

**COMMON DATA PLATFORM (CDP)
CLIENT ELEMENTS FOR
DISCRETIONARY PROGRAMS**

**SECTION AND QUESTION
REFERENCE GUIDE**

February 2015
Version 1

BASIC INSTRUMENTS – CMHS and CSAT

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GENERAL OVERVIEW

This guide is a reference for collecting the Common Data Platform (CDP) measures for Discretionary Services Programs Providing Direct Services. This information supplements the CDP instruments and replaces instructions found in—

- Center for Substance Abuse Treatment (CSAT) Services Accountability Improvement System (SAIS)
- Center for Mental Health Services (CMHS) TRansformation ACcountability System (TRAC)
- Center for Substance Abuse Prevention (CSAP) Prevention Management Reporting and Training System (PMRTS)

SAMHSA grantees that provide direct services to clients are required to collect data from each client who receives grant-funded services. Grantees collect these data from individual clients using the CDP Elements for Discretionary Programs instruments. Data are collected throughout a client's episode of care.

KEY TERMS

- The **grantee**, also known as the "federal grant recipient," is the organization awarded a grant or cooperative agreement by SAMHSA. The grantee is legally responsible and accountable to SAMHSA for the performance and financial aspects of grant-supported projects or activities.
- A **client (formerly referred to as a consumer in CMHS)** is defined as a person who is actively in treatment or recovery with a SAMHSA-funded program. A child or his/her caregiver may be interviewed for the purpose of the data collection, client is used throughout this document regardless of whether the child/adolescent or caregiver is interviewed.

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

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

- An **episode of care** begins when a client enters treatment or services, as defined by the program, and ends when the client is discharged and is no longer receiving treatment or services from that grantee. A new episode of care begins when a client returns for treatment after a lapse of service of 90 calendar days or more after being discharged. For each episode of care, an attempt should be made to interview the client at baseline, 6-month reassessment intervals (calculated as 180 calendar days), and discharge.

CONSENT

The client may refuse to be interviewed. If this happens, the interview should not be conducted. Upon the start of a new episode of care, clients begin with a “clean slate” and a new baseline interview should be attempted.

Items to consider:

- Reassessment interviews should be attempted every six months until a consent issue prohibits it or the client is discharged. A three-month reassessment is required for CSAT adolescent portfolio only.
- Clients should be interviewed at discharge. If the client is unavailable for interview at discharge, the grantee should enter an administrative discharge.
- Grantees should enter administrative data at discharge, unless relevant organizational policies or Institutional Review Board (IRB) guidance prohibits providing this information.

GENERAL GUIDELINES FOR COLLECTING AND SUBMITTING CDP DATA

INTERVIEWING GUIDELINES

Before starting the interview, consider using a calendar to mark off the last 30 days. Many questions in the tool refer to the last 30 days and having a calendar present may assist with client recall of events. You must conduct all interviews in-person, unless you obtain a waiver from the CDP Help Desk. All waivers must be approved by the CDP Administrator and your Government Project Officer (GPO). Clients should be asked all questions at all data collection points, as described in Data Collection Points Section below.

Reading the questions:

At the beginning of each section, you should introduce the topic, (e.g., “Now I’m going to ask you some questions about...”) and read each question as it is written. If a client is having trouble understanding a question, you may explain it to the client; however, do not change the wording of the question.

Read text that appears in lower-case lettering. Do not read text that appears in uppercase letters. Do not read questions or response categories that appear in upper-case lettering. The former are provided for clarification or logic checks. There are "Declined" and "Don't know / Information not available" response options for all items that are asked of the client. These response options are not available for items that are supplied by program staff.

Skip patterns are indicated on the instrument and let the interviewer know which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on answers to previous questions. Certain questions may also be irrelevant based on the client’s age or the program’s focus.

