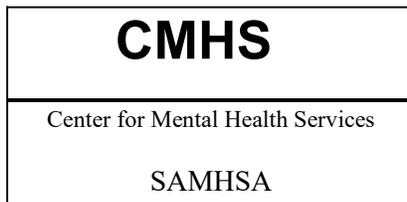


**Substance Abuse and Mental Health Services  
Administration (SAMHSA)**

**Center for Mental Health Services**

**NOMs Client-Level Measures for Discretionary  
Programs Providing Direct Services**

**QUESTION-BY-QUESTION INSTRUCTION  
GUIDE  
for Child Programs**



October 2019  
*SPARS Version 2.1*

# Contents

GENERAL OVERVIEW.....	1
GENERAL GUIDELINES FOR COLLECTING AND SUBMITTING DATA .....	3
Interviewing Guidelines .....	3
Data Collection Points.....	4
Consent.....	7
Timelines for Interview Completion and Data Submission .....	8
RECORD MANAGEMENT .....	13
Overview .....	13
BEHAVIORAL HEALTH DIAGNOSES.....	17
Intent/Key Points.....	17
Additional Probes.....	17
Coding Topics/Definitions .....	17
Cross-Check Items .....	18
Skip Pattern .....	18
SECTION A: DEMOGRAPHIC DATA .....	19
Overview .....	19
SECTION B: FUNCTIONING AND MILITARY FAMILY AND DEPLOYMENT .....	22
Overview .....	22
Functioning.....	22
Military Family and Deployment .....	28
SECTION C: STABILITY IN HOUSING.....	31
Overview .....	31
SECTION D: EDUCATION .....	35
Overview .....	35
SECTION E: CRIME AND CRIMINAL JUSTICE STATUS .....	37
Overview .....	37
SECTION F: PERCEPTION OF CARE .....	38
Overview .....	38
SECTION G: SOCIAL CONNECTEDNESS .....	41
Overview .....	41
SECTION H: PROGRAM-SPECIFIC QUESTIONS .....	43
SECTION I: REASSESSMENT STATUS .....	44
Overview .....	44
SECTION J: CLINICAL DISCHARGE STATUS .....	46
Overview .....	46
SECTION K: SERVICES RECEIVED .....	49
Overview .....	49

ACCESSING HELP .....	53
APPENDIX A: SECTION H REQUIREMENTS .....	54
SECTION H1: Program-Specific Data Requirements .....	55
SECTION H2: Program-Specific Data Requirements .....	57
SECTION H3: Program-Specific Data Requirements .....	58
SECTION H4: Program-Specific Data Requirements .....	60
APPENDIX B: NOTES .....	62

## GENERAL OVERVIEW

These instructions are for collecting the Center for Mental Health Services (CMHS) NOMs Client-level Measures for Discretionary Service Programs Providing Direct Services to Children, **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.

- A **consumer** is defined as a child who is actively in treatment with a CMHS funded program. However, the child or his/her caregiver may be interviewed for the purpose of the NOMs data collection (the term "consumer" is used throughout this document regardless of whether the child/adolescent or caregiver is interviewed).
- **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 discharge.

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

**The Child Services tool is offered in one version:**

- Child or Adolescent and Caregiver Combined Respondent – used when either the child; or the caregiver is being interviewed on behalf of the child or adolescent. This version includes the question stems for both the child/adolescent and caregiver; the interviewer would adjust the question according to who is being interviewed.

**Please note** – Either the child or the child’s caregiver must be interviewed for the purposes of the SPARS data collection; interviews of both individuals **are not required**. The table below describes the appropriate interviewee and criteria.

<b>Interviewee</b>	<b>Criteria</b>
1) Child or Adolescent	Child age 11 and older
2) Caregiver (on the behalf of the Child/Adolescent)	Child age 10 and younger
3) Either the Child/Adolescent <i>or</i> the Caregiver (on behalf of the Child/Adolescent)	Dependent on who is being interviewed

Note: If possible, please attempt to maintain consistency across consumer interviews to avoid problems related to inter-rater reliability; i.e., if the child is interviewed initially, the child should be interviewed for reassessments and for the duration of his/her treatment.

