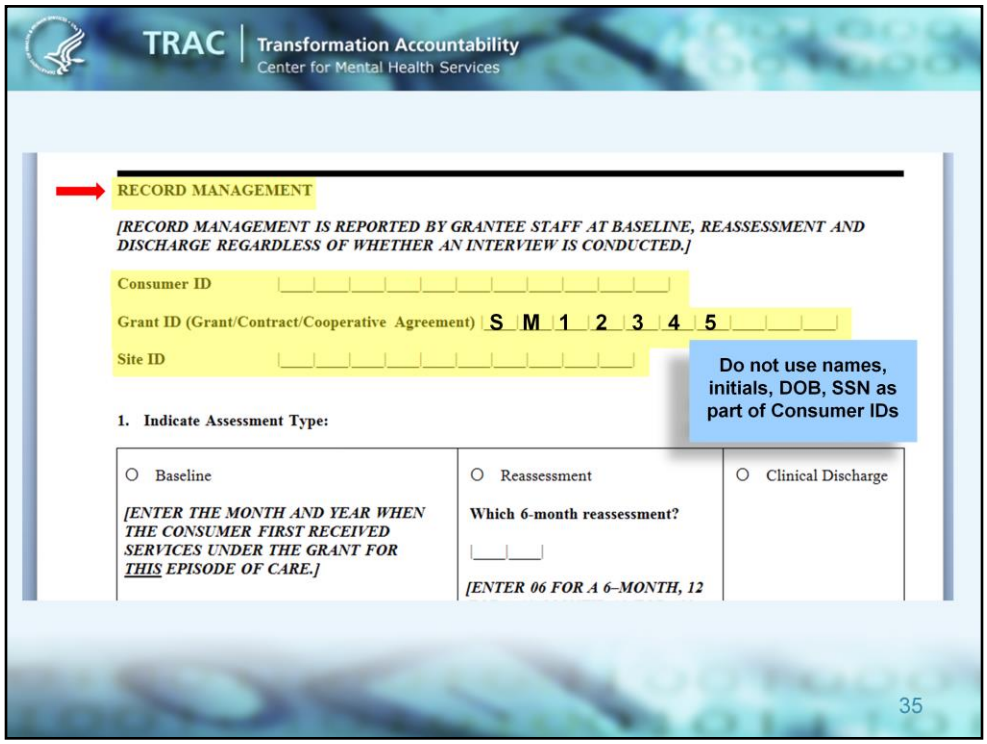


The Question-by-Question Instruction Guide is organized according to the sections of the NOMs Client-level Measures, commonly referred to as the Services tool.

The following information is provided about each section and item on the Services Tool:

- **An overview** of each section.
- **A description of the intent and key points** of the question or set of questions.
- **Additional Probes** which include suggestions for probes that may be used to help prompt the consumer's memory during the interview
- **Coding Topics** which clarify how to code consumer responses.
- **Cross-Check Items,** which alert the interviewer to which related items and answers should be verified if there appears to be a contradiction in information reported during the course of the interview.
- **Skip Pattern** indicates which items should be skipped and under what circumstances. In other words, there are certain questions that do not need to be asked based on a consumer's answer to previous questions.

The first subsection of the tool, **RECORD MANAGEMENT—**is required for **every interview and administrative record**. Information in this subsection includes items **NOT ASKED of the** consumer, but ARE **completed by you.**



The information in this subsection provides the TRAC system with information about the grantee and consumer and includes three types of ID numbers:

1. **Consumer ID—**this is a unique consumer identifier that is chosen by the grantee.
   - Specific details about characters that can be used to create an ID can be found in the Question-by-Question guide. **ONE VERY IMPORTANT POINT, however, is that you SHOULD NOT use any information in the ID# that could potentially identify the consumer** (e.g., parts of the consumer's name, initials, date of birth, SSN, etc.)
   - The same number should be used for a consumer through each of his/her interviews and through each new episode of care. In other words, no matter how many times the consumer returns for services, the same Consumer ID should be used.
   - This is designed to allow for tracking a specific consumer throughout all the interviews and episodes of care, while protecting his/her identity.

2. **Contract/Grant ID—**this is your CMHS assigned grant number.
   - The identifier begins with a single number between 1 and 5. For example, a grant ID may be 1 SM12345.
   - For the purpose of the TRAC system, the first number is not needed—so the **identifying portion is SM12345** (a maximum of 10 digits may be used)

3. **Site ID**
   - The purpose of the site ID is to associate consumer data entered by a site to the appropriate grant in the TRAC system. All Services Grants will need to set up a Site ID via the TRAC website.
   - To create a Site ID, Project Directors will need to login and click the 'My Account' menu item, then on 'Update My Grant' and fill out the fields under the section 'For Consumer Service Program Grants Only'. This includes the question, "Is your Organization currently providing direct services under this CMHS funded grant?" and "Do you have a contract or other relationship with another organization to provide direct services?"; then enter your Organization names as applicable and click Submit. The TRAC Help Desk will then create a Site ID based on your organization and agency information and will send you the Site IDs via email. Without a Site ID, you will be unable to enter interviews.

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1. Indicate Assessment Type:

X Baseline	○ Reassessment	○ Clinical Discharge
[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.] |1|2| / |2|0|1|2| MONTH YEAR	**Which 6-month reassessment?** |___|___| *[ENTER 06 FOR A 6–MONTH, 12 FOR A 12–MONTH, 18 FOR AN 18–MONTH ASSESSMENT, ETC.]*	

2. Was the interview conducted?

X Yes	○ No
When? |1|2| / |1|3| / |2|0|1|2| MONTH DAY YEAR	**Why not? Choose only one.** ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews

[GO TO SECTION A.]

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Next you will be asked to provide information about the record you are entering:

To begin we'll go through the steps for completing a new Baseline interview. Each time you complete a **Baseline interview**, you will need to provide the following information:

1. **For Question 1, Indicate Assessment Type** you would choose **Baseline—**indicating that you are entering the initial assessment- for a new or returning consumer. Then enter the month and year when the consumer first received services under the grant for this episode of care.
2. For Question 2, **"was the interview conducted?",** check **YES** indicating that you completed a face-to-face interview with the consumer. You will then enter the date of the interview.

You would then proceed to **Section A: Demographics Data**.

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1. Indicate Assessment Type:

X Baseline	○ Reassessment	○ Clinical Discharge
[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.] 1 2 / 2 0 1 2 MONTH YEAR	Which 6-month reassessment? |___|___| *[ENTER 06 FOR A 6–MONTH, 12 FOR A 12–MONTH, 18 FOR AN 18–MONTH ASSESSMENT, ETC.]*	

2. Was the interview conducted?

○ Yes	X No
When? |___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR	Why not? Choose only one. ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews

[GO TO SECTION A.]

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If you were unable to conduct a baseline interview – for example, the consumer refused the interview - you are still required to submit a baseline record for the consumer. For this type of record you will be required to submit the following information.

In Record Management:

•For question 1**, Indicate Assessment Type, select Baseline**.

• Then enter the date the consumer first received services funded by this grant for this episode of care.

•Question 2**, 'Was the Interview Conducted',** is where you will indicate whether or not you completed a face-to-face interview. In this case the answer would be **No**.

•You will then need to indicate **why the interview was not conducted.** Select one response from the following choices:

•unable to obtain consent from proxy

•the consumer was impaired or unable to provide consent

•the client refused this interview only

•the consumer was not reached for interview

•or the consumer refused all interviews.

•If you select "**consumer refused all interviews**", you will not need to submit reassessment data and will not receive notification for future reassessments for this consumer. However, you will be responsible for submitting an administrative discharge for the consumer. This includes completing the record management section and Sections J & K

You would then proceed to **Section A: Demographics Data**.

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1. Indicate Assessment Type:

○ Baseline	X Reassessment	○ Clinical Discharge
[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.] |___|___|/ |___|___|___|___| MONTH YEAR	Which 6-month reassessment? | 0 | 6 | *[ENTER 06 FOR A 6–MONTH, 12 FOR A 12–MONTH, 18 FOR AN 18–MONTH ASSESSMENT, ETC.]*	

2. Was the interview conducted?

X Yes	○ No
When? 0 6 / 1 3 / 2 0 1 3 MONTH DAY YEAR	Why not? Choose only one. ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews

[GO TO SECTION A.]

If you conducted a face-to-face interview with the consumer at Reassessment, you'll need to provide the following information:

1. For Question 1, Indicate you are doing a Reassessment.
2. For "Which reassessment?" enter 06 for a 6–month, 12 for a 12–month, 18 for an 18–month assessment, etc.
3. Answer **"YES"** to the question **"interview conducted?"**
4. Then enter the date the interview was conducted under **"When?"**
5. After completing record management, go to Section A Question 5.

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1. Indicate Assessment Type:

○ Baseline	X Reassessment	○ Clinical Discharge
[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.] _____/ _____ MONTH YEAR	Which 6-month reassessment? 0 6 *[ENTER 06 FOR A 6–MONTH, 12 FOR A 12–MONTH, 18 FOR AN 18–MONTH ASSESSMENT, ETC.]*	

2. Was the interview conducted?

○ Yes	X No
When? _____/_____/_____ MONTH DAY YEAR	Why not? Choose only one. ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews

[GO TO SECTION A.]

