Substance Abuse and Mental Health Services Administration (SAMHSA)
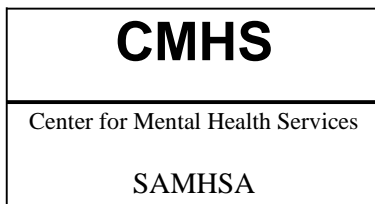
Center for Mental Health Services (CMHS)

National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services

QUESTION-BY-QUESTION INSTRUCTION GUIDE for Adult Programs

CMHS
Center for Mental Health Services
SAMHSA

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Contents

GENERAL OVERVIEW

These instructions are for collecting the Center for Mental Health Services (CMHS) national outcome measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services to Adults, **also known as Services Activities.** CMHS grantees that provide direct services to consumers are required to collect data from each consumer who receives grant-funded services. Grantees collect these data from individual consumers using the NOMs Client-Level Measures tool, **also known as the Services tool.** Data are collected throughout a consumer's episode of care and entered into the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System (SPARS).

- A *consumer* is defined as a person who is actively in treatment with a CMHS-funded program.

- *An episode of care* begins when the consumer enters treatment or services, as defined by the program, and ends when the consumer is discharged and no longer receiving treatment or services with that grantee. A new episode of care begins when a consumer returns for treatment after a lapse of service of 90 calendar days or more or after being discharged.

For each episode of care, an attempt must be made to interview the consumer at baseline, 6-month reassessment intervals (calculated as 180 calendar days), and clinical discharge. In instances where a consumer is unable to complete the interview, a proxy may be used instead.

This guide contains general interviewing and data submission guidelines, an overview of how consent impacts the structure of the interviews, and what data are required at each assessment.

GENERAL GUIDELINES FOR COLLECTING AND SUBMITTING NOMs DATA

INTERVIEWING GUIDELINES

Before starting the interview, consider using a calendar to indicate the past 30 calendar days or asking the consumer if he/she keeps a calendar. Many questions in the Services tool refer to the past 30 calendar days and having a calendar present may help the consumer recall events.

You must conduct interviews in person unless your Government Project Officer (GPO) approves a waiver. The consumer should be asked all questions as described below in Tables 1 and 2.

Reading the questions:

At the beginning of each section, introduce the next set of questions (e.g., "Now I'm going to ask you some questions about …").

Read each question as it is written. Instructions written in all capitals and/or italicized should not be read to the consumer. If a consumer has difficulty understanding a question, it is acceptable to explain the question to him/her using the descriptions listed in this guide. However, do not change the wording of the question.

Read response categories that appear in sentence-case lettering, which is a normal mix of uppercase and lowercase letters (e.g., "Central American" or "Strongly Disagree").

If all response categories are in all capital letters, ask the question open-ended; do not read any of the response categories listed.

Recording the answers:

- NOT APPLICABLE is an available response for appropriate items. For those items, if a consumer does not feel the question applies to him/her, choose NOT APPLICABLE as his/her response to that question.

- The response option REFUSED is provided for all items that are asked of the consumer. If the consumer refuses to answer a question, check REFUSED.

- The response option DON'T KNOW is provided for all items except for questions in Section A. If the consumer does not know the answer to a question, check DON'T KNOW as applicable.

- The REFUSED and DON'T KNOW response options are not available for items that are answered by the grantee except for the "Don't Know" response option for Behavioral Health Diagnoses questions in the "Record Management" section and a few select questions in Section H.

DATA COLLECTION POINTS

The data collection points and required information are presented in Tables 1 and 2 summarized below.

Table 1.   Interviews Completed: *Data collection points and required information for interviews completed*

Data Collection Points	Record Management	Behavioral Health Diagnoses	Section A	Sections B, C, D, E, & G	Section F	Section H (if applicable)	Section I	Section J	Section K	Data Collected	Data Entered into SPARS	System Lock Date
Baseline Assessment[1]	X	X	X	X		X				Complete interview within 7 calendar days of a consumer entering treatment.	Enter data within 30 days of completing interview.	Data cannot be entered or edited after the system lock date (end of the quarter following when the data were collected). Example: If an interview is collected on June 1, it must be entered before October 1.
Reassessment	X	X		X (Except for B7–B10)	X	X	X		X	Conduct an interview every 180 calendar days from the Baseline interview date for the duration of the consumer's treatment. Timeframe for completing the interview is 30 calendar days before and after interview due date.	Enter data within 30 days of completing interview.	Data cannot be entered or edited after the system lock date (end of the quarter following when the data were collected). Example: If an interview is collected on July 1, it must be entered before October 1.
Clinical Discharge	X	X		X (Except for B7–B10)	X	X		X	X	Conduct interview same day (as discharge).[2]	Enter data within 30 days of completing interview.	Data cannot be entered or edited after the system lock date (end of the quarter following when the data were collected). Example: If an interview is collected on August 1, it must be entered before January 1.

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[1] Required for all consumers: new, re-enrolling after a discharge, or returning after a 90-day or longer lapse in treatment, except for consumers who refuse or do not provide consent.

[2] If a reassessment interview was conducted within 30 calendar days of when a consumer is discharged, a Clinical Discharge Interview is not required. An Admin Clinical Discharge, however, must be submitted.

Table 2. **Interviews <u>Not</u> Completed (Admins):** *Data collection points and required information for interviews <u>not</u> completed*

Data Collection Points	Record Management	Behavioral Health Diagnoses	Section A	Sections B, C, D, E, & G	Section F	Section H (if applicable)	Section I	Section J	Section K[1]	Data Collected	Data Entered into SPARS	System Lock Date
Baseline Assessment[2]	X		X							Complete admin within 7 calendar days of a consumer entering treatment. Indicate in #2 (Record Mgmt.) that an interview was not completed and why.	Enter data within 30 days of when the interview was attempted.	Data must be entered in SPARS prior to the system lock date (end of the quarter following when the interview was attempted). Example: If the interview was attempted on June 15, the record must be entered into SPARS before October 1.
Reassessment	X						X		X	Complete admin within 30 days of the interview due date if consumer cannot be interviewed. Indicate in #2 (Record Mgmt.) that an interview was not completed and why.	Enter data within 30 days of the interview due date.	Data must be entered in SPARS prior to the system lock date (end of the quarter following when the interview was attempted). Example: If the interview was attempted on June 15, the record must be entered into SPARS before October 1.
Clinical Discharge	X							X	X	Complete admin within 30 days of discharge if consumer cannot be interviewed.[3] Indicate in #2 (Record Mgmt.) that an interview was not conducted and why.	Enter data within 30 calendar days of discharge.	Data must be entered in SPARS prior to the system lock date (end of the quarter following when the interview was attempted). Example: If the interview was attempted on June 15, the record must be entered into SPARS before October 1.

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[1] Some grants may have an Institutional Review Board approval that does not allow collection of Section K data without consent. In those cases, Section K data should not be collected as part of an administrative discharge. For all other administrative discharges, Section K data should be collected and entered into SPARS.

[2] Required for all consumers: new, re-enrolling after a discharge, or returning after a 90-day or longer lapse in treatment, except those who refuse or do not provide consent.

[3] If a reassessment interview was conducted within 30 calendar days of when a consumer is discharged, a Clinical Discharge Interview is not required; however, an Admin Clinical Discharge must be submitted.

Summary of Table 1 and Table 2:

- **"Record Management" section** is completed by the grantee at all data collection points, regardless of whether an interview was conducted.

- **"Behavioral Health Diagnoses" section** is completed by the grantee for each baseline, reassessment, and clinical discharge interview, for conducted interviews only.

- **Section A** is asked of the consumer only at baseline. If the grantee is unable to obtain demographic data from a consumer interview, this information may be obtained administratively from other available grant data or the client's clinical record. If it is unavailable from another source, code it as REFUSED. If the consumer has refused all data collection, and your organization has a policy or Institutional Review Board (IRB) decision preventing you from obtaining this information from other records, then these items should be coded as REFUSED.

- **Section B Questions 7–10 (Military Family and Deployment)** are only asked at baseline.

- **Sections B (except for Questions 7–10), C, D, E, and G** are asked of the consumer during baseline, reassessment, and clinical discharge interviews.

- **Section F** is asked of the consumer at reassessment and at clinical discharge interviews.

- **Section H** collects program-specific data. Please refer to Appendix A for further details about completing Section H.

- **Section I** is completed by the grantee about the consumer only at reassessment, regardless of whether an interview was conducted (administrative reassessment).

- **Section J** is completed by you about the consumer only at clinical discharge, regardless of whether an interview was conducted (administrative clinical discharges).

- **Section K** is completed by you about the consumer at reassessment and clinical discharge, regardless of whether an interview was conducted (administrative reassessment or clinical discharge). Section K is reported by you unless the consumer refused this interview or all interviews, in which case the section is "optional."

CONSENT

The consumer or proxy may indicate that he/she does not want to be interviewed. If this happens, the interview should not be conducted. A refusal to the current interview may or may not apply to future interviews or data collection; response options for both cases are available. Upon the start of a new episode of care consumers begin with a "clean slate," and a baseline interview should be attempted.

Items to consider:

- Reassessment interviews should be attempted every 6 months (180 days) and until a consent issue prohibits it or the consumer is discharged.

- Consumers should be interviewed at discharge. If the consumer is unavailable for interview at discharge, the grantee will enter an administrative discharge.

- You should decide whether to provide administrative data at the reassessment based on relevant organizational policies or IRB decisions.

- For a consumer to be excluded from future interviews and not be counted as "due" (and therefore not be part of your reassessment interview rate), you must do the following:

  o Submit an administrative baseline or administrative reassessment, and

  o Indicate the following response category in the reassessment for Question 2 in the "Record Management" section ("Why was the interview not conducted?"): "Consumer refused all interviews."

TIMELINES FOR INTERVIEW COMPLETION AND DATA SUBMISSION

The following information is summarized in Tables 1 and 2 above.

Data Collection Timelines

Baseline

For consumers who initiate an episode of care <u>after</u> your grant begins using SPARS, baseline interviews must be completed within 7 calendar days after the episode of care is initiated.

For consumers who were already receiving care when your grant began using SPARS, baseline interviews must be completed the next time your project has contact with the consumer.

The completed interview must be entered into SPARS within 30 calendar days of the interview date; all edits must be completed no later than the system lock date for the quarter in which the interview was conducted.

Grantees that collect the baseline interview closer to the time the consumer initiates treatment will be at an advantage in the reporting of outcomes because the greatest improvement in outcomes is likely to occur near the start of treatment.

It may not be feasible to conduct a baseline interview for consumers who are seeking treatment after experiencing a crisis or trauma. If it is not possible to conduct the baseline interview right away, you should conduct the interview as soon as possible but no longer than 30 calendar days after an episode of care is initiated.

Requirements for Collecting Administrative Baseline Data

If a consumer is unable or unwilling to provide consent for the baseline interview, you are required to enter administrative information into SPARS within 7 calendar days of a consumer entering treatment; all edits must be completed no later than the system lock date for the quarter in which the consumer initiated treatment. The following administrative information is required:

- Record Management, and
- Section A: Demographic Data.

Reassessment

Reassessment interviews should be completed every 6 months (calculated as 180 calendar days) after the baseline interview date for the duration of the consumer's episode of care. *This includes the Section H physical health indicators for certain programs.

The completed interview must be entered into SPARS within 30 calendar days of the interview date; all edits must be completed no later than the system lock date for the quarter in which the interview was conducted.

When a new episode of care is initiated because a consumer re-enters treatment after a discharge or a lapse in services of 90 calendar days or more, the timing of the reassessments will be based on the baseline interview date for the new episode of care.

Reassessment Interview Rate
The goal is to conduct reassessment interviews with 100% of consumers for whom a baseline record is submitted. You are not responsible for finding consumers to conduct the reassessment interview unless it is a program or grant requirement.

