

Transformation Accountability (TRAC)
Center for Mental Health Services

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

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



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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.

RECORD MANAGEMENT

OVERVIEW

This section pertains to the collection of the consumer's identification for the TRAC 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 interview, 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 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 TRAC 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 Sites associated with a CMHS grant will be assigned a site identification number by the TRAC Help Desk. The purpose of the site ID is to associate consumer data entered by a site to the appropriate grant in the TRAC system. This ID will be sent to users via email.

1

ASSESSMENT TYPE

Intent/Key Points

Indicate the type of interview 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 Assessment—The initial interview conducted for 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 interview must be administered using the same consumer ID. **Baseline interviews are required for all consumers.**

Reassessment interviews—Periodic reassessment interviews conducted every 6 months, (calculated as 180 calendar days). Required for all consumers.

Clinical discharge—A final interview conducted at the time the consumer is discharged from the program. Required for all consumers.

Cross-Check Items None

Skip Pattern None

2

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.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern

If “YES”, the interview will be conducted then go to Question 3 of Record Management

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

Intent/Key Points

The intent of this question is to indicate why an interview was not conducted with the consumer. The table rows are the responses and the table columns are the interview type. Record the response for the appropriate interview type.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern

Shaded parts of the table indicate that an answer in that cell is not a valid answer.

For Reassessments: If the response recorded is “Staff previously indicated ‘Administrative data only’ or ‘No data’ would be submitted” then go to Section I. For all other Reassessments, go to question 2b.

For Clinical Discharge: If the response recorded is “Staff previously indicated ‘Administrative data only’ or ‘No data’ would be submitted” then go to Section J. For all other Clinical Discharges, go to question 2c.

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

Intent/Key Points

The intent of this question is to determine what data (interview, administrative data or no data) will be submitted at the next reassessment.

Additional Probes None

Coding Topics/Definitions

Interview Data. Most of the time, you will plan on submitting interview data at the next reassessment, unless the consumer refused to complete all future interviews as well as the current interview.

Administrative data only – [Record Management, Sections I or J &K] – will not attempt any subsequent interviews. Select this response if the consumer refuses to complete the current interview *and* all of the following apply:

- The consumer also refuses all future interviews, and
- Your project **does not** have an organizational policy or IRB decision that prevents submission of administrative data.

You will still be responsible for completing the record management section and Section I (for reassessments) or Section J & K (for a clinical discharge).

No data – will only provide discharge status [Record Management & Section J] when discharged. Select this response if the consumer refuses to complete the current interview *and* all of the following apply:

- The consumer also refuses all future interviews, and
- Your project **does** have an organizational policy or IRB decision that prevents submission of administrative data.

Cross-Check Items None

Skip Pattern None

2c [CLINICAL DISCHARGE ONLY] What data will be submitted for this Clinical Discharge?

Intent/Key Points

The intent of this question is to determine whether Section K will be completed at discharge.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern None

3 WHEN WAS THE INTERVIEW CONDUCTED OR ATTEMPTED?

Intent/Key Points

The intent of this question is to record when the current interview was conducted or attempted.

Baseline (Administrative or Interview) – enter the date [month/day/ year], using numbers, the consumer interview was attempted or completed. 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.

Reassessment (Administrative or Interview) – enter the date [month/day/year], using numbers, the interview was attempted or completed. This date must be after any previous interview date or date an administrative record was entered in the TRAC system (excluding Clinical Discharges). Note: If answered “Consumer cannot be reached for interview” in 2a, do not answer 3 just go to instructions below 5.

Clinical Discharge (Administrative or Interview) – enter the date [month/day/year], using numbers, the interview was attempted or completed. This date must be after the most recent reassessment interview date or on or after the date an administrative reassessment was entered into the TRAC system. Note: If answered “Consumer cannot be reached for interview” in 2a, do not answer 3 just go to instructions below 5.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern

If this is a baseline go to question 4, if this is a reassessment or a discharge then go to question 5.

4

WHEN DID THE CONSUMER FIRST RECEIVE SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE?

Intent/Key Points

The intent of this question is to ascertain when the consumer first began receiving grant-funded services for the current episode of care.

Enter the date [month/year], using numbers, that the consumer first received services under the grant.

Additional Probes None

Coding Topics/Definitions

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.

Cross-Check Items

The date the consumer first began receiving grant-funded services for the current episode of care must be after the grant start date.

Skip Pattern None

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.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern

Baseline: If this is a baseline, go to Section A.