The following information is provided for each question, as appropriate:

| | |
|------------------------------------|---|
| <i>Intent</i> | Describes the intent of the question. |
| <i>Key Points/ Definitions</i> | Provides pertinent background information and definitions of key terms. |
| <i>Coding Topics</i> | Clarifies how to count or record certain responses. Please pay close attention to coding topics because they address questions that may produce vague answers. |
| <i>Cross-Check Items</i> | Alerts the interviewer to items that should be related (if any), and answers that should be verified, if a contradiction occurs during the course of the interview. |

Recording the answers:

Read each response options and select only one response, unless instructed otherwise. The following response options are not to be read to the client—

- **DECLINED.** If the client refuses to answer a question and your organization has a policy or IRB decision preventing you from obtaining this information from other records, select "Declined". This response option is not available for items that are answered by the grantee organization.
- **DON'T KNOW/INFORMATION NOT AVAILABLE.** If the client does not know the answer to a question and your organization has a policy or IRB decision preventing you from obtaining this information from other records, select "Don't know/Information not available." This response option is not available for items that are answered by the grantee organization.
- **NOT PERMITTED TO ASK.** If state or local laws or IRB decisions do not permit asking a question that relates to sexual activity, select "Not permitted to ask."
- **NOT APPLICABLE.** If a client does not feel a question applies to him/her, check "Not applicable."

DATA COLLECTION POINTS

The data collection points and required information are presented in Table 1.

Table 1. Interviews Completed: *Data collection points and required information for interviews completed.*

| Data Collection Points | Data Collected | Data Entered into CDP | System Lock Date |
|----------------------------------|--|--|---|
| Baseline Assessment ¹ | Complete interview as soon as possible after client enters treatment. | Enter data within seven days of completing interview | Data cannot be entered or edited after the system lock date (end of the quarter following when the data was collected). Example: If an interview is collected on June 1, it must be entered before October 1. |
| Reassessment | Conduct an interview every 180 calendar days from the Baseline interview date for the duration of the client's treatment. Timeframe for completing the interview is 30 calendar days before and after interview due date. | Enter data within seven days of completing interview | Data cannot be entered or edited after the system lock date (end of the quarter following when the data was collected). Example: If an interview is collected on July 1, it must be entered before October 1. |
| Discharge | Conduct interview same day (as discharge) ² . If no services are provided, conduct discharge interview within 14 days. Conduct administrative discharge within 90 days if contact with client is lost. | Enter data within seven days of completing interview | Data cannot be entered or edited after the system lock date (end of the quarter following when the data was collected). Example: If an interview is collected on August 1, it must be entered before January 1. |

¹ Required for all clients – new; re-enrolling after a discharge; or returning after a 90 day or longer lapse in treatment; except those who refuse or do not provide consent

² If a reassessment interview was conducted within 30 calendar days of when a client is discharged, a separate discharge interview is not required.

Baseline

Program entry date should be the date which the client began receiving SAMHSA-funded services. Grantees that collect the baseline interview closer to the time the client initiates treatment will be advantaged in the reporting of outcomes, since the greatest improvement in outcomes is likely to occur near the start of treatment. For clients that were already receiving care when your grant began entering data, baseline interviews must be completed the next time your project has contact with the client. Each completed interview must be entered into the CDP system within seven calendar days of the interview date; all edits must be completed no later than the system lock date for the quarter in which the interview was conducted.

For Baseline interviews, complete every section except sections I, J, and K.

Reassessment

Reassessment interviews should be completed every 6 months (calculated as 180 calendar days) after the baseline interview date (CSAT requires a 3-month reassessment for the Adolescent Portfolio only). The target reassessment rate is 100%, meaning programs must attempt to reassess all clients. The minimally acceptable reassessment completion rate is 80%.

When a new episode of care is initiated because a client re-enters treatment after a discharge or a lapse in services of 90 calendar days or more, the timing of the reassessments will be based on the baseline interview date for the new episode of care.

You do not have to complete the 6-month reassessments on the consumer's exact due date. For interviews to count towards your reassessment interview rate, you must complete the reassessment interviews within a window that starts 30 calendar days before and ends 30 calendar days after the interview due date.

You are not required to conduct interviews outside the reassessment window. However, interviews that are conducted and submitted outside the window will be accepted by CDP and the data will be available in your data download and for use by SAMHSA. Interviews that are submitted outside of a window (before or after) will not be counted toward your reassessment interview rate.

