

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

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0285.

A. RECORD MANAGEMENT

Consumer ID

Grant ID (Grant/Contract/Collaborative Agreement)

Site ID

Interview Type [SELECT ONLY ONE]

Baseline

Did you conduct a baseline interview? Yes No

Consumer Type [SELECT ONLY ONE]

- New [A **first-time** consumer to your grant]
[INTERVIEW REQUIRED; FILL IN INTERVIEW DATE, THEN RECORD MANAGEMENT-DEMOGRAPHICS]
- Continuing [An active consumer who is in treatment with the grant]
[FOR ADMINISTRATIVE BASELINES, FILL IN THE DATE THE CONSUMER WAS FIRST INTERVIEWED BY YOUR GRANT, THEN RECORD MANAGEMENT – DEMOGRAPHICS FOR BASELINE INTERVIEWS, FILL IN INTERVIEW DATE, THEN RECORD MANAGEMENT – DEMOGRAPHICS]

3 month reassessment

Did you conduct a reassessment interview?

- Yes *[INDICATE REASSESSMENT TO BE CONDUCTED, FILL IN INTERVIEW DATE, THEN SKIP TO SECTION B]*
- No *[INDICATE REASSESSMENT TO BE CONDUCTED, THEN SKIP TO SECTION I]*

- 1st 3 Month Reassessment 9th 3 Month Reassessment 17th 3 Month Reassessment
- 2nd 3 Month Reassessment 10th 3 Month Reassessment 18th 3 Month Reassessment
- 3rd 3 Month Reassessment 11th 3 Month Reassessment 19th 3 Month Reassessment
- 4th 3 Month Reassessment 12th 3 Month Reassessment 20th 3 Month Reassessment
- 5th 3 Month Reassessment 13th 3 Month Reassessment 21st 3 Month Reassessment
- 6th 3 Month Reassessment 14th 3 Month Reassessment 22nd 3 Month Reassessment
- 7th 3 Month Reassessment 15th 3 Month Reassessment 23rd 3 Month Reassessment
- 8th 3 Month Reassessment 16th 3 Month Reassessment

6 month reassessment

Did you conduct a reassessment interview?

- Yes *[INDICATE REASSESSMENT TO BE CONDUCTED, FILL IN INTERVIEW DATE, THEN SKIP TO SECTION B]*
- No *[INDICATE REASSESSMENT TO BE CONDUCTED, THEN SKIP TO SECTION I]*

- 1st 6 Month Reassessment 5th 6 Month Reassessment 9th 6 Month Reassessment
- 2nd 6 Month Reassessment 6th 6 Month Reassessment 10th 6 Month Reassessment
- 3rd 6 Month Reassessment 7th 6 Month Reassessment 11th 6 Month Reassessment
- 4th 6 Month Reassessment 8th 6 Month Reassessment

A. RECORD MANAGEMENT (Continued)

Clinical Discharge

Did you conduct a discharge interview?

Yes *[FILL IN INTERVIEW DATE, THEN SKIP TO SECTION B]*

No *[SKIP TO SECTION J]*

Interview Date |__| |__| | / |__| |__| | / |__| |__| |__| |__|
 MONTH DAY YEAR

A. RECORD MANAGEMENT (Continued) - DEMOGRAPHICS

[DEMOGRAPHIC DATA ARE ONLY COLLECTED AT THE BASELINE INTERVIEW OR THE ADMINISTRATIVE BASELINE]

1. What is your child's gender?

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

2. Is your child Hispanic or Latino?

- YES
- NO
- REFUSED

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

	YES	NO	REFUSED
Central American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dominican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mexican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puerto Rican	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
South American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> <i>[IF YES, SPECIFY BELOW]</i>

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

	YES	NO	REFUSED
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Indian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is your child's month and year of birth?

____/____ / ____/____/____/____
MONTH YEAR REFUSED

[IF THIS IS AN ADMINISTRATIVE BASELINE (NO INTERVIEW CONDUCTED) STOP HERE. NO ADDITIONAL INFORMATION IS REQUIRED.]