The reassessment interview rate is calculated as the number of reassessments "received," divided by the number of reassessments "due," and then multiplied by 100 to calculate a percentage ((Received/Due) $\times$ 100).

Window or Time Frame Allowed for Completing the Reassessment
You do not have to complete the 6-month reassessments (calculated as 180 days) on the consumer's exact due date. For interviews to count toward your reassessment interview rate, you must complete the reassessment interviews within a window that starts 30 calendar days before and ends 30 calendar days after the interview due date.

You are not required to conduct interviews outside the reassessment window. However, interviews that are conducted and submitted outside the window will be accepted by SPARS, and the data will be available in your data download and for use by CMHS. Interviews that are submitted outside of a window (before or after) will not be counted toward your reassessment interview rate.

Requirements for Collecting Administrative Reassessment Data
If a reassessment interview is not conducted, you are required to enter the following administrative information into SPARS within 30 days of the interview due date; all edits must be completed no later than the system lock date for the quarter in which the interview was due.

- "Record Management"—For Question 2, which asks whether the interview was completed, select "No" and indicate the reason the interview was not completed;
- Section I, "Reassessment Status"; and
- Section K, "Services Received."

If administrative information is submitted in place of an interview but you are then able to conduct a reassessment interview before the system lock date, you will need to delete the administrative record prior to entering the interview record.

Example Data Collection Points for Reassessment
The specific dates for a reassessment interview will be determined by the interview date of a consumer's baseline interview. For example:

- *Reassessment Interview Due (every 180 calendar days for duration of consumer's treatment):* A consumer enters the grant on January 3 and completes the baseline interview. The consumer will be due for a 6-month reassessment interview on July 2 and a 12-month reassessment interview on December 29 of the same year. For any reassessment interview the consumer does not complete, you must submit administrative information, as described above.

<u>Clinical Discharge</u>

Clinical discharge interviews must be completed at the time of discharge. The completed interview must be entered into SPARS within 30 calendar days of the interview date; all edits must be completed no later than the system lock date for the quarter in which the interview was conducted.

Clinical Discharge Defined
A clinical discharge is defined by the grant. However, if the consumer has not had contact with the project for 90 calendar days or more or the consumer has died; the consumer should be discharged. Contact refers to services or referrals provided, phone calls related to a treatment plan (not scheduling), or crisis intervention or emergency services.

Requirements for Conducting Clinical Discharge Interviews
It is up to you to identify when discharge interviews are due. If the consumer is present on the day of discharge, a discharge interview must be conducted that day. You are not responsible for finding the consumer to conduct the clinical discharge interview. This does not apply if a clinical discharge interview is a program or project requirement.

Requirements for Collecting Administrative Clinical Discharge Data
If a clinical discharge interview is not conducted, you are required to enter the following administrative information into SPARS within 30 calendar days of discharge or of being notified of the consumer's death. All edits must be completed no later than the system lock date for the quarter in which the consumer was discharged.

- Record Management—For Question 2, which asks whether the interview was completed, select "No" and indicate the reason the interview was not completed;
- Section J, "Clinical Discharge Status"; and
- Section K, "Services Received."

If an administrative clinical discharge is submitted in place of an interview and then a clinical discharge interview is conducted, you will need to delete the administrative record prior to entering the interview record.

If a reassessment interview was conducted within 30 calendar days of a discharge, a separate clinical discharge interview is not required. However, an administrative clinical discharge must be completed.

Example Data Collection Points for Clinical Discharge

The dates for clinical discharge interviews or administrative data will be determined by the date of discharge or consumer's death. For example:

- *Clinical Discharge (Grantee Definitions):* A consumer enters a program on June 1 and completes a baseline interview. He/she is discharged by the project according to the grantee's definitions of discharge on September 1. If possible, a clinical discharge interview should be conducted on September 1. If the consumer is not interviewed for any reason, you should complete the "Record Management" section and Sections J and K within 30 days of discharge. NOTE: Some projects may prohibit the collection of Section K.

- *Clinical Discharge—Lost contact with grantee:* A consumer enters a program on June 1 and completes the baseline interview. He/she is then not in contact with the program for 90 calendar days or more since the last service encounter. You must complete the "Record Management" section and Sections J and K in SPARS within 30 calendar days after the consumer lost contact (the 91st day he/she was not in contact with the grantee).

- *Clinical Discharge—Consumer death:* A consumer enters a program on June 1 and completes the baseline interview. The grantee is notified of the consumer's death in August. The grantee must complete the "Record Management" section and Sections J and K in SPARS within 30 calendar days of the notification.

Data Submission Deadlines

NOMs Client-Level Measures (Services Activities) data should be entered into SPARS within 30 days of the interview date or due date of the interview (for admins). All edits must be made before the system lock date. The system lock dates are shown below.

Services Data Collected During This Period:	Grantee Should Enter (Interviews and Admins):	System Lock Date:
Quarter 1: October 1–December 31	Within 30 days of the interview date or when the interview was due	April 1
Quarter 2: January 1–March 31	OR Within 30 days of the discharge	July 1
Quarter 3: April 1–June 30		October 1
Quarter 4: July 1–September 30		January 1

This Question-by-Question Instruction Guide is organized according to the sections of the Services tool. For each section there is an overview and definitions that apply to the items in that section. The following information is provided about each question:

Intent/Key Points	Describes the intent of the question.
Additional Probes	Offers suggestions for probes that may help prompt the consumer's memory during the interview.
Coding Topics	Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that could otherwise produce vague answers.
Cross-Check Items	Alerts the interviewer to items that should be related and to answers that should be verified if a contradiction occurs during the course of the interview.
Skip Pattern	Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on how a consumer answered a previous question.

A Spanish version of the paper Services tool is available on the SPARS website for download. In cases where a consumer speaks a language other than English or Spanish, you should follow the same procedures for collecting the data as used to obtain any other information for that consumer.

RECORD MANAGEMENT

OVERVIEW

This section pertains to the collection of the consumer's identification for SPARS, the grantee information, and the consumer's interview information.

The "Record Management" section is **not** asked of the consumer but is supplied by the grantee. The "Record Management" information must be filled in for each interview, regardless of whether an interview was conducted.

Coding Topics/Definitions

Consumer ID A unique consumer identifier that is determined by the grantee. It can be between 1 and 11 characters and can include both numerals and letters. It cannot begin with a dash or contain non-alphanumeric characters, including any of the following: "."[]!@#$%^&*(.)," with the exception of dashes or underscores. This ID is intended to track a specific consumer through his/her interviews, baseline, clinical discharge, and 6-month reassessments (calculated as 180 calendar days), while maintaining the anonymity of the consumer. The same unique ID is used each time, regardless if the consumer has more than one episode of care (i.e., if he/she is discharged or leaves treatment for 90 days or more and then returns). This Consumer ID allows for unduplicated counts across all CMHS service programs. To protect the consumer's identity, do not use any information that could identify the consumer. This includes using, but is not limited to, the consumer's name, initials, date of birth or Social Security number as all or part of the Consumer ID.

Contract/Grant ID The CMHS-assigned grant identification 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 SPARS project, the identifying portion of the number is SM12345; the first number is not needed. A maximum of 10 digits may be used.

Site ID The purpose of the Site ID is to associate the consumer data entered for a grant to a specific grant location. It is used by grantees to help them track where the services were provided or where the interview was conducted. Grants with more than one site will need to have a Site ID(s) in order to enter records in SPARS. To request a Site ID(s), the Project Director must go into "My Account" > "Update my Grant" on the SPARS website and complete the questions under the "For Consumer Service Program Grants Only" Section. The Help Desk will contact the grant with questions as necessary. The Site ID will be emailed to the grant from the SPARS Help Desk.

1	INDICATE ASSESSMENT TYPE

Intent/Key Points

Indicate the type of assessment that is being completed. **Remember these questions are not asked of the consumer but are completed by the grantee.** Please refer to the "Introduction" for more information about the timing of assessments and the requirements for conducted and administrative interviews.

Coding Topics/Definitions

Baseline—The initial assessment conducted at the start of an episode of care. If a consumer ends one episode of care and begins another, as described in the "Introduction" section, a new baseline must be administered using the same Consumer ID.

If you choose baseline, answer the follow-up question:

> ➤ *Enter the month and year when the consumer first received services under the grant for <u>this</u> episode of care.*

> Enter the date [mm/yyyy] using numbers. The date the consumer first began receiving grant-funded services for the current episode of care must be after the grant start date. An episode of care begins when the consumer enters treatment or services, as defined by the program, and ends when the consumer is discharged and is no longer receiving treatment or services with that grantee. A new episode of care begins when a consumer returns for treatment after a lapse of service of 90 calendar days or more or after being discharged.

Reassessment—Periodic reassessments conducted every 6 months for the duration of the consumer's treatment (calculated as 180 calendar days).

If you choose reassessment, answer the follow-up question:

> ➤ *Which 6-month reassessment?*

> Fill in the number which corresponds to the reassessment. For example: 06 for the 6-Month Reassessment, 12 for the 12-Month Reassessment, 18 for the 18-Month Reassessment, etc.

Clinical discharge—A final assessment conducted at the time the consumer is discharged from the program.

Cross-Check Items	None.
Skip Pattern	None.

2	WAS THE INTERVIEW CONDUCTED?

Intent/Key Points

The intent of this question is to determine whether or not an interview with the consumer is going to be conducted at this time.

Coding Topics/Definitions

Yes

If you indicate YES, answer the follow-up question:

> ➤ *When?*

Enter the month, day, and year when the interview was conducted.

*For a Baseline—*This date should be on or after the grant start date and the grant target start date and on or before the current date. The baseline interview date will determine when subsequent reassessment interviews are due.

*For a Reassessment—*This date must be after the date of any previous baseline or reassessment record entered in SPARS.

*For a Clinical Discharge—*This date must be after the most recent interview date.

No

If you indicate NO, answer the follow-up question:

> ➤ *Why not? Choose only one.*

Select one of the following reasons why the interview was not conducted.

Not able to obtain consent from proxy: The grantee was unable to get consent from the consumer's proxy.

Consumer was impaired or unable to provide consent: The consumer was unable to provide consent (typically due to cognitive impairment).

Consumer refused this interview only: The consumer refused to participate in this interview only, and the grantee will try to reach them for the next interview.

Consumer was not reached for interview: For reasons other than consent or refusal issues, the grantee was unable to reach the consumer in order to conduct an interview.

Consumer refused all interviews: The consumer refused to participate in this and all future interviews for SPARS. If this is selected, you will not be required to submit reassessment data and will not receive notification for future reassessments. However, you will be responsible for submitting an administrative discharge for the consumer. This includes completing the "Record Management" section and Sections J and K.

Cross-Check Items   None.

Skip Pattern

If the answer to Question 2 is "No," go to the instructions below Question 3.

BEHAVIORAL HEALTH DIAGNOSES

Intent/Key Points

The intent of this question is to gather diagnostic information about consumers via the International Statistical Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).

Identify the consumer's current behavioral health diagnoses using ICD-10-CM codes.

Program staff report this information without asking the consumer. It is completed at baseline, reassessment, and clinical discharge if the interview was conducted with the consumer.

Additional Probes   None—*response is not made by the consumer.*

Coding Topics/Definitions

The ICD-10-CM is a classification code published by the United States for categorizing diagnoses and the reason for visits in all healthcare settings.[1]

Record the appropriate code listed. Select up to three ICD-10 codes. If more than three codes apply, please indicate the codes most relevant to the consumer's participation in SAMHSA-funded services. After selecting a code, please indicate, if known, whether it is primary, secondary, or tertiary. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

ICD-10 codes are not a requirement for each consumer served by every SAMHSA grant. Select "None of the Above" if there are no substance use or mental health diagnoses being assigned to the consumer or if the consumer was diagnosed with a substance use or mental health disorder that is not listed in the CMHS Services tool. Select "Don't Know" if the program is unaware if the consumer was diagnosed with a substance use or mental health disorder diagnosis.

