

## RECORD MANAGEMENT

**RECORD MANAGEMENT information is collected by grantee staff at BASELINE, REASSESSMENT, and DISCHARGE, even when an assessment interview is not conducted.**

Client ID

Grant ID

Site ID

### 1. Indicate Assessment Type:

<input type="radio"/> <b>Baseline Assessment</b>  1a. <i>[IF QUESTION 1 IS BASELINE]</i> Enter the <b>MONTH</b> and <b>YEAR</b> when the client first received services under this grant for this episode of care.  <input type="text"/> / <input type="text"/> MONTH                      YEAR	<input type="radio"/> <b>Reassessment</b> (3-month or 6-month)	<input type="radio"/> <b>Clinical Discharge Assessment</b>
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### 2. What is the client's month and year of birth?

/   
MONTH                      YEAR

### 3. Was the assessment interview conducted?

<input type="radio"/> Yes  3a. <i>[IF QUESTION 3 IS YES]</i> When?  <input type="text"/> / <input type="text"/> / <input type="text"/> MONTH              DAY                      YEAR	<input type="radio"/> No  3b. <i>[IF QUESTION 3 IS NO]</i> Why not? Choose only one.  <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Client was impaired or unable to provide consent <input type="radio"/> Client refused this interview <input type="radio"/> Client was not reached for interview <input type="radio"/> Client refused all interviews
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### 4. [CHILD ONLY] Was the respondent the child or the caregiver?

- Child
- Caregiver

## BEHAVIORAL HEALTH DIAGNOSES

**BEHAVIORAL HEALTH DIAGNOSES information is collected by grantee staff at BASELINE, REASSESSMENT and DISCHARGE, even when an assessment interview is not conducted.**

**1. Was the client screened or assessed by your program for trauma-related experiences?**

- Yes
- No
- DON'T KNOW

**1a. [IF QUESTION 1 IS NO] Please select why:**

- No time during interview
- No training around trauma screening/disclosure
- No institutional/organizational policy around screening
- No referral network and/or infrastructure for trauma services currently available
- Other

**1b. [IF QUESTION 1 IS YES] Was the screen positive?**

- Yes
- No
- DON'T KNOW

**2. Did the client have a positive suicide screen?**

- Yes
- No
- DON'T KNOW

**2a. [IF QUESTION 2 IS YES] Was a suicidal safety plan developed?**

- Yes
- No
- DON'T KNOW

**2b. [IF QUESTION 2 IS YES] Was access to lethal means assessed?**

- Yes
- No
- DON'T KNOW

### 3. Behavioral Health Diagnoses

Please indicate the client’s current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below, **as made by a clinician**. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* descriptors. Select up to three behavioral health diagnoses from the mental health, Z-codes, and substance use diagnoses below.

**If no mental health diagnosis, select reason:**

- No clinician assessment
- High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis
- Only met criteria for a “Z” code
- Other (please specify \_\_\_\_\_)