B. FUNCTIONING

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

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CAREGIVER]

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

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

DATE GAF WAS ADMINISTERED: / /
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF =

C. STABILITY IN HOUSING

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

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

- CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON)
- OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

2. Who has your child lived with during the past 30 days? *[THE INTERVIEWER MAY CHOOSE MORE THAN ONE ANSWER.]*

- BIOLOGICAL PARENT(S)
- ADOPTIVE PARENT(S)
- RELATIVE OTHER THAN PARENT(S)
- NON-RELATIVE
- INDEPENDENT LIVING
- REFUSED
- DON'T KNOW

D. EDUCATION

1. During the last 30 days of school, how many days was your child absent for any reason?

- 0 DAYS
- 1 DAY
- 2 DAYS
- 3 TO 5 DAYS
- 6 TO 10 DAYS
- MORE THAN 10 DAYS
- REFUSED
- DON'T KNOW
- NOT APPLICABLE

a. [If absent], how many days were unexcused absences?

- 0 DAYS
- 1 DAY
- 2 DAYS
- 3 TO 5 DAYS
- 6 TO 10 DAYS
- MORE THAN 10 DAYS
- REFUSED
- DON'T KNOW
- NOT APPLICABLE

2. What is the highest level of education your child has finished, whether or not he or she received a degree?

- NEVER ATTENDED
- PRESCHOOL
- KINDERGARTEN
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRADE
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- VOC/TECH DIPLOMA
- SOME COLLEGE OR UNIVERSITY
- REFUSED
- DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times has your child been arrested?

____ TIMES REFUSED DON'T KNOW

[FOR BASELINE INTERVIEWS, SKIP TO SECTION G]

F. PERCEPTION OF CARE

[SECTION F IS COLLECTED ONLY AT THE REASSESSMENT OR THE DISCHARGE INTERVIEW]

[FOR BASELINE INTERVIEWS, SKIP TO SECTION G]

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

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CAREGIVER]

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

G. SOCIAL CONNECTEDNESS

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

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CAREGIVER]

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

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

[IF THIS IS A REASSESSMENT INTERVIEW (3 OR 6 MONTH) GO TO THE NEXT PAGE, SECTION I.]

[IF THIS IS A CLINICAL DISCHARGE INTERVIEW, SKIP TO SECTION J.]

I. REASSESSMENT STATUS

[SECTION I IS REPORTED BY GRANTEE STAFF ONLY AT REASSESSMENT]

1. What is the reassessment status of the consumer?

- Completed interview within specified window
- Completed interview outside specified window
- Refused interview
- No contact within 90 days of last encounter
- Other (Specify) _____

2. Is the consumer still receiving services from your project?

- Yes
- No

[SKIP TO SECTION K]

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY GRANTEE STAFF ONLY IF A CONSUMER IS DISCHARGED BY THE GRANTEE]

1. On what date was the consumer discharged?

|_|_|_| / |_|_|_|_|_|_|
MONTH YEAR

2. What is the consumer's discharge status?

- Mutually agreed cessation of treatment
- Death
- No contact
- Clinically referred out
- Other (Specify) _____

[GO TO NEXT PAGE, SECTION K]

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY GRANTEE STAFF ONLY AT REASSESSMENT OR DISCHARGE]

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

|_|_| / |_|_|_|_|_|
MONTH YEAR

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

Core Services	Provided	
	Yes	No
1. Screening	<input type="radio"/>	<input type="radio"/>
2. Assessment	<input type="radio"/>	<input type="radio"/>
3. Treatment Planning or Review	<input type="radio"/>	<input type="radio"/>
4. Psychopharmacological Services	<input type="radio"/>	<input type="radio"/>
5. Mental Health Services	<input type="radio"/>	<input type="radio"/>

[IF YES, PLEASE SELECT THE FREQUENCY MENTAL HEALTH SERVICES WERE DELIVERED]:

Daily Weekly Less than Monthly Monthly

6. Co-Occurring Services	<input type="radio"/>	<input type="radio"/>
7. Case Management	<input type="radio"/>	<input type="radio"/>
8. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>

9. Was the consumer referred to another provider for any of the above core services?

Yes No

Support Services	Provided	
	Yes	No
1. Medical Care	<input type="radio"/>	<input type="radio"/>
2. Employment Services	<input type="radio"/>	<input type="radio"/>
3. Family Services	<input type="radio"/>	<input type="radio"/>
4. Child Care	<input type="radio"/>	<input type="radio"/>
5. Transportation	<input type="radio"/>	<input type="radio"/>
6. Education Services	<input type="radio"/>	<input type="radio"/>
7. Housing Support	<input type="radio"/>	<input type="radio"/>
8. Social Recreational Activities	<input type="radio"/>	<input type="radio"/>
9. Consumer Operated Services	<input type="radio"/>	<input type="radio"/>
10. HIV Testing	<input type="radio"/>	<input type="radio"/>

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

Yes No