

**Substance Abuse and Mental Health Services Administration  
(SAMHSA)**

**National Outcome Measures (NOMs)  
Client-Level Measures**

**FREQUENTLY ASKED QUESTIONS (FAQs)  
for Center for Mental Health Services  
(CMHS) Discretionary Programs Providing  
Direct Services**

February 2023

## *General*

### **1) What is the Government Performance and Results Act of 1993 (GPRA)?**

GPRA is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. GPRA requires that all federal agencies:

- Develop strategic plans specifying what they will accomplish over a 3- to 5-year period;
- Annually set performance targets related to their strategic plans;
- Annually report the degree to which the targets set in the previous year were met; and
- Regularly conduct evaluations of their programs and use performance monitoring data to understand their successes and opportunities for improvement.

The GPRA Modernization Act of 2010 updated some aspects of the GPRA Act of 1993. It placed greater emphasis on setting goals, cross-organizational collaboration, and improving programs using performance metrics. As part of this federal mandate, all SAMHSA grantees are required to collect and report performance data using approved measurement tools.

### **2) What is SPARS?**

SPARS stands for Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. SPARS is a web-based data entry system used by CMHS discretionary grants to report timely and accurate data to SAMHSA.

CMHS monitors two types of grantee activities through SPARS:

- National Outcome Measures (NOMs) Client-Level Measures for Programs Providing Direct Services, also known as "Services Activities" or "NOMs Tool"
- Infrastructure Development, Prevention and Mental Health Promotion (IPP)

### **3) How are the data in SPARS used?**

Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, assist as a decision-making tool on funding, and to improve the quality of services provided through the programs. SPARS provides real-time performance monitoring of SAMHSA's discretionary grant portfolio and allows SAMHSA to provide timely, accurate information to stakeholders and Congress. The system features include data entry, data validation and verification, data management, data utilization, data analysis support, and automated reporting.

### **4) How do I get a SPARS account?**

Notify the grant's Project Director or Alternate Project Director to request a SPARS account. Either of these project leaders can complete the [Add or Remove User Request Form](#) and submit it to the SPARS Help Desk ([SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com)).

Once SPARS receives the required information, Help Desk staff will set up an account, and login credentials will be shared via email. Users who have access to more than one CMHS grant will be able to use the same login ID and password to access all their CMHS grants.

- 5) **The federal fiscal year (FFY) begins on October 1<sup>st</sup>, but my grant year begins on a different date. Should my annual SPARS reports align with the FFY or my project grant year?**

Grantees should enter in their annual goals and IPP results aligned with the federal fiscal year. SPARS will prorate the goals to for the grant years impacted.

### *Consent*

- 6) **Does the NOMs interview consent need to be written? Do clients or caregivers need to sign for their consent to be interviewed?**

Grantees should refer back to the approved participant protection guidance in their application and follow that format for obtaining consent.

- 7) **Birth month/year is now formally listed in Record Management. Are clients therefore required to provide this detail?**

Yes, this information is required, the grantee can and should obtain this information from the clinical records to reduce burden on the service recipient. However, clients can decline to provide any of the information requested for NOMs and if grantees do not have this information available for entry, grantees can use June as a default month and enter an approximate year.

### *CMHS NOMs Client-level Measures (Services Tool) Information*

- 8) **Are there distinct child and adult Services tools?**

There is only one version of the [CMHS Services tool](#). The tool contains prompts to appropriately tailor questions for the intended client, be they an adult, child, or caregiver. The [NOMs Client-level Measures for Discretionary Programs Providing Direct Services Question-by-Question Instruction Guide](#) further explains who should be asked each question and provides further details on skip logic.

- 9) **Is the Services tool available in other languages?**

The Services tool is available on SPARS in both [English](#) and [Spanish](#). In cases where a client speaks any other language, the grantee should follow the same procedures for collecting Services Activities data as those that are used to obtain any other client information. In this case, the grantee should indicate it used the English version when prompted in the system for data entry.