For Reassessment interviews, complete every section except sections A2, A3, A4 and J.

Discharge

Discharge interviews should be completed when the client completed services (based on grantee's definition). If the client is available, interviews must be completed at the time of discharge. The completed interview must be entered into the CDP system within seven calendar days of the interview date; all edits must be completed no later than the system lock date for the quarter in which the interview was conducted. If a reassessment interview was conducted within 30 calendar days of a discharge, a separate discharge interview is not required.

It is up to you to identify when discharge interviews are due. If the client is present on the day of discharge, a discharge interview must be conducted that day; you are not responsible for locating the client to conduct the discharge interview. This guideline does not apply if a discharge interview is a program or project requirement. If services are no longer provided, the grant will have 14 days to contact the client and conduct the in-person discharge interview.

Administrative Discharge

If contact with the client is lost, grantees must complete an administrative discharge within 90 calendar days. The program must complete and submit sections A1, J, and K. All other sections will be considered missing data. If an administrative discharge is submitted and then a discharge interview is conducted, you will need to delete the administrative record prior to entering the interview record.

For discharge interviews, complete every section except sections A2, A3, A4 and I. For administrative discharge, complete sections A1, J, and K.

The following is a summary of the sections that must be completed for each type of interview—

| | |
|--------------|--|
| Baseline | Complete every section except sections I, J, and K. |
| Reassessment | Complete every section except sections A2, A3, A4 and J. |
| Discharge | For discharge interviews, complete every section except sections A2, A3, A4 and I. For administrative discharge, complete sections A1, J, and K. |

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants:

Only clients who are screened and who require any level of intervention are eligible for reassessment sampling. SBIRT Grants are required to attempt a reassessment with every person in their sampling pool. There must be a minimum sampling pool of 10% per modality and a reassessment rate of at least 80% for each modality.

Screening/Feedback:

Baseline: For clients who are screened and based on the results of the screen, do not require any level of substance abuse intervention or treatment services, complete Section A. No further information or reassessment information is required.

Screening and Brief Intervention (BI)

Baseline: For clients who are screened and, based on the results of the screen, should or do receive BI services, complete Section A and Section B.

Reassessment: A representative 10% sample of clients should be selected. For the clients selected, a 6-month reassessment data should be submitted. For individuals included in the sample, complete Section A1, Section B, and Section K.

Discharge: For all clients who received BI services, discharge data must be submitted. If a BI is completed more than 7 days from the time of baseline, complete Section A1, Section B, Section J, and Section K. If the intervention is 7 days or less from the time of baseline, complete Section A1, Section J, and Section K.

Screening and Brief Treatment (BT) or Screening and Referral Treatment (RT) to Other Types of Treatment for Substance Use Disorders

Baseline: For all clients that are screened and require BT or RT, complete Section A, Section B, Section C, Section D, Section E, Section F, and Section G.

Reassessment: A representative 10% sample of clients in this category should be selected and a 6-

month reassessment data should be submitted. For individuals included in this sample, Section A1, Section B, Section C, Section D, Section E, Section F, Section G, Section I, and Section K. Please note that a 10% sample is required for each of the two levels of intervention (BT and RT).

Discharge For all clients who received BT or RT services, discharge data must be submitted. If a services are completed more than 7 days from the time of baseline, complete Section A1, Section B, Section C, Section D, Section E, Section F, Section G, Section J, and Section K. If the intervention is 7 days or less from the time of baseline, complete Section A1, Section B, Section J, Section K.

Data Collection Timelines

The following tables show important cutoff dates and system lockout dates.

| | |
|----------------|--|
| Grantees — | |
| Within 7 days | Enter data into CDP after interview (baseline, reassessment, discharge) |
| Within 14 days | Complete discharge interview if services are no longer provided to client |
| Within 90 days | Complete admin discharge if contact with client is lost (for reassessment) |