Reassessment: If an interview was conducted, go to Section B.

If an interview was not conducted, go to Section I.

Clinical Discharge: 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 "REFUSED" and go to the next question.

A1 What is your child's gender?

Intent/Key Points

The intent of the question is to determine the consumer's gender. 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, as a transgender, or other. If the consumer identifies a category that is not listed, mark "OTHER" and record the response in the space provided.

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern None

A2 Is your child Hispanic or Latino? [If yes] What ethnic group do you consider your child? Please answer yes or no for each of the following. You may say yes to more than one.

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 him/her-self.

Note that this is a two-part question. If the consumer responds that he/she is not Hispanic or Latino, check “NO” and continue with question A3. If the consumer refuses to answer this question, check “REFUSED” and go to the next question (A3). If the consumer responds that he/she is Hispanic or Latino, check “YES” and then inquire about which ethnic group the consumer considers him/her-self.

Read the available response options. If the consumer identifies a group that is not represented on the list, select “OTHER” and record his/her response in the space provided.

Additional Probes None

Coding Topics/Definitions

Response options for the first part of the question: Are you Hispanic or Latino are “YES”, “NO”, and “REFUSED”.

The follow-up question is: *[IF YES]* “What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.” Read the available ethnic group response options, and allow the respondent to answer “YES” or “NO” to each; do not read the “YES”, “NO”, or “REFUSED” option. At least one “YES” must be indicated by the consumer. If the consumer identifies an ethnicity that is not 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 second half of the question (*[IF YES]* What ethnic group do you consider yourself?) if the answer to the first part of the question (Are you Hispanic or Latino) is “NO” or “REFUSED”.

A3 What race do you consider your child? Please answer yes or no for each of the following. You may say yes to more than one.

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 response options, and allow the respondent to answer "YES" or "NO" to each; do not read the "REFUSED" option.

Additional Probes None

Coding Topics/Definitions

Ask this question to all consumers, even those who identified themselves as Hispanic or Latino.

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 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 TRAC system.

Additional Probes None

Coding Topics/Definitions

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

Cross-Check Items None

Skip Pattern

If a Baseline interview was not conducted, stop here. No additional information is required.

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.

B1 How would you rate your child’s overall health right now?¹
--

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. Do not read “REFUSED” or “DON’T KNOW” as options.

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 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. My child is handling daily life.
 - b. My child gets along with family members.
 - c. My child gets along with friends and other people.
 - d. My child is doing well in school and/or work.
 - e. 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 15th, 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; do not read the “REFUSED” option.

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. ***If the consumer refuses to answer question B2a, for example, check “REFUSED” and proceed to question B2b.***

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

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.

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 “NOT APPLICABLE” as a possible choice are considered to apply to all consumers and require an answer or refusal.

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.” Do not read “REFUSED” or “DON’T KNOW” as options. If the consumer refuses to respond to a particular item, check “REFUSED” and go to the next item or question.

Additional Probes None

Coding Topics/Definition None

Cross-Check Items None

Skip Pattern

Do not ask question 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

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 question² 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. Do not read “REFUSED” or “DON’T KNOW” as options. 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 (e.g., misuse of OTC cough syrups, cold medicines, etc.) Probe for marijuana use that is not covered by a medical marijuana card or prescription.

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.)³ Marijuana use that is not covered by a medical marijuana card or prescription should be counted and coded as “cannabis.”

Cross-Check Items None

Skip Pattern

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

OPTIONAL DATE GAF WAS ADMINISTERED QUESTION 1

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 None

Coding Topics/Definitions

Enter 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; proceed to optional question 3. Do not enter a date for GAF assessments that were conducted 6 months or more before the interview date. Do not enter partial dates.

OPTIONAL WHAT WAS THE CONSUMER'S SCORE? QUESTION 2
--

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 None

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 complete date (mm/dd/yyyy) the GAF was administered is not known or the GAF was administered more than 6 months prior to the current interview date.

OPTIONAL DATE CBCL WAS ADMINISTERED QUESTION 3
--

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 None

Coding Topics/Definitions

Enter 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. Do not enter a date for CBCL assessments that were conducted 6 months or more before the interview date. Do not enter partial dates.

OPTIONAL WHAT WAS THE CONSUMER'S SCORE? QUESTION 4
--

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 None

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 complete date (mm/dd/yyyy) the CBCL was administered is not known or the CBCL was administered more than 6 months prior to the current interview date.