For additional guidance, consult the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*),[2] for specific diagnostic criteria and accompanying ICD-10 codes for the appropriate substance use and mental health disorder diagnosis to be assigned to the consumer. Please consult a licensed mental health clinician or other diagnostic expert to assist in determining appropriate diagnostic codes for consumers.

Review the resources below for crosswalks that show the equivalent codes in ICD-10-CM and in *DSM-5*:

- https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm-5/coding-updates/as-ordered-in-the-dsm-5-classification

Cross-Check Items   None.

Skip Pattern

For Baselines: If this is a baseline, go to Section A.

For Reassessments:
    If an interview was conducted, go to Section B.
    If an interview was not conducted, go to Section I.

For a Clinical Discharge:
    If an interview was conducted, go to Section B.
    If an interview was not conducted, go to Section J.

SECTION A: DEMOGRAPHIC DATA

OVERVIEW

This section pertains to consumer demographic information. This section is only asked at baseline.

Please ask the questions and mark the response given by the consumer. While some of the information may seem apparent, **ask all questions** for verification. Do not complete a response based on the consumer's appearance. If the consumer refuses to answer a question, check the REFUSED option and go to the next question. Do not read response options in ALL CAPS.

A1   What is your gender?

Intent/Key Points

The intent of the question is to determine the consumer's gender. Ask the question open-ended and enter the consumer's response, even if the consumer's response does not match his/her obvious appearance.

Additional Probes

If the consumer does not understand or asks what is meant by gender, you may clarify the question by asking if they prefer to be seen or if they see themselves as a man or male, woman or female, transgender, or other. If the consumer identifies a category that is not listed, mark OTHER and record the response in the space provided.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

A2   Are you Hispanic or Latino?
[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.

Intent/Key Points

The intent of the question is to determine whether the consumer is Hispanic or Latino—and, if Hispanic/Latino, of which ethnic group he/she considers himself/herself.

Note that this is a two-part question. Read the first question open-ended and record the consumer's response. If the answer is "yes," read the follow-up question with the available ethnic response options.

Additional Probes   None.

Coding Topics/Definitions

If the consumer responds that he/she is Hispanic or Latino, check YES **and** then inquire about which ethnic group the consumer considers himself/herself. Read the available ethnic group

response options and allow the respondent to answer YES or NO to each. If the consumer identifies a group that is not represented on the list, select OTHER and record his/her response in the space provided.

The consumer can indicate YES to as many ethnic groups that he/she wants.

The consumer cannot indicate NO for all ethnic groups.

Cross-Check Items   None.

Skip Pattern

Skip the follow-up question, "*[IF YES]* What ethnic group do you consider yourself?" if the answer to Question A2 is NO or REFUSED.

A3   What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Intent/Key Points

The intent of the question is to determine what race the consumer considers himself/herself. Record the response given by the consumer, not the interviewer's opinion.

Read the available race response options and allow the respondent to answer YES or NO to each. Ask this question to all consumers, even those who identified themselves as Hispanic or Latino.

Additional Probes   None.

Coding Topics/Definitions

The consumer can choose YES to as many as apply.

The consumer may respond NO to all races.

Cross-Check Items   None.

Skip Pattern   None.

A4   What is your month and year of birth?

Intent/Key Points

The intent is to record the consumer's month and year of birth. Only the month and year will be entered and saved in SPARS.

Additional Probes   None.

Coding Topics/Definitions

Enter the date as mm/yyyy. SPARS will only save the month and year. Day is not asked neither saved in SPARS to protect the identity of the consumer.

Cross-Check Items　　　None.

Skip pattern　　　None.

A5　**Which of the following do you consider yourself to be?**
- ○ **Heterosexual; that is, straight**
- ○ **[IF FEMALE, THEN "Lesbian"] or Gay**
- ○ **Bisexual**
- ○ **OTHER (SPECIFY) _____**
- ○ **REFUSED**
- ○ **DON'T KNOW**

Intent/Key Points

The intent is to determine the consumer's sexual identity. Record the response given by the consumer, not the interviewer's opinion.

If the consumer identifies a category that is not listed, mark OTHER and record the response in the space provided.

Please note: Question A5 is considered to be a very sensitive question. Some consumers may be uncomfortable providing this information.

As a reminder, it is important that you reassure the consumer that his/her answers are confidential and will not be linked to his/her name in any way.

If the consumer refuses to answer this question, mark "REFUSED" and continue to the survey instructions below Question A5.

Additional Probes　　　None.

Coding Topics/Definitions

Respondents may be uncomfortable answering this question or may express confusion over which response option to choose. Remind respondents that all answers will be kept private. Ask them to choose the response that best describes them as an individual; there is no right or wrong answer.

Cross-Check Items　　　None.

Skip Pattern

If a baseline interview was not conducted, stop here. Otherwise, go to Section B.

SECTION B: FUNCTIONING, MILITARY FAMILY AND DEPLOYMENT, AND VIOLENCE AND TRAUMA

OVERVIEW

This section pertains to issues of physical, emotional/mental health, substance use, consumer and family veteran status, and experiences with violence or trauma. The scales in this section ask the consumer to report on his/her perception of his/her current general health (physical and emotional), daily functioning, and use of tobacco, alcohol, and other substances. Do not read REFUSED, DON'T KNOW, or NOT APPLICABLE as options.

FUNCTIONING

The functioning questions (B1–B6) are asked at all interviews; the Global Assessment of Functioning (GAF) score and date are optional but may be submitted for all interviews.

B1   How would you rate your overall health right now?

Intent/Key Points

The intent is to determine information about the consumer's overall health status at the time of the interview. This question applies to both physical, emotional, and/or mental health.

For this item, read the question and response choices ranging from "excellent" to "poor" and record the consumer's answer.

Additional Probes

If needed, clarify that the question refers to physical, emotional, and/or mental health. If you have direct knowledge about the client that appears to contradict his/her answer or if the answer does not seem consistent with how the client is presenting (e.g., doing an interview after serious injury or illness)—you may ask the client to clarify his/her answer based on this information. However, if the client chooses to remain with his/her original answer—record his/her original response and continue to the next item.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

B2   **Please select the one answer that most closely matches your current situation.**
I feel capable of managing my health care needs:
○ **On my own most of the time**
○ **On my own some of the time and with support from others some of the time**
○ **With support from others most of the time**
○ **Rarely or never**
○ **REFUSED**
○ **DON'T KNOW**

Intent/Key Points

The intent is to determine information about the consumer's recent ability to manage healthcare needs at the time of the interview.

For this item, read the question and response choices and record the consumer's answer.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option and continue with Question B3.

Cross-Check Items   None.

Skip Pattern   None.

B3 *(a–h)*   **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.**
    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.
    g. My housing situation is satisfactory.
    h. My symptoms are not bothering me.

Intent/Key Points

The intent is to determine information about the consumer's recent functioning. Ask specifically about how the consumer was able to deal with everyday life during "the past 30 calendar days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the last 30 calendar days covers April 15–May 15.

Read the instructions and then each statement followed by the disagreement/agreement categories to the consumer. Response options range from "strongly disagree" to "strongly agree." It is important to read all of the functioning statements (items B3a–B3h) regardless of whether the consumer refuses to respond to one of the statements.

Additional Probes

If needed, clarify that the mental health and related services refer to services, treatment, and/or medications that are provided as a result of the grant.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next sub-question in B3.

If the consumer indicates the question or an answer does not apply, mark NOT APPLICABLE in those cases where it is provided. Otherwise, ask the consumer to choose an answer; those answers that do not provide the NOT APPLICABLE option as a possible choice are considered to apply to all consumers and require an answer or a refusal.

> *Mental health and related services:* Services provided as the result of this grant that pertain to people with mental illness or at risk of mental illness. When people with mental illness are the population of focus, a wide array of subject areas may be considered to be mental health related by virtue of the connection with this population. Under such circumstances, mental health–related areas may include (but are not limited to) those pertaining to physical health, housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

Cross-Check Items   None.

Skip Pattern   None.

B4 *(a–g)*   **During the past 30 days, about how often did you feel …**
   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?**
During the past 30 days …
   g. **How much have you been bothered by these psychological or emotional problems?**

Intent/Key Points

The intent is to assess how frequently the consumer experienced psychological distress within the past 30 days and how bothered the consumer was by these problems.

Read the instructions, then each question followed by the response options. For sub-questions B4a–B4f response options range from "all of the time" to "none of the time." For sub-question B4g, response options range from "not at all" to "extremely."

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to respond to a particular item, check the REFUSED option and go to the next item or question in B4.

Cross-Check Items   None.

Skip Pattern   None.

B5 *(a–f)*   **In the last 4 weeks …**
    a. **how would you rate your quality of life?**
In the last 4 weeks …
    b. **do you have enough energy for everyday life?**
In the last 4 weeks …
    c. **how satisfied are you with your ability to perform your daily living activities?**
    d. **how satisfied are you with your health?**
    e. **how satisfied are you with yourself?**
    f. **how satisfied are you with your personal relationships?**

Intent/Key Points

The intent is to record information about how the consumer has been feeling (mentally, physically, and emotionally) during the last 4 weeks.

Read each question followed by the response options. For sub-question B5a, response options range from "very poor" to "very good." For sub-question B5b, response options range from "not at all" to "completely". For sub-questions B5c–B5f, response options range from "very dissatisfied" to "very satisfied." After reading each question and response option, record the response. It is important to ask all of the items (a–f) in B5.

Additional Probes

Read all of the response choices that appear in lowercase letters and record the consumer's answer, *even if you have knowledge that contradicts the consumer's answer*. Do not read the "REFUSED" or "DON'T KNOW" response categories.

You may ask the consumer to clarify the response if the answer is not consistent with the image the client is presenting.

If the consumer asks what is meant by quality of life, explain that it is a concept that observes life satisfaction, including everything from physical and mental health, social functioning, family, education, employment, wealth, religious beliefs, and the community and environment surrounding the consumer.

Energy pertains to the strength and vitality required for sustained physical or mental activity, but the term is ultimately left to the consumer's interpretation.

Daily activities can include work, school, family responsibilities, treatment involvement, legal responsibilities (e.g., probation appointments), or special events.

Degrees of satisfaction are subjective and are ultimately left to the consumer's interpretation.

Personal relationships can include relationships with family, friends, boyfriend/girlfriend, significant other, and work colleagues, but the term is ultimately left to the consumer's interpretation.

Coding Topics/Definitions   None.

If a consumer answers "Don't Know" or refuses to answer an item, continue by asking the next item in the list.

Cross-Check Items   None.

Skip Pattern   None.

B6 *(a-l)*   **In the past 30 days, how often have you used …**
  a. **tobacco products**
  b. **alcoholic beverages**
      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?**
      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?**
  c. **cannabis**
  d. **cocaine**
  e. **prescription stimulants**
  f. **methamphetamine**
  g. **inhalants**
  h. **sedatives or sleeping pills**
  i. **hallucinogens**
  j. **street opioids**
  k. **prescription opioids**
  l. **other—specify (e-cigarettes, etc.):**

Intent/Key Points

The intent is to record information about the consumer's recent tobacco, alcohol, and other substance use in the past 30 days.

Read each question followed by the response options ranging from "never" to "daily or almost daily" and record the response. It is important to ask all of the substance use items (a–l) in B6. If a consumer answers "never" or refuses to answer an item, continue by asking the next item in the list.

Additional Probes

Probe for nonmedical use of prescription-type drugs (e.g., taking more than what is prescribed, taking someone else's prescription medication). Probe for misuse of over-the-counter (OTC) products; for example, misuse of OTC cough syrups, cold medicines, etc. Probe for whether the consumer used marijuana that is not covered by a medical marijuana card or prescription. Probe for whether the consumer has used e-cigarettes.