System Lockout Dates by Center

CMHS – (Specific Program – IPP)

| FFY Quarter | IPP results completed between: | Grantee must enter into CDP by: | GPO review and grantee revisions must be completed by: | CDP System will lock on this date |
|-------------|--------------------------------|---------------------------------|--|-----------------------------------|
| 1 | October 1 – December 31 | January 31 | March 31 | April 1 |
| 2 | January 1 – March 31 | April 30 | June 30 | July 1 |
| 3 | April 1 – June 30 | July 31 | September 30 | October 1 |
| 4 | July 1 – September 30 | October 31 | December 31 | January 1 |

CSAP – (Specific Programs – SPF-SIG, PFS, and HIV)

| FFY Quarter | Grantee must enter into CDP by: | System to remain Open Until |
|-------------|---------------------------------|-----------------------------|
| 1 | January 31 | September 30 |
| 2 | April 30 | September 30 |
| 3 | July 31 | September 30 |
| 4 | October 31 | January 31 |

Translations

A Spanish version of the paper Services tool will be available on the CDP website for download. Translations to other foreign languages may be provided as needed. Note that some foreign languages do not use capitalization. For these translations, italics replace capitalization. When interviewing a client with one of these foreign-language versions, do not read responses to text in italics.

Summary of Sections:

- Section A1: Record Management is completed by the grantee staff at all data collection points, regardless of whether an interview was conducted.
- Section A2: Record Management—Planned Services is completed by grantee staff at baseline.
- Section A3: Demographics is asked of the client only at baseline. If the grantee is unable to obtain demographic data from a client interview, this information may be obtained administratively from other available grant data.
- Section A4: Military Family and Deployment is asked of the client only at baseline. These questions should only be answered if the client is 17 years of age or older. Questions 2a through 2b refer to members of the immediate family. Immediate family includes the client’s mother, father, sister brother spouse, partner, daughter, son, or other immediate family relative (biological, step, or adoptive). Include these family members whether or not they live with the client.
- Section B: Drug and Alcohol Use is asked of the client at all data collection points.
- Section C: Family and Housing is asked of the client at all data collection points.
- Section D: Education, Employment, and Income is asked of the client at all data collection points.
- Section E: Crime and Criminal Justice Status is asked of the client at all data collection points.
- Section F1: Mental and Physical Health is asked of the client at all data collection points.
- Section F2: Recovery, Self-Help, and Peer Support is asked of the client at all data collection points.
- Section F3: Violence and Trauma is asked of the client at all data collection points.
- Section G: Social Connectedness is asked of the client at all data collection points.
- Section H: Program-specific questions. This section is completed at all data collection points for the following programs only—

Continuum of Care (CoC). The purpose of this program is to integrate care (behavioral health treatment, prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for behavioral health disorders and high risk for or living with HIV. This program is primarily intended for substance abuse treatment programs and community mental health programs that can co-locate and fully integrate HIV prevention and medical care services within them.

Primary and Behavioral Health Care Integration (PBHCI). The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based mental and behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with SMI; enhancing

the client's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

Pregnant and Postpartum Women (PPW). The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children. NOTE. PPW is not a section H per se as it includes all sections described above with a modified section K.

- Section I: Reassessment Status is completed by grantee staff only at reassessment, regardless of whether an interview was conducted (administrative reassessment).
- Section J: Discharge Status is completed by grantee staff only at discharge, regardless of whether an interview was conducted (administrative clinical discharges).
- Section K: Services Received is completed by grantee staff at reassessment and discharge.

Description of Sections

SECTION A1: RECORD MANAGEMENT

OVERVIEW

This section pertains to the collection of the client's identification for the CDP, the grantee information, and the client's interview information. Section A1 must be completed for each interview, regardless of whether an interview was conducted. The questions in this section are not asked of the client, but are completed by the grantee or provider.

The following questions except for Program Type are common to CSAT and CMHS—

Client ID

Intent

The intent of this item is to record a unique client identifier that is determined by the project.

Key Points/Definitions

Client ID is designed to track a specific client through his/her interviews (baseline, reassessment, discharge) while maintaining the anonymity of the client. The same unique ID is used at each interview, even if the client has more than one episode of care. For confidentiality reasons, do not use any part of the client's date of birth or Social Security Number (SSN) in the Client ID, except as indicated below. Each client must have his/her own unique ID.