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When entering a Reassessment for which you did not conduct an interview—you will need to complete an Administrative Reassessment record. For this you will complete the following information:

1. For Question 1, Indicate you are doing a Reassessment
2. For "Which reassessment?" enter 06 for a 6–month, 12 for a 12–month, 18 for an 18–month assessment, etc.
3. You'll then answer "NO" in response to the item, "**Was the interview conducted**?"—indicating that you did not complete a face-to-face interview with the consumer. You'll then need to provide a reason for why the interview was not conducted.
   - You will choose from 5 possible reasons:
     1. Not able to obtain consent from proxy
     2. Consumer was impaired or unable to provide consent
     3. Consumer refused this interview only
     4. Consumer was not reached for interview
     5. Consumer refused all interviews

If you select "consumer refused all interviews", you will not need to submit reassessment data after this assessment, and will not receive notification for future reassessments for this consumer. However, you will be responsible for submitting an administrative discharge for the consumer. This includes completing the record management section, Section A Question 5 (if not already asked of the consumer for the episode of care), and Sections J & K.

In the case of a Reassessment where no interview was conducted, PBHCI Grantees will continue to Section H – Grantees in all other programs will go to Section I, after going to Section A question 5 if applicable.

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1. Indicate Assessment Type:

○ Baseline	○ Reassessment	X Clinical Discharge
[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.] |___|___|/ |___|___|___|___| MONTH YEAR	Which 6-month reassessment? |___|___| *[ENTER 06 FOR A 6–MONTH, 12 FOR A 12–MONTH, 18 FOR AN 18–MONTH ASSESSMENT, ETC.]*	

2. Was the interview conducted?

X Yes	X No
When? |0|7|/|2|3|/|2|0|1|3| MONTH DAY YEAR	Why not? Choose only one. ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews

[GO TO SECTION A.]

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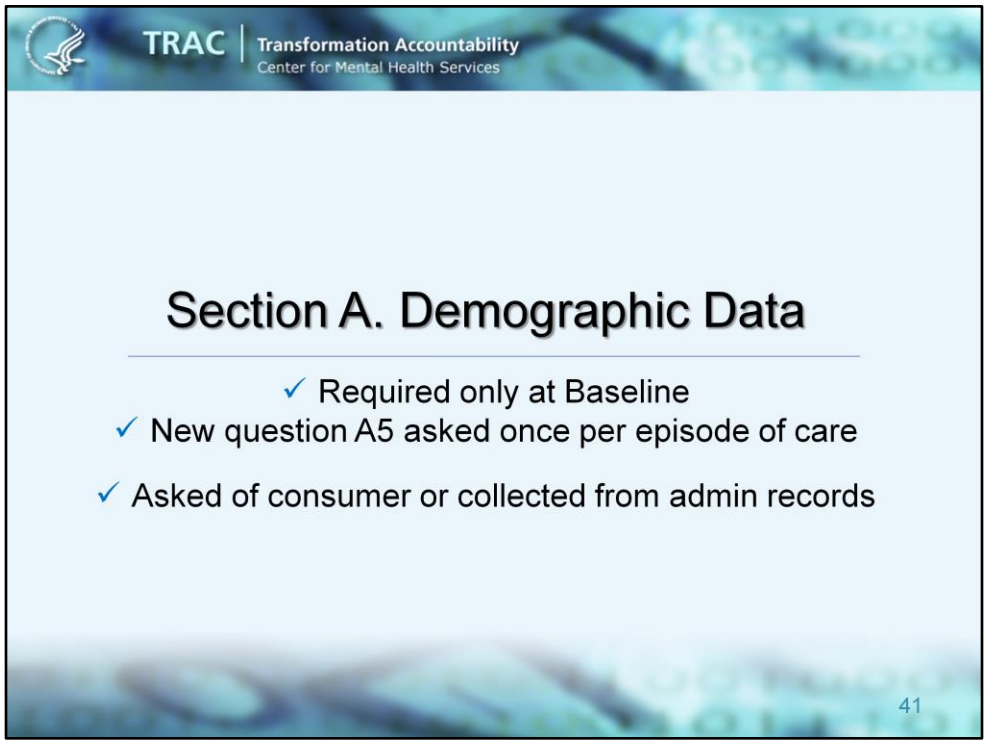
When entering a **Clinical Discharge** —you will need to indicate, 1) the type of assessment (clinical discharge) and, 2) if an interview was conducted

Check "Yes" on Question 2 if a Discharge interview **WAS conducted**, then **enter the date the interview was conducted and proceed to Section A Question 5.**

Otherwise check "no" for Question 2 1f a Discharge interview was **NOT conducted. Then indicate why the interview was not conducted—choosing from the 5 reasons we reviewed earlier:**

1. Not able to obtain consent from proxy
2. Consumer was impaired or unable to provide consent
3. Consumer refused this interview only
4. Consumer was not reached for interview
5. Consumer refused all interviews

If you select "consumer refused all interviews", you will not need to submit reassessment data after this assessment, and will not receive notification for future reassessments for this consumer. However, you will be responsible for submitting an administrative discharge for the consumer. This includes completing the record management section, Question 5 of Section A (if not already asked for the episode of care) and Sections J & K.



Section A—Demographic Data collects the consumer's demographic information. Demographic information is **ONLY asked of the consumer at Baseline.** It may also be obtained from admin records. Section A questions 1-4 are collected at Baseline. Question 5 is collected once per episode of care at Baseline, Reassessment, or Discharge. Please note that as of October 1, 2014, question 5 will be collected only at Baseline.

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A. DEMOGRAPHIC DATA

[SECTION A QUESTIONS 1-4 ARE ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO QUESTION 5.]

1. What is your gender?

- ○ MALE
- ○ FEMALE
- ○ TRANSGENDER
- ○ OTHER (SPECIFY) _____
- ○ REFUSED

2. Are you Hispanic or Latino?

- ○ YES
- ○ NO *[GO TO 3.]*
- ○ REFUSED *[GO TO 3.]*

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Central American	○	○	○
Cuban	○	○	○
Dominican	○	○	○
Mexican	○	○	○
Puerto Rican	○	○	○
South American	○	○	○
OTHER (SPECIFY) _____	○	○	○ *[IF YES, SPECIFY BELOW.]*

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The second section collects the consumer's demographic information. Demographic information is **ONLY asked of the consumer at Baseline, except for** Question 5 which is collected once per episode of care at Baseline, Reassessment, or Discharge. Please note that as of October 1, 2014, question 5 will be collected only at Baseline.

It may also be collected from admin records at baseline.

•**DO NOT** complete a response based on the consumer's appearance. **Ask the question as it is written and mark the response given by the consumer.**

•**Questions A1 & A2** (gender & ethnicity) have <u>response categories in **ALL CAPS**</u> which (as we mentioned at the beginning of this training) indicates that they **should NOT be read to the consumer**

•**Question A2**—regarding the consumer's ethnicity, if answered YES, is a **two–part question**:

- •The first part of question A2 asks the consumer if he/she is Hispanic or Latino. If the consumer answers **YES** to this item, then you must ask the follow-up question **"What ethnic group do you consider yourself?"**
  - •The response categories (listed in sentence case) should be **read to the consumer.**
  - •They may answer **YES** to <u>more than one ethnicity</u>; however, there must be **<u>at least one YES</u>** answered in these items.
  - •If the consumer identifies **an ethnicity that is not on the list**, select **OTHER**, and record his/her response in the space provided.

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3. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Black or African American	○	○	○
Asian	○	○	○
Native Hawaiian or other Pacific Islander	○	○	○
Alaska Native	○	○	○
White	○	○	○
American Indian	○	○	○

4. What is your month and year of birth?

|____|____|/ |____|____|____|____|
MONTH YEAR

○ REFUSED

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- **QUESTION A3**—asks the consumer to indicate his/her race(s).
  - Ask this question of **ALL consumers**, even those who identified themselves as Hispanic or Latino.
  - Read the response options—allowing them to indicate **YES** or **NO** to all that apply.

- **QUESTION A4—**asks for the consumer's month and year of birth.
  - Only month and year are recorded for birth date to protect the identity of the consumer.

- **REMEMBER**: REFUSED is always an acceptable response option for every question you ask the consumer.

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[QUESTION 5 OF SECTION A IS COLLECTED ONCE PER EPISODE OF CARE AT BASELINE, REASSESSMENT, OR DISCHARGE.]

[NOTE: AS OF OCTOBER 1, 2014 QUESTION 5 WILL BE COLLECTED ONLY AT BASELINE.]

5. Which one of the following do you consider yourself to be?

- ○ Heterosexual, that is straight
- ○ [IF FEMALE, THEN "Lesbian"] or Gay
- ○ Bisexual
- ○ REFUSED
- ○ DON'T KNOW

[IF AN INTERVIEW WAS CONDUCTED CONTINUE TO SECTION B.]

[IF AN INTERVIEW WAS NOT CONDUCTED:

PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION (PBHCI) GRANTEES: GO TO SECTION H.

GRANTEES IN ALL OTHER PROGRAMS:

- *FOR BASELINES: STOP HERE.*
- *FOR REASSESSMENTS: GO TO SECTION I.*
- *FOR A CLINICAL DISCHARGE: GO TO SECTION J.]*

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•**QUESTION A5**—asks the consumer to indicate his/her sexual identity. This question is only asked one per episode of care at Baseline, Reassessment, or Discharge. If the consumer has answered this question at a previous interview do not ask the question again. As of October 1, 2014, this question is only asked at Baseline.

