Form Pending Approval
OMB No. xxxx-xxxx
Expiration Date xx/xx/xxxx

CMHS NOMS Child Consumer Outcome Measures for Discretionary Programs Caregiver Respondent Version

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a

collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-xxxx.

A.	RE	CORD MA	NAC	SEME	ENT															
Consu	ner	ID		_	_		_	_	_	_	_	_	_ _							
Grant :	ID (Grant/Con	tract	/Colla	borati	ve A	green	nent)		_	_	_	_	_	_	_	_			_
Site ID				_	_		_	_	_	_	_	_	_							
Intervi	ew [Гуре	[Sel	ect on	ly one]														
	0	Baseline																		
		Did you co	nduc	t a bas	eline i	nterv	iew?													
	0	Yes	[Sel	ect a	consur	ner t	ype tl	hen fi	ill in	the ir	itervi	iew da	ate a	nd th	ie res	st of	Secti	on A	\]	
			O No [Select a consumer type then fill in the rest of Section A]																	
Consur	ner	Туре	[Select only one]																	
			0	New		[A	\ first	-time	cons	sumei	to yo	our gr	ant]							
			0	Cont	inuing		A cons			was]	previ	ously	scre	eened	l, asso	essec	l, trea	ated	, or r	referred
	0	3 month r	easse	ssmen	t [All]	progi	rams e	excep	t CM	HI]										
		Did you co	nduc	t a rea	ssessm	ent i	ntervi	ew?												
	0	Yes	[Fill	l in in	terviev	w da	te, the	en ski	p to	Secti	on B]									
			0	No	[Skip	to S	ectio	n I]												
	0	6 month r	easse	ssmen	t [CM	HI oı	nly]													
		Did you co	onduct a reassessment interview?																	
		0	Yes	[Fill	in inte	ervie	w dat	e, the	n ski	ip to	Section	on B]								
			0	No	[Skip	to S	Section	n I]												
	0	Clinical D	ischa	rge																
	Dic	l you condu	ct a d	ischar	ge inte	rviev	v?													
			0	Yes	[Fill i	in in	tervie	w da	te, th	en sk	cip to	Secti	on E	3]						
			0	No	[Skip	to S	Section	n J]												
Interview Date		N	_ ⁄Ionth	_ /	_ Day	/		Y	_ ear	_	_									

A. RECORD MANAGEMENT (Continued) - DEMOGRAPHICS

[Demographics are collected only at the baseline interview]

	used							
Is your	child Hispanic o	or Latii	10?					
0 Y								
NoRe	o efused							
] What ethnic grang. You may say				child?	Please a	answer yes or no for ea	ch of t
IOHOWI	ng. Tou may say	y yes to	more u	nan one.				
		Yes	No	Refused				
	entral American	0	0	0				
	uban	0	0	0				
	ominican		0	0				
	exican	0	0	0				
	ierto Rican		0	0				
	outh American		0	0	Vac C	:£ D	alaa d	
	ther pecify)	0	0		res, S	pecify B	eiowj	
(5	pecify)				_			
	-	-	ur child	? Please ar	ıswer y	es or no	for each of the following	ng. Yo
say yes	to more than on	e.			Yes	No	Refused	
Bl	lack or African Ar	nerican	l		0	0	0	
	sian				0	0	0	
N	ative Hawaiian or	other P	acific Is	slander	0	0	0	
	laska Native				0	0	0	
	hite Thite				0	0	0	
	merican Indian				0	0	0	
	Other				0	0	○ [If Yes, Specify	Belov
Ot					_			
	ther				0		○ [If Yes, Specify	Bel

[For CMHI grantees that are sampling, if the consumer is not part of the sample, stop here. No additional information is required.]

FUNCTIONING

In order to provide the best possible mental health services, we need to know what you think about how well your child was able to deal with his/her everyday life <u>during the last 30 days</u>. Please indicate your agreement/disagreement with each of the following statements.

[Read each statement followed by the response options to the caregiver]

STATEMENT	RESPONSE OPTIONS							
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused		
1. My child is handling daily life.	0	0	0	0	0	0		
2. My child gets along with family members.	0	0	0	0	0	0		
3. My child gets along with friends and other people.	0	0	0	0	0	0		
4. My child is doing well in school and/or work.	0	0	0	0	0	0		
5. My child is able to cope when things go wrong.	0	0	0	0	0	0		
6. I am satisfied with our family life right now.	0	0	0	0	0	0		

[Optional: GAF score reported by program staff at program's discretion]								
What was the consumer's score?	GAF =							
Date GAF was administered:	/ / Year							

C. **STABILITY IN HOUSING**

In the past 30 days, where has your child been living most of the time? 1.

[[Do not rea	d response	options	to the caregiver	. Select only c	one.]
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0	Caregiver's owned or rented house, apartment, trailer, or room
0	Someone else's house, apartment, trailer, or room
0	Homeless (Shelter, street/outdoors, park)
0	Group home
0	Foster care (Specialized Therapeutic Treatment)
0	Transitional living facility
0	Halfway house
0	Residential Treatment Center
0	Hospital (Medical)
0	Hospital (Psychiatric)
0	Correctional facility (Juvenile Detention Center/Jail/Prison)
0	Other Housed (Specify)
0	Refused

- 2. Who has your child lived with during the past 30 days? You may choose more than one answer.
 - Biological parent(s)
 - Adoptive parent(s)
 - Relative other than parent(s)
 - Non-relative

