National Outcome Measures (NOMs)
DISCHARGE NON-INTERVIEW

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	☐	☐	☐
Not able to obtain consent from proxy	☐	☐	☐
Consumer was impaired/unable to provide consent	☐	☐	☐
Consumer cannot be reached for interview		☐	☐
Staff previously indicated "Administrative data only" or "No data" would be submitted		☐ ***[IF THIS ANSWER IS SELECTED, GO TO SECTION I]***	☐ ***[IF THIS ANSWER IS SELECTED, GO TO SECTION J]***

2c. What data will be submitted for this Clinical Discharge?

☐ Administrative data only - ***[Record Management, and Sections J &K]***
☐ No data – will only provide discharge status ***[Record Management & Section J]***

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

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]

1. On what date was the consumer discharged?

|____|____| / |___|____|___|____|
MONTH YEAR

2. What is the consumer's discharge status?

☐ Mutually agreed cessation of treatment
☐ Withdrew from/refused treatment
☐ No contact within 90 days of last encounter
☐ Clinically referred out
☐ Death
☐ Other (Specify) _____

IF A DISCHARGE INTERVIEW WAS NOT CONDUCTED AND:

- ***IF STAFF PREVIOUSLY INDICATED "ADMINISTRATIVE DATA ONLY" WOULD BE SUBMITTED, CONTINUE TO SECTION K.***
- ***IF STAFF PREVIOUSLY INDICATED "NO DATA" WOULD BE SUBMITTED, STOP HERE.***

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	☐	☐
2. Assessment	☐	☐
3. Treatment Planning or Review	☐	☐
4. Psychopharmacological Services	☐	☐
5. Mental Health Services	☐	☐

[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	☐	☐
7. Case Management	☐	☐
8. Trauma-specific Services	☐	☐

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	☐	☐
2. Employment Services	☐	☐
3. Family Services	☐	☐
4. Child Care	☐	☐
5. Transportation	☐	☐
6. Education Services	☐	☐
7. Housing Support	☐	☐
8. Social Recreational Activities	☐	☐
9. Consumer Operated Services	☐	☐
10. HIV Testing	☐	☐

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

Yes ☐ No ☐