- •Read the response options except for Don't know and Refused. Record the response given by the consumer, not the interviewer's opinion.
- •If the consumer is unsure, indicate DON'T KNOW.

Once you have completed Section A, Demographic data,

If the interview was conducted continue to Section B.

If an interview was not conducted:

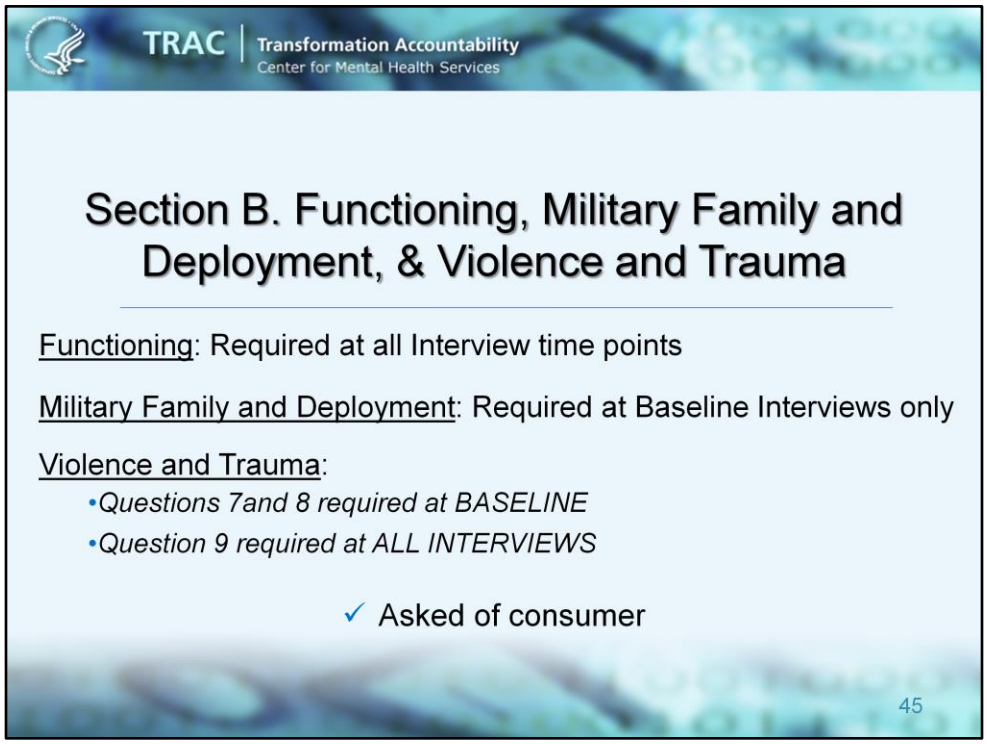
Primary and Behavioral Health Care Integration (PBHCI) Grantees go to Section H;

Grantees in all other programs:

For Baselines: the record is complete.

For Reassessments: Go to Section I.

For a Clinical Discharge: Go to Section J.



Section B focuses on issues of physical, emotional, mental health, and substance use. Additionally, it covers questions related to military families and deployment and experiences with violence and trauma.

Section B's Military Family and Deployment questions and the Trauma and Violence questions 7 and 8 are to be asked during Baseline Interviews only.

However, the Functioning questions and Violence and Trauma question 9 are required at all interviews.

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B. FUNCTIONING

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ REFUSED
- ○ DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. I deal effectively with daily problems.	○	○	○	○	○	○	
b. I am able to control my life.	○	○	○	○	○	○	
c. I am able to deal with crisis.	○	○	○	○	○	○	
d. I am getting along with my family.	○	○	○	○	○	○	○
e. I do well in social situations.	○	○	○	○	○	○	
f. I do well in school and/or work.	○	○	○	○	○	○	○

Section B asks the consumer to report on his/her perception of their overall health, daily functioning, and use of tobacco, alcohol, and other substances **during the past 30 days** and is required at all interview time points.

•**Question B1** asks the consumer to rate his/her overall health right now. This question applies to both physical and emotional health. The response categories (listed in sentence case) should be **read to the consumer.**

•**B2a. – h.** ask about the consumer's recent functioning. Read the instructions, then each statement followed by the response options ranging from **Strongly Disagree** to **Strongly Agree**.

•Do not read **REFUSED** or **NOT APPLICABLE** (as indicated by ALL CAPS). If the consumer refuses to respond to a statement, check "refused" and proceed to the next statement. ***For example:*** if the consumer ***refuses to answer B2a,*** please check ***REFUSED,*** and proceed to ***B2b.***

•If the consumer indicates that certain items do not apply to them, mark **NOT APPLICABLE** where it is provided. Otherwise ask the consumer to choose an answer. Items that do not provide **NOT APPLICABLE** as a response option are considered to apply to all consumers and require an answer or refusal.

- •The only items in this section that provide a **NOT APPLICABLE** response are **B2d,** which states "**I am getting along with my family**." and **B2f**., which states **"I do well in school and/or work."**

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B. FUNCTIONING (Continued)

3. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel …	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	REFUSED	DON'T KNOW
a. nervous?	○	○	○	○	○	○	○
b. hopeless?	○	○	○	○	○	○	○
c. restless or fidgety?	○	○	○	○	○	○	○
d. so depressed that nothing could cheer you up?	○	○	○	○	○	○	○
e. that everything was an effort?	○	○	○	○	○	○	○
f. worthless?	○	○	○	○	○	○	○

Questions B3a – f. ask how frequently the consumer experienced psychological distress within the **past 30 days**. Read the instructions, then each statement followed by the response options ranging from **all of the time** to **none of the time**.

•Do not read **REFUSED** or **DON'T KNOW** (as indicated by ALL CAPS). If the consumer refuses to respond to a statement, check **REFUSED** and proceed to the next statement.

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B. FUNCTIONING (Continued)

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
In the past 30 days, how often have you used…	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	○	○	○	○	○	○
b. alcoholic beverages (beer, wine, liquor, etc.)?	○	○	○	○	○	○
b1. *[IF B >= ONCE OR TWICE, AND RESPONDENT MALE]*, How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)*]*.	○	○	○	○	○	○
b2. *[IF B >= ONCE OR TWICE, AND RESPONDENT NOT MALE]*, How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)*]*.	○	○	○	○	○	○
c. cannabis (marijuana, pot, grass, hash, etc.)?	○	○	○	○	○	○

Questions B4a – l. are used to record information about the client's use of tobacco, alcohol and other substances in the **past 30 days**.

•For this section, read the instructions, then each statement followed by the response options ranging from **never** to **daily or almost daily**.

•Do not read **REFUSED** or **DON'T KNOW** (as indicated by ALL CAPS). If the consumer answers **Never** or refuses to respond to a statement, continue to the next statement.

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B. FUNCTIONING (Continued)

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
In the past 30 days, how often have you used…	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	○	○	○	○	○	○
f. methamphetamine (speed, crystal meth, ice, etc.)?	○	○	○	○	○	○
g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	○	○	○	○	○	○
h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	○	○	○	○	○	○
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	○	○	○	○	○	○
j. street opioids (heroin, opium, etc.)?	○	○	○	○	○	○
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	○	○	○	○	○	○
l. other – specify (e-cigarettes, etc.): Cough & cold medicine	○	X	○	○	○	○

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<u>PLEASE NOTE</u>: While some of these substances may be prescribed by a doctor (e.g., stimulants, sedatives, opiates) the intent of these items is to collect data on the **<u>non-medical</u>** use of these types of prescription drugs. Therefore, any unprescribed use of any substance should be recorded here (e.g., taking more than what was prescribed, taking someone else's prescription medication, misuse of OTC medications such as cough syrup or cold medicines).

A COUPLE OF OTHER NOTES ON THIS SECTION ARE:

1. If the consumer reports the misuse of over the counter drugs, you would code this as OTHER and specify the medication used.

(#2 on next slide)

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B. FUNCTIONING (Continued)

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
In the past 30 days, how often have you used…	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	○	○	○	○	○	○
b. alcoholic beverages (beer, wine, liquor, etc.)?	○	○	○	○	○	○
b1. *[IF B >= ONCE OR TWICE, AND RESPONDENT MALE]*, How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)*]*.	○	○	○	○	○	○
b2. *[IF B >= ONCE OR TWICE, AND RESPONDENT NOT MALE]*, How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor)*]*.	○	○	○	○	○	○
c. cannabis (marijuana, pot, grass, hash, etc.)?	○	○	○	○	○	○

50

2. If a consumer's response to **Item B4b (how often used alcoholic beverages) is "once or twice" or more often,** you will need to ask one of two follow-up questions—depending on the consumer's gender:
   - If the consumer is **MALE**—ask B4b1 **("How many times in the past 30 days have you had five or more drinks in a day?")**
   - If the consumer is **NOT MALE** (female, transgender, or "other")—you'll ask B4b2 **("How many times in the past 30 days have you had four or more drinks in a day?")**

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B. FUNCTIONING (Continued)

[OPTIONAL: GAF SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]

DATE GAF WAS ADMINISTERED: 0 6 / 1 3 / 2 0 1 3
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF = 7 0

GAF Score (0 – 100)

51

Section B may also collect the Global Assessment of Functioning (GAF) Scale—this information is optional and submitted at the discretion of your project.

•<u>If you choose to collect/report this information</u>, you will **fill in the consumer's GAF score** and **the date on which you assessed the score**.