Coding Topics/Definitions

Unprescribed use of prescription medication or misuse of prescribed medication, misuse of OTC products should be counted and coded under the appropriate class of drug in the list (e.g., misuse of OTC cough syrups or cold medicines can be coded as OTHER; misuse of prescribed medication, such as Vicodin, should be coded under prescription opioids). Marijuana use that is not covered by a medical marijuana card or prescription should be counted and coded as "cannabis." The use of e-cigarettes should be coded as "other."

Cross-Check Items   None.

Skip Pattern   None.

OPTIONAL QUESTION 1	DATE GLOBAL ASSESSMENT OF FUNCTIONING (GAF) WAS ADMINISTERED

Intent/Key Points

The intent is to record the date the GAF Scale was administered (if applicable). This information is submitted at the discretion of your project and obtained from the consumer's record. Do not ask the consumer the date of his/her GAF assessment.

Additional Probes   Not applicable.

Coding Topics/Definitions

Enter the date as mm/dd/yyyy. The GAF date must be prior to the current interview date but cannot be more than 6 months older than the current interview date. Partial dates are not allowed.

Cross-Check Items

If the date the GAF was administered is recorded, the GAF score must also be recorded.

Skip Pattern

Skip the optional question regarding date the GAF was administered if the GAF score is not known or recorded and go to Question B7.

OPTIONAL QUESTION 2	WHAT WAS THE CONSUMER'S SCORE?

Intent/Key Points

The intent is to record the consumer's GAF score. This information is submitted at the discretion of your project and obtained from the consumer's record. Do not ask the consumer his/her GAF score.

Additional Probes   Not applicable.

Coding Topics/Definitions

Enter the GAF score as a number between 0 and 100.

Cross-Check Items

If the GAF score is recorded, the date the GAF assessment was conducted must also be recorded.

Skip Pattern

Do not enter the GAF score if the GAF was administered more than 6 months prior to the current interview date or if the complete date (mm/dd/yyyy) the GAF was administered is not known.

MILITARY FAMILY AND DEPLOYMENT

Questions B7 and B8 (and all sub-questions) are only asked at baseline. NOTE: You may designate an alternate/appropriate provider to collect this section of responses from the consumer as the consumer may have a sensitive or traumatic reaction. At the very least, be prepared to have an appropriate provider available if the consumer needs additional support when responding to these questions. Do not read response options that are shown in ALL CAPS.

B7   **Have you ever served in the Armed Forces, the Reserves, or the National Guard?**

[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.**

Armed Forces, Reserves, National Guard

Intent/Key Points

The intent 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.

Note that this is a two-part question. Read the first question open-ended and record the consumer's response. If the answer is "yes," read the follow-up question with the available military group response options and allow the respondent to answer YES or NO to each.

Additional Probes   None.

Coding Topics/Definitions

If the consumer responds that he/she served in the U.S. military, check YES **and** then inquire in which military group(s) the consumer served.

If the consumer refuses to answer the question "Armed Forces," for example, check the REFUSED option and proceed to the next military group listed.

The consumer can indicate YES or NO to as many as apply.

> *ARMED FORCES*: all branches of the U.S. military including the Army, Air Force, Navy, Marines, and Coast Guard.
>
> *THE RESERVES*: armed forces that are not on active duty but can be called in an emergency.
>
> *THE NATIONAL GUARD*: state-organized units of the U.S. Army and Air Force composed of citizens who undergo training and are available for service in emergencies.

Cross-Check Items   None.

Skip Pattern

Questions B7 and B8 (and all sub-questions) are only asked at baseline. Skip to Question B11 if this is a reassessment or discharge interview.

For baseline interviews, skip the follow-up question, *[IF YES]* "In which of the following have you ever served?" if the answer to the first part of Question B7 was NO, REFUSED, or DON'T KNOW.

B7a   Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

[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.

Armed Forces, Reserves, National Guard

Intent/Key Points

The intent is to determine the consumer's current U.S. military status (at time of interview).

Note that this is a two-part question. Read the first question open-ended and record the consumer's response. If the answer is "yes," read the follow-up question with the available military group response options and allow the respondent to answer YES or NO to each. It is important to read all of the active-duty military groups regardless of whether the consumer refuses to respond to one of them.

Additional Probes   None.

Coding Topics/Definitions

If the consumer responds that he/she is serving on active duty in the U.S. military, check YES, **and** then ask in which specific military group he/she is serving.

If the consumer refuses to answer the question "Armed Forces," for example, check the REFUSED option and proceed to the next military group listed.

The consumer can indicate YES or NO to as many as apply.

> *ACTIVE DUTY:* does not include training for the Reserves or National Guard but DOES include activation, for example, for the Persian Gulf War.
>
> *ARMED FORCES*: all branches of the U.S. military including the Army, Air Force, Navy, Marines, and Coast Guard.
>
> *THE RESERVES*: armed forces that are not on active duty but can be called up in an emergency.
>
> *THE NATIONAL GUARD:* state-organized units of the U.S. Army and Air Force composed of citizens who undergo training and are available for service in emergencies.

Cross-Check Items   None.

Skip Pattern

Skip the follow-up question, *[IF YES]* "In which of the following are you currently serving? Please answer for each of the following," if the answer to the first part of Question B7a was NO, REFUSED, or DON'T KNOW.

B7b   **Have you ever been deployed to a combat zone?**
[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.

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)

Intent/Key Points

The intent is to determine whether the consumer was ever deployed to combat.

Note that this is a two-part question. Read the first question open-ended and record the consumer's response. If the answer is "yes," read the follow-up question with the available combat zone response options and allow the respondent to answer YES or NO to each. It is important to read all of the combat zones regardless of whether the consumer refuses to respond to one of them.

Additional Probes   None.

Coding Topics/Definitions

If the consumer responds that he/she was deployed to a combat zone, check YES, **and** then inquire about to which specific combat zone the consumer was deployed.

If the consumer refuses to answer the question "Korea," for example, check the REFUSED option and proceed to the next combat zone listed.

The consumer can indicate YES or NO to as many as apply.

> *COMBAT ZONE:* An area designated by the President of the United States as a zone where troops are or have engaged in combat during a specified period.

Cross-Check Items

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 check will give the interviewer an opportunity to confirm the consumer's response if the consumer was not at least 18 years of age during the combat time frame. This is a soft-edit check, meaning that the interviewer or data entry coder may proceed to the next question regardless of the consumer's answer.

Skip Pattern

Skip the follow-up question, *[IF YES]* "To which of the following combat zones have you been deployed?" if the answer to the first part of B7b was NO, REFUSED, or DON'T KNOW.

B8   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?

Intent/Key Points

The intent is to determine whether the consumer has a family member or close friend, etc. that is either currently serving on active duty or has formerly 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."

Additional Probes   None.

Coding Topics/Definitions

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

Cross-Check Items   None.

Skip Pattern

Question B8 is only asked at baseline. Skip to Question B11 if this is a reassessment or discharge interview.

TRAUMA AND VIOLENCE

Questions B9 and B10 are only asked at baseline; Question B11 is asked at all interviews.

NOTE: Trauma Questions B9–B11 are considered to be very sensitive questions. Some consumers may be uncomfortable providing this information. As a reminder, it is important that you reassure the consumer that his/her answers are confidential and that answers will not be linked to his/her name in any way.

You can explain that the information is used to understand how the grant-funded project is working. However, if the consumer refuses to answer this question, mark "Refused" and proceed to the next question.

You may designate an alternate/appropriate provider to collect this section of responses from the consumer because the consumer may have a sensitive or traumatic reaction. At the very least, be prepared to have an appropriate provider available if the consumer needs additional support when responding to these questions. Do not read response options that are shown in ALL CAPS.

B9   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)?

Intent/Key Points

The intent is to determine if the consumer has experienced any violence or trauma. This information will help in CMHS' overall goal of reducing the behavioral health impacts of violence and trauma.

Additional Probes   None.

Coding Topics/Definitions

Read the question open-ended to the consumer and record the response.

> *TRAUMA*—mental health professionals define a traumatic event as a situation where both of the following occurred:

- The person experienced, witnessed, or was confronted with an event where there was the threat of actual death or serious injury. The event may also have involved a threat to the person's physical well-being or the physical well-being of another person.

- The person responded to the event with strong feelings of fear, helplessness, or horror.

Some examples of trauma may include experiencing or witnessing childhood or adult physical, emotional , or sexual abuse ; experiencing or witnessing physical assault ; adult experiences of

sexual assault ⬀, accidents, drug addiction, or illnesses complications; employment in occupations exposed to war (such as soldiers) or disaster (such as emergency service ⬀ workers); and/or getting a diagnosis of a life-threatening illness.

Cross-Check Items   None.

Skip Pattern

Questions B9 and B10 are only asked at baseline. Skip to Question B11 if this is a reassessment or discharge interview.

For baselines, if the answer to question B9 was YES, go to Question B10; otherwise, skip to Question B11.

B10   **Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:**
   a.   **Have had nightmares about it or thought about it when you did not want to?**
   b.   **Tried hard not to think about it or went out of your way to avoid situations that remind you of it?**
   c.   **Were constantly on guard, watchful, or easily startled?**
   d.   **Felt numb and detached from others, activities, or your surroundings?**

Intent/Key Points

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

Note that this question has four sub-questions. Read the initial question stem, then the sub-questions (B10a, B10b, B10c, and B10d) as open-ended questions.

Additional Probes   None.

Coding Topics/Definitions

If the consumer responds YES or NO to any of the questions, check YES or NO, and continue with the next question in B10.

If the consumer doesn't know the answer or refuses to answer any of the questions in B10, check DON'T KNOW or REFUSED and go to the next question in B10.

Cross-Check Items   None.

Skip Pattern

Question B10 is only asked at baseline. Skip to Question B11 if this is a reassessment or discharge interview.

B11   In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

Intent/Key Points

The intent is to determine if the consumer has suffered any physical violence in the past 30 days.

Additional Probes   None.

Coding Topics/Definitions

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

> *(Physical) violence* is defined by the World Health Organization as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, maldevelopment, or deprivation. This definition associates intentionality with the committing of the act itself, irrespective of the outcome it produces.
>
> *"A few times"* can be considered up to five times, but it is ultimately left to the consumer's interpretation.

Cross-Check Items   None.

Skip Pattern   None.

SECTION C: STABILITY IN HOUSING

OVERVIEW

Section C is asked at all interviews. This section pertains to the consumer's housing situation in the past 30 calendar days. Do not read options that are shown in ALL CAPS.

C1 **In the past 30 days how many …**
  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 a correctional facility, including jail or prison?**
  e. **times have you gone to an emergency room for a psychiatric or emotional problem?**

Intent/Key Points

The intent of these questions is to determine the consumer's ability to maintain life within the community during the past 30 days. Read each question and record the number of days spent in each type of setting.

Additional Probes

If the consumer is having trouble remembering, start with the past week and work backward in small increments.

Coding Topics/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 veterans' 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.

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. [*Healthy Transitions Grantees:* Include juvenile detention in this category.]

Cross-Check Items

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 (the total of items a–d cannot exceed 30 nights).

Skip Pattern

Skip to Section D if the consumer indicates in items a–d that they have spent 16 or more nights in any one setting.

C2   In the past 30 days, where have you been living most of the time?

Intent/Key Points

The intent is to determine information about the consumer's housing situation in the past 30 calendar days. Read the item as an open-ended question and then code the consumer's response in the appropriate category.

Fifteen or more calendar days is considered most of the time.

Additional Probes

If the consumer asks what is meant by where he/she has been living most of the time, explain that it means where he/she has been staying or spending his/her nights. If the consumer is having trouble remembering, start with the past evening and work backward in small increments (i.e., "Where did you sleep last night?" "Where did you sleep most of last week?")

Coding Topics/Definitions

Check only one response. If the consumer has been living in more than one place for the past 30 calendar days, count where he/she has been living for 15 or more calendar days or where he/she has been living the longest.