B5 THIS QUESTION IS NOT APPLICABLE TO CHILD PROGRAMS.

Skip Pattern

Skip 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 (applies to all of B6). At the very least, be prepared to have an appropriate provider available if the consumer needs additional support when responding to these questions.

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?
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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.” Do not read “REFUSED” or “DON’T KNOW”.

If the consumer responds that he/she does not have a relative or someone close to them that is currently serving on active duty or that formerly served in the Armed Forces, the Reserves, or the National Guard, check “No” and proceed to Section C. If the consumer doesn’t know the answer or refuses to answer this question, check “DON’T KNOW” or “REFUSED”, respectively, and go to Section C. 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”, **and** then ask the follow-up questions (B6.a.1 – B6.a.6, and B6.b.1 – B6.b.6) for up to six people.

Additional Probes None

Coding Topics/Definitions

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.⁴

THE RESERVES: armed forces that are not on active duty but can be called up in an emergency.⁵

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.

Response options for the question “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?” are “Yes, only one person”, or “Yes, more than one person”, “No”, “REFUSED” and “DON’T KNOW”.

Cross-Check Items None

Skip Pattern

Skip to Section C if the answer to question B6 was “No”, “REFUSED”, or “DON’T KNOW”.

B6.a.1 What is the relationship of that person (Service Member) to your child?
--

Intent/Key Points

The intent is to determine how the consumer is related to the Service Member.

Read “For the first person” and then the question to the consumer. Do not read the available list of relation response options; choose from the list provided based on the consumer’s response.

If the consumer identifies a relationship that is not on the list, select “OTHER, SPECIFY”, record his/her response in the space provided and go to the next question (B6.b.1). If the consumer refuses to answer this question, check “REFUSED” and continue with question B6.b.1. If the consumer responds that he/she does not know what relation the Service Member is, check “DON’T KNOW” and continue with question B6.b.1.

Additional Probes None

Coding Topics/Definition

For each person identified, record the Service Member’s relationship to the consumer. Select only one relationship. If the consumer identifies multiple people, ask him/her to wait until you have finished with question B6.b.1 for the first person. Ask both the initial and the follow-up questions for up to six people in total (questions B6.a.1 – B6.a.6, and B6.b.1 – B6.b.6).

B6.b.1 Has the Service Member experienced any of the following?
--

Intent/Key Points

The intent is to determine what the Service Member’s active duty experiences were.

Note that this is a four-part question. Read the initial question followed by each of the experiences listed. Do not read the response options (“YES”, “NO”, “REFUSED” or “DON’T KNOW”). If the consumer responds “YES” or “NO” to any of the questions, check the “YES” or “NO”, respectively, and continue with the next question in B6.b.1. If the consumer doesn’t know the answer or refuses to answer any of the questions, check “DON’T KNOW” or “REFUSED”, respectively, and go to the next question in B6.b.1.

Additional Probes None

Coding Topics/Definition

If the consumer identifies multiple people, ask him/her to wait until you have finished with question B6.b.1 for the first person. Ask both the initial and the follow-up questions for up to six people in total (questions B6.a.1 – B6.a.6, and B6.b.1 – B6.b.6).

Cross-Check Items None

Skip Pattern

Skip to Section C if the response to question B6 was “Yes, only one”. If the answer was “Yes, more than one” continue to question B6.a.2.

SECTION C: STABILITY IN HOUSING

This section pertains to the consumer's housing situation in the past 30 calendar days.

- C1** **In the past 30 days how many...**
- a. nights has your child been homeless?**
 - b. nights has your child spent in a hospital for mental health care?**
 - c. nights has your child spent in a facility for detox/inpatient or residential substance abuse treatment?**
 - d. nights has your child spent in a correctional facility including juvenile detention, jail, or prison?**
 - e. times has your child 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. Do not read "REFUSED" or "DON'T KNOW" as options.

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.⁶

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.⁷

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

If the consumer indicates in items a-d that they have spent 16 or more nights in any one setting—you may SKIP QUESTION 2 (which asks the consumer to indicate where they have been living “most of the time” in the past 30 days)

C2 In the past 30 days, where 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. 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.⁸

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.⁹

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.¹⁰

HOSPITAL (MEDICAL)—count living in any hospital environment (state, county, or private) that primarily provides medical services. Do not count veterans or psychiatric hospitals.¹¹

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.¹²

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.¹³

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.

SECTION D: EDUCATION

OVERVIEW

This section pertains to the respondent's education status.