•This item is NOT asked of the consumer, but obtained from the consumer's records.

•Data entry requirements are that:

- •The date must be a complete date—partial dates are not allowed—and recorded in the mm/dd/yyyy format;
- •The GAF date **must be prior to the current interview date** but **cannot be more than 6 months older than the current interview date**.
- •GAF score must be between 0 and 100.

•**PLEASE BE AWARE THAT** IF A GAF date is recorded, you must then also record a score (and vice versa)—both pieces of information will be required

•**If you choose not to report a GAF at baseline, continue to question B5.**

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B. MILITARY FAMILY AND DEPLOYMENT

[QUESTIONS 5 THROUGH 8 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE GO TO 9.]

5. Have you ever served in the Armed Forces, the Reserves, or the National Guard?

- ○ YES
- ○ NO *[GO TO 6.]*
- ○ REFUSED *[GO TO 6.]*
- ○ DON'T KNOW *[GO TO 6.]*

[IF YES] In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Armed Forces	○	○	○	○
Reserves	○	○	○	○
National Guard	○	○	○	○

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The intent of question B5 is to determine whether the consumer ever served in the U.S. military, and if so, for which type of service. This information will allow CMHS to better serve military families through service coordination between SAMHSA and other federal agencies.

•This question is only asked at Baseline, so if you are conducting a reassessment or discharge interview you should skip to Question B9.

•Read the question to the consumer. If the consumer responds that he/she did not serve in the Armed Forces, the Reserves, or the National Guard, check **No** and continue to question B6.

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED** respectively, and go to question B6.

•If the consumer responds that he/she served in the U.S. military, check **YES** and ask the follow up question, "In which of the following have you ever served?". Read the available military group response options, and allow the respondent to answer **YES** or **NO** to each; do not read the **YES, NO, REFUSED, or DON'T KNOW** options. The consumer can indicate **YES** or **NO** to as many as apply.

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5a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

- ○ YES
- ○ NO [GO TO 5b.]
- ○ REFUSED [GO TO 5b.]
- ○ DON'T KNOW [GO TO 5b.]

[IF YES] **In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.**

	YES	NO	REFUSED	DON'T KNOW
Armed Forces	○	○	○	○
Reserves	○	○	○	○
National Guard	○	○	○	○

5b. Have you ever been deployed to a combat zone?

- ○ YES
- ○ NO [GO TO 6.]
- ○ REFUSED [GO TO 6.]
- ○ DON'T KNOW [GO TO 6.]

[IF YES] To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)	○	○	○	○
Persian Gulf (Operation Desert Shield or Desert Storm)	○	○	○	○
Vietnam/Southeast Asia	○	○	○	○
Korea	○	○	○	○
WWII	○	○	○	○
Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)	○	○	○	○

53

This question asks about the consumer's current military service on active duty.

•Read the question aloud and if the consumer responds that he/she is not currently serving on active in the U.S. Armed Forces, the Reserves, or the National Guard, check **No** and continue with question B5b.

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED** and go to the next question B5b.

•If the consumer responds that he/she is currently serving in the U.S. military, check **YES** and ask the follow up question, "In which of the following are you currently serving?". Read the available military group response options, and allow the respondent to answer **YES** or **NO** to each; do not read the **YES, NO, REFUSED, or DON'T KNOW** options. The consumer can indicate **YES** or **NO** to as many as apply.

This question asks whether the consumer was ever deployed to a combat zone.

•Read the question aloud. If the consumer responds that he/she has not been deployed to a combat zone, check **No** and continue with question B6.

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED** and go to the next question B6.

•If the consumer responds that he/she was deployed to a combat zone, check **YES** and ask the follow-up question, "To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one." Read the available combat zone response options, and allow the respondent to answer **YES** or **NO,** etc., to each; do not read the **YES, NO, REFUSED,** or **DON'T KNOW** options. The consumer can indicate **YES** or **NO** to as many as apply.

•It is important to read all of the combat zones regardless of whether the consumer refuses to respond to one of them. If the consumer refuses to answer the question "**Korea**", for example, check **REFUSED** and proceed to the next combat zone listed.

•The system will run a cross-check between the year of the consumer's date of birth and the combat zone selected for this question. This is a soft-edit check, meaning that the interviewer or data entry coder will be able to proceed to the next question even if the consumer inadvertently indicated an erroneous answer based on his or her age; the data will be accepted either way. The soft edit is intended to allow an interviewer to reconfirm the consumer's answer if the consumer was not at least 18 years of age at the end of the timeframe of the selected combat zone.

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B. MILITARY FAMILY AND DEPLOYMENT (Continued)

6. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

- ○ Yes, only one person
- ○ Yes, more than one person
- ○ No
- ○ REFUSED
- ○ DON'T KNOW

54

Question B6 asks whether the consumer has a family member or someone close to him or her that is currently serving or has previously served in the U.S. military, and if so, for which type of service.

•Read the question followed by the response options, **Yes, only one person, Yes, more than one person,** and **No**. Do not read **REFUSED** or **DON'T KNOW**.

•If the consumer responds that he/she does not have a relative or someone close to him/her currently serving or who previously served in the Armed Forces, the Reserves, or the National Guard, check **No**

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED**

•If the consumer responds that he/she has a relative or someone close to him/her currently on active duty or who previously served in the U.S. military, check either **Yes, only one person,** or **Yes, more than one person**.

•Go to question B7.

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B. VIOLENCE AND TRAUMA

7. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

- ○ YES
- ○ NO *[GO TO 9.]*
- ○ REFUSED *[GO TO 9.]*
- ○ DON'T KNOW *[GO TO 9.]*

8. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:

	YES	NO	REFUSED	DON'T KNOW
8a. Have had nightmares about it or thought about it when you did not want to?	○	○	○	○
8b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	○	○	○	○
8c. Were constantly on guard, watchful, or easily startled?	○	○	○	○
8d. Felt numb and detached from others, activities, or your surroundings?	○	○	○	○

55

The intent of **Section B. Violence and Trauma** is to determine if the consumer has experienced any violence or trauma. This information will help in SAMHSA's overall goal of reducing the behavioral health impacts of violence and trauma.

•This question asks if the consumer has experienced any violence or trauma.

•Read the question.

•Do not read the response options.

•If the answer to the question was **NO, REFUSED or DON'T KNOW** you should skip to question B9.

•If the answer was **YES**, go to question B8.

The intent of this question is to determine what effect or impact the violent or traumatic experience has had on the consumer.

•Question B8 has four sub-questions. Read the initial question, then the sub-questions (8a, 8b, 8c, and 8d) to the consumer.

•If the consumer responds **YES** or **NO** to any of the questions, check the **YES** or **NO**, respectively, and continue with the next question.

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED** and go to the next question in B8.

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B. VIOLENCE AND TRAUMA (Continued)

9. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

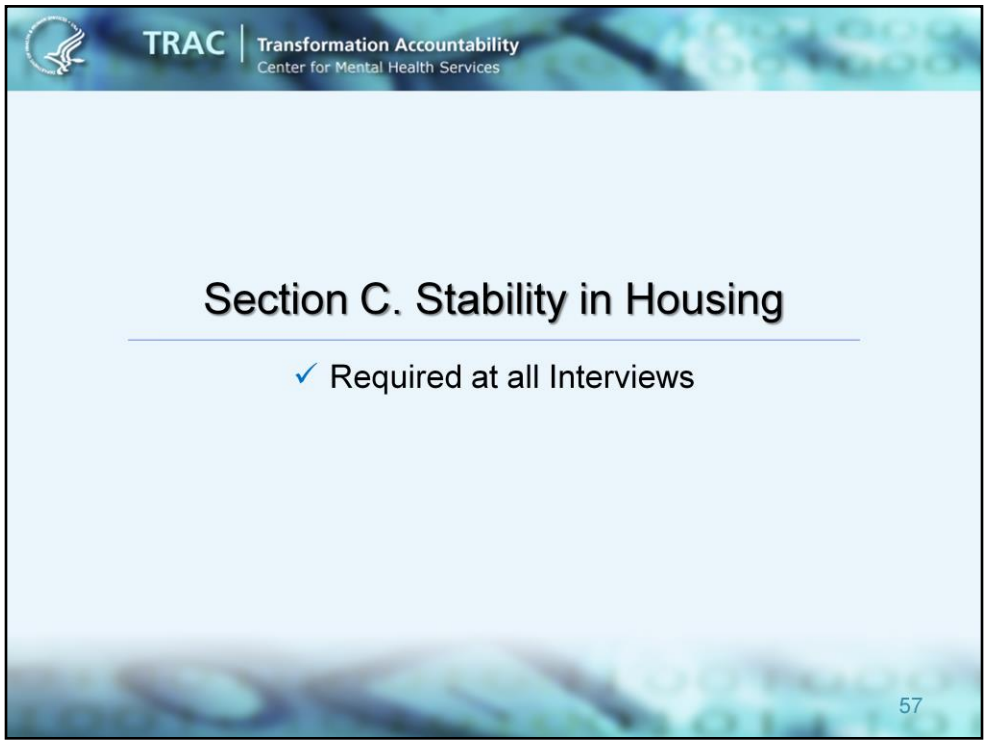
- ○ Never
- ○ Once
- ○ A few times
- ○ More than a few times
- ○ REFUSED
- ○ DON'T KNOW

56

The intent of question B9 is to determine whether the consumer has suffered any **physical** violence in the past 30 days.