Coding Topics

Enter between 1 and 15 characters. Characters can include both numerals and letters. Continue to Program Type.

Program Type

Intent

The intent of this item is to record a unique program type.

Key Points/Definitions

There are two main types of programs to be included in this categorization: Treatment Grant Program and Recovery Grant Program.

Treatment Grant Program-- Program serving clients who are receiving substance abuse and/or mental health treatment services by your agency. These treatment services are being funded by a SAMHSA (i.e., CMHS, CSAP, or CSAT) grant award.

Recovery Grant Program — Program serving clients who are receiving recovery support services funded by a SAMHSA (i.e., CMHS, CSAP, or CSAT) grant award.

Client ID for Screening, Brief Intervention, Referral, and Treatment (SBIRT) Grants Only: The CDP Client ID for SBIRT Grants is made up of three consecutive sets of characters (sample participation, client ID, and sample criteria). These characters are entered as follows:

First character ID: Sample Participation

| | | | | | | | | | | | | | | | | | |

Each grant program selects a 10-percent sample of screening clients for reassessment interviews. Enter a “1” in the first client ID box if the client is not sampled for reassessment or a “3” if the client is sampled for reassessment and agrees to participate.

Character ID 2-13: Client ID (as Assigned by Grant)

| | | | | | | | | | | | | | | | | |

Enter the client’s unique ID, as assigned by the grant.

Character ID 14-15: Sample Criteria (Random)

| | | | | | | | | | | | | | | | | | | |

Enter the last two digits of the client’s SSN.

Coding Topics

Select appropriate response option and continue to Contract/Grant ID.

Contract/Grant ID

Intent

The intent of this item is to assign a SAMHSA grant identification number for the project.

Key Points/Definitions

For **CSAT** programs, the assigned grant identification number usually begins with H79 TI #####. This number is used to identify your grant. For example, a grant ID may be H79 TI12345. For the purpose of the CDP, the identifying portion of the number is TI 12345.

For **CMHS** programs, the assigned grant identification number begins with a single digit between 1 and 5 and SM. For example, a grant ID may be 1 SM12345. For the purpose of the CDP project, the identifying portion of the number is SM12345; the first number is not needed.

For **CSAP** programs, the assigned grant identification number begins with SP. This number is used to identify your grant. For example, a grant program may be H79 SP12345. For the purpose of the CDP, the identifying portion of the number is SP12345.

Coding Topics

Enter up to 10 characters. CSAT, SKIP TO QUESTION 1. CMHS, continue to Site ID.

Site ID (CMHS ONLY)

Intent

The intent of this item is to associate the client data entered for a grant to a specific grant location.

Key Points/Definitions

Site ID is used by grantees to help them track where the services were provided or where the interview was conducted. **Grants will need to have a Site ID(s) in order to enter records in the CDP.** Site ID's are created and managed by grantees.

Coding Topics

Enter up to 10-digits and continue to question 1.

1. Interview Type

Intent

The intent of this item is to assess the type of interview or assessment that is being completed.

Key Points/Definitions

Baseline —The initial assessment conducted at the start of an episode of care (when a client begins receiving SAMHSA-funded services) *and* each time a client re-enters treatment. If a client ends one episode of care and begins another, a new baseline must be administered using the same Client ID. The dates for reassessment interviews will be determined by the date of the most recent CDP baseline interview.

Reassessment— (*provide month and year*)—Periodic reassessments are conducted every 6 months for the duration of the client's treatment, calculated as 180 calendar days. Three-month reassessments are also required for the CSAT adolescent portfolios only.

Discharge—A client may have a clinical (i.e., client completed services) or an administrative (i.e., interview with client is not possible) discharge. A final assessment is conducted at the time the client is discharged from the program.

See "General Guidelines for Collecting and Submitting CDP Data" section for more information.

Coding Topics

Select appropriate response option. If you selected, "Discharge: Administrative," SKIP TO SECTION J. Otherwise, continue to question 2a.

2a. Was the interview conducted?

Intent

The intent of this item is to indicate whether or not an interview was conducted.

Key Points/Definitions

Only complete this question for interview types other than administrative discharge.