D1 **During the past 30 days of school, how many days 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 None

D2

What is the highest level of education 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. 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.

Additional Probes None

Coding Topics/Definitions

Response options for this question are as follows:

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

PRESCHOOL—The consumer completed a preschool program.

KINDERGARTEN—The consumer completed kindergarten.

1ST – 11TH GRADE—The consumer completed one of the grades listed.

12TH GRADE COMPLETED/HIGH SCHOOL DIPLOMA/EQUIVALENT(GED)—The consumer completed 12th 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

For 0 days, refused, don’t know, and not applicable skip to question D2.

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS

OVERVIEW

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 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.

Additional Probes None

Coding Topics/Definitions

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, rousted, or questioned¹⁴.

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.

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 last 30 calendar days. Ask specifically about the consumer's perceptions during "the last 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 15th, the last 30 calendar days covers April 15 to May 15. The source of these questions is the (MHSIP) survey.¹⁵

- F1** In order to provide the best possible mental health and related services, we need to know what you think about the services 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 child's services.
 - f. I helped to choose my child's treatment goals.
 - g. I participated in my child's treatment.
 - h. Overall, I am satisfied with the services my child received.
 - i. The people helping my child stuck with us no matter what.
 - j. I felt my child had someone to talk to when I [he/she] was troubled.
 - k. The services my child and/or family received were right for us.
 - l. My family got the help we wanted for my child.
 - m. My family got as much help as 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; do not read the "REFUSED" option. 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 F1-F13) regardless of whether the consumer refuses to respond to one of the statements. *If the consumer refuses to answer question F1a, for example, check "REFUSED" and proceed to question F1b.*

If the consumer indicates the question or answers do not apply, leave the question unanswered and select “MISSING DATA” in the TRAC system.

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

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.

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 “NOT APPLICABLE” as a possible choice are considered to apply to all consumers and require an answer or refusal.

Cross-Check Items None

Skip Pattern None

F2 Indicate who administered Section F - Perception of Care to the consumer for this interview

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 None

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 last 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 15th, the last 30 calendar days covers April 15 to May 15. The source of these questions is the MHSIP survey.

G1 **Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your child's mental health provider(s) over the past 30 days.**

- 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 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; do not read the "REFUSED" option.

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

Additional Probes None

Coding Topics/Definitions None

Cross-Check Items None

Skip Pattern

If this is a baseline interview, stop now, the interview is complete.

If this is a reassessment interview (3- or 6-month) go to the next page, Section I.

If this is a clinical discharge interview, skip to Section J.

SECTION I: REASSESSMENT STATUS

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.

I1	Have you or other grant staff had contact with the consumer within 90 days of the last encounter?
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Intent/Key Points

The intent is to document whether the consumer's episode of care has ended.

Additional Probes None

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*D None

I2	Is the consumer still receiving services from your project?
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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 None

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

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?
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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 None

Coding Topics/Definitions

Enter date as mm/yyyy. The TRAC system will only save the month and year. Day is not saved in the TRAC 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 TRAC 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 None

Coding Topics/Definitions

Mutually agreed cessation of treatment—consumer was compliant with the grantee 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 grantee/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

If a discharge interview was conducted, continue to Section K.

If a discharge interview was not conducted and staff previously indicated that “administrative data only” would be submitted, continue to section K.

If a discharge interview was not conducted and staff previously indicated that “no data” would be submitted, stop here.

SECTION K: SERVICES RECEIVED

REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS STAFF PREVIOUSLY INDICATED “NO DATA” WOULD BE SUBMITTED

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 filled in by the grantee. This information is required regardless of whether a reassessment or clinical discharge interview was conducted with the consumer.

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 TRAC system will only save the month and year to protect the identity of the consumer.

Additional Probes None

Coding Topics/Definitions

Enter date as mm/yyyy. The date provided must be less than or equal to the reassessment or to the clinical discharge date (month and year only), when applicable. The date provided must be greater than or equal to the baseline interview date (month and year only). The date provided must be greater than or equal to 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 greater than 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

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.¹⁶
2. Assessment – To examine systematically in order to determine suitability for mental health treatment.¹⁷
3. Treatment Planning or Review – A program or method worked out beforehand to administer or apply remedies to a patient for mental health treatment.¹⁸
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.¹⁹
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.²⁰

8. Trauma-specific Services –Designed to treat the actual 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 the 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).²¹
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.²²
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.²³
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.²⁴
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.²⁵
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 Service