<b><u>MENTAL HEALTH DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</b>	
F20 – Schizophrenia	<input type="radio"/>
F21 – Schizotypal disorder	<input type="radio"/>
F22 – Delusional disorder	<input type="radio"/>
F23 – Brief psychotic disorder	<input type="radio"/>
F24 – Shared psychotic disorder	<input type="radio"/>
F25 – Schizoaffective disorders	<input type="radio"/>
F28 – Other psychotic disorder not due to a substance or known physiological condition	<input type="radio"/>
F29 – Unspecified psychosis not due to a substance or known physiological condition	<input type="radio"/>
<b>Mood [affective] disorders</b>	
F30 – Manic episode	<input type="radio"/>
F31 – Bipolar disorder	<input type="radio"/>
F32 – Major depressive disorder, single episode	<input type="radio"/>
F33 – Major depressive disorder, recurrent	<input type="radio"/>
F34 – Persistent mood [affective] disorders	<input type="radio"/>
F39 – Unspecified mood [affective] disorder	<input type="radio"/>
<b>Phobic Anxiety and Other Anxiety Disorders</b>	
F40 – Phobic anxiety disorders	<input type="radio"/>
F40.00 – Agoraphobia, unspecified	<input type="radio"/>
F40.01 – Agoraphobia with panic disorder	<input type="radio"/>
F40.02 – Agoraphobia without panic disorder	<input type="radio"/>
F40.1 – Social phobias (Social anxiety disorder)	<input type="radio"/>
F40.10 – Social phobia, unspecified	<input type="radio"/>
F40.11 – Social phobia, generalized	<input type="radio"/>
F40.2 – Specific (isolated) phobias	<input type="radio"/>
F41 – Other anxiety disorders	<input type="radio"/>
F41.0 – Panic disorder	<input type="radio"/>
F41.1 – Generalized anxiety disorder	<input type="radio"/>
<b>Obsessive-compulsive disorders</b>	
F42 – Obsessive-compulsive disorder	<input type="radio"/>
F42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and acts	<input type="radio"/>
F42.3 – Hoarding disorder	<input type="radio"/>
F42.4 – Excoriation (skin-picking) disorder	<input type="radio"/>
F42.8 – Other obsessive-compulsive disorder	<input type="radio"/>
F42.9 – Obsessive-compulsive disorder, unspecified	<input type="radio"/>

<b><u>MENTAL HEALTH DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Reaction to severe stress and adjustment disorders</b>	
F43 – Acute stress disorder; reaction to severe stress, and adjustment disorders	<input type="radio"/>
F43.10 – Post traumatic stress disorder, unspecified	<input type="radio"/>
F43.2 – Adjustment disorders	<input type="radio"/>
F44 – Dissociative and conversion disorders	<input type="radio"/>
F44.81 – Dissociative identity disorder	<input type="radio"/>
F45 – Somatoform disorders	<input type="radio"/>
F45.22 – Body dysmorphic disorder	<input type="radio"/>
F48 – Other non-psychotic mental disorders	<input type="radio"/>
<b>Behavioral syndromes associated with physiological disturbances and physical factors</b>	
F50 – Eating disorders	<input type="radio"/>
F51 – Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>
<b>Disorders of adult personality and behavior</b>	
F60.0 – Paranoid personality disorder	<input type="radio"/>
F60.1 – Schizoid personality disorder	<input type="radio"/>
F60.2 – Antisocial personality disorder	<input type="radio"/>
F60.3 – Borderline personality disorder	<input type="radio"/>
F60.4 – Histrionic personality disorder	<input type="radio"/>
F60.5 – Obsessive-compulsive personality disorder	<input type="radio"/>
F60.6 – Avoidant personality disorder	<input type="radio"/>
F60.7 – Dependent personality disorder	<input type="radio"/>
F60.8 – Other specific personality disorders	<input type="radio"/>
F60.9 – Personality disorder, unspecified	<input type="radio"/>
F63.3 – Trichotillomania	<input type="radio"/>
F70–F79 – Intellectual disabilities	<input type="radio"/>
F80–F89 – Pervasive and specific developmental disorders	<input type="radio"/>
<b>Behavioral and emotional disorders with onset usually occurring in childhood and adolescence</b>	
F90 – Attention-deficit hyperactivity disorders	<input type="radio"/>
F91 – Conduct disorders	<input type="radio"/>
F93 – Emotional disorders with onset specific to childhood	<input type="radio"/>
F93.0 – Separation anxiety disorder of childhood	<input type="radio"/>
F94 – Disorders of social functioning with onset specific to childhood or adolescence	<input type="radio"/>
F94.0 – Selective mutism	<input type="radio"/>
F94.1 – Reactive attachment disorder of childhood	<input type="radio"/>
F94.2 – Disinhibited attachment disorder of childhood	<input type="radio"/>
F95 – Tic disorder	<input type="radio"/>
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	<input type="radio"/>
F99 – Unspecified mental disorder	<input type="radio"/>