•Read the question followed by the response options **Never, Once, A few times,** and **More than a few times**.

•If the consumer doesn't know or refuses to answer any of the questions, check **DON'T KNOW** or **REFUSED** respectively.



The next section, **Section C** focuses on the consumer's **housing situation in the past 30 days** and is required at all interviews.

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C. STABILITY IN HOUSING

1. In the past 30 days how many …	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	_____	○	○
b. nights have you spent in a hospital for mental health care?	_____	○	○
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	_____	○	○
d. nights have you spent in correctional facility including jail, or prison?	_____	○	○
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS A-D, CANNOT EXCEED 30 NIGHTS).]	_____		
e. times have you gone to an emergency room for a psychiatric or emotional problem?	_____	○	○
[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]			

58

The intent of **questions c1a-d** is to determine the consumer's ability to maintain life within the community **during the past 30 days**.

•Read each question to the consumer and record the number of days/times they have spent in each type of setting. Do not read **DON'T KNOW** or **REFUSED** (as indicated by ALL CAPS)

SUGGESTED PROBE:

•If the consumer is **having trouble remembering** ask him/her to think about the past evening or past week and work backward in small increments. It may be helpful to have a calendar on hand.

DEFINITIONS:

•If the consumer is **having trouble understanding** some of the terms, refer to the definitions

•*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 veteran's 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. *C*

•*CORRECTIONAL FACILITY INCLUDING JAIL OR PRISON*—defined as living in lockup and/or holding cells in courts or other locations, in addition to living in a prison facility.

CROSS CHECK ITEM:

•Before proceeding to C1e—make sure to **cross check the total # of nights for items C1a-d. The total cannot exceed 30 days—**if it does, work with the consumer to clarify their answers until the total does not exceed the maximum 30 days.

SKIP:

•If the **number of nights reported for <u>any one item in C1a-d is 16 or more nights</u>** you will **skip to Section D.** Essentially, answering that they have spent 16 or more days in any one setting will automatically answer item C2 (where they have been living "most of the time" in the past 30 days)—allowing you to skip the question altogether.

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Most of the time = 15 or more days

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

- ○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ ADULT FOSTER CARE
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JAIL/PRISON)
- ○ NURSING HOME
- ○ VA HOSPITAL
- ○ VETERAN'S HOME
- ○ MILITARY BASE
- ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

59

Item C2—records what the consumer's living situation has been **"most of the time" in the past 30 days.**

•**Most of the time**—is defined as 15 or more calendar days.

•If the consumer reports that he/she has been living in **2 different places for 15 days each, record the most recent living arrangement.**

•The instructions for this item, ask you to **NOT READ** the response options to the consumer **and** to select **only one option. Read this item as an open-ended question.**

SUGGESTED PROBES:

•If the consumer **asks what is meant by** where has he/she been living most of the time, you can clarify by asking **"where has he/she has been staying or spending his/her nights"** It may be helpful to have a calendar on hand.

•If the consumer is **having trouble remembering** ask him/her to think about the past evening or past week and work backward in small increments. In other words, **"Where did you sleep last night? Or where did you sleep most of last week?"** Again, it might be helpful to have a calendar on hand.

•Although you will not read the response categories to the consumer, you can further clarify the response for coding purposes. As we already mentioned, if the consumer responds with "hospital"—then you will need to find out from them what type of hospitalization it was, psychiatric or medical.

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Supportive Housing

Single room or single resident occupancy (SROs)

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

- ○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ ADULT FOSTER CARE
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JAIL/PRISON)
- ○ NURSING HOME
- ○ VA HOSPITAL
- ○ VETERAN'S HOME
- ○ MILITARY BASE
- ○ OTHER HOUSED (SPECIFY) ____Type of housing arrangement____
- ○ REFUSED
- ○ DON'T KNOW

60

A couple of other notes about CODING this item (remembering that you can only check ONE RESPONSE):

•**<u>If a consumer is living in Supportive Housing</u>**, you would code that as OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM.

•**<u>If a consumer is living in a single room occupancy or single resident occupancy (SRO)</u>** you would also code this as OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM.

•**<u>If a consumer's living situation does not fit into one of the provided categories</u>**, you would code it as OTHER. **PLEASE NOTE** that if you choose OTHER you must specify the type of living situation. **For this verbatim response**—please specify **the type of housing arrangement** and **not the name or address of a program/facility** (e.g., St. Mary's or Westview Apartments).

•And as we've already mentioned, REMEMBER THAT:

1. If a consumer has been living in **more than one place**, you will need to record the place he/she was living for **15 or more calendar days**, and

2. If he/she has been living in **2 places for 15 days each, record the most recent living arrangement**.

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Healthy Transition Initiative Grantees

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

- ○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ ADULT FOSTER CARE
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JAIL/PRISON)
- ○ NURSING HOME
- ○ VA HOSPITAL
- ○ VETERAN'S HOME
- ○ MILITARY BASE
- ○ OTHER HOUSED (SPECIFY) Therapeutic foster care
- ○ REFUSED
- ○ DON'T KNOW

Juvenile Detention

Therapeutic foster care
Parent or caregiver's home

61

<u>This slide applies to Healthy Transition Initiative Grantees ONLY.</u>

For these grants, you will need to recode some of the possible housing responses to fit the needs of this population.

If a consumer answers:

•Juvenile Detention – you will code this as **"Correctional Facility", not "other housed"**

•Foster Care, meaning as specialized therapeutic treatment – you will code this as **"other housed" and specify it as "therapeutic foster care"**

•Parent or Caregiver's home – you will code this as **"other housed" and specify it as "parent's home" or "caregiver's home"**

The purpose of these coding rules for this grant is to distinguish between therapeutic foster care and adult foster care, which are different, and parent/caregiver home from homes of friends or others. These are important distinctions to make for this grant program.

Section D gathers information on the consumer's education and employment status and is required at all interview time points.

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D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?
***[IF ENROLLED]* Is that full time or part time?**

- ○ NOT ENROLLED
- ○ ENROLLED, FULL TIME
- ○ ENROLLED, PART TIME
- ○ OTHER (SPECIFY)_____
- ○ REFUSED
- ○ DON'T KNOW

2. What is the highest level of education you have finished, whether or not you received a degree?

- ○ LESS THAN 12TH GRADE
- ○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- ○ VOC/TECH DIPLOMA
- ○ SOME COLLEGE OR UNIVERSITY
- ○ BACHELOR'S DEGREE (BA, BS)
- ○ GRADUATE WORK/GRADUATE DEGREE
- ○ REFUSED
- ○ DON'T KNOW

63

The intent of D1 is to determine **whether the consumer is currently involved in any educational or job training program.**

•To ensure that the consumer gives an answer that corresponds to one of the response choices, <u>only read and explain the choices if necessary.</u>

•**PLEASE NOTE** that, in some instances, this is **a two-part question**.

- •For example, if the consumer responds that **he/she is not enrolled** in school or a job training program, simply code this item as NOT ENROLLED and move on to the next item.
- •However, if the consumer responds that **he/she is enrolled** in school or job training, you will need to further clarify the response by asking the **2nd part of the question—"Is that full time or part time?"**

•If the consumer is incarcerated, code this item as NOT ENROLLED—unless there are credits and/or a degree being earned. If a degree is earned, you will record that information in the next item, D2.

The intent of **question D2**. is to collect basic information about the consumer's **formal education**—whether a degree was obtained or not.

•Again, this can include education and/or degrees received while incarcerated.

•Please refer to the Question-by-Question guide for detailed response category definitions.

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Most of the previous week = 4 or more days

3. Are you currently employed? *[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]*

- ○ EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- ○ EMPLOYED PART TIME
- ○ UNEMPLOYED, LOOKING FOR WORK
- ○ UNEMPLOYED, DISABLED
- ○ UNEMPLOYED, VOLUNTEER WORK
- ○ UNEMPLOYED, RETIRED
- ○ UNEMPLOYED, NOT LOOKING FOR WORK
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

3a. *[IF EMPLOYED]*

	Yes	No	REFUSED	DON'T KNOW
• Are you paid at or above the minimum wage[1]?	○	○	○	○
• Are your wages paid directly to you by your employer?	○	○	○	○
• Could anyone have applied for this job?	○	○	○	○

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Item **D3** collects information about the consumer's **current employment status.**

•Again, note that in some instances this may be a **two-part question:**

1. **First,** you will need to determine if the consumer is **employed** or **unemployed**
   - **•If employed,** you will need to further clarify if they are employed **full time** or **part time**
   - **•If unemployed,** you will need to clarify if they are unemployed **and:**
     - **•Looking for work**
     - **•Not looking for work**
     - **•Disabled**
     - **•Doing volunteer work**
     - **•Retired**
     - •or **some "other" situation** (if "other" is chosen, you will need to ask the consumer to specify what that OTHER situation is and record their answer in the space provided)

•You may read the response categories as a probe.