Don't Know

0

- Independent living
- Refused
- Don't Know

D.	ED	UCATION							
l.	During the last 30 days of school, how many days was your child absent for any reason?								
	000000000	0 days 1 day 2 days 3 to 5 days 6 to 10 days More than 10 days Refused Don't Know Not Applicable							
	a.	How many days were unexcused absences?							
	000000000	0 days 1 day 2 days 3 to 5 days 6 to 10 days More than 10 days Refused Don't Know Not Applicable							
2.		nat is the highest level of education your child has finished, whether or not he or she received a gree?							
	00000000000000000	Never Attended 1 ST Grade 2 ND Grade 3 RD Grade 4 TH Grade 5 TH Grade 6 TH Grade 6 TH Grade 8 TH Grade 9 TH Grade 10 TH Grade 11 TH Grade 12 TH Grade/High school diploma/Equivalent (GED) Voc/Tech diploma Some college or university Refused Don't Know							
Е.	CR	IME AND CRIMINAL JUSTICE STATUS							
l.	Int	the past 30 days, how many times has your child been arrested?							
		Times O Refused O Don't Know							

F. PERCEPTION OF CARE

[Section F is collected only at the reassessment or the discharge interview]

[For baseline interviews, skip to Section G]

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

[Read each statement followed by the response options to the caregiver]

STATEMENT	RESPONSE OPTIONS							
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused		
1. Staff here treated me with respect.	0	0	0	0	0	0		
2. Staff respected my family's religious/spiritual beliefs.	0	0	0	0	0	0		
3. Staff spoke with me in a way that I understood.	0	0	0	0	0	0		
4. Staff was sensitive to my cultural/ethnic background.	0	0	0	0	0	0		
5. I helped to choose my child's services.	0	0	0	0	0	0		
6. I helped to choose my child's treatment goals.	0	0	0	0	0	0		
7. I participated in my child's treatment.	0	0	0	0	0	0		
8. Overall, I am satisfied with the services my child received.	0	0	0	0	0	0		
9. The people helping my child stuck with us no matter what.	0	0	0	0	0	0		
10. I felt my child had someone to talk to when he/she was troubled.	0	0	0	0	0	0		
11. The services my child and/or family received were right for us.	0	0	0	0	0	0		
12. My family got the help we wanted for my child.	0	0	0	0	0	0		
13. My family got as much help as we needed for my child.	0	0	0	0	0	0		

G. SOCIAL CONNECTEDNESS

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

[Read each statement followed by the response options to the caregiver]

STATEMENT		RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused		
1. I know people who will listen and understand me when I need to talk.	0	0	0	0	0	0		
2. I have people that I am comfortable talking with about my child's problems.	0	0	0	0	0	0		
3. In a crisis, I would have the support I need from family or friends.	0	0	0	0	0	0		
4. I have people with whom I can do enjoyable things.	0	0	0	0	0	0		

[If this is a baseline interview stop now, the interview is complete.]

[If this is a reassessment interview (3 or 6 month) go to the next page, Section I.]

[If this is a clinical discharge interview, skip to Section J.]

I. REASSESSMENT STATUS

[Section I is reported by program staff only at reassessment]

- What is the reassessment status of the consumer?
 [This is a required field: NA, Refused, Don't Know, and Missing will not be accepted]
 - O 01 = Deceased at time of due date
 - O 11 = Completed interview within specified window
 - O 12 = Completed interview outside specified window
 - O 21 = Refused interview
 - O 31 = No contact within 90 days of last encounter
 - 32 = Other (Specify) _____
- 2. Is the consumer still receiving services from your program?
 - Yes
 - O No

[Skip to Section K]

J. CLINICAL DISCHARGE STATUS

[Section J is reported by program staff only if a consumer is discharged from the program]

1. On what date was the consumer discharged?

	_ / _	/ _			
Month	Day		Yea	ar	

2. What is the consumer's discharge status?

- O 01 = Mutually agreed cessation of treatment
- \circ 02 = Death
- \circ 03 = No contact
- 04 = Clinically referred out
- \circ 05 = Other (Specify) _

[Go to next page, Section K]

K. SERVICES RECEIVED

[Section K is reported by	program staff only	at reassessment or	discharge]
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1.	On what date did the consumer las	t receive s	services?		
			_		
	/ _ / Ye	ear			
	lentify all of the services your program p		to the consumer <u>s</u>	since his/her last NOMs interview; th	is
	cludes CMHS-funded and non-funded se	_			
Co	ore Services	Prov Yes	vided No		
	Screening	0	0		
	Assessment	0	0		
	Treatment Planning or Review	0	0		
	Psychopharmacological Services Mental Health Services	0	0		
э.	Melitai Heaitii Services	O	O		
	[If Yes, please select the frequency	mental h	ealth services wei	re delivered]:	
	Daily O Weekly O Monthly O	Less th	an Monthly O		
6.	Co-Occurring Services	0	0		
7.	Case Management	0	0		
8.	Trauma-specific Services	0	0		
9.	Was the consumer referred to another pro-	vider for a	any of the above c	ore services?	
	Yes O No O				
Su	pport Services	Prov	vided		
		Yes	No		
	Primary Care	0	0		
	Employment Services	0	0		
	Family Services	0	0		
	Child Care	0	0		
5.	Transportation Education Services	0	0		
o. 7.	Housing Support	0	0		
۶. 8.	Social Recreational Activities	0	0		
9.		Ö	Ö		
	. Medical Support & HIV Testing	O	Ō		

11. Was the consumer referred to another provider for any of the above support services?

Yes O No O