<b><u>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</u></b>	<b>Diagnosed?</b>
Z55 – Problems related to education and literacy	<input type="radio"/>
Z56 – Problems related to employment and unemployed	<input type="radio"/>
Z57 – Occupational exposure to risk factors	<input type="radio"/>
Z59 – Problems related to housing and economic circumstances	<input type="radio"/>
Z60 – Problems related to social environment	<input type="radio"/>
Z62 – Problems related to upbringing	<input type="radio"/>

<b>Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</b>	<b>Diagnosed?</b>
Z63 – Other problems related to primary support group, including family circumstances	<input type="radio"/>
Z64 – Problems related to certain psychological circumstances	<input type="radio"/>
Z65 – Problems related to other psychosocial circumstances	<input type="radio"/>

<b>SUBSTANCE USE DIAGNOSES</b>	<b>Diagnosed?</b>
<b>Alcohol related disorders</b>	
F10.10 – Alcohol abuse, uncomplicated	<input type="radio"/>
F10.11 – Alcohol abuse, in remission	<input type="radio"/>
F10.20 – Alcohol dependence, uncomplicated	<input type="radio"/>
F10.21 – Alcohol dependence, in remission	<input type="radio"/>
F10.9 – Alcohol use, unspecified	<input type="radio"/>
<b>Opioid related disorders</b>	
F11.10 – Opioid abuse, uncomplicated,	<input type="radio"/>
F11.11 – Opioid abuse, in remission	<input type="radio"/>
F11.20 – Opioid dependence, uncomplicated	<input type="radio"/>
F11.21 – Opioid dependence, in remission	<input type="radio"/>
F11.9 – Opioid use, unspecified	<input type="radio"/>
<b>Cannabis related disorders</b>	
F12.10 – Cannabis abuse, uncomplicated	<input type="radio"/>
F12.11 – Cannabis abuse, in remission	<input type="radio"/>
F12.20 – Cannabis dependence, uncomplicated	<input type="radio"/>
F12.21 – Cannabis dependence, in remission	<input type="radio"/>
F12.9 – Cannabis use, unspecified	<input type="radio"/>
<b>Sedative, hypnotic, or anxiolytic related disorders</b>	
F13.10 – Sedative, hypnotic, or anxiolytic abuse, uncomplicated	<input type="radio"/>
F13.11 – Sedative, hypnotic, or anxiolytic abuse, in remission	<input type="radio"/>
F13.20 – Sedative, hypnotic, or anxiolytic dependence, uncomplicated	<input type="radio"/>
F13.21 – Sedative, hypnotic, or anxiolytic dependence, in remission	<input type="radio"/>
F13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified	<input type="radio"/>
<b>Cocaine related disorders</b>	
F14.10 – Cocaine abuse, uncomplicated	<input type="radio"/>
F14.11 – Cocaine abuse, in remission	<input type="radio"/>
F14.20 – Cocaine dependence, uncomplicated	<input type="radio"/>
F14.21 – Cocaine dependence, in remission	<input type="radio"/>
F14.9 – Cocaine use, unspecified	<input type="radio"/>
<b>Other stimulant related disorders</b>	
F15.10 – Other stimulant abuse, uncomplicated	<input type="radio"/>
F15.11 – Other stimulant abuse, in remission	<input type="radio"/>
F15.20 – Other stimulant dependence, uncomplicated	<input type="radio"/>
F15.21 – Other stimulant dependence, in remission	<input type="radio"/>
F15.9 – Other stimulant use, unspecified	<input type="radio"/>
<b>Hallucinogen related disorders</b>	
F16.10 – Hallucinogen abuse, uncomplicated	<input type="radio"/>
F16.11 – Hallucinogen abuse, in remission	<input type="radio"/>
F16.20 – Hallucinogen dependence, uncomplicated	<input type="radio"/>
F16.21 – Hallucinogen dependence, in remission	<input type="radio"/>
F16.9 – Hallucinogen use, unspecified	<input type="radio"/>