•This item is intended to reflect information on the consumer's employment status **during most of the previous week**—most of the previous week is defined as **four or more days**

•And, lastly, If the response is:

1. **unemployed**—you will then **skip to Section E.**
2. **employed—**you will proceed to the next item in the tool, **D3a.**

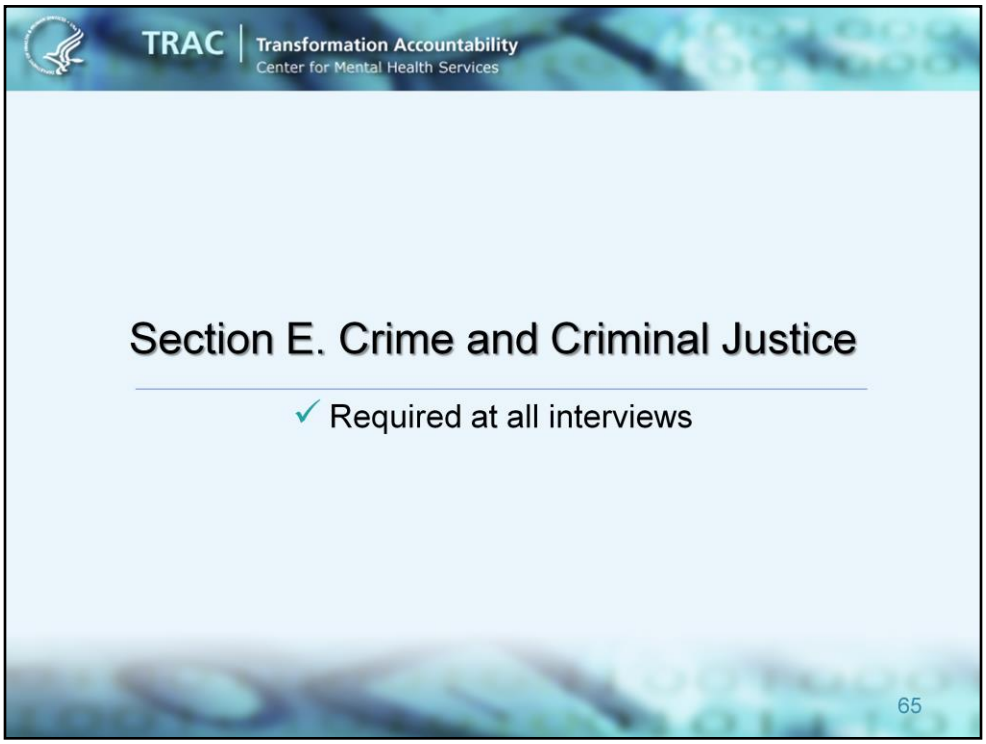
The intent of item **D3a** is to collect information about whether the consumer's employment is generally considered competitive or sheltered.

- **Competitive** employment means working in an integrated setting and being compensated at or above the minimum wage.
- **Sheltered** means working, but not in the labor force, possibly working for therapeutic purposes or in

conjunction with a mental health agency/program, in a closely supervised or protected setting.

- This item asks the consumer:
  - Are you paid at or above the minimum wage?
  - Are your wages paid directly to you by your employer?
  - Could anyone have applied for this job?

  - **PLEASE NOTE**: There is a federal minimum wage. However, many states also have their own minimum wage laws. In cases where an employee is subject to both state and federal minimum wage laws, the employee is entitled to the higher minimum wage.



Section E collects **basic information about the consumer's involvement with the criminal justice system** and is required at all interviews.

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E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|___|___| TIMES ○ REFUSED ○ DON'T KNOW

[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]

Formal arrests only:
- *In custody of authorities for criminal charges*
- DO NOT include being picked up by police for questioning

More than one charge for a single arrest = 1 arrest

Arrested multiple times for same charge = count each arrest separately

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The first item, **E1,** asks for the **number of times** the consumer has been formally arrested and charged within the past 30 days. PLEASE reassure the consumer that their identify will be protected.

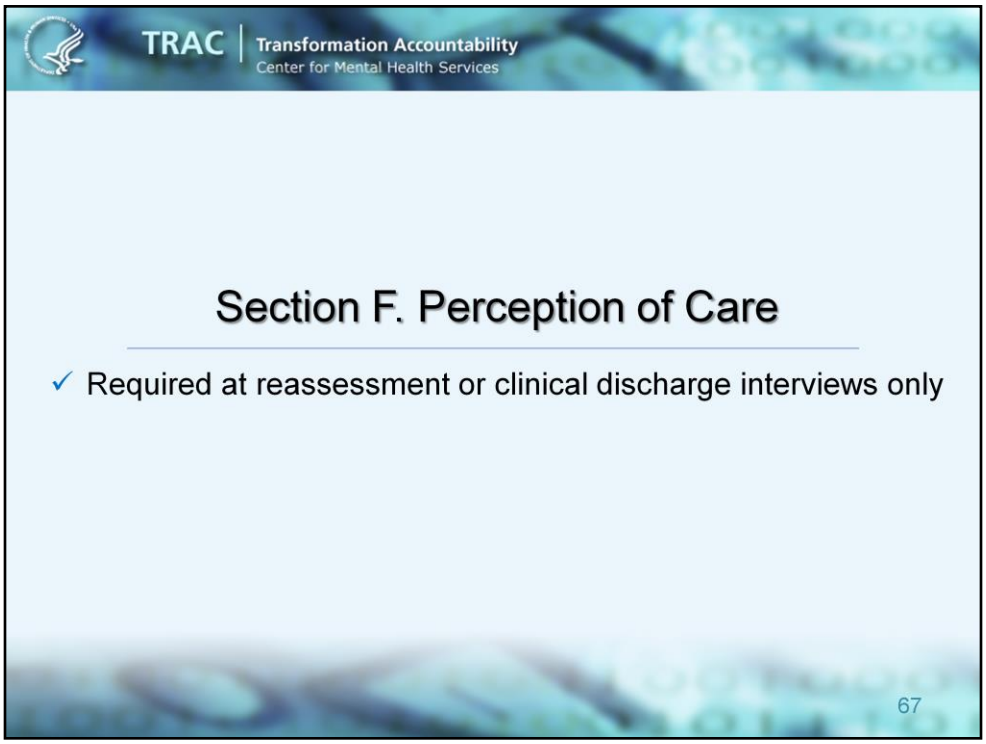
•Also inform the consumer that:

1. They should only count formal arrests for this item—NOT times when the consumer was just picked up by police or questioned.

By ARREST we mean that a consumer has been seized/restrained by law enforcement and remained in custody of authorities for criminal charges.

2. If there is **more than one charge for a single arrest,** count the arrest only once; however, if a consumer reports **multiple arrests for the same charge,** count each arrest separately.

•**NOTE:** If this is a Baseline Interview, you will now go to **Section G—Social Connectedness** (skipping Perceptions of Care). Otherwise, continue to Section F.



Section F asks the consumer to rate his/her **perception of the services he/she has received over the past 30 days**. This section is **ONLY REQUIRED for Reassessment or Discharge Interviews.**

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F. PERCEPTION OF CARE

[SECTION F IS NOT COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION G.]

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○	
b. I felt free to complain.	○	○	○	○	○	○	
c. I was given information about my rights.	○	○	○	○	○	○	
d. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○	
e. Staff told me what side effects to watch out for.	○	○	○	○	○	○	○
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	○	○	○	○	○	○	

Items in this section are intended to gather information about the consumer's perception of services received during the past 30 days. It is important to ask the consumer **specifically** about their perceptions **during the past 30 days.**

•For this section, **read the Instructions, then each statement followed by the response options** ranging from **Strongly Disagree** to **Strongly Agree.** Again, DO NOT read **REFUSED** as an option.

•It is important to read all of the statements regardless of whether the consumer refuses to respond to one of the statements. So, if the consumer refused to answer question **F1**, check **REFUSED** and proceed to question **F2**.

•If the consumer indicates that certain items do not apply to them, mark **NOT APPLICABLE** where it is provided. Otherwise ask the consumer to choose an answer. Items that do not provide **NOT APPLICABLE** as a response option are considered to apply to all consumers and require an answer or refusal.

- The only item in this section that provides a **NOT APPLICABLE** response is **F1e**., which states **"Staff told me what side effects to watch out for."**

•**PLEASE CLARIFY** that the statements refer to **mental health and related services, treatment and/or medications.** The statements do not refer to services/treatment received for other issues. You may want to consider preparing a list of grant-funded services that can be read to the respondent if necessary.

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F. PERCEPTION OF CARE (Continued)

2. *[INDICATE WHO ADMINISTERED SECTION F - PERCEPTION OF CARE TO THE RESPONDENT FOR THIS INTERVIEW.]*

- ○ ADMINISTRATIVE STAFF
- ○ CARE COORDINATOR
- ○ CASE MANAGER
- ○ CLINICIAN PROVIDING DIRECT SERVICES
- ○ CLINICIAN NOT PROVIDING SERVICES
- ○ CONSUMER PEER
- ○ DATA COLLECTOR
- ○ EVALUATOR
- ○ FAMILY ADVOCATE
- ○ RESEARCH ASSISTANT STAFF
- ○ SELF-ADMINISTERED
- ○ OTHER (SPECIFY) _____

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F2—asks you to indicate who administered the Perception of Care section.

•**PLEASE NOTE:** This question is answered by you, **and is not asked of the consumer**.

- **Please only use the OTHER category in cases where no other category provided adequately describes who completed this portion of the tool with the consumer.**

•In many cases, the service provider may also be the person conducting the interview. If this is a concern, you may choose to designate another person other than the service provider to conduct this portion of the interview. For additional technical assistance on identifying another person to ask these questions, please contact the TRAC HelpDesk.

