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

# CMHS NOMS Child Consumer Outcome Measures for Discretionary Programs Child or Adolescent 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	NAG	EME	NT														
Consun	ner	ID		_					_	_	_		_	_					
Grant I	Grant ID (Grant/Contract/Collaborativ						green	ient)		_	_	_	_						_
Site ID									_	_	_	_	_						
Intervie	ew 🛛	Гуре	[Sele	ct on	ly one	]													
	0	Baseline																	
		Did you co	nduct	a base	eline ii	ntervi	ew?												
	0	Yes	[Sele	ct a c	onsun	ner ty	vpe tl	ıen fi	ill in	the in	itervi	ew da	ite ar	nd th	e rest	t of S	ection	A]	
			0	No	[Sele	ct a c	onsu	mer t	type	then f	fill in	the re	est of	f Sect	ion A	<b>\</b> ]			
Consun	ner	Туре	[Select only one]																
			0	• New [A <b>first-time</b> consumer to your grant]															
			0	Conti	nuing		cons your			was j	previ	ously	scree	ened,	asse	ssed,	treate	ed, or	referred
	0	3 month re	assess	sment	t [All ]	progr	ams e	xcep	t CM	HI an	d Jail	Dive	rsion	]					
		Did you co	nduct	a reas	sessm	ent ir	itervi	ew?											
	0	Yes	[Fill	in int	erviev	v dat	e, the	en ski	ip to	Sectio	on B]								
			0	No	[Skip	to S	ectio	1 I]											
	0	6 month re	assess	sment	t [CM	HI an	d Jail	Dive	ersior	1]									
		Did you co	nduct	a reas	sessm	ent ir	itervi	ew?											
		0	Yes	[Fill i	n inte	rviev	v dat	e, the	en ski	ip to S	Sectio	n B]							
			0	No	[Skip	to S	ectio	1 I]											
• Clinical Discharge																			
	Did	l you conduc	ct a dis	scharg	ge inte	rview	?												
			0	Yes	<b>[Fill</b> i	n int	ervie	w da	te, th	en sk	ip to	Section	on B]	l					
			0	No	[Skip	to S	ectio	ı J]											

#### A. RECORD MANAGEMENT (Continued) - DEMOGRAPHICS

#### [Demographics are collected only at the baseline interview]

#### 1. What is your gender?

- Male
- Female
- Transgender
- Other (Specify)
- $\bigcirc$  Refused

#### 2. Are you Hispanic or Latino?

- Yes
- O No
- Refused

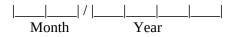
[If Yes] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Central American	0	0	0
Cuban	0	0	0
Dominican	0	0	0
Mexican	0	0	0
Puerto Rican	0	0	0
South American	0	0	0
Other	0	0	$\odot$ [If Yes, Specify Below]
(Specify)			

# 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	0	0	0
Asian	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0
Alaska Native	0	0	0
White	0	0	0
American Indian	0	0	0
Other	0	0	○ [If Yes, Specify Below]
(Specify)			

#### 4. What is your month and year of birth?



O Refused

[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 you were able to deal with your 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 child/adolescent]

STATEMENT	RESPONSE OPTIONS							
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused		
1. I am handling daily life.	0	0	0	0	0	0		
2. I get along with family members.	0	0	0	0	0	0		
3. I get along with friends and other people.	0	0	0	0	0	0		
4. I am doing well in school and/or work.	0	0	0	0	0	0		
5. I am 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:	/	′ <u> </u>   .	/	
	Month	Dav	Year	

**B**.

# C. STABILITY IN HOUSING

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

#### [Do not read response options to the child/adolescent. Select only one.]

- O Caretaker's owned or rented house, apartment, trailer, or room
- O Someone else's house, apartment, trailer, or room
- O Homeless (Shelter, street/outdoors, park)
- O Group home
- O Foster care (Specialized Therapeutic Treatment)
- O Transitional living facility
- O Halfway house
- O Residential Treatment Center
- O Hospital (Medical)
- O Hospital (Psychiatric)
- O Correctional facility (Juvenile Detention Center/Jail/Prison)
- O Other Housed (Specify)
- O Refused
- O Don't Know