- 10) **Which Services tool prompts should I follow if a child becomes an adult before the follow-up assessment is completed?**

SPARS allows staff to indicate whether the client is a child or adult at baseline. If a client is considered a child at baseline, they will continue to be considered a child at follow-up, and grantees should conduct the NOMs interview using corresponding child/adolescent prompts.

- 11) The Services tool indicates that instructions and response categories rendered in ALL CAPS font should not be read aloud to the client or caregiver. Should all lowercase text therefore be read aloud to the client or caregiver? (Exceptions include housing and education categories, which have instructions or responses that are in all caps.)**

Services tool instructions or responses presented in ALL CAPS font should not be read aloud to the client or caregiver. However, some questions presented in lowercase text are meant to be answered only by grantee staff and not posed to the client or caregiver. Therefore, not all lowercase text should necessarily be read aloud to the client, please follow the instructions for the section as to whether the question is answered by the client or caregiver or grantee staff.

- 12) Can grantees send the Services tool to participants for completion, particularly those for whom I am not be able to meet in person or reach by phone?**

The Services tool should be administered in person or over a telephone. The Services tool includes questions that the grantee should read to the client or caregiver; it is not designed or approved for self-administration by the client or caregiver. However, please be sure to refer to the grantee organization's policies regarding telebehavioral health.

- 13) How should the Services tool interview be conducted for a deaf or hard-of-hearing client?**

Programs are encouraged to ask clients about their language preferences and needs, and to make prior arrangements so that a scheduled interview can be conducted successfully. The process may take longer than a typical assessment and planning more frequent breaks can help both clients and grantees avoid feeling overwhelmed.

- 14) Where can I get copies of the Services tool, Question-by-Question Instruction Guides, Codebooks, FAQs and Reports Guides?**

The Services tool, Question-by-Question Instruction Guides, Codebooks, and FAQs are available to the public on the SPARS website. Select the [Resources](#) tab on the SPARS home page for access.

CMHS Report Guides are also available via the [Resources](#) tab on the SPARS home page but require a SPARS login to access.

- 15) Where can I view recorded SPARS trainings?**

SPARS users can view recordings of SPARS trainings via [Training](#) tab on the SPARS home page. From there, users can search for specific trainings or view the entire catalog of training courses.

## ***Data Entry***

- 16) SPARS shows that my account has been disabled. What do I do now?**

As a security feature, SPARS accounts are disabled when a user makes several unsuccessful password entry attempts or fails to successfully log in or change their password over a 60-day period.

If an account becomes disabled, the user will need to contact the SPARS Help Desk to reactivate the account or reset the password. The SPARS Help Desk is available Monday–Friday, 9:00 a.m.–8:00 p.m. ET (except federal holidays) by phone (1-800-685-7623) and email ([SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com)). Users will need to email the Help Desk from the email address associated with the disabled SPARS account. If users cannot do this, then they will need to ask their Project Director or CMHS Authorized Representative to email the Help Desk on their behalf.

**17) Does the NOMs interview have to be captured on paper? How long do we need to retain paper Services tools after the interview?**

NOMs interviews do not have to be captured on paper, although grantees are welcome to use printed Services tools if that is appropriate for their clinic flow and staffing. Grantees can also establish electronic capture means using software such as REDCap, Qualtrics, Microsoft Forms, fillable PDF, or their electronic health record (EHR). Note that while the grantee interviewer can complete electronic entry directly on a tablet, laptop, or desktop computer, the Services tool should never be completed directly by the client or caregiver. The NOMs questions must be read by an interviewer; it is not a self-administered survey.

Grantees that do capture interview responses on the paper Services tool should have appropriate policies and procedures in place for retention to ensure accurate data entry into SPARS that maintains appropriate confidentiality. However, there are no minimum requirements for retention of paper records.

**18) Who develops the client identification (ID) number?**

The unique client identifier is determined by the grantee. It can be between 1 character and 11 characters in length and can include both numbers and/or 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 designed to track a specific client through their interviews, baseline, clinical discharge, and reassessments while preserving their anonymity. The same unique ID is used each time, regardless of whether the client has more than one episode of care (i.e., if they are discharged and then return). To protect personally identifiable information (PII), do not include any information that could identify the client when determining their unique ID. This includes, but is not limited to, the client’s name, date of birth, or Social Security number as all or part of their ID.