# GENERAL GUIDELINES FOR COLLECTING AND SUBMITTING DATA

## INTERVIEWING GUIDELINES

Before starting the interview, consider using a calendar to mark off the past 30 calendar days or asking the consumer if he or 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 a waiver is approved by your GPO. 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 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 upper-case and lower-case (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 them, choose NOT APPLICABLE as his or 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 with the exception of the 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 answered by the grantee except for the “Don’t Know” response option for Behavioral Health Diagnoses questions in Record Management 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 and 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 Dates
Baseline Assessment <sup>1</sup>	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 (the 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 B5 and B6)	X	X	X		X	Conduct an interview every 180 calendar days from the Baseline interview date for the duration of the consumer's treatment Time frame 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 B5 and B6)	X	X		X	X	Conduct interview same day (as discharge). <sup>2</sup>	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.

<sup>1</sup> 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.

<sup>2</sup> 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 Not Completed (Admins): Data collection points and required information for interviews not 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 Dates
Baseline Assessment <sup>2</sup>	X		X							Complete admin within 7 calendar days of a consumer entering treatment. Indicate in #2 (Rec 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 (Rec Mgmt.) that an interview was not completed and why.	Enter data within 30 days of the interview due date.	Data must be entered in 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. <sup>3</sup> Indicate in #2 (Rec 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.

<sup>1</sup> Some grants may have an Institutional Review Board (IRB) 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

## Summary of Table 1 and Table 2:

- **Record Management** 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.
- **Section A** is only asked of the consumer at baseline only. If the grantee is unable to obtain demographic data from a consumer interview, this information may be obtained administratively from other available grant data. 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 IRB decision preventing you from obtaining this information from other records, then these items should be coded as REFUSED.
- **Section B Questions 5 and 6 (Military Family and Deployment)** are only asked at Baseline.
- **Sections B (except for questions 5 and 6), C, D, E, and G** are asked of the consumer at baseline, reassessment and clinical discharge interviews.
- **Section F** is asked of the consumer at reassessment and 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 the grantee about the consumer only at clinical discharge, regardless of whether an interview was conducted (administrative clinical discharge).
- **Section K** is completed by the grantee about the consumer at reassessment and clinical discharge, regardless of whether an interview was conducted (administrative reassessment or clinical discharge).

## 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 six months 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.

## **TIMELINES FOR INTERVIEW COMPLETION AND DATA SUBMISSION**

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

### **Data Collection Timelines**

#### **Baseline**

For consumers that initiate an episode of care after your grant begins using SPARS, baseline interviews must be completed within seven calendar days after the episode of care is initiated.

For consumers that 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 the SPARS system 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.

Grants that collect the baseline interview closer to the time the consumer initiates treatment will be advantaged in the reporting of outcomes, since 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 the SPARS system 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
- 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. Certain programs are also required to collect Section H physical health indicators quarterly (every 90 calendar days) and will receive guidance from their GPO regarding collection of this data.

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. However, this does not apply if a reassessment interview is a program or grant requirement.

### **Window or Timeframe Allowed for Completing the Reassessment**

You do not have to complete the 6-month reassessments 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 the SPARS system 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)
- 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 for 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<sup>rd</sup> and completes the baseline interview. The consumer will be due for a 6-month reassessment interview on July 2<sup>nd</sup>

and a 12-month reassessment interview on December 29<sup>th</sup> of the same year. For any reassessment the consumer does not complete, you must submit administrative information, as described above.

- *Quarterly Reassessment Due (every 90 calendar days for duration of consumer's treatment) for Select Programs:* A consumer enters the grant on January 3<sup>rd</sup> and completes the baseline interview. The consumer will be due for a 3-month reassessment (Section H physical health indicators only) on April 3<sup>rd</sup> and a 9-month reassessment (Section H physical health indicators only) on September 30<sup>th</sup>. The consumer will be due for a full 6-month reassessment interview on July 2<sup>nd</sup> and a 12-month reassessment interview on December 29<sup>th</sup> of the same year. For any reassessment interview the consumer does not complete, you must submit administrative information, as described above.