Coding Topics

Select appropriate response option. If you selected "No," SKIP TO QUESTION 3A. Otherwise, continue to question 2b.

2b. If an interview was conducted, when did it take place?

Intent

The intent of this item is to indicate when the interview took place.

Key Points/Definitions

Only complete this question if you selected "Yes" to question 2a.

The interview date will determine when subsequent interviews are due. It is also used to calculate the project's reassessment rate, (expected interviews/actual interviews). The baseline interview date combined with the discharge date is used to calculate the client's length of stay.

Only complete this question if you selected "Yes" to question 2a. Enter the interview date in month (mm), day (dd), and year format.

Coding Topics

Enter the appropriate response and continue to question 3a.

3a. Was the client screened by your program for co-occurring mental health and substance use disorders?

Intent

The intent of this item is to assess the presence of co-occurring mental health and substance use disorders.

Key Points/Definitions

Because the presence of a co-occurring mental disorder may affect the likelihood of long-term recovery from a substance use disorder, SAMHSA has focused attention on co-occurring disorders and has established programs designed specifically for persons with both mental health and substance abuse problems.

While screening clients for co-occurring mental health and substance use disorders by your program is not required, SAMHSA would like to learn how many programs are currently screening their clients for co-occurring mental health and substance use disorders using SAMHSA funds.

Coding Topics

Select appropriate response option. If you selected "No," SKIP TO QUESTION 4A. Otherwise, continue to question 3b.

3b. If the client was screened for co-occurring disorders, did the client screen positive for co-

occurring mental health and substance use disorders?

Intent

The intent of this item is to assess whether the client screened positive for co-occurring mental health and substance use disorders.

Key Points/Definitions

Only complete this question if you selected "Yes" to question 3a.

Coding Topics

Select appropriate response option and continue to question 4a.

4a. Was this a SBIRT grant?

Intent

The intent of this item is to assess whether or not an SBIRT grant was used.

Key Points/Definitions

None

Coding Topics

Select appropriate response option. If you selected, "No," SKIP TO SECTION A2. Otherwise, continue to question 4b.

THE FOLLOWING QUESTIONS ARE FOR CSAT SBIRT GRANTS REPORTED AT BASELINE ONLY. ALL OTHER GRANTEES SHOULD SKIP TO SECTION A2

4b. How did the client screen for your SBIRT?

Intent

The intent of this item is to assess if the client screened positive or negative for the SBIRT.

Key Points/Definitions

Only complete this question if you selected "Yes" to question 4a.

Negative—Client scored below the predetermined screening threshold for SBIRT services.

Positive—Client screening score indicated that he or she required some level of SBIRT services.

Coding Topics

Select appropriate response option and continue to question 4c.

4c. What was his/her screening score?

Intent

The intent of this item is to record the SBIRT screening score.

Key Points/Definitions

Grantees must use validated screening tools per the requirements of the request for application (RFA) and GPO. The screening and collection of the CDP information must be face-to-face. Additional screening instruments/tools may be used with the agreement of the SAMHSA Project Officer.

If you use the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guide, please provide the raw score from the weekly use questions (weekly = how often/days x how much/# drinks; for men: if the score is more than 14, the

patient may be at risk and for women: if the score is more than 7, the patient may be at risk).

Coding Topics

Enter screening score for each applicable screening tool. Continue to question 4d.

4d. Was he/she willing to continue his/her participation in the SBIRT program?

Intent

The intent of this item is to capture if the client was willing to continue participating in the SBIRT program.

Key Points/Definitions

Select "Yes" if the client agreed to receive SBIRT services, whether or not the services were at the level indicated by the screen.

Coding Topics

Select appropriate response option and continue to Section A2.

SECTION A2: PLANNED SERVICES

OVERVIEW

This section pertains to the identification of the services grantee plans to provide to the client during the client's course of treatment/recovery. The planned services information must be filled out at baseline interview. The questions in this section are not asked of the client, but are completed by the grantee or provider. Grantee or provider must record only planned services that are funded by this SAMHSA grant.