The final section of questions asked of the consumer is Section G—Social Connectedness. This section collects information about the consumer's recent social support network, other than mental health care providers.

This section is required at all interviews.

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G. SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. I am happy with the friendships I have.	○	○	○	○	○	○
b. I have people with whom I can do enjoyable things.	○	○	○	○	○	○
c. I feel I belong in my community.	○	○	○	○	○	○
d. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○

[IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:

IF THIS IS A BASELINE INTERVIEW, STOP NOW. THE INTERVIEW IS COMPLETE.]

IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION I THEN K.]

IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION J THEN K.]

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The intent of these items is to gather information about the **consumer's perception of his/her social support during the past 30 days.**

•For this section, simply read the instructions, then each statement followed by the response categories ranging from **Strongly Disagree** to **Strongly Agree**—not reading **REFUSED** as an option.

•Again, it is important to read **all of the social connectedness statements** regardless of whether the consumer refuses to respond to one of the statements.

At the end of Section G, you are given the following skip instructions:

•If your program doesn't collect Section H:

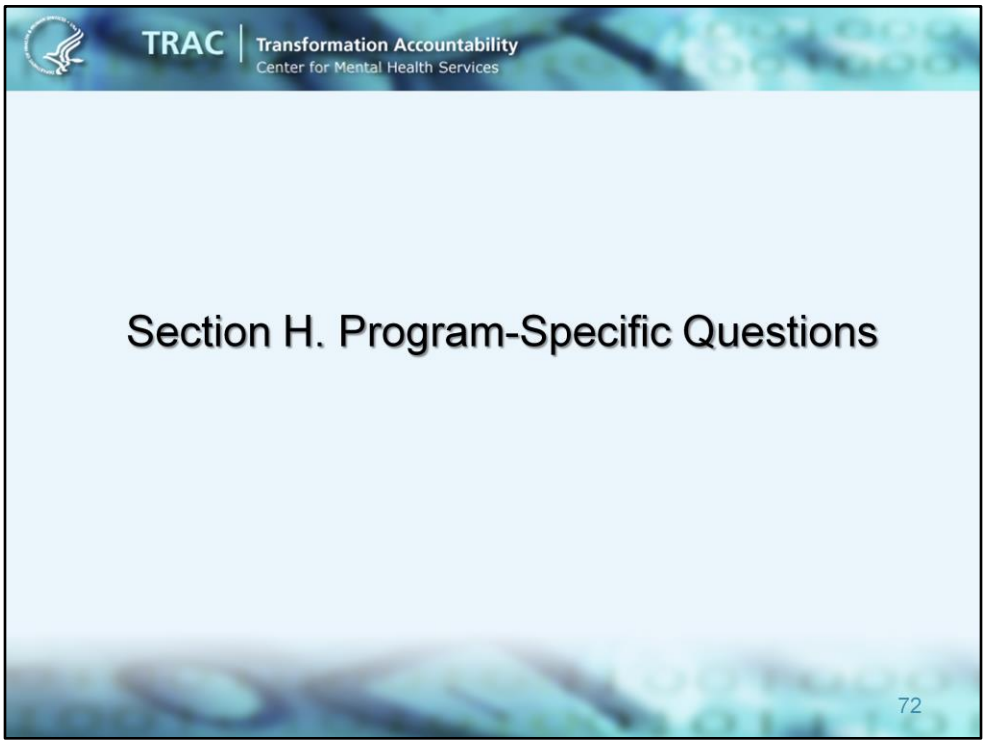
1. And if this is a Baseline Interview—you will stop at this point, the interview is complete.

2. If this is a Reassessment Interview—you will go to the **Section I** and complete the information. These items not asked of the consumer, so can be coded after the consumer leaves.

3. If this is a Discharge Interview—you will skip to **Section J** (also items not asked of the consumer).

- If your program is PBHCI or MAI-TCE:

  And this is a Baseline, Reassessment or Clinical Discharge Interview: Go to **Section H**



This section of the tool is reserved for programs that wish to collect data beyond the NOMs requirements that is specific to their program.

Some, but not all, CMHS programs have program specific data that is submitted to TRAC.

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Section H. Program-Specific Questions

Currently a requirement for:

- ✓ Primary Behavioral Health Care Integration (PBHCI) Grantees:
  - *Physical health indicators*
  - *Baseline, Reassessment, & Discharge (interviews & administrative records)*
- ✓ Minority AIDS Initiative – Targeted Capacity Expansion (MAI-TCE) Grantees
  - *Baseline, Reassessment, & Discharge (interviews)*
  - *Only questions H1 and H2 (Administrative Baselines)*
  - *Not required for Administrative Reassessments or Discharges*

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Only Primary Behavioral Health Care Integration (PBHCI) and Minority AIDS Initiative, Targeted Capacity Expansion (MAI-TCE) Grantees are required to collect program specific data at this time.

If you are NOT a PBHCI or MAI-TCE Grantee, skip this section.

If you are a PBHCI Grantee, your Section H consists of Physical Health Indicators that should be collected at Baseline, Reassessment, and Discharge for both conducted interviews or when an interview cannot be collected (administrative records).

If you are a MAI-TCE Grantee, your Section H data consists of questions that should be collected at Baseline, Reassessment, and Discharge **interviews**. When an interview cannot be conducted at Baseline, you will be only required to submit H1 and H2 for the administrative baseline. Section H data is not required for MAI-TCE Grantees <u>when an interview is not collected at reassessment or clinical discharge</u>.

Section I is used to determine the status of the consumer at reassessment and contains information that is required of all reassessments—both interviews and administrative reassessments.

Again, this information is reported by you and not asked of the consumer.

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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

[GO TO SECTION K.]

CONTACT = actual services provided, including:
- Referrals
- Crisis intervention/Emergency services
- Phone calls related to a treatment/service plan
- *DOES NOT include phone calls to schedule/re-schedule appointments*

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The **first item in Section I** asks if you have had contact with the consumer within 90 days of the last encounter, or assessment.

•**Contact** refers to actual services provided, referrals/phone calls made related to a treatment or service plan (not for scheduling appointments), crisis intervention, or emergency services.

•Simply answer this item **Yes** or **No**

•For this item, you would answer **No** if **the grant has not had contact with the consumer for 90 calendar days or more and know nothing more about the consumer's status.**

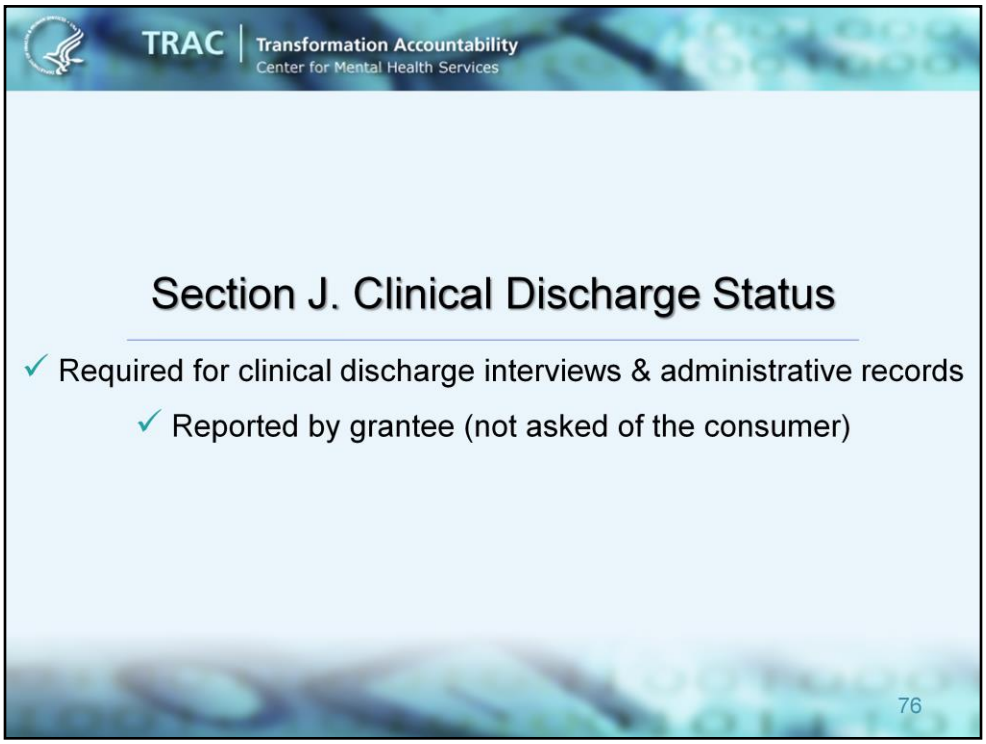
•If **No** is selected—you will be required to conduct a new Baseline interview for the consumer if they re-enroll in services—this essentially ends the episode of care for the consumer.

The **second item in Section I** asks you to report if the **consumer is still receiving services** from the CMHS-funded program at the time of reassessment.

•This question refers to services that are specifically funded by your CMHS grant.

•Answer this item with a **Yes** or **No**.

After completing this item, you will be instructed to skip to **SECTION K—Services Received.**



Section J contains information that is required of **all discharges** – both **interviews** and **administrative discharges**.

This section is reported by you, and not asked of the consumer.

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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.]