#### 2. Who have you 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)
- INon-relative
- I Independent living
- I Refused
- Don't Know

# D. EDUCATION

#### 1. During the last 30 days of school, how many days were you absent for any reason?

- O 0 days
- O 1 day
- O 2 days
- O 3 to 5 days
- O 6 to 10 days
- O More than 10 days
- O Refused
- O Don't Know
- O Not Applicable

#### a. How many days were unexcused absences?

- O 0 days
- O 1 day
- O 2 days
- O 3 to 5 days
- O 6 to 10 days
- O More than 10 days
- O Refused
- O Don't Know
- O Not Applicable

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

- O Never Attended
- O 1<sup>ST</sup> Grade
- O 2<sup>ND</sup> Grade
- O 3<sup>RD</sup> Grade
- O 4<sup>TH</sup> Grade
- O  $5^{TH}$  Grade
- O  $6^{TH}$  Grade
- O 7<sup>TH</sup> Grade
- O 8<sup>TH</sup> Grade
- O 9<sup>TH</sup> Grade
- O 10<sup>TH</sup> Grade
- O 11<sup>TH</sup> Grade
- O 12<sup>TH</sup> Grade/High school diploma/Equivalent (GED)
- O Voc/Tech diploma
- O Some college or university
- O Refused
- O Don't Know

#### E. CRIME AND CRIMINAL JUSTICE STATUS

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

|\_\_\_\_| Times ○ Refused ○ Don't Know

#### [For baseline interviews, skip to Section G]

# 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 you 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 child/adolescent]

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 services.	0	0	0	0	0	0		
6. I helped to choose my treatment goals.	0	0	0	0	0	0		
7. I participated in my treatment.	0	0	0	0	0	0		
8. Overall, I am satisfied with the services I received.	0	0	0	0	0	0		
9. The people helping me stuck with me no matter what.	0	0	0	0	0	0		
10. I felt I had someone to talk to when I was troubled.	0	0	0	0	0	0		
11. The services I received were right for me.	0	0	0	0	0	0		
12. I got the help I wanted.	0	0	0	0	0	0		
13. I got as much help as I needed.	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 mental health provider(s) <u>over the past 30 days</u>.

[Read each statement followed by the response options to the child/adolescent]

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 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]

- $\circ$  01 = Deceased at time of due date
- 11 = Completed interview within specified window
- 12 = Completed interview outside specified window
- $\circ$  21 = Refused interview
- $\circ$  31 = No contact within 90 days of last encounter
- 32 = Other (Specify)

#### 2. Is the consumer still receiving services from your program?

- 0 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 Year

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

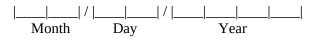
- $\circ$  01 = Mutually agreed cessation of treatment
- $\circ$  02 = Death
- $\circ$  03 = No contact
- $\circ$  04 = Clinically referred out
- $\circ$  05 = Other (Specify)

[Go to next page, Section K]

# K. SERVICES RECEIVED

#### [Section K is reported by program staff only at reassessment or discharge]

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



[Identify all of the services your program provided to the consumer <u>since his/her last NOMs interview;</u> this includes CMHS-funded and non-funded services.]

Core Services	Prov	ided
	Yes	No
1. Screening	0	0
2. Assessment	0	0
3. Treatment Planning or Review	0	0
4. Psychopharmacological Services	0	0
5. Mental Health Services	0	0

#### [If Yes, please select the frequency mental health services were delivered]:

Daily O Weekly O Monthly O Less than 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 provider for any of the above core services?

Yes O No O

Support Services	Provided			
	Yes	No		
<ol> <li>Primary Care</li> <li>Employment Services</li> <li>Family Services</li> </ol>	000	000		
4. Child Care	0	Ö		
5. Transportation	0	0		
6. Education Services	0	0		
7. Housing Support	0	0		
8. Social Recreational Activities	0	0		
9. Consumer Operated Services	0	0		
10. Medical Support & HIV Testing	0	0		

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

Yes O No O