### **Clinical Discharge**

Clinical discharge interviews must be completed at the time of discharge. The completed interview must be entered into the SPARS system 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 crises 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 the SPARS system 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)
- 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 Definition):* A consumer enters a program on June 1<sup>st</sup> and completes a baseline interview. He/she is discharged by the project according to the grantee’s definition of discharge on September 1<sup>st</sup>. If possible, a clinical discharge interview should be conducted on September 1<sup>st</sup>. If the consumer is not interviewed for any reason, you should complete Record Management 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<sup>st</sup> 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 and Sections J and K in the SPARS system within 30 calendar days after the consumer lost contact (the 91<sup>st</sup> day he/she was not in contact with the grantee).
- *Clinical Discharge – Consumer death:* A consumer enters a program on June 1<sup>st</sup> and completes the baseline interview. The grantee is notified of the consumer’s death in August. The grantee must complete Record Management and Sections J and K in the SPARS system within 30 calendar days of the notification.

### Data Submission Deadlines

NOMs Client-level Measures (Services Activities) data should be entered into the SPARS system 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 to December 31	Within 30 days of the interview date or when the interview was due OR Within 30 days of the discharge	April 1
Quarter 2: January 1 to March 31		July 1
Quarter 3: April 1 to June 30		October 1
Quarter 4: July 1 to 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 as well as definitions that apply to the items in that section. The following information is provided about each question:

<b>Intent/Key Points</b>	Describes the intent of the question.
<b>Additional Probes</b>	Offers suggestions for probes that may help prompt the consumer's memory during the interview.
<b>Coding Topics</b>	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.
<b>Cross-Check Items</b>	Alerts the interviewer to items that should be related, and answers that should be verified if a contradiction occurs during the course of the interview.
<b>Skip Pattern</b>	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 this consumer.

# RECORD MANAGEMENT

## OVERVIEW

This section pertains to the collection of the consumer’s identification for the SPARS system, the grantee information, and 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 record, 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 designed to track a specific consumer through his/her interviews, baseline, 6-month reassessments, and clinical discharge, 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 calendar 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 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 you.** 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 this episode of care.*

Enter the date [month/year], 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 indicate 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 the SPARS system.

*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.

***Cross-Check Items***

None

***Skip Pattern***

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

**3 WAS THE RESPONDENT THE CHILD OR THE CAREGIVER?**

***Intent/Key Points***

The intent of this question is to ascertain if the child or the caregiver is answering the questions. It is preferred that children under 11 have the caregiver provide the responses.

If possible, it is preferred that the consistency of the respondent is maintained across multiple interviews to address problems related to inter-rater reliability; i.e., if the child is interviewed initially, the child should be interviewed for the duration of his/her treatment.

***Coding Topics/Definitions***

None

***Cross-Check Items***

None

***Skip Pattern***

None

## 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 the 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 or caregiver.

### *Additional Probes*

None—response is not made by consumer.

### *Coding Topics/Definitions*

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

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),<sup>2</sup> 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 Clinical Discharges:

- 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. These questions are only asked at baseline. **Please ask the question 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 [child's] 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 [Is your child] Hispanic or Latino? [If yes] What ethnic group do you consider yourself [your child]? 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 as apply. 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 A2 is NO or REFUSED.

**A3 What race do you consider yourself [your child]? 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 or 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 [your child's] 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 the SPARS system.

***Additional Probes***

None

***Coding Topics/Definitions***

Enter the date as mm/yyyy. The SPARS system will only save the month and year. Day is not asked nor saved in the SPARS system to protect the identity of the consumer.

***Cross-Check Items***

None

***Skip Pattern***

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

## SECTION B: FUNCTIONING AND MILITARY FAMILY AND DEPLOYMENT

### OVERVIEW

This section pertains to issues of physical, emotional/mental health, substance use, and family veteran status. The scales in this section ask the consumer to report on their perception of their 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–B4) are asked at all interviews; the GAF and CBCL scores and dates are optional but may be submitted for all interviews.

#### **B1 How would you rate your [your child's] 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 and emotional/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 their 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 their answer based on this information. However, if the client chooses to remain with their original answer—record their original response and continue to the next item.

#### *Coding Topics/Definition*

None

#### *Cross-Check Items*

None

#### *Skip Pattern*

None

- B2** In order to provide the best possible mental health and related services, we need to know what you think about how well you were [your child was] 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 am [my child is] handling daily life.
  - b. I get [my child gets] along with family members.
  - c. I get [my child gets] along with friends and other people.
  - d. I am [my child is] doing well in school and/or work.
  - e. I am [my child is] able to cope when things go wrong.
  - f. I am satisfied with our family life right now.

### ***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<sup>th</sup>, the last 30 calendar days covers April 15 to May 15.