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

> *OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM*—count living in a room, house, boarding house, dorm, public or subsidized housing, hotel/motel, room at the YMCA/YWCA, and living in an RV or trailer. This also includes SRO, more commonly referred to as a **single-room occupancy** or **single-resident occupancy** (a multiple-tenant building that houses one or two people in individual rooms). Also count living in permanent supportive housing.

> *SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM*—count living in the home of parent, relative, friend, or guardian.

> *HOMELESS (SHELTER, STREET/OUTDOORS, PARK)*—count living in a shelter, on the street (in cars, vans, or trucks), outdoors, or in a park.

> *GROUP HOME*—count living in moderately staffed housing arrangements for consumers.

ADULT FOSTER CARE—count living in facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled and who require supervision on an ongoing basis but who do not require continuous nursing care.

TRANSITIONAL LIVING FACILITY—count living in facilities focused on moving the consumer to a more independent housing arrangement; excludes living in a group home. Often includes rehabilitative services, community reentry training, and aids for independent living.

HOSPITAL (MEDICAL)—count living in any hospital environment (state, county, or private) that primarily provides medical services. Do not count veterans or psychiatric hospitals.

HOSPITAL (PSYCHIATRIC)—count living in 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 veterans' hospitals.

DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY—count living in a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

CORRECTIONAL FACILITY (JAIL/PRISON)—count living in lockup and/or holding cells in courts or other locations, in addition to living in a prison facility. [*Healthy Transitions Grantees:* Include juvenile detention in this category.]

NURSING HOME—count living in a private residential institution equipped to care for persons unable to look after themselves, such as the aged or chronically ill; the difference between a group home and a nursing home is that the group home is moderately staffed.

VA HOSPITAL—count living in hospital facilities that the U.S. Department of Veterans Affairs operates jointly or independently.

VETERANS' HOME—count living in a nursing home, domiciliary, and/or adult day health care facilities that are run by the U.S. Department of Veterans Affairs State Home Program.

MILITARY BASE—count living at facilities maintained as part of a military installation or other military facility.

OTHER HOUSED—If the consumer's housing situation is not included in the previous categories, check OTHER and describe the consumer's response in the space provided. Do not simply record the name of their housing situation; instead, describe the type of housing it is. [*Healthy Transitions Grantees:* Include foster care (specialized therapeutic treatment) here and specify as *therapeutic foster care.* Include parent or caregiver's home and specify as *parent's home* or *caregiver's home.*]

Cross-Check Items   None.

Skip Pattern   None.

| **C3** | **In the last 4 weeks, how satisfied are you with the conditions of your living space?** |

Intent/Key Points

The intent is to determine the consumer's satisfaction about his/her housing situation in the past 4 weeks. Read the question and response options and then code the consumer's response in the appropriate category. Response options range from "very dissatisfied" to "very satisfied."

Additional Probes

If the client asks what is meant by living space, explain that it means where he/she has been staying or spending his/her nights.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

SECTION D: EDUCATION AND EMPLOYMENT

OVERVIEW

Section D is asked at all interviews. This section pertains to the respondent's education and employment status. **Only read and explain the choices if necessary.**

D1   Are you currently enrolled in a school or a job training program?
[If Enrolled] Is that full time or part time?

Intent/Key Points

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

Note that this is a two-part question. Read the first question, and if the consumer responds that he/she is enrolled, ask the follow-up question.

Additional Probes

Job training programs can include apprenticeships, internships, or formal training for a trade.

Coding Topics/Definitions

If the consumer responds that he/she is not enrolled, check "NOT ENROLLED."

If the consumer responds that he/she is enrolled, ask if that enrollment is full- or part-time or other. Full- or part-time definitions will depend on the institution where the consumer is enrolled.

If a consumer is incarcerated, code as "NOT ENROLLED." However, if there are credits and/or a degree earned, include these in item D2.

> *ENROLLED, FULL TIME*—The consumer is enrolled in an undergraduate program for 12 or more credit hours per week or a graduate program for 9 or more credit hours per week. Full-time job training programs may include those programs that are for 20 hours per week or more.

> *ENROLLED, PART TIME*—The consumer is enrolled in an undergraduate program for 11 credit hours per week or less, a graduate program for 8 credit hours per week or less, or a job training program for 19 hours per week or less.

> *OTHER*—The consumer is enrolled in school or a job training program, but not full or part time. Check OTHER and specify the terms of his/her enrollment in the space provided.

Cross-Check Items   None.

Skip Pattern   None.

> **D2   What is the highest level of education you have finished, whether or not you received a degree?**

Intent/Key Points

The intent is to ascertain basic information about the consumer's formal education.

Additional Probes   None.

Coding Topics/Definitions

Read the question open-ended and check the appropriate response to indicate the grade or year of school that the consumer has **finished, whether or not he/she received a degree.** This can include education received while incarcerated.

> *LESS THAN 12TH GRADE*—The consumer never attended school or dropped out prior to completing 12th grade.

> *12TH GRADE COMPLETED/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)*—The consumer completed 12th grade, graduated from high school, or completed a general equivalence degree.

> *VOC/TECH DIPLOMA*—The consumer received his/her vocational or technical diploma training after high school.

> *SOME COLLEGE OR UNIVERSITY*—The consumer completed 1 full year of college or university coursework or received his/her associate's degree. This typically corresponds with completing between 30 and 59 credit hours of college or university coursework, or moving on to, but not completing, "sophomore" status at a college or university.

> *BACHELOR'S DEGREE (BA, BS)*—The consumer received his/her undergraduate degree.

> *GRADUATE WORK/GRADUATE DEGREE*—The consumer completed some graduate work or received a master's or doctorate-level degree.

Cross-Check Items   None.

Skip Pattern   None.

> **D3   Are you currently employed?**

Intent/Key Points

The intent is to determine the consumer's current employment status. Focus on the consumer's status during most of the previous week to determine whether he/she worked at all or had a regular job but was off work. Only legal employment (i.e., the job activity is legal) is counted as employment.

Note that this is a two-part question. First, determine whether or not the consumer is employed and then determine his/her status. If the consumer indicates that he/she is employed, you must then determine whether it is full time or part time. If the consumer indicates that he/she is unemployed, you must then determine his/her current status as it relates to his/her unemployment.

Additional Probes

If the consumer responds "EMPLOYED," ask if the job is full time or part time.

If the consumer responds "UNEMPLOYED," ask if he/she is currently looking for employment. You may read the response categories as a probe. Check the appropriate category. Do not make assumptions about the consumer's reason for unemployment.

Gambling, even if it is in a legal casino is not counted as employment, unless the consumer is an employee of the casino as a dealer or in some other capacity.

Coding Topics/Definitions

Four or more days is considered most of the previous week.

> *EMPLOYMENT*—Includes work performed even if the consumer is paid "under the table" or is working without a permit (in the case of undocumented persons) **as long as the work would be considered legal otherwise.** Employment also includes consumers who are self-employed and those who are receiving services in exchange for their work (e.g., housing, schooling, or care).

> *FULL TIME*—The consumer works 35 hours or more a week, regardless of how many jobs make up this time. Full time also includes day work or day labor for 35 or more hours per week. "Or would have been," means that the consumer usually works 35 hours or more per week, but in the past 30 days he/she may have taken time off due to illness, maternity/paternity leave, or a vacation. In this situation, the consumer should be intending to continue to work 35 hours or more per week.

> *PART TIME*—The consumer works from 1 hour to 34 hours per week. Part time also includes day work or day labor for fewer than 35 hours per week.

> *UNEMPLOYED*—If the consumer indicates that he/she is unemployed, ask if he/she is currently looking for employment. If necessary, read all unemployed response options. Check the appropriate unemployed category.

> *OTHER*—If the consumer's work status covers more than one category (e.g., is retired, disabled, and does volunteer work), code OTHER and record his/her response in the space provided.

Cross-Check Items

Cross-check the consistency of the consumer's response for this question with the response for Question D1. For example, if the consumer indicates that he/she is employed full time and enrolled full time in school or a job-training program, ask for clarification.

Skip Pattern

Skip to Question D4 if the consumer indicates he/she is "UNEMPLOYED."

D3a   If Employed:
- **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?**

Intent/Key Points

The intent is to collect detailed information about the type of the consumer's employment. More specifically, the questions asked in Question D3a are used to determine if the consumer's type of employment is generally considered "competitive" (e.g., working in an integrated setting and compensated at or above the minimum wage) or "sheltered" (e.g., working but not in the labor force, possibly working for therapeutic purposes in conjunction with a mental health agency/program, in a closely supervised or protective setting.)

Additional Probes   None.

Coding Topics/Definitions

Read each sub-question open-ended and record the consumer's responses.

The minimum wage is the lowest [wage] ⤢ that employers may legally pay to employees. The federal minimum wage is set by the U.S. Congress. Many states also have 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.

- The federal minimum wage can be found on this website:
  https://www.dol.gov/whd/flsa/index.htm

- The states' minimum wages can be found on this website:
  https://www.dol.gov/whd/minwage/america.htm

Cross-Check Items   None.

Skip Pattern   None.

D4   In the last 4 weeks, have you enough money to meet your needs?

Intent/Key Points

The intent is to determine whether the consumer believes he/she has enough money to meet his/her needs.

Additional Probes   None.

Coding Topics/Definitions

Read the question and record the consumer's response. Response options range from "not at all" to "completely."

Cross-Check Items   None.

Skip Pattern   None.

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS

OVERVIEW

Section E is asked at all interviews. This section asks basic information about the consumer's involvement with the criminal justice system. It addresses information about arrests. Even if the consumer is court mandated to treatment, these questions must be asked, and the consumer's answers recorded. There may be additional information that was not part of the court mandate. Some consumers may be reluctant to offer this information. Reassure the consumer that his/her identity will be protected when providing this information. Do not read response options shown in ALL CAPS.

E1   In the past 30 days, how many times have you been arrested?

Intent/Key Points

The intent is to determine how many times the consumer has been formally arrested and official charges were filed in the last 30 calendar days. These instances should only include formal arrests, not times when the consumer was just picked up or questioned.

Read the question open-ended and record the consumer's response.

Additional Probes   None.

Coding Topics/Definitions

Count multiple arrests for the same charge as separate arrests.

If there is more than one charge for a single arrest, only count the arrest once. If the consumer refuses to answer or does not know, check the appropriate box.

ARREST—An instance when a person is seized or forcibly restrained by a law enforcement officer and is in the custody of legal authorities for a criminal charge. This does not include times when the consumer was just picked up, rousted, or questioned.

Cross-Check Items   None.

Skip Pattern

For baseline interviews, skip to Section G. Otherwise, go to Section F.

SECTION F: PERCEPTION OF CARE

OVERVIEW

Section F is only asked at reassessment and clinical discharge interviews. This section pertains to the consumer's perception of the services he/she received during the past 30 calendar days. Ask specifically about the consumer's perceptions during "the past 30 calendar days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 calendar days covers April 15–May 15. The source of these questions is the Mental Health Statistics Improvement Program (MHSIP) survey. Do not read the response options shown in ALL CAPS.

F1   **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.**

     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.**
     g.   **Staff were sensitive to my cultural background (race, religion, language, etc.)**
     h.   **Staff helped me obtain the information I needed so that I could take charge of managing my illness.**
     i.   **I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)**
     j.   **I felt comfortable asking questions about my treatment and medication.**
     k.   **I, not staff, decided my treatment goals.**
     l.   **I like the services I received here.**
     m.   **If I had other choices, I would still get services from this agency.**
     n.   **I would recommend this agency to a friend or family member.**

Intent/Key Points

The intent is to ascertain information about the consumer's perception of care for services recently received.

Read the instructions and then each statement followed by the disagreement/agreement categories to the consumer. The grantee may designate an alternate to collect this section of questions from the consumer in cases where the information collected pertains to care given by the interviewer.