The following questions are common to CSAT and CMHS—

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

1. **Modality** (CIRCLE AT LEAST ONE MODALITY)

- a. *Case Management*—Defining, initiating, and monitoring the medical, drug treatment, psychosocial, and social services provided for the client and the client's family.
- b. *Day Treatment*—a modality used for group education, activity therapy, etc., lasting more than 4 continuous hours in a supportive environment.
- c. *Inpatient/Hospital (other than detoxification)*—a patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.
- d. *Outpatient*—a patient who is admitted to a hospital or clinic for Treatment that does not require an overnight stay.
- e. *Outreach*—Educational interventions conducted by a peer or paraprofessional educator face-to-face with high-risk individuals in the client's neighborhood or other areas where clients typically congregate.
- f. *Intensive Outpatient*—Intense multimodal treatment for emotional or behavioral symptoms that interfere with normal functioning. These clients require frequent treatment in order to improve, while still maintaining family, student, or work responsibilities in the community. Intensive outpatient services differ from outpatient by the intensity and number of hours per week. Intensive outpatient services are provided two or more hours per day for three or more days per week.
- g. Medication assisted Treatment – Provision of medications for opioid addicted or alcohol-addicted clients (circle only one)

For Opioid Addiction

- (1) *Methadone*
- (2) *Buprenorphine*
- (3) *Naltrexone®* (oral)
- (4) *Vivitrol®* (injectable)
- (5) *Disulfiram®*
- (6) *Acamprosate®*

For Alcohol Addiction

- (1) *Naltrexone*® (oral)
- (2) *Vivitrol*® (injectable)
- (3) *Disulfiram*®
- (4) *Acamprosate*®
- h. *Residential/Rehabilitation*—A residential facility or halfway house that provides on-site structured therapeutic and supportive services specifically for alcohol and other drugs.
- i. *Detoxification* (circle only one)—A medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.
 - (1) *Hospital Inpatient*—Client resides at a medical facility or hospital during his/her treatment.
 - (2) *Free Standing Residential*—Patient resides at a facility other than a hospital while treatment is provided.
 - (3) *Ambulatory Detoxification*—Treatment that is performed in a specialized therapeutic environment and is designed to provide both psychological and physiological stabilization to ensure safe withdrawal from alcohol and/or drugs.
- j. *After Care*—Treatment given for a limited time after the client has completed his/her primary treatment program, but is still connected to the treatment provider.
- k. *Recovery Support*—Support from peers, family, friends, and health professionals during recovery. Includes any of the following: assistance in housing, educational, and employment opportunities; building constructive family and other personal relationships; stress management assistance; alcohol- and drug-free social and recreational activities; recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.
- l. *Other* (Specify)—Specify any other service modalities to be received by the client.

2. Treatment Services (CIRCLE AT LEAST ONE SERVICE)

SBIRT GRANTEEES MUST SELECT "YES" FOR AT LEAST ONE TREATMENT SERVICE IN 2A THROUGH 2D.

- a. *Screening*—A gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse, and if so, whether a detailed clinical assessment is appropriate. Screening is a process that identifies people at risk for the "disease" or disorder (National Institute on Alcohol Abuse and Alcoholism, 1990). 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 substance abuse and dependency would focus on determining the presence or absence of the disorder, whereas for a population already identified at risk, the screening process would be concerned with measuring the severity of the problem and determining the need for a comprehensive assessment.
- b. *Brief Intervention*—Those practices that aim to investigate a potential problem and motivate an individual to begin to do something about his/her substance abuse/mental illness, either by natural, client-directed means or by seeking additional substance abuse treatment/mental health care.
- c. *Brief Treatment*—A systematic, focused process that relies on assessment, client engagement, and rapid implementation of change strategies. Brief therapies usually consist of more (as well

as longer) sessions than brief interventions. The duration of brief therapies is reported to be anywhere from one (1) session (Bloom, 1997) to 40 sessions (Sifneos, 1987), with the typical therapy lasting between 6 and 20 sessions. Twenty sessions usually is the maximum because of limitations placed by many managed care organizations. Any therapy may be brief by accident or circumstance, but the focus is on *planned* brief therapy. The therapies described here may involve a set number of sessions or a set range (e.g., from 6 to 10 sessions), but they always work within a time limitation that is clear to both therapist and client.