Read the instructions and then each statement followed by the disagreement/agreement categories to the consumer. It is important to read all of the functioning statements (items B2a-f) 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/Definition***

If the consumer refuses to answer a question, check the REFUSED option and proceed to the next sub-question in B2.

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 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, for example, (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

- B3** 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**

***Intent/Key Points***

The intent is to assess how frequently the consumer experienced psychological distress within the past 30 days.

Read the instructions, then each question followed by the response options ranging from “all of the time” to “none of the time.”

***Additional Probes***

None

***Coding Topics/Definition***

If the consumer refuses to respond to a particular item, check the REFUSED option and go to the next item or question in B3.

***Cross-Check Items***

None

***Skip Pattern***

Do not ask B3 if the caregiver is answering the questions.

- B4 (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 question B4. If a consumer answers "never" or refuses to answer an item, continue by asking the next item in the list.

### ***Additional Probes***

Probe for non-medical 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/Definition***

Unprescribed use of prescription medication or misuse of prescribed medication, misuse of over-the-counter 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, etc.) 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***

Do not ask B4 if the caregiver is answering the questions.

**OPTIONAL QUESTION 1 DATE GAF WAS ADMINISTERED**

***Intent/Key Points***

The intent is to ascertain the date the Global Assessment of Functioning (GAF) Scale was administered (if applicable). This information is submitted at the discretion of the grantee 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 optional question 3.

**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.

## **OPTIONAL QUESTION 3 DATE CBCL WAS ADMINISTERED**

### ***Intent/Key Points***

The intent is to ascertain the date the Child Behavior Checklist was administered (if applicable). This information is submitted at the discretion of the grantee project and obtained from the consumer's record. Do not ask the consumer the date of his/her CBCL assessment.

### ***Additional Probes***

Not applicable

### ***Coding Topics/Definitions***

Enter the date as mm/dd/yyyy. The CBCL 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 CBCL was administered is recorded, the CBCL Total Problem T-Score must also be recorded.

### ***Skip Pattern***

Skip the optional question regarding date the CBCL was administered if the CBCL Total Problem T-score is not known or recorded and proceed to Section C.

## **OPTIONAL QUESTION 4 WHAT WAS THE CONSUMER'S SCORE**

### ***Intent/Key Points***

The intent is to ascertain information about the consumer's CBCL Total Problem T- score. This information is submitted at the discretion of the grantee project and obtained from the consumer's record. Do not ask the consumer his/her CBCL total Problem T-score.

***Additional Probes***

Not applicable

***Coding Topics/Definitions***

Enter the CBCL Total Problem T-score. The range for this score is 23-100.

***Cross-Check Items***

If the CBCL Total Problem T-score is recorded, the date the CBCL was conducted must also be recorded.

***Skip Pattern***

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

**MILITARY FAMILY AND DEPLOYMENT**

Questions B5 and B6 are only asked at baseline. If the caregiver is the respondent or the consumer is younger than age 18, go to question B6. 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.

**B5 Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?**

***Intent/Key Points***

The intent is to determine whether the consumer is serving in the U.S. military. This information will allow CMHS to better serve military families through service coordination between SAMHSA and other Federal agencies.

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

***Additional Probes***

None

***Coding Topics/Definitions***

**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***

If the caregiver is the respondent, go to question B6.

If the consumer is younger than age 18, go to question B6.

Question B5 is only asked at baseline. Skip to Section C if this is a reassessment or discharge interview.

**B6 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. This information will allow CMHS to better serve military families through service coordination between SAMHSA and other federal agencies.

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 to them that is active duty or who has formerly served in the U.S. military, check either “Yes, only one person”, or “Yes, more than one person”.

*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***

Question B6 is only asked at baseline. If this is a reassessment or discharge interview skip to Section C.

## 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 [has your child] been homeless?**
  - b. nights have you [has your child] spent in a hospital for mental health care?**
  - c. nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment?**
  - d. nights have you [has your child] spent in a correctional facility including juvenile detention, 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 veteran's 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 JUVENILE DETENTION CENTER, 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.

### ***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 he or she has spent 16 or more nights in any one setting.

## **C2 In the past 30 days, where have you [has your child] 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 2 different places for 15 calendar days each, record the most recent living arrangement.

*CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER OR 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. Caregiver is the owner or renter.

*INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER OR ROOM*—count living in a room, house, boarding house, dorm, public or subsidized house,

motel/hotel, room at the YMCA/YWCA, and living in an RV or trailer, if owned or rented by the consumer.

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

*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. Twenty-four hour supervision is provided with long-term treatment and support.

*FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)*—count living in a standard foster care arrangement with or without a standard treatment component. Count living in a private home with care provided by foster care parents.

*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 veteran's 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 (JUVENILE DETENTION CENTER/JAIL/PRISON)*—count living in lockup and/or holding cells in courts or other locations, in addition to living in a juvenile detention center or “youth only” correctional facility with high structure and supervision.

*OTHER HOUSED (SPECIFY)*—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.

### ***Cross-Check Items***

None

***Skip Pattern***

None

## SECTION D: EDUCATION

### OVERVIEW

Section D is asked at all interviews. This section pertains to the respondent's education status.

**D1 During the past 30 days of school, how many days were you [was your child] absent for any reason? [If absent], how many days were unexcused absences?**

#### *Intent/Key Points*

The intent is to ascertain the consumer's attendance in school.

**Note that this is a two-part question.** If the consumer responds that he/she was absent for any reason, you must inquire how many days were unexcused absences.

If an interview is being conducted during the summer months **NOT APPLICABLE** is an appropriate answer. The respondent may be prompted with this response if he or she indicates uncertainty of how to answer this for any other reason.

#### *Additional Probes*

None

#### *Coding Topics/Definitions*

None

#### *Cross-Check Items*

None

#### *Skip Pattern*

Skip to D2 if the consumer responds 0 days, REFUSED, DON'T KNOW, or NOT APPLICABLE.

**D2 What is the highest level of education you have [your child has] finished, whether or not you [he/she has] 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.

*NEVER ATTENDED*—The consumer never attended school. Please note: This includes a consumer who has started pre-school but has not finished.

*PRECHOOL*—The consumer completed a preschool program.

*KINDERGARTEN*—The consumer completed kindergarten.

*1<sup>ST</sup>– 11<sup>TH</sup> GRADE*—The consumer completed one of the grades listed.

*12<sup>TH</sup> GRADE COMPLETED/HIGH SCHOOL DIPLOMA/EQUIVALENT(GED)*—The consumer completed 12<sup>th</sup> 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 one full year of college or university coursework or received his/her associates 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.

### ***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 their identity will be protected when providing this information.

**E1 In the past 30 days, how many times have you [has your child] 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, roused, or questioned.

#### *Cross-Check Items*

None

#### *Skip Pattern*

For baseline interviews, skip to Section G.

## SECTION F: PERCEPTION OF CARE

### OVERVIEW

Section F is only asked at the 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<sup>th</sup>, the past 30 calendar days covers April 15 to May 15. The source of these questions is the 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 [your child] 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 treatment me with respect.
  - b. Staff respected my family's religious/spiritual beliefs.
  - c. Staff spoke with me in a way that I understood.
  - d. Staff was sensitive to my cultural/ethnic background.
  - e. I helped choose my [my child's] services.
  - f. I helped to choose my [my child's] treatment goals.
  - g. I participated in my [my child's] treatment.
  - h. Overall, I am satisfied with the services I [my child] received.
  - i. The people helping me [my child] stuck with me [us] no matter what.
  - j. I felt I had [my child had] someone to talk to when I [he/she] was troubled.
  - k. The services I [my child and/or family] received were right for me.
  - l. I [my family] got the help I [we] wanted [for my child].
  - m. I [my family] got as much help as I [we] needed [for my child].

### *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 (in many cases the provider may also be the interviewer).

It is important to read all of the perception of care statements (items F1a-F1m) 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 items that do not provide this option as a possible response choice are considered to apply to all consumers and require an answer or 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, for example, (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

<b>F2</b> <b>Indicate who administered Section F - Perception of Care to the consumer for this interview.</b>
---

### ***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

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<sup>th</sup>, the past 30 calendar days covers April 15 to 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 [your child’s] mental health provider(s) over the past 30 days.**
- a. I know people who will listen and understand me when I need to talk.**
  - b. I have people that I am comfortable talking with about my [my child’s] problems.**
  - c. In a crisis, I would have the support I need from family or friends.**
  - d. I have people with whom I can do enjoyable things.**

### *Intent/Key Points*

The intent is to ascertain 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-d) regardless of whether the consumer refuses to respond to one of the statements.