It is important to read all of the perception of care statements (items F1a–F1n), regardless of whether the consumer refuses to respond to one of the statements.

Additional Probes

If needed, clarify that the statements refer to mental health or related services, treatment, and/or medications. Consider preparing a list of grant-funded services that can be read to the respondent if necessary.

Coding Topics/Definitions

If the consumer refuses to answer F1a, for example, check the REFUSED option and proceed to F1b.

If the consumer indicates the question or an answer does not apply, mark NOT APPLICABLE in those cases where it is provided. Otherwise, ask the consumer to choose an answer; those questions that do not provide this option as a possible response choice are considered to apply to all consumers and require an answer or a refusal.

Mental health and related services: Services provided as the result of this grant that pertain to people with mental illness or at risk of mental illness. When people with mental illness are the population of focus, a wide array of subject areas may be considered to be mental health–related by virtue of the connection with this population. Under such circumstances, mental health–related areas may include (but are not limited to) those pertaining to physical health, housing, employment, criminal or juvenile justice involvement, child welfare, education, social and family relationships, independent living skills, peer support, financial well-being, etc.

Cross-Check Items	None.
Skip Pattern	None.

F2   Indicate who administered Section F, "Perception of Care," to the respondent for this interview.

Intent/Key Points

The intent is to record information about who administered Section F, "Perception of Care" to the consumer for each interview. This item contains information provided by the grantee and is not asked of the consumer.

Additional Probes	Not applicable.

Coding Topics/Definitions

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

Cross-Check Items	None.
Skip Pattern	None.

SECTION G: SOCIAL CONNECTEDNESS

OVERVIEW

Section G is asked at all interviews. This section pertains to the consumer's recent social support by persons other than his/her mental health care providers. Ask specifically about the consumer's social connections over "the past 30 days." Do not use "in the past month" as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 calendar days covers April 15–May 15. The source of these questions is the MHSIP survey. Do not read the response options shown in ALL CAPS.

G1 **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.**

   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.**
   e. **I have family or friends that are supportive of my recovery.**
   f. **I generally accomplish what I set out to do.**

Intent/Key Points

The intent is to determine information about the consumer's perception of his/her recent social support other than that given by a mental health provider.

Read the instructions and then each statement, followed by the disagreement/agreement categories to the consumer. It is important to read all of the social connectedness statements (items G1a–G1f), regardless of whether the consumer refuses to respond to one of the statements.

Coding Topics/Definitions

For example, if the consumer refuses to answer G1a, check the REFUSED option and proceed to G1b.

Additional Probes   None.

Cross-Check Items   None.

Skip Pattern

If your program does not require Section H, use the following skip pattern:

If this is a baseline interview, stop now; the interview is complete. If this is a reassessment interview, go to Section I.

If this is a clinical discharge interview, go to Section J.

If your program does require Section H, use the following skip pattern:

If this is a baseline, reassessment, or discharge interview, go to Section H.

SECTION H: PROGRAM-SPECIFIC QUESTIONS

Several programs submit program-specific data to SPARS. You are not responsible for collecting data on all Section H questions. If your program requires Section H, you will receive guidance about the specific definitions and/or skip patterns from your GPO. If you have any questions, please contact your GPO.

If your program does not require Section H, skip this section.

Refer to Appendix A for further details about completing Section H.

SECTION I: REASSESSMENT STATUS

THIS SECTION IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT REASSESSMENT.

OVERVIEW

This section pertains to the consumer's status 6 months (180 calendar days) after the baseline interview or subsequent reassessment interview(s). This information is only completed at reassessment and is reported by the grantee staff without asking the consumer. This information is required regardless of whether a reassessment interview was conducted with the consumer.

I1   Have you or other grant staff had contact with the consumer within 90 days of the last encounter?

Intent/Key Points

The intent is to document whether the consumer's episode of care has ended.

Additional Probes   Not applicable.

Coding Topics/Definitions

This is a Yes or No question. For this item, the grantee would answer No if:

The grant has not had contact with the consumer for 90 calendar days or more and knows nothing more about the consumer's status. For the purposes of this item, "contact" refers to actual services provided, referrals/phone calls made related to a treatment/service plan (not for scheduling appointments), crisis intervention, or emergency services. When this response category is checked, the grantee will be required to conduct either a new baseline interview or a clinical discharge for the consumer at the next encounter.

Cross-Check Items   None.

Skip Pattern   None.

I2   Is the consumer still receiving services from your project?

Intent/Key Points

The intent is to record whether CMHS-funded services are ongoing for the consumer at your agency at the time of the reassessment interview.

Additional Probes   Not applicable.

Coding Topics/Definitions

This is a Yes or No question.

Cross-Check Items   None.

Skip Pattern

Go to Section K.

SECTION J: CLINICAL DISCHARGE STATUS

THIS SECTION IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.

OVERVIEW

This section is only completed at the clinical discharge, as determined by the grantee. The information in this section pertains to the consumer's clinical discharge status and is reported by the grantee without asking the consumer. This information is required regardless of whether a clinical discharge interview was conducted with the consumer.

J1	On what date was the consumer discharged?

Intent/Key Points

The intent of the question is to document when the consumer was clinically discharged from the treatment. Enter the date (month and year only) the consumer was discharged, not the date of the discharge interview.

Additional Probes   Not applicable.

Coding Topics/Definitions

Enter the date as mm/yyyy. SPARS will only save the month and year. Day is not saved in SPARS to protect the identity of the consumer. The clinical discharge date recorded must be on or after the most recent interview and/or administrative record (month and year only) that precede it for the current treatment episode.

A clinical discharge is defined by the grantee. However, if the consumer has not had contact with the project for 90 calendar days or more or the consumer has died; the consumer should be considered discharged. Contact refers to services or referrals provided, phone calls related to a treatment plan (not scheduling), or crisis intervention or emergency services.

The completed interview (or administrative data) must be entered into SPARS within 30 calendar days of the interview, clinical discharge, or notification of consumer's death.

Administrative clinical discharge information for a deceased consumer is required. This information should not be entered in the reassessment status section.

Cross-Check Items   None.

Skip Pattern   None.

J2	**What is the consumer's discharge status?**

Intent/Key Points

The intent of this question is to determine the consumer's clinical discharge status. If more than one response category applies, choose the primary reason the consumer is being discharged.

Additional Probes   Not applicable.

Coding Topics/Definitions

> *Mutually agreed cessation of treatment*—consumer was compliant with the project/treatment plan and either completed or graduated or left before completion with the agreement of the treatment staff.

> *Withdrew from/refused treatment*—consumer ended or did not follow the treatment against medical advice.

> *No contact within 90 days of last encounter*—consumer was not in contact with the grant for 90 calendar days or more since his/her last encounter. No other information is known about his/her status. Contact refers to services/referral provided, phone calls related to a service plan (not scheduling), or crisis intervention or emergency services.

> *Clinically referred out*—consumer was referred to another program or services; this includes referrals to non-CMHS funded services.

> *Death*—consumer died prior to completing treatment.

> *Other*—consumer's status does not meet any of the above noted conditions. For example, the consumer was **not** compliant with the treatment plan and was terminated by the grantee. Check OTHER and specify the reason for the clinical discharge the space provided.

NOTE: If a clinical discharge record (interview or administrative data) is submitted, you will have to conduct a new baseline interview for the consumer if the consumer re-enters treatment at the same grantee project.

Cross-Check Items

If the clinical discharge interview was completed by the consumer (i.e., the grantee checked YES for conducted clinical discharge interview), then "Death" or "No contact" are not valid options for clinical discharge status.

Skip Pattern

Continue to Section K.

SECTION K: SERVICES RECEIVED

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

OVERVIEW

This section describes the services provided to the consumer since his/her last NOMs interview. Services recorded in this section should include those funded or not funded by this CMHS grant. This information is not asked of the consumer but is completed by the grantee. This information is required regardless of whether a reassessment or clinical discharge interview was conducted with the consumer 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.

K1   On what date did the consumer last receive services?

Intent/Key Points

The intent is to document the date (month and year only) that the consumer last received services from the grantee, including CMHS-funded and non-CMHS-funded services. SPARS will only save the month and year to protect the identity of the consumer.

Additional Probes   Not applicable.

Coding Topics/Definitions

Enter the date as mm/yyyy. The date provided must be on or before the reassessment or the clinical discharge date (month and year only), as applicable. The date provided must be on or after the baseline interview date (month and year only). The date provided must be on or after the most recent date recorded for the last date services were received (month and year only) if a reassessment interview or administrative data were previously recorded.

Cross-Check Items

The date the consumer last received services must be on or before the current interview date and the clinical discharge date (for consumers who were discharged).

Skip Pattern   None.

Core Services and Support Services

Coding Topics/Definitions

>   *Yes—*The service was provided to the consumer.
>
>   *No—*The service was not provided to the consumer.
>
>   *Unknown—*It is unknown if the service was provided to the consumer.
>
>   *Service Not Available—*Your organization does not provide this service to consumers.

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.

1. *Screening*—A gathering and sorting of information used to determine if an individual has a mental health problem—and, if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for a "disease" or disorder. As such, screening refers to a brief procedure used to determine the probability of the presence of a problem, substantiate that there is a reason for concern, or identify the need for further evaluation. In a general population, screening for a mental health problem or illness would focus on determining the presence or absence of a disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining the need for a comprehensive assessment.

2. *Assessment*—To examine systematically in order to determine suitability for mental health treatment.

3. *Treatment Planning or Review*—A program or method worked out beforehand to administer or apply remedies to a patient for mental health treatment.

4. *Psychopharmacological Services*—The use of any pharmacological agent to affect the treatment outcomes of consumers with a mental health problem or illness; including medication evaluation and management services.

5. *Mental Health Services*—Services include individual, group, and family psychotherapy, psychiatric crisis, and/or emergency services. If mental health services were provided, estimate how frequently mental health services were delivered by entering the number of times they were delivered in a given unit of time (day, week, month, year, etc.).

6. *Co-occurring Services*—Assistance and resources provided to consumers who suffer from both mental illness disorder(s) and substance use disorder(s).

7. *Case Management*—Assisting consumers with accessing services and making choices about opportunities and services; these services assist consumers and their families in making effective use of formal and informal helping systems to gather resources to live in the community.

8. *Trauma-specific Services*—Designed to treat the sequelae of actual physical or sexual abuse. Examples include grounding techniques, which help trauma survivors manage dissociative (or feeling "out of body") symptoms; desensitization therapies to help render unwanted and recurrent painful images more tolerable; and certain behavioral therapies that teach skills for managing and modulating powerful emotions such as anger and fear. For a consumer to participate in trauma-specific services, he/she must be aware of a trauma history and recognize current symptoms as a consequence of that trauma.

9. *Was the consumer referred to another provider for any of the above core services?*— Check YES if the consumer was referred for any of the Core Services listed above. The intent is to determine whether the grantee networked with other service providers in the provision of Core Services.

Support Services

1. *Medical Care*—Medical care includes a variety of activities for the promotion, prevention, and maintenance of health that is provided in various healthcare settings. This includes primary care and other physical health services (such as physical health screenings).

2. *Employment Services*—Resources provided to help consumers to find and keep jobs and to advance in their careers. Employment services may include vocational assessment/evaluation, job development, collaboration with an employer, vocational support groups, collaboration with family/friends regarding work issues, vocational treatment planning/career development, skills training/education, off-site vocational counseling, on-site job support or coaching, making arrangements for transportation to and from work, and/or benefits counseling and assistance regarding the impact of work on benefits receipt.

3. *Family Services*—Resources provided by the state to assist in the well-being and safety of children, families, and the community; includes marriage education, parenting, and child development services and evidence-based family psychoeducation.

4. *Child Care*—Care provided to children for a specified duration of time.

5. *Transportation*—Providing a means of transport for consumers to travel from one location to another; excluding transportation to and/or from employment.