<b><u>SUBSTANCE USE DIAGNOSES</u></b>	<b>Diagnosed?</b>
<b>Inhalant related disorders</b>	
F18.10 – Inhalant abuse, uncomplicated	<input type="radio"/>
F18.11 – Inhalant abuse, in remission	<input type="radio"/>
F18.20 – Inhalant dependence, uncomplicated	<input type="radio"/>
F18.21 – Inhalant dependence, in remission	<input type="radio"/>
F18.9 – Inhalant use, unspecified	<input type="radio"/>
<b>Other psychoactive substance related disorders</b>	
F19.10 – Other psychoactive substance abuse, uncomplicated	<input type="radio"/>
F19.11 – Other psychoactive substance abuse, in remission	<input type="radio"/>
F19.20 – Other psychoactive substance dependence, uncomplicated	<input type="radio"/>
F19.21 – Other psychoactive substance dependence, in remission	<input type="radio"/>
F19.9 – Other psychoactive substance use, unspecified	<input type="radio"/>
<b>Nicotine dependence</b>	
F17.20 – Nicotine dependence, unspecified	<input type="radio"/>
F17.21 – Nicotine dependence, cigarettes	<input type="radio"/>

**For BASELINE:**

- **If an interview WAS conducted, go to Demographic Data.**
- **If an interview WAS NOT conducted, STOP HERE.**

**For REASSESSMENT or CLINICAL DISCHARGE:**

- **If an interview WAS conducted, go to Section A.**
- **If an interview WAS NOT conducted, go to Section H.**

## A. FUNCTIONING

1. How would you rate your [your child's] overall mental health right now?

- Excellent
- Very Good
- Good
- Fair
- Poor
- NO RESPONSE/REFUSED

2. To provide the best mental health and related services, we need to know how well you were [your child was] able to deal with everyday life during the past 30 [thirty] days. Please indicate your [your child's] response to each of the following statements:

[READ EACH STATEMENT TO THE CLIENT OR CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]

During the past 30 [thirty] days ....	Yes	No	NO RESPONSE/ REFUSED
2a. I am [my child is] handling daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2b. I am [my child is] able to deal with unexpected events in my [their] life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2c. I [my child does] get along with friends and other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2d. I [my child does] get along with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2e. I do [my child does] well in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2f. I do [my child does] well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2g. I have [my child has] had a safe place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. The following questions ask about how you have [your child has] been feeling during the past 30 [thirty] days. Please indicate your [your child's] response to each question:

During the past 30 [thirty] days, did you [your child] feel ...	Yes	No	NO RESPONSE/ REFUSED
3a. Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3c. Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3d. So depressed that nothing could cheer you [your child] up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3e. That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3f. Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3g. Bothered by psychological or emotional problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## B. STABILITY IN HOUSING

1. In the past 30 [thirty] days, have you [has your child] ...

	Yes	No	NO RESPONSE/ REFUSED
1a. Been homeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Spent time in a hospital for mental health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. Spent time in a facility for detox/inpatient treatment for a substance abuse disorder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Spent time in a correctional facility (e.g., jail, prison, [juvenile] facility)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Gone to an emergency room for a mental health or emotional problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Been satisfied with the conditions of your living space?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In the past 30 [thirty] days, where have you [has your child] been living most of the time?