### *Additional Probes*

None

### *Coding Topics/Definitions*

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

### *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 government project officer (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.

#### **II. 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. The SPARS system will only save the month and year. Day is not saved in the SPARS system to protect the identity of the consumer. The clinical discharge date recorded must be greater than or equal to the dates of all other interviews and/or administrative records (month and year only) that precede it for the current treatment episode.

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 considered discharged. Contact refers to services or referrals provided, phone calls related to a treatment plan (not scheduling), or crises intervention or emergency services.

The completed interview (or administrative data) must be entered into the SPARS system 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 grantee 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 crises 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 reenters treatment at the same grantee project.

### ***Cross-Check Items***

If the clinical discharge interview was completed by the consumer (i.e., 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 DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE IT IS OPTIONAL.

### OVERVIEW

This section pertains to 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 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) the consumer last received services from the grantee, including CMHS-funded and non-funded services. The SPARS system 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 earlier than the reassessment or clinical discharge date (month and year only), when 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 cannot 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 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; includes 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 to render unwanted and recurrent painful images more tolerable; and certain behavioral therapies which teach skills for managing and modulating powerful emotions such as anger and fear. For a consumer to participate in trauma-specific services, he or she must be aware of a trauma history and recognize that 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 health care 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; excludes 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 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 a HIV positive or 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:** 855–322–2746

**E-mail:** [SPARS-support@rti.org](mailto:SPARS-support@rti.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, WHICH GRANTEES REPORT AT BASELINE, 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 [https://www.integration.samhsa.gov/images/res/SAFE\\_T.pdf](https://www.integration.samhsa.gov/images/res/SAFE_T.pdf)

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?**

[CAREGIVER RESPONSE:]

- 1. In the past 30 days:**
  - a. Has your child expressed thoughts to you about killing himself or herself?**
  - b. Did your child attempt to kill himself or herself?**

### *Intent/Key Points*

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

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

For the caregiver questions, read each question and select either “Yes” or “No.”

### *Additional Probes*

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

### *Coding Topics/Definitions*

If the consumer or caregiver 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. You should 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***

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 CONTAINS QUESTIONS 1, 2, AND 3, WHICH GRANTEES REPORT AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.

### OVERVIEW

This section contains program-specific questions.

**Please indicate your agreement with the following items:**

- 1. As a result of treatment and services received, my [my child's] trauma and/or loss experiences were identified and addressed.**
- 2. As a result of treatment and services received for trauma and/or loss experiences, my [my child's] problem behaviors/symptoms have decreased.**
- 3. As a result of treatment and services received, I [my child has] have shown improvement in daily life, such as in school or interacting with family or friends.**

### *Intent/Key Points*

The intent of this question is to determine what effect treatment and services had on the consumer's trauma experiences and symptoms. If the client has not received any services, select "DON'T KNOW".

Read the instructions and then the statement, followed by the disagreement/agreement categories to the consumer or caregiver. Response options range from "strongly disagree" to "strongly agree." It is important to read all statements, regardless of whether the consumer or caregiver refuses to respond to one of the statements.

### *Additional Probes*

None

### *Coding Topics/Definitions*

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

### *Cross-Check Items*

None

### *Skip Pattern*

None

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 REPORTS PHYSICAL HEALTH INDICATORS. GRANTEES SHOULD COLLECT CONSUMER PHYSICAL HEALTH INDICATORS QUARTERLY.

### OVERVIEW

This section contains program-specific questions.

- |   |
|---|
| <p><b>1 Health Measurements:</b></p> <ul style="list-style-type: none"><li><b>a. Systolic blood pressure</b></li><li><b>b. Diastolic blood pressure</b></li><li><b>c. Weight</b></li><li><b>d. Height</b></li><li><b>e. Waist circumference</b></li></ul> |
|---|

### *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, 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.

### *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 QUESTION 1. GRANTEES REPORT QUESTION 1 AT REASSESSMENT AND CLINICAL DISCHARGE.

### OVERVIEW

This section contains program-specific questions.

- 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.**

### *Intent/Key Points*

The intent is to determine if the consumer experienced a first episode of psychosis (FEP) since their last interview.

Grantee staff answer this 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***

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

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

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