6. *Education Services*—Services aimed at supporting and assisting consumers in their educational pursuits.

7. *Housing Support*—Providing assistance for living arrangements to consumers.

8. *Social Recreational Activities*—Organizing and chaperoning community or social activities with the purpose of renewing consumers' health and spirits through enjoyment, relaxation, and socialization. Examples include organizing the attendance of consumers to a musical concert, sporting event, social club, picnic, etc.

9. *Consumer-Operated Services*—Peer-run service that is administratively controlled and operated by mental health consumers and emphasizes self-help as its operational approach. Consumers constitute the majority (at least 51%) of the board or group that decides all policies and procedures. With limited exceptions, the staff consists of consumers who are hired by and operate the consumer-operated services. The term "consumer" for the purposes of this item is defined as people who currently receive mental health services, have received mental health services in the past, or are eligible to receive mental health services but choose not to.

10. *HIV Testing*—HIV Antibody Testing conducted by your project since the last interview. This test includes an HIV-positive or HIV-negative status only; it does not include regular testing for antibody levels for persons with HIV. Please note this response category does not refer to testing done during screening or baseline, only since the last interview was conducted.

11. *Was the consumer referred to another provider for any of the above support services?* —Check YES if the consumer was referred for any of the Support Services listed above. The intent is to determine whether the grantee networked with other service providers in the provision of Support Services.

ACCESSING HELP

For technical support or questions about SPARS, please contact the SPARS Help Desk.

Telephone: 1-800-685-7623

Email: SPARSHelpDesk@mathematica-mpr.org

Hours: Monday–Friday | 8:00 a.m.–7:00 p.m. (EST/EDT)

APPENDIX A: SECTION H REQUIREMENTS

Several programs submit program-specific data to SPARS. CMHS requires the following programs to complete Section H:

This appendix provides detailed information for each Section H question.

SECTION H1: Program-Specific Data Requirements

THIS SECTION CONSISTS OF QUESTIONS 1 AND 2. GRANTEES REPORT QUESTION 1 AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE. GRANTEES REPORT QUESTION 2 AT REASSESSMENT AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

> **1   In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?**

Intent/Key Points

The intent is to determine how often the consumer has taken physician-prescribed psychiatric medication within the past 30 days.

For this item, read the question and response choices, ranging from "always" to "never," and record the consumer's answer.

Additional Probes   Not applicable.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option and continue with Question 2. Select "Don't Know" if the answer is unknown or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern   None.

> **2   In the past 30 days, how compliant has the consumer been with their treatment plan?**
> - **Not compliant**
> - **Minimally compliant**
> - **Moderately compliant**
> - **Highly compliant**
> - **Fully compliant**
> - **DON'T KNOW**
> - **NOT APPLICABLE**

Intent/Key Points

The intent is to determine how cooperative the consumer has been with their grant-provided treatment in the past 30 days.

The answer is reported by grantee staff about the consumer and not read out loud. Response options range from "Not compliant" to "Fully compliant."

Additional Probes   Not applicable.

Coding Topics/Definitions

You can select "Don't Know" if the level of compliance is unknown or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H2: Program-Specific Data Requirements

THIS SECTION CONSISTS OF QUESTIONS 1, 2, AND 3. GRANTEES REPORT QUESTIONS 1 AND 2 AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE. GRANTEES REPORT QUESTION 3 AT REASSESSMENT AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

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1 Did the consumer screen positive for a mental health disorder?
   a. *[IF CONSUMER SCREENED POSITIVE]* **Was the consumer referred to the following type of services?**
   b. *[IF CONSUMER WAS REFERRED TO SERVICES]* **Did they receive the following services?**

Intent/Key Points

The intent is to determine if the consumer screened positive for a mental health disorder.

The answer is reported by grantee staff about the consumer and not read out loud. Select whether the consumer screened positive, negative, or was not screened.

Additional Probes   Not applicable.

Coding Topics/Definitions

Consumer screened positive

If you indicate the consumer screened positive, answer the follow-up question:

> ➢ *Was the consumer referred to the following type of services?*

> *Mental Health Services*—Select "yes" or "no" for whether the consumer was referred to mental health services.

If you report that the consumer was referred to services, answer the follow-up question:

> ➢ *Did they receive the following services?*

> *Mental Health Services*—Select "yes" or "no" for whether the consumer received mental health services. You can also select "Don't Know" if it is unknown whether mental health services were received or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern   None.

> **2   Did the consumer screen positive for a substance use disorder?**
>   a. *[IF CONSUMER SCREENED POSITIVE]* **Was the consumer referred to the following type of services?**
>   b. *[IF CONSUMER WAS REFERRED TO SERVICES]* **Did they receive the following services?**

Intent/Key Points

The intent is to determine if the consumer screened positive for a substance use disorder.

The answer is reported by grantee staff about the consumer and not read out loud. Select whether the consumer screened positive, negative, or was not screened.

Additional Probes   Not applicable.

Coding Topics/Definitions

Consumer screened positive

If you report that the consumer screened positive, answer the follow-up question:

> ➤ *Was the consumer referred to the following type of services?*

> *Substance Use Disorder Services*—Select "yes" or "no" for whether the consumer was referred to substance use disorder services.

If you report that the consumer was referred to services, answer the follow-up question:

> ➤ *Did they receive the following services?*

> *Substance Use Disorder Services*—Select "yes" or "no" for whether the consumer received substance use disorder services. You can also select "Don't Know" if it is unknown whether substance use disorder services were received or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern   None.

> **3   Please indicate the degree to which you agree or disagree with the following statement:**
> **Receiving community-based services through the [insert grantee name] program has helped me to avoid further contact with the police and the criminal justice system.**

Intent/Key Points

The intent is to determine the degree that the consumer believes receiving community-based services through the grant program helped him/her avoid further contact with the police and the criminal justice system.

For this item, read the question and response choices, ranging from "strongly agree" to "strongly disagree," and record the consumer's answer.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option and continue with the next question.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H3: Program-Specific Data Requirements

THIS SECTION CONSISTS OF TWO QUESTIONS AND PHYSICAL HEALTH INDICATORS.

GRANTEES REPORT QUESTIONS 1, 2, AND HEALTH INDICATORS AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.

OVERVIEW

> **1   In the past 30 days, how many times have you …**
> **a.   been to the emergency room for a physical healthcare problem?**
> **b.   been hospitalized overnight for a physical healthcare problem?**
>   • **[REPORT NUMBER OF NIGHTS HOSPITALIZED]**

This section contains program-specific questions.

Intent/Key Points

The intent of these questions is to determine how often the consumer received emergency services and/or was hospitalized during the past 30 days. Read each question to the consumer and record the number of days spent in each type of setting.

Additional Probes

If the consumer is having trouble remembering, start with the past week and work backward in small increments.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option and continue with Question 2.

Cross-Check Items   None.

Skip Pattern   None.

> **2   Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview.**

Intent/Key Points

The intent of this question is to determine what type of funding sources paid for or will pay for services this consumer received since his/her last interview.

Grantee staff answer this question about the consumer and do not read it aloud. Check all funding sources that apply. Funding options include SAMHSA funding, federal grant funding, state funding, consumer's private insurance, Medicaid, and Medicare.

Additional Probes   Not applicable.

Coding Topics/Definitions

If the grantee used another funding source not listed here, select "other" and write the funding source in the space provided.

Cross-Check Items   None.

Skip Pattern   None.

---

1   Health Measurements:
   a. Systolic blood pressure
   b. Diastolic blood pressure
   c. Weight
   d. Height
   e. Waist circumference
   f. Breath CO—for smoking status

PHYSICAL HEALTH INDICATORS

Intent/Key Points

The intent of this question is to record the consumer's physical health measurements, including systolic blood pressure, diastolic blood pressure, weight, height, waist circumference, and breath carbon monoxide (CO) for smoking status.

Grantee staff answer the question about the consumer and do not read it aloud. Enter the consumer's individual health measurements.

Additional Probes   Not applicable.

Coding Topics/Definitions

If the consumer's health measurements are unavailable, then select "Missing Data" from the drop-down menu for the corresponding measurement.

"Systolic Blood Pressure" should be an integer between 11 and 320 and is reported in mmHg.

"Diastolic Blood Pressure" should be an integer between 11 and 200 and is reported in mmHg.

"Weight" should be an integer between 0 and 455 and is reported in kg.

"Height" should be an integer between 0 and 250 and is reported in cm.

"Waist circumference" should be an integer between 0 and 200 and is reported in cm.

"Breath CO—for smoking status" should be an integer between 0 and 300 and is reported in ppm.

Cross-Check Items   None.

Skip Pattern   None.

---

2 Did patient successfully fast for 8 hours prior to providing the blood sample?

Intent/Key Points

The intent of this question is to record whether the consumer fasted for 8 hours before providing a blood sample.

Grantee staff answer the question about the consumer and do not read it aloud. Select "yes," "no," or "missing" from the drop-down menu.

Additional Probes   Not applicable.

Coding Topics/Definitions   None.

Cross-Check Items   None.

Skip Pattern   None.

---

3 Blood test results:
    a. Date of blood draw

Intent/Key Points

The intent of this question is to record the date when the consumer's blood was taken.

Grantee staff answer the question about the consumer and do not read it aloud. Enter the date as mm/dd/yyyy.

Additional Probes   Not applicable.

Coding Topics/Definitions

Select "Missing Data" from the drop-down menu for any time that you did not collect these data.

Cross-Check Items   None.

Skip Pattern   None.

---

3 Blood test results:
    b. Fasting plasma glucose
    c. HgBA1c
    d. Total Cholesterol
    e. HDL Cholesterol
    f. LDL Cholesterol
    g. Triglycerides

Intent/Key Points

The intent of this question is to record the consumer's blood test results.

Grantee staff answer the question about the consumer and do not read it aloud. Enter the blood test results in the appropriate line.

Additional Probes   Not applicable.

Coding Topics/Definitions

Select "Missing Data" from the drop-down menu for any time that you did not collect these data.

For Questions 3b (Fasting plasma glucose) and 3c (HgBA1c), enter one or the other, but not both.

  "Fasting plasma glucose" must be an integer between 1 and 1500 and is reported in mg/dL.

  "HgBA1c" is typically a number between 0.1 and 25.0 and is reported as a percentage.

  "Total Cholesterol" should be an integer between 1 and 500 and is reported in mg/dL.

  "HDL Cholesterol" should be an integer between 1 and 150 and is reported in mg/dL.

  "LDL Cholesterol" should be an integer between 1 and 300 and is reported in mg/dL.

  "Triglycerides" should be an integer between 1 and 999 and is reported in mg/dL.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H4: Program-Specific Data Requirements

THIS SECTION CONTAINS QUESTIONS 1 AND 2, WHICH GRANTEES REPORT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

1a Did the program provide an HIV test?
   [IF YES] **What was the result?**
   [IF CONSUMER SCREENED POSITIVE] **Were you connected to HIV treatment services?**

Intent/Key Points

The intent is to determine if the grantee tested the consumer for HIV.

Read the question to the consumer and record the response.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next question.

Yes

If the consumer replies "Yes," an HIV test was given; ask the follow-up question:

➢ *[If yes] What was the result?*

  Positive—Select "Positive" if the consumer reports the result was positive.

  Negative—Select "Negative" if the consumer reports the result was negative.

  Indeterminate—Select "Indeterminate" if the consumer reports the results were neither positive nor negative.

If the consumer reports that the results were positive, answer the follow-up question:

➢ *Were you connected to HIV treatment services?*

  Yes—Select "Yes" if the consumer reports that he/she was connected to HIV treatment services.

  No—Select "No" if the consumer reports that he/she was not connected to HIV treatment services.

Cross-Check Items   None.

Skip Pattern   None.