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

- PRIVATE RESIDENCE
- FOSTER HOME
- RESIDENTIAL CARE
- CRISIS RESIDENCE
- RESIDENTIAL TREATMENT CENTER
- INSTITUTIONAL SETTING
- JAIL/CORRECTIONAL FACILITY
- HOMELESS/SHELTER
- OTHER (SPECIFY) \_\_\_\_\_
- DON'T KNOW



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## C. EDUCATION AND EMPLOYMENT

1. Are you [is your child] currently enrolled in school or a job training program?

- Yes
- No
- NO RESPONSE/REFUSED

2. [ADULT ONLY] What is the highest level of education you have finished, whether or not you received a degree? [SELECT ONLY ONE]

- LESS THAN 12TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- SOME COLLEGE OR UNIVERSITY
- BACHELOR'S DEGREE (BA, BS)
- GRADUATE WORK/GRADUATE DEGREE
- REFUSED
- DON'T KNOW

3. [ADULT ONLY] Are you currently employed? [SELECT ONLY ONE]

- Employed full-time (35+ HOURS PER WEEK)
- Employed, part-time
- Unemployed, but looking for work
- Not Employed, NOT looking for work
- Not working due to a disability
- Retired, not working
- OTHER (SPECIFY) \_\_\_\_\_
- REFUSED
- DON'T KNOW

4. In the past 30 [thirty] days, did you have enough money to meet your [your child's] needs?

- Yes
- No
- NO RESPONSE/REFUSED

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## D. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 [thirty] days, have you [has your child]...

	Yes	No	NO RESPONSE/ REFUSED
1a. Been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Spent time in jail or a correctional facility or been on probation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If this is a BASELINE assessment, go to Section F.**

**If this is a REASSESSMENT or a CLINICAL DISCHARGE assessment, go to Section E.**

**Section E data is collected only for the REASSESSMENT interview and the CLINICAL DISCHARGE assessment.**

## E. PERCEPTION OF CARE

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

[READ EACH STATEMENT TO THE CLIENT OR CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]

Statement	Yes	No	NO RESPONSE/ REFUSED
1a. Staff here believe that I [my child] can grow, change, and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. I [my child] felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. I [my child] was given information about my [my child's] rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Staff encouraged me [my child] to take responsibility for how I [they] live my [their] life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Staff told me [my child] what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Staff respected my [my child's] wishes about who is and who is not to be given information about my [my child's] treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. Staff were sensitive to my [my child's] cultural background (e.g., race, religion, language).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Staff helped me [my child] obtain the information I [my child] needed so that I [my child] could take charge of managing my [their] illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. I [my child] was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. I [my child] felt comfortable asking questions about my [their] treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1k. I [my child], not staff, decided my [my child's] treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1l. I [my child] like[s] the services received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1m. I [my child] would still get services from this agency if there were other choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1n. I [my child] would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Question 2 should be answered by grantee staff at REASSESSMENT and CLINICAL DISCHARGE.**

2. Indicate which grantee staff administered section E to the client for this interview:

- Administrative staff
- Care coordinator
- Case manager
- Clinician providing direct services
- Clinician not providing direct services
- Consumer/peer
- Data collector/evaluator
- Family advocate
- Other (Specify) \_\_\_\_\_

## F. SOCIAL CONNECTEDNESS

1. Please indicate YES or NO for 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 [thirty] days.

[READ EACH STATEMENT TO THE CLIENT OR CAREGIVER, FOLLOWED BY RESPONSE OPTIONS OF YES OR NO]

Statement	Yes	No	NO RESPONSE/ REFUSED
1a. I am [my child is] happy with my [their] friendships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. I have [my child has] people with whom I [they] can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. I feel [my child feels] that I [they] belong in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. In a crisis, I [my child] would have the support needed from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. I have [my child has] family or friends that are supportive of my [their] recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. I [my child] generally accomplish[es] what I [they] set out to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF YOUR PROGRAM DOES NOT REQUIRE SECTION G and this is a ...**