- d. *Referral to Treatment*—A process for facilitating client/client access to specialized treatments and services through linkage with, or directing clients/clients to, agencies that can meet their needs.
- e. *Assessment*—To examine systematically, in order to determine suitability for treatment.
- f. *Treatment/Recovery Planning*—A program or method worked out beforehand to administer or apply remedies to a patient for illness, disease, or injury.
- g. *Individual Counseling*—Professional guidance of an individual by utilizing psychological methods.
- h. *Group Counseling*—Professional guidance of a group of people gathered together utilizing psychological methods.
- i. *Family/Marriage Counseling*—A type of psychotherapy for a married couple or family for the purpose of resolving problems in the relationship.
- j. *Co-occurring Treatment/Recovery Services*—Assistance and resources provided to clients who suffer from both mental illness disorder(s) and substance use disorder(s).
- k. *Psycho-pharmacological Interventions*—The use of any pharmacological agent to affect the treatment outcomes of behavioral health clients..
- l. *HIV/AIDS Counseling*—A type of psychotherapy for individuals infected with and living with HIV/AIDS.
- m. *Mental Health Services*—The use of any mental health therapeutic approach to affect the treatment outcomes of behavioral health clients.
- n. *Other Clinical Services (Specify)*—Other client services the client received that are not listed above.

3. **Medical Services (CIRCLE AT LEAST ONE SERVICE)**

- a. *Medical Care*—Professional treatment for illness or injury.
- b. *Alcohol/Drug Testing*—Any process used to identify the degree to which a person has used or is using alcohol or other drugs.
- c. *HIV/AIDS Medical Support & Testing*—Medical services provided to clients who have HIV/AIDS and their families.
- d. *Other Medical Services (Specify)*—Other medical services the client received that are not listed above.

4. **Case Management Services (CIRCLE AT LEAST ONE SERVICE)**

- a. *Family Services (including marriage education, parenting, and child development services)*—Resources provided by the state to assist in the well-being and safety of children, families, and the community.

- b. *Child Care*—Care provided to children for a period of time.
- c. *Employment Services*—Resources provided to clients to assist in finding employment.
 - (1) *Pre-employment*—Services provided to clients prior to employment, which can include background checks, drug tests, and assessments. These services allow employers to “check out” prospective employees before hiring them.
 - (2) *Employment Coaching*—Provides tools and strategies to clients to assist in gaining employment. These strategies include implementing new skills, changes, and actions to ensure that clients achieve their targeted results.
- d. *Individual Services Coordination*—Services that families may choose to use when they need help obtaining support for their mentally disabled sons or daughters to live as independently as possible in the community.
- e. *Transportation*—Providing a means of transport for clients to travel from one location to another.
- f. *HIV/AIDS Service*—Resources provided to clients to improve the quality and availability of care for people with HIV/AIDS and their families.
- g. *Supportive Transitional Drug-free Housing Services*—Provides rental assistance for families and individuals who are seeking to be drug-free who can be housed for up to two years while receiving intensive support services from the agency staff.
- h. *Care Coordination*—Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.
- i. *Other Case Management Services (Specify)*—Other case management services the client received that are not listed above.

5. After Care Services (CIRCLE AT LEAST ONE SERVICE)

- a. *Continuing Care*—Providing health care for extended periods of time.
- b. *Relapse Prevention*—Identifying each client’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.
- c. *Recovery Coaching*—Guidance involving a combination of counseling, support, and various forms of mediation treatments to find solutions to deal with breaking the habit of substance abuse.
- d. *Self-Help and Support Groups*—Helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing.
- e. *Spiritual Support*—Spiritual/religion-based support for the clients’ recovery process.
- f. *Other After Care Services (Specify)*—Other after care services the client received that are not listed above.

6. Education Services

- a. *Substance Abuse Education*—A program of instruction designed to assist individuals in drug prevention, relapse, and/or treatment.
- b. *HIV/AIDS Education*—A program of instruction designed to assist individuals with HIV/AIDS and their families with HIV/AIDS prevention