1b   **Did the program provide a hepatitis B (HBV) test?**
         [IF YES] **What was the result?**
         [IF CONSUMER SCREENED POSITIVE] **Were you connected to HBV treatment services?**

Intent/Key Points

The intent is to determine if the grantee tested the consumer for hepatitis B (HBV).

Read the question to the consumer and record the response.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next question.

Yes

If the consumer replies "Yes," an HBV test was given; ask the follow-up question:

> ➢ *[If yes] What was the result?*
>
> *Positive*—Select "Positive" if the consumer reports the result was positive.
>
> *Negative*—Select "Negative" if the consumer reports the result was negative.
>
> *Indeterminate*—Select "Indeterminate" if the consumer reports the results were neither positive nor negative.

If the consumer reports that the results were positive, answer the follow-up question:

> ➢ *Were you connected to HBV treatment services?*
>
> *Yes*—Select "Yes" if the consumer reports he/she was connected to HBV treatment services.
>
> *No*—Select "No" if the consumer reports he/she was not connected to HBV treatment services.

Cross-Check Items   None.

Skip Pattern   None.

1c Did the program provide a hepatitis C (HCV) test?
    [IF YES] **What was the result?**
    [IF CONSUMER SCREENED POSITIVE] **Were you connected to HCV treatment services?**

Intent/Key Points

The intent is to determine if the grantee tested the consumer for hepatitis C (HCV).

Read the question to the consumer and record the response.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next question.

Yes

If the consumer replies "Yes," an HCV test was given; ask the follow-up question:

> ➢ *[IF YES] What was the result?*

> *Positive*—Select "Positive" if the consumer reports the result was positive.

> *Negative*—Select "Negative" if the consumer reports the result was negative.

> *Indeterminate*—Select "Indeterminate" if the consumer reports the results were neither positive nor negative.

If the consumer reports the results were positive, answer the follow-up question:

> ➢ *Were you connected to HCV treatment services?*

> *Yes*—Select "Yes" if the consumer reports that he/she was connected to HCV treatment services.

> *No*—Select "No" if the consumer reports that he/she was not connected to HCV treatment services.

Cross-Check Items   None.

Skip Pattern   None.

2a *[If HIV STATUS IS POSITIVE]* **Did you receive a referral from [insert grantee name] to medical care?**

Intent/Key Points

The intent is to determine if the consumer was referred to medical care after testing positive for HIV.

Read the question to the consumer and record the response.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next question.

Cross-Check Items   None.

Skip Pattern   None.

2b Have you been prescribed an antiretroviral medication (ART)?
    ***[FOR CONSUMERS WHO REPORT BEING PRESCRIBED AN ART]* In the past 30 days, how often have you taken your ART as prescribed to you?**

Intent/Key Points

The intent is to determine if the consumer was prescribed an antiretroviral therapy (ART) medication.

Read the question to the consumer and record the response.

Additional Probes   None.

Coding Topics/Definitions

If the consumer refuses to answer a question, check the REFUSED option and continue with the next question.

Yes

If the consumer replies "Yes," an ART medication was prescribed, and then ask the follow-up question:

> ➢ *In the past 30 days, how often have you taken your ART as prescribed to you?*
>
> *Always*—Select "Always" if the consumer indicates he/she has always taken ART medication as prescribed.
>
> *Usually*—Select "Usually" if the consumer indicates he/she has usually taken ART medication as prescribed.

Sometimes—Select "Sometimes" if the consumer indicates he/she has sometimes taken ART medication as prescribed.

Rarely—Select "Rarely" if the consumer indicates he/she has rarely taken ART medication as prescribed.

Never—Select "Never" if the consumer indicates he/she has never taken ART medication as prescribed.

REFUSED—Select "REFUSED" if the consumer refuses to answer the question.

DON'T KNOW—Select "DON'T KNOW" if the consumer indicates he/she does not know if he/she took ART medication as prescribed.

NOT APPLICABLE—Select "NOT APPLICABLE" if the consumer received the prescription for the first time at this appointment.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H5: Program-Specific Data Requirements

THIS SECTION CONSISTS OF QUESTIONS 1 AND 2 THAT GRANTEES REPORT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

---

1   Did the consumer screen positive for a mental health disorder?
  a. *[IF CONSUMER SCREENED POSITIVE]* **Was the consumer referred to the following type of services?**
  b. *[IF CONSUMER WAS REFERRED TO SERVICES]* **Did they receive the following services?**

Intent/Key Points

The intent is to determine if the consumer screened positive for a mental health disorder.

Grantee staff answer the question about the consumer and do not read it aloud. Select whether the consumer screened positive, negative, or was not screened.

Additional Probes   Not applicable.

Coding Topics/Definitions

Consumer screened positive

If you report that the consumer screened positive, answer the follow-up question:

  ➢ *Was the consumer referred to the following type of services?*

  Mental Health Services—Select "yes" or "no" for whether the consumer was referred to mental health services.

If you report that the consumer was referred to services, answer the follow-up question:

  ➢ *Did they receive the following services?*

  Mental Health Services—Select "yes" or "no" for whether the consumer received mental health services. You can also select "Don't Know" if it is unknown whether mental health services were received or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern   None.

---

2 Did the consumer screen positive for a substance use disorder?
  a. *[IF CONSUMER SCREENED POSITIVE]* **Was the consumer referred to the following types of services?**
  b. *[IF CONSUMER WAS REFERRED TO SERVICES]* **Did they receive the following services?**

Intent/Key Points

The intent is to determine if the consumer screened positive for a substance use disorder.

Grantee staff answer the question about the consumer and do not read it aloud. Select whether the consumer screened positive, negative, or was not screened.

Additional Probes   Not applicable.

Coding Topics/Definitions

Consumer screened positive

If you report that the consumer screened positive, answer the follow-up question:

> ➢ *Was the consumer referred to the following type of services?*
>
> *Substance Use Disorder Services*—Select "yes" or "no" for whether the consumer was referred to substance use disorder services.

If you report that the consumer was referred to services, answer the follow-up question:

> ➢ *Did they receive the following services?*
>
> *Substance Use Disorder Services*—Select "yes" or "no" for whether the consumer received substance use disorder services. You can also select "Don't Know" if it is unknown whether substance use disorder services were received or "Not Applicable" if this question does not apply.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H6: Program-Specific Data Requirements

THIS SECTION CONTAINS QUESTIONS 1 AND 2. GRANTEES REPORT QUESTION 1 AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE. GRANTEES REPORT QUESTION 2 AT REASSESSMENT AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

Note: Question 1 is considered to be a very sensitive question. Some consumers may be uncomfortable providing this information. If the consumer reports having recent suicidal ideation or a recent suicide attempt, there must be a protocol in place that assures prompt clinical review. See the SAFE-T suicide assessment at https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432.

You can explain that the information is used to understand how the grant-funded project is working. If the consumer refuses to answer this question, mark "Refused" and proceed to the next question.

---

1   **In the past 30 days:**
         a. How many times have you thought about killing yourself?
         b. How many times did you attempt to kill yourself?

Intent/Key Points

The intent of these two questions is to determine how often the consumer has thought about or tried to kill him/herself in the past 30 days.

Read each question to the consumer and record the number of times.

Additional Probes

If the consumer is having trouble remembering, start with the past week and work backward in small increments.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option and continue with Question 2.

Cross-Check Items   None.

Skip Pattern   None.

---

2 How often does a member of your team interact with you?
- **Several times a day**
- **Almost every day**
- **A few times a week**
- **About once a week**
- **A few times a month**
- **About once a month**
- **Less than once per month**
- **DON'T KNOW**

Intent/Key Points

The intent is to determine how often a member of the grantee team interacted with the consumer.

For this item, read the question and response options, ranging from "Several times a day" to "Less than once per month," and record the consumer's answer.

Additional Probes   Not applicable.

Coding Topics/Definitions

You can select "Don't Know" if the level of interaction is unknown.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H7: Program-Specific Data Requirements

THIS SECTION CONTAINS QUESTIONS 1 AND 2. GRANTEES REPORT QUESTION 1 AT REASSESSMENT AND CLINICAL DISCHARGE. GRANTEES REPORT QUESTION 2 AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.

OVERVIEW

This section contains program-specific questions.

Intent/Key Points

---

1 **Has the consumer experienced a first-episode of psychosis (FEP) since their last interview?**
   a. *[IF YES]* **Please indicate the approximate date that the consumer initially experienced the FEP.**
   b. *[IF YES],* **was the consumer referred to FEP services?**
   **   *[IF CONSUMER WAS REFERRED TO FEP SERVICES]* Please indicate the date that the consumer first received FEP services/treatment.**

The intent is to determine if the consumer experienced an FEP since their last interview.

Grantee staff answer the question about the consumer and do not read it aloud. Response options include "Yes," "No," and "Don't Know."

Additional Probes   None.

Coding Topics/Definitions

Select "Don't Know" if it is unknown whether the consumer experienced psychosis.

Yes

If you mark "Yes" that the consumer experienced an FEP, answer the follow-up questions:

  ➢ *[IF YES] Please indicate the approximate date the consumer initially experienced the FEP.*

     Enter the date as mm/yyyy.

  ➢ *[IF YES] Was the consumer referred to FEP services?*

     Yes—Select "Yes" if the consumer was referred to FEP services.

     No—Select "No" if the consumer was not referred to FEP services.

If the consumer was referred to FEP services, answer the follow-up question:

  ➢ *Please indicate the date that the consumer first received FEP services/treatment.*

     Enter the date as mm/yyyy. You can also select "Don't Know" if you do not know the date when the consumer first received services.

Cross-Check Items   None.

Skip Pattern   None.

---

2 *[IF THE CONSUMER INDICATED THAT THEY WERE ENROLLED IN SCHOOL]* **During the past 30 days of school, how many days were you absent for any reason?**

Intent/Key Points

The intent is to determine how many days the consumer was absent from school in the past 30 days.

Read each question to the consumer and record the number of days.

Additional Probes

If the consumer is having trouble remembering, start with the past week and work backward in small increments.

Coding Topics/Definitions

If the consumer refuses to answer the question, check the REFUSED option.

If the consumer was not enrolled in school, check the NOT APPLICABLE option.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

SECTION H8: Program-Specific Data Requirements

THIS SECTION CONSISTS OF PHYSICAL HEALTH ITEMS REPORTED BY THE GRANTEE ABOUT THE CONSUMER AT BASELINE, REASSESSMENT, AND DISCHARGE

OVERVIEW

<table>
<tr><td>1</td><td colspan="2">Health Measurements:</td></tr>
<tr><td></td><td>a.</td><td>Systolic blood pressure</td></tr>
<tr><td></td><td>b.</td><td>Diastolic blood pressure</td></tr>
<tr><td></td><td>c.</td><td>Weight</td></tr>
<tr><td></td><td>d.</td><td>Height</td></tr>
<tr><td></td><td>e.</td><td>Waist circumference</td></tr>
</table>

Intent/Key Points

The intent of this question is to record the consumer's physical health measurements, including systolic blood pressure, diastolic blood pressure, weight, height, and waist circumference.

Grantee staff answer this question about the consumer and do not read it aloud. Enter the consumer's individual health measurements.

Additional Probes   Not applicable.

Coding Topics/Definitions

If the consumer's health measurements are unavailable, select "Missing Data" from the drop-down menu for the corresponding measurement.

"Systolic blood pressure" should be an integer between 11 and 320 and is reported in mmHg.

"Diastolic blood pressure" should be an integer between 11 and 200 and is reported in mmHg.

"Weight" should be an integer between 0 and 455 and is reported in kg.

"Height" should be an integer between 0 and 250 and is reported in cm.

"Waist circumference" should be an integer between 0 and 200 and is reported in cm.

Cross-Check Items   None.

Skip Pattern

If this is a baseline interview, stop here. The interview is complete.

If this is a reassessment interview, go to Section I.

If this is a discharge interview, go to Section J.

APPENDIX B: NOTES

[1] World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.

[2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.