**BASELINE ASSESSMENT, stop now – the interview is completed.**

**REASSESSMENT interview or CLINICAL DISCHARGE – go to Section H.**

**IF YOUR PROGRAM DOES REQUIRE SECTION G, and this is a ...**

**BASELINE interview – go to Section G for your program and then stop.**

**REASSESSMENT interview or CLINICAL DISCHARGE interview – go to Section G for your program, and then to Section H.**

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**G5. HEALTHY TRANSITIONS  
PROGRAM-SPECIFIC QUESTIONS**

**Questions should be answered by grantee staff at BASELINE, REASSESSMENT and CLINICAL DISCHARGE.**

**1. Was the client referred to mental health services?**

YES     NO

**1a. *[IF QUESTION 1 IS YES]* Did they receive mental health services?**

YES     NO

**2. Was the client referred to substance use disorder services?**

YES     NO

**2a. *[IF QUESTION 2 IS YES]* Did they receive substance use disorder services?**

YES     NO

**If this is a BASELINE assessment, stop here.**

**If this is a REASSESSMENT, go to Section H.**

**If this is a CLINICAL DISCHARGE assessment, go to Section H.**

## H. SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS

**Question 1 is answered by grantee staff at REASSESSMENT and CLINICAL DISCHARGE only.**

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

/
 
  
 MONTH                  YEAR

Identify all the services your grant project provided to the client during their participation in the program. This includes grant-funded and non-grant funded services.

Core Services	<u>Provided</u>		Unknown	Service Not Available
	Yes	No		
1a. Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. Treatment Planning or Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. Psychopharmacological Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. Co-occurring Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. Case Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. Trauma-specific Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. Was the client referred to another provider for any of the above core services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Support Services	<u>Provided</u>		Unknown	Service Not Available
	Yes	No		
1j. Medical Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1k. Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1l. Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1m. Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1n. Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1o. Education Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1p. Housing Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1q. Social Recreational Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1r. Consumer-Operated Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1s. HIV Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1t. Was the client referred to another provider for any of the above support services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Questions 2 and 3 are answered by grantee staff at CLINICAL DISCHARGE only.**

**2. On what date was the client discharged?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH            YEAR

**3. What is the client'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) \_\_\_\_\_

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**Q124 Supported Education & Employment Services**


If the client was unable to complete the survey and you are conducting an administrative interview, please leave all items blank.

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**Please select the answers below that best represent you.**

	Yes, I do. (1)	No, I do not. (2)
I currently have educational goals I would like to achieve or make progress toward.	<input type="radio"/>	<input type="radio"/>
I currently have employment goals I would like to achieve or make progress toward.	<input type="radio"/>	<input type="radio"/>

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**Please check the corresponding box for each statement.**

As a result of employment/vocation services I received through Healthy Transitions since my last NOMs interview, I...

	Not At All (1)	Somewhat (2)	A lot (3)	Prefer not share (4)
1. Made revisions or improvements to my resume.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Researched potential jobs or careers I could apply to or train for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Learned skills that would make me more likely to be hired or keep a job in the future (such as emotion regulation, mental health resources for work, or skills for a specific job).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Chose which jobs to apply for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Practice job interviews or interviewed for a job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Obtained employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For what percentage of your time in Healthy Transitions have you been employed?

\_\_\_\_\_

As a result of education services I received through Healthy Transitions since my last NOMs interview, I...

	Not At All (1)	Somewhat (2)	A lot (3)	Prefer not share (4)
1. Learned study skills I could apply to my education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Applied to take a test that would further my education, such as the GRE, SAT, ACT, or specialized test for a specific field, such as nursing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Studied for a test that would further my education, such as the GRE, SAT, ACT, or specialized test for a specific field, such as nursing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Took a test that would further my education, such as the GRE, SAT, ACT, or specialized test for a specific field, such as nursing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Applied to a college, technical or training program, or other educational program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Chose which schools/programs to apply to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Enrolled in courses at community college, high school, a technical or training program, or other educational program.

8. Completed courses at community college, high school, a technical or training program, or other educational program.

9. Earned a degree, certificate, or training completion for an educational program.

---

For what percentage of your time in Healthy Transitions have you been enrolled in school or another training/technical program?

\_\_\_\_\_

Since your last HT assessment, have you graduated from or completed any sort of education or training program?

