

FOLLOW-UP NON-INTERVIEW NOMs

Consumer ID | | | | | | | | | | | | | | | | | | | | | |

Grant ID (Grant/Contract/Cooperative Agreement) | | | | | | | | | | | | | | | | | | | | | |

Site ID | | | | | | | | | | | | | | | | | | | | | |

1. Assessment

- Baseline Assessment
- 6-Month Reassessment
- 12-Month Reassessment
- 18-Month Reassessment
- 24-Month Reassessment
- 30-Month Reassessment
- 36-Month Reassessment
- 42-Month Reassessment
- 48-Month Reassessment
- 54-Month Reassessment
- 60-Month Reassessment
- 66-Month Reassessment
- Clinical Discharge

2. Interview Conducted?

- Yes **[GO TO 3]**
- No

2a. Why was the interview not conducted? Choose only one.

[PLEASE MARK YOUR ANSWER UNDER THE COLUMN RELATING TO THE ASSESSMENT TYPE]

	Baseline Assessment	Reassessments	Clinical Discharge
Consumer refused interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not able to obtain consent from proxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer was impaired/unable to provide consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer cannot be reached for interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff previously indicated "Administrative data only" or "No data" would be submitted	<input type="checkbox"/>	<input type="checkbox"/> [IF THIS ANSWER IS SELECTED, GO TO SECTION I]	<input type="checkbox"/> [IF THIS ANSWER IS SELECTED, GO TO SECTION J]

2b. What data will be submitted for the next reassessment?

- Interview data
- Administrative data only - [Record Management, Sections I or J &K] - will not attempt any subsequent interviews
- No data - will only provide discharge status [Record Management & Section J] when discharged

3. When was the interview conducted or attempted?

[REASSESSMENTS AND CLINICAL DISCHARGE: IF ANSWERED "CONSUMER CANNOT BE REACHED FOR INTERVIEW" IN 2a, GO TO INSTRUCTIONS BELOW 5]

| | | | | / | | | | | / | | | | |
 MONTH DAY YEAR

5. Was the respondent the child or the caregiver?

- Child [PREFER CHILD AGE 11 AND OLDER]
- Caregiver

I. REASSESSMENT STATUS

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

- 1. **Have you or other grant staff had contact with the consumer within 90 days of last encounter?**
 Yes
 No
- 2. **Is the consumer still receiving services from your project?**
 Yes
 No

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS STAFF PREVIOUSLY INDICATED "NO DATA" WOULD BE SUBMITTED.]

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

/
 MONTH YEAR

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

Core Services

Provided

Yes No

- 1. Screening Yes No
- 2. Assessment Yes No
- 3. Treatment Planning or Review Yes No
- 4. Psychopharmacological Services Yes No
- 5. Mental Health Services Yes No

[IF YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]

Number of times ____ per Day Week Month Year

Yes No

- 6. Co-Occurring Services Yes No
- 7. Case Management Yes No
- 8. Trauma-specific Services Yes No
- 9. Was the consumer referred to another provider for any of the above core services?
 Yes No

Support Services

Provided

Yes No

- 1. Medical Care Yes No
- 2. Employment Services Yes No
- 3. Family Services Yes No
- 4. Child Care Yes No
- 5. Transportation Yes No
- 6. Education Services Yes No
- 7. Housing Support Yes No
- 8. Social Recreational Activities Yes No
- 9. Consumer Operated Services Yes No
- 10. HIV Testing Yes No
- 11. Was the consumer referred to another provider for any of the above support services?
 Yes No