DISCHARGE DATE

- Must be *the same as* or *after* the date of the discharge interview
- Cannot be earlier than the discharge interview

- *Will need to conduct a* NEW BASELINE *if consumer re-enrolls in services*

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The first item in **Section J** is where you will enter the date the consumer was **discharged from your program**— this is NOT necessarily the same as the discharge interview date.

A COUPLE OF IMPORTANT POINTS ABOUT THE DISCHARGE DATE:

- Enter the date for this item in a MM/YYYY format. Only month and year are collected to protect the identity of the consumer.
- The **discharge date** must be either the same as or after the date **that the discharge interview was conducted or attempted**, but it cannot be earlier.

Question **J2** records the **primary** reason for discharge.

- If more than one applies, choose the MAIN reason for discharge—DO NOT use the **OTHER** response to record more than one reason.

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Section J. Clinical Discharge Status

J1. Clinical Discharge Date

Coding:

- Grantee defines clinical discharge
- If no definition, then CMHS default definition supersedes:
  - ✓ Admin completed when the consumer has had no contact with the grantee for 90 calendar days or has died
- Submit all discharge data (interview or administrative) into the TRAC system within 30 calendar days of:
  - ✓ Interview
  - ✓ Clinical discharge without interview
  - ✓ Receiving notification of a consumer's death

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A COUPLE OTHER THINGS TO NOTE ABOUT COLLECTING A DISCHARGE include:

1. The CMHS definition of discharge is when the program has **lost contact with a consumer for 90 calendar days or more**, or the **consumer has died.**

2. However, you—the grantee—may define what discharge is for your program.
   - **But, if** YOU DO NOT HAVE A DEFINITION FOR DISCHARGE in your program or the consumer has lost contact for 90 calendar days or more or has died**, use the CMHS definition.**

- All discharge data (interviews or administrative discharge records) **must be entered in the TRAC system within 30 calendar days.**

  **In the case of a consumer's death, data must be submitted within 30 calendar days of notification.

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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

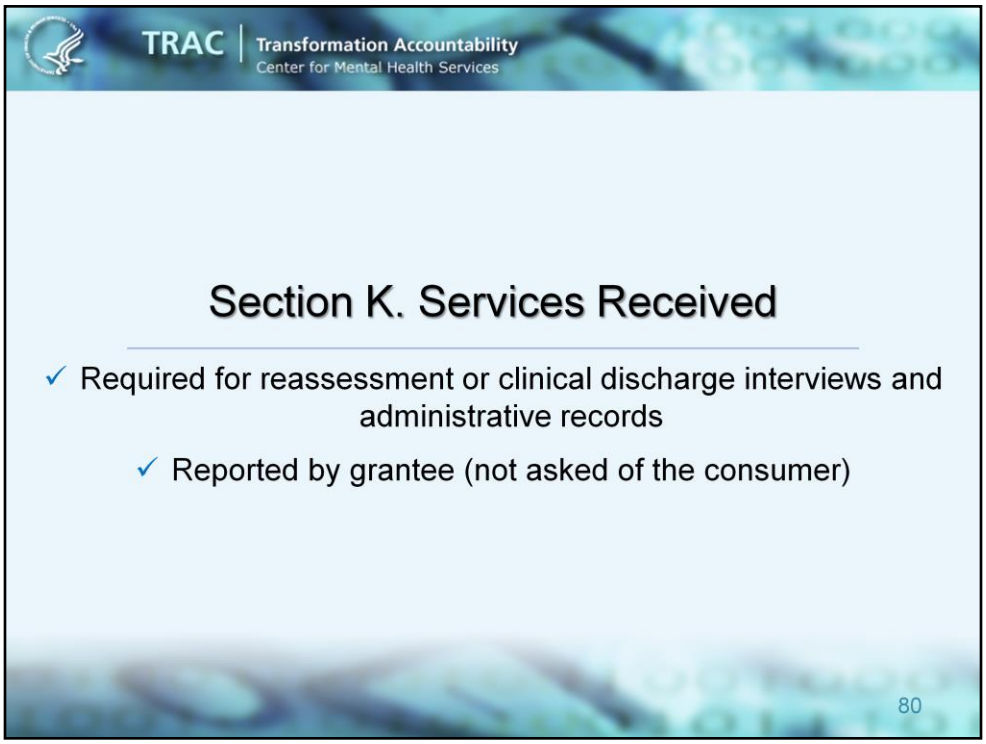
2. **What is the consumer's discharge status?**

- ○ Mutually agreed cessation of treatment
- ○ Withdrew from/refused treatment
- ○ No contact within 90 days of last encounter
- ○ Clinically referred out
- ○ Death
- ○ Other (Specify) _____

If completed an interview with the consumer, CANNOT CODE AS:
- *No contact within 90 days of last encounter*
- *Death*

[GO TO SECTION K.]

If you completed a **discharge interview with the consumer**, then you cannot code the discharge status as **DEATH** or **NO CONTACT**.



The final section of the interview, **Section K—**collects data about the services the consumer has received—whether or not they are provided by this CMHS-funded grant or in some other way.

Section K is required regardless of whether a reassessment or clinical discharge interview was conducted except when the consumer has either refused this interview or all interviews. In those cases, if your grant's IRB does not allow you to report any information on the consumer, Section K is optional.

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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.]

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

|___|___|/|___|___|___|___|
MONTH YEAR

DATE needs to be:

- *Earlier than (or the same as) the discharge interview or administrative discharge date*
- *Later than (or the same as) the baseline interview date*
- *Later than (or the same as) the last date services were received (as reported in previous reassessments)*

The first item, **K1**—requires the last date of service the consumer received from the grantee (CMHS-funded program or otherwise).

•WHEN CODING THIS ITEM, it must be:

- •recorded in MM/YYYY format, and
- •**earlier than or the same as** the **discharge interview** or **administrative discharge** date
- •**later than or the same as** the **baseline interview** date
- •**later than or the same as** the **last date services were received** as reported **in previous reassessments** (interviews or administrative)

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CORE SERVICES include:

- *Mental health services*
- *Integrated services that include mental health*

[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-FUNDED SERVICES.]

Core Services	Provided Yes	Provided No	UNKNOWN	SERVICE NOT AVAILABLE
1. Screening	○	○	○	○
2. Assessment	○	○	○	○
3. Treatment Planning or Review	○	○	○	○
4. Psychopharmacological Services	○	○	○	○
5. Mental Health Services	○	○	○	○

[IF THE ANSWER TO 5 'MENTAL HEALTH SERVICES' IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]

Number of times _____ per ○ Day ○ Week ○ Month ○ Year

UNKNOWN ○

	Yes	No	UNKNOWN	SERVICE NOT AVAILABLE
6. Co-Occurring Services	○	○	○	○
7. Case Management	○	○	○	○
8. Trauma-specific Services	○	○	○	○
9. Was the Consumer referred to another provider for any of the above core services?	○	○	○	

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Core Services include **mental health** services (or integrated services that include mental health) that have been provided to the consumer. The specific core services items listed below all refer to services related to mental health.

•Services recorded in this section should include both those funded by and not funded by this CMHS grant.

•Please review the detailed definitions for each type of service in the Question-by-Question guide to ensure you are accurately reporting the services the consumer is receiving.

•Check **Yes, No, Unknown,** or **Service Not Available** for each service.

- **Unknown** should be checked if the grantee is not sure if the consumer received the service.
- **Service Not Available** should be checked if your organization does not provide the service to consumers.

PAY SPECIAL ATTENTION TO:

- **Core Service #5—Mental Health Services**. If you code **Yes** for this service, you will be asked to indicate the frequency with which the services are delivered by entering the number of times they were delivered per day, week, month or year.

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SUPPORT SERVICES:

- *Services other than those for mental health*

MEDICAL CARE:

- *Activities for promotion, prevention, maintenance of health*
- *Provided in various health care settings*
- *Includes primary care & other physical health services (i.e., screenings)*

Support Services	Provided Yes	Provided No	UNKNOWN	SERVICE NOT AVAILABLE
1. Medical Care	○	○	○	○
2. Employment Services	○	○	○	○
3. Family Services	○	○	○	○
4. Child Care	○	○	○	○
5. Transportation	○	○	○	○
6. Education Services	○	○	○	○
7. Housing Support	○	○	○	○
8. Social Recreational Activities	○	○	○	○
9. Consumer Operated Services	○	○	○	○
10. HIV Testing	○	○	○	○
11. Was the Consumer referred to another provider for any of the above support services?	○	○	○	

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This is a continuation of the Services List—these are Support Services. Support services refer to other services the consumer may receive that are not mental health services.

•I want to point out two items specifically:

- The first item, medical care, includes a variety of activities for the promotion, prevention, and maintenance of health that is provided in various health care settings. This includes primary care and other physical health services (such as physical health screenings).
- The **final item is about referrals** you may have provided for the consumer to any of the support services listed above. The intent of this item is to get a general idea if referrals for support services are being provided to consumers. You simply need to answer **YES, NO,** or **UNKNOWN** to this question.

Please review the detailed definitions for each type of service in the Question-by-Question guide to ensure you are accurately reporting the services the consumer is receiving.

Please visit the TRAC website for more information regarding the Services Activities module. Please refer to the TRAC website for written training guides, power point presentations, and self-guided e-trainings. They are located under the General Info and Training and Services Training tabs.

If you have any other questions please contact the TRAC Help Desk.
Help Desk hours of operation are from 8:30am to 7:00pm ET by telephone or email.

NOMs Client-level Services (Services Activities) module

Questions?