If the grantee collects services data, they may need to establish a Site ID to enter interviews for multiple locations. To request a Site ID for a grant, the project director must select **My Grants** > **Update my Grant** on the SPARS website and request one by completing the questions under the “For Client Service Program Grants Only” section. The Help Desk will contact grantees with questions, as necessary. The Site ID will be emailed to the project director from the SPARS Help Desk.

**19) I need to delete or change some data. How can I do that?**

All data in Record Management sections A–G can be edited after initial submission, as can entries for questions 2. (“What is the client’s month and year of birth?”) and 4. (“Was the respondent the child or the caregiver?”). The Behavioral Health Diagnoses and Demographic Data sections can be also edited. Please refer to the [NOMs Client-level Measures for Discretionary Programs Providing Direct Services Question-by- Question Instruction Guide](#) for instructions on how to edit data.

However, remaining items in the Record Management section **cannot** be edited (e.g., Client ID, Grant ID, Site ID, assessment type, was the interview conducted?). Should grantees need to change data in this section, the entire baseline interview must be deleted, and they will need to re-enter the entire interview. Grantees can delete interviews by following the steps below. If they do not have a paper copy of the completed interview, print the summary screen for each record before deleting. **NOTE: To remove an entire baseline interview, all reassessments and discharges related to that client's baseline data will need to be deleted first and then re-entered after the baseline is completed.**

The steps for deleting a client record are as follows:

1. Find the client for whom the grantee needs to delete the baseline interview by using the “Find Interview” screen under the **Data Entry > Services** section of the SPARS website.
2. Click **Show Interviews** next to the Client ID.
3. If necessary, print the summary of the interview by clicking **Print**.
4. Click **Del**.
5. Confirm intention to delete by clicking **Yes**.
6. Re-enter the interview with the correct Record Management data, if necessary.

## ***Data Collection Requirements***

### **20) Is my grant required to comply with SPARS data collection requirements?**

Review the Notice of Award and Notice of Funding Opportunity (NOFO) for the grant's data collection requirements. CMHS grant applications require prospective grantees to explain the procedures they have or will put into place to ensure compliance with the collection of required data elements. NOMs Section G program-specific requirements are listed in the [CMHS NOMs Client-Level Measures Tool: Section G Information Sheet](#). If awarded a grant, the GPO will also provide information on what data the grant is required to collect.

### **21) What are the requirements for collecting data with the Services tool? When am I required to start collecting and submitting data?**

Review the Notice of Funding Opportunity (NOFO) and the Notice of Award for the grant's data collection requirements to determine when your grant program cohort is required to start collecting SPARS data. Grantees with specific questions about reporting requirements should contact their GPO.

### **22) Do we have to collect information on every client served?**

Unless otherwise specified in grant documents, grantees required to collect client-level services data using the CMHS NOMs tool must collect data on *every* client that is enrolled in services for the duration of their episode of care. A *client* is defined as a person who is actively receiving treatment through a CMHS-funded grant program. An *episode of care* begins when the client begins to receive CMHS-funded services, as defined by the program, and ends when the client is discharged and no longer receiving CMHS-funded services through the grantee's project.

**23) Does CMHS allow us to offer clients incentives for completing interviews?**

The use of incentives is addressed in each individual CMHS program's Notice of Funding Opportunity NOFO and application requirements.

**24) What are the required interviews for Services tool data collection?**

Services Activities data are collected through three types of face-to-face or telehealth interviews:

- Baseline
- Reassessment
- Clinical Discharge

For more detailed information about how and when to conduct interviews, please see the [NOMs Client-level Measures for Discretionary Programs Providing Direct Services Question-by-Question Instruction Guide](#).