Yes

No

Which type of program did you graduate from or complete?

- High School Diploma or GED
- Technical or Training Program
- Associate Degree
- Bachelor's Degree
- Post-Secondary Degree (Master's or Doctorate level)
- Other (Please specify): \_\_\_\_\_

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Youth Name/MR #:

Date:

[INTERVIEWER: THE NEXT SET OF QUESTIONS, CALLED ‘PERCEPTIONS OF OPPORTUNITY’ ARE ABOUT YOUR LONG TERM GOALS AND YOUR CHANCES OF ACHIEVING THESE GOALS. WOULD YOU FILL OUT THIS PART ON YOUR OWN?]

**Perceptions of Opportunity**

	How important is it to you...			What do you think your chances are...		
	Very Important	Somewhat Important	Not At All Important	Good	Fair	Poor
1. ...to have a good job or career	1	2	3	1	2	3
2. ...to graduate from college	1	2	3	1	2	3
3. ...to earn a good living	1	2	3	1	2	3
4. ...to provide a good home for your family	1	2	3	1	2	3
5. ...to have a good marriage and/or a long term committed relationship	1	2	3	1	2	3
6. ...to have a good relationship with your parent or caregiver	1	2	3	1	2	3
7. ...to have a good relationship with your significant other	1	2	3	1	2	3
8. ...to have a good relationship with your children	1	2	3	1	2	3
9. ...to have a good relationship with your friends	1	2	3	1	2	3
10. ...to stay out of trouble with the law	1	2	3	1	2	3
11. ...to stay clean (off drugs and/or alcohol)	1	2	3	1	2	3

12. How old do you think you will live to be? \_\_\_\_\_ years old

13. What would you like to do in the future?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ MRN#: \_\_\_\_\_ Rater: \_\_\_\_\_ Provider: \_\_\_\_\_

### Prime Screen- Revised with Distress

The following screen asks about your personal experiences. It asks about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Please read each question carefully and answer all questions.

Based on your experiences within the past year, please indicate how much you agree or disagree with each statement by circling the answer that best describes your experience.

<b>Definitely disagree</b>	<b>Somewhat disagree</b>	<b>Slightly disagree</b>	<b>Not sure</b>	<b>Slightly agree</b>	<b>Somewhat agree</b>	<b>Definitely agree</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

Then, using the same scale as above, rate how much you agree or disagree that the experience has frightened or concerned you, or caused problems for you. If you have not had the experience described, circle N/A (not applicable).

<b>Within the past year:</b>	Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
<b>1. I think that I have felt that there are odd or unusual things going on that I can't explain.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>2. I think that I might be able to predict the future.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>4. I have had the experience of doing something differently because of my superstitions.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>5. I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>6. I have thought that it might be possible that other people can read my mind, or that I can read other's minds.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.      N/A	0	1	2	3	4	5	6
<b>7. I wonder if people may be planning to hurt me or even may be about to hurt me.</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

		0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>Within the past year:</b>		Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
<b>8. I believe that I have special natural or supernatural gifts beyond my talents and natural strengths.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>9. I think I might feel like my mind is “playing tricks” on me.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>10. I have had the experience of hearing faint or clear sounds of people or a person mumbling or talking when there is no one near me.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>11. I think that I may hear my own thoughts being said out loud.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>12. I have been concerned that I might be “going crazy.”</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6

Was the questionnaire read aloud to the participant?    yes     no

MARYLAND HEALTHY TRANSITIONS – Discharge Appendix

TO BE ANSWERED BY CLINICIAN/SPECIALIST AT DISCHARGE ONLY – Do not read aloud to client

*Would you say the client is doing better, worse, or about the same as when they entered into Healthy Transitions?*

- Better than when they entered Healthy Transitions
  - Worse than when they entered Healthy Transitions
  - About the same as when they entered Healthy Transitions
  - Other (please explain):
-