**25) Are specific tools required to screen for trauma or suicide risk?**

The tools grantees use to screen for trauma or suicide risk are not specified. Best practice recommendations and standardized tools are outlined in the [NOMs Client-level Measures for Discretionary Programs Providing Direct Services Question-by-Question Instruction Guide](#). Where possible, grantees should engage SAMHSA for technical assistance to select standardized tools that have been validated or adapted to fit their program's context.

Grantees wishing to learn more about the impact of trauma and available resources are encouraged to start with [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

Grantees wishing to learn more about how to incorporate suicide screening, develop a suicidal safety plan, and assess access to lethal means are encouraged to start with [SAMHSA's Suicide Prevention Resource Center \(SPRC\)](#).

**26) Does the suicide or trauma screening have to be completed during the NOMs interview?**

The information captured by grantee staff in the Behavioral Health Diagnoses section of the Services tool does not have to be completed during the interview or by the same staff member who is conducting the interview. Grantees should consider their clinic and data entry workflows to determine the most appropriate means of ensuring that information about the suicide or trauma screening and its result are both available to the interviewer and captured in the Services tool.

**27) Does the Behavioral Health Diagnoses section need to be filled out by a licensed clinician?**

Only a licensed clinician should make a behavioral health diagnosis, i.e., the ICD-10 code should be assigned by a licensed clinician. However, the data collection or entry for the section, which includes trauma screening, suicide risk screening, and behavioral health diagnosis can be input by any appropriate staff of the grantee. The trauma screening and suicide risk screening can also be performed by any appropriately trained grantee staff, which may be the same or different from the interviewer or the clinician. Grantees with no capacity or access to a client's behavioral health diagnosis can report this in the section's subsequent question.

**28) Are grantees expected to provide Z codes? If so, where do we find guidance for training data collectors in identifying/assigning codes?**

SAMHSA grantees are encouraged to use the Z codes in addition to the ICD-10 codes for behavioral health diagnoses. Z codes are important ICD-10-CM encounter reason codes used to document the social determinants of health (SDOH) data that may be impacting a client's health, including their mental health. Below are some resources:

- This [infographic](#) from the Centers for Medicare & Medicaid Services is a useful guide on how to collect information on SDOH and report it using Z codes.
- [The American Hospital Association's ICD-10-CM Coding for Social Determinants of Health](#) has more technical detail about who can collect these data and assign the codes, as well as information regarding what is included under each code. They have also produced a [webinar](#) on this topic.

**29) We have information collected about demographics in our EHR. Can we use this to complete the demographics section when we are not able to complete an interview?**

The demographics questions are worded specifically and should be asked of the client (or caregiver, as applicable) directly in an interview. This information should not derive from other clinic records if an interview could not be conducted or completed, or if the client refused to answer these questions.

**30) Can the race categories be modified?**

The questions must be asked as they appear on the Services tool and cannot be changed. Respondents may indicate a race that is not listed, and this can be entered in the OTHER (Specify) field.

**31) Is the NOMs question regarding military experience and veteran status exclusive to U.S. military involvement? Our project serves refugee and immigrant populations, who may have military experience in their home countries. Should this count as a 'yes' for this question?**

The intent of the question is to determine whether the client (if over 16 years old) ever served in a military force. While the question was written from the perspective of the U.S. military, any military service in any country should be captured here; the culture and experience serving may have a similar behavioral health impact across countries. This information will allow CMHS to better serve military families through service coordination between SAMHSA and other federal agencies.

**32) If a client assisted the U.S. military as an interpreter or similar, should that count as a 'yes' for this question? For example, we have many clients who were interpreters in Afghanistan and are refugees due to that involvement.**

The intent of the question on experience in the armed forces is to determine whether the client (if over 16 years old) ever served in a military force. Civilian assistance or employment to work with the military such as interpreters would not count as military service.

**33) Does the arrest definition include immigration charges?**

Yes, an arrest, regardless of the nature of the charge, should be counted.



**34) What is Section G? Why can't I find Section G in my training materials?**

Section G is for program-specific questions. CMHS determines which grant programs are required to administer questions from Section G. The [Section G Information Sheet](#) is available on SPARS to indicate which, if any, Section G questions should be reported by a specific grant program. The [Question-by-Question Instruction Guide](#) provides additional information regarding each sub-section within Section G.

Grantees requiring further guidance on Section G should contact their GPO.

**35) My GPO says I have Section G data to collect. How often do I need to collect Section G data?**

Questions in Section G are specific to the program and may be required as part of the full baseline, reassessment, and clinical discharge interviews or administrative records; please review the guidance specific to your program if Section G is assigned. Information regarding when each specific version of Section G should be collected is available in the [Question-by-Question Instruction Guide](#), which can be accessed at the Resource Library. Grantees can contact their GPO or consult the [Section G Information Sheet](#) for further information about which questions within Section G are applicable to their program's data collection requirements.

**36) Are the health measurement data required to be collected during the NOMs interview? We may do the NOMs interview over telehealth and cannot complete physical health measurements at the same time.**

The physical health measurements in Section G for CCBHC and PIPBHC grantees do not have to be completed during the NOMs interview. These data can be extracted during data entry or batch upload to SPARS by anyone with access to the client records. Note that physical health measurements should be made within 30 days of the interview, or within 30 days of the interview's scheduled due date if the interview was not conducted.

***Reassessment and Clinical Discharge Data Collection***

**37) Do we have to conduct a reassessment interview on each client?**

Grantees are required to attempt to reassess all clients for whom a baseline record was submitted unless the client refused all interviews or was discharged from services prior to the reassessment due date.

**38) Should we enter the 6-month (calculated as 180 days) reassessment if the interview was conducted outside of the expected time frame?**

Yes, CMHS encourages grantees to collect interview data within the specified window to ensure consistency when comparing client outcomes at various stages of program enrollment. However, grantees should enter conducted interviews, even those not completed within the prescribed data collection window. Grantees unable to conduct a reassessment interview should enter an administrative record.

**39) Will SPARS automatically recognize a 3rd or 6th month reassessment from the interview date?**

The reassessment window is a 60-day period comprised of the 30 days immediately before and the 30 days immediately after the expected date. Therefore, a 3-month reassessment is expected 90 days after the baseline interview but can be completed and entered at any point between day 61 and day 119. Similarly, a 6-month reassessment is expected 180 days after the baseline interview but can be completed and entered at any point between day 151 and day 219. If the program requires 6-month reassessments, reassessment at 90 days does not fall within the corresponding window.

**40) Our data team found corrections to be made to the physical health indicators and revisions were coming up as “reassessment outside of window” – even though they were not. Will this impact our reassessment rate?**

No, this will have no bearing on the grantee’s NOMs reassessment interview rate. This particular height measurement is part of the program-specific Section G questions; the physical health measurements in this section do not have to be completed at the same time as the NOMs interview. The only reassessment rate report SPARS collects is derived from NOMs interview date, not the date at which physical health measurements data was collected.

**41) My reassessment rate is low. What could be the reason for this?**

If a grantee’s reassessment rate is low, it could be due to one or more of the reasons below:

- ***Discharge records are not being entered into SPARS*** – When a client’s discharge record is entered in SPARS, a corresponding reassessment interview will no longer be counted as due.
- ***Clients are not being reassessed within the window*** – Reassessment interviews must be conducted within the prescribed window of 30 calendar days before and after the client’s official reassessment due date. Please use the [Notification Report](#) to see which interviews are currently due and the earliest and latest dates at which reassessment can be conducted. The [CMHS Services Notification Report Guide](#) will provide grantees with key terms, instructions for running the report and customizing it to fit their needs, and a description of how to use the report.
- ***The reassessment is not a conducted interview*** – For a reassessment to count as completed, it must be a conducted interview. Grantees can use the [Reassessment Interview Rate Report](#) to view their grant’s reassessment rate for a specific quarter or fiscal year, as well as their grant’s cumulative rate. The [CMHS Reassessment Interview Rate Report Guide](#) will provide grantees with key terms, instructions for running the report and customizing it to fit their needs, a description of how to use the report, and an appendix including technical details.

**42) How is clinical discharge defined?**

A clinical discharge is defined by the grant. However, clients with whom grantees have not had any contact for 90 calendar days or more should be considered discharged. In this instance, “contact” includes program services or referrals, phone calls or video calls related to a treatment plan (not scheduling), or crisis intervention or emergency services. Clients who have died should also be considered discharged.

**43) Do I have to conduct a clinical discharge interview with each client?**

Grantees must attempt to conduct a client interview at discharge. However, grantees are not responsible to locate the client for the purpose of completing the clinical discharge interview. If a clinical discharge interview is not conducted, an administrative clinical discharge must be entered into SPARS instead. Please refer to the [Question-by-Question Instruction Guide](#) for more information about administering the clinical discharge interview or collecting administrative data.

**44) Do clients have to be discharged 6 months after their reassessment? What is the due date for discharge?**

There is no set deadline for discharge, which can vary and depend on the services provided and the client's needs. Discharge is conducted when services are completed or no longer necessary, or when the client and grantee have not had any contact for 90 calendar days or more, or when the client has died.

**45) How does the 90-day no-contact discharge threshold affect clients who are only seen and reassessed for medication? Technically, they would have to be discharged after 90 days without contact. How can I prevent this?**

In this instance, grantees could schedule a check-in with clients to occur every 90 days. Such a check-in can occur over the phone and does not require the client to come into the clinic for services. Other means of establishing that the client is active can be followed. For example: Is the prescription valid? Are calls answered? Has a future appointment been set?

**46) Do I need to enter discharge records for all clients at the end of my grant?**

No, discharge records should only be entered for clients who meet the criteria for clinical discharge and are formally discharged from services.

**47) Will my reassessment rate be affected by clients not discharged at the end of the grant?**

No, the [Reassessment Interview Rate Report](#) and [Notification Report](#) use the grant end date to determine if clients should be counted as due for reassessment. This means that a grant's rate will not be affected by clients who are not discharged and have a reassessment due after the grant end date.

### ***Administrative Data Collection Requirements***

**48) Am I required to enter any data if an interview is not conducted (e.g., if the client refuses the interview or is impaired)?**

Yes, grantees must enter administrative data in instances where an interview is not conducted. Please refer to the [Question-by-Question Instruction Guide](#) for information about what kinds of administrative data are required for each interview.

Reassessments or clinical discharges derived from administrative data and entered in SPARS prior to an interview can be deleted and replaced with data derived from the interview if it is later conducted.

**49) If a client is discharged while the reassessment window is open, do I have to collect both records? How will this affect this client's reassessment?**

No, grantees should conduct a discharge interview and enter it into SPARS. Once the discharge interview is entered, the reassessment is no longer due.

**50) The typical episode of care for my clients is very short. Many clients may end up with baseline and clinical discharge interview dates very close to one another. Do I still have to collect both records? How will this affect this client's reassessments?**

Yes, both interviews are required regardless of the amount of time between the two. This provides CMHS with outcome data. When a client's discharge record is entered into SPARS, a reassessment interview is no longer due.

**51) Do administrative entries count toward our annual goals?**

Yes, an administrative entry at baseline counts as a client served for the grant. However, administrative entries are excluded from the Reassessment Interview Rate and the Discharge Interview Rate, as these are specifically measuring whether the interview was completed.

***Who to Contact***

**52) We have additional questions that need to be addressed. How do we get them answered?**

Grantees can direct all questions related to the CMHS NOMs Client-level Measures Tool (Services Activities), to [CMHS-GPRATools@samhsa.hhs.gov](mailto:CMHS-GPRATools@samhsa.hhs.gov). For all questions related to SPARS, please contact the SPARS Help Desk, Monday through Friday, 9:00 AM to 8:00 PM ET, by phone (1-800-685-7623, toll-free) and email ([SPARSHelpDesk@mathematica-mpr.com](mailto:SPARSHelpDesk@mathematica-mpr.com)). Grantees can contact their GPO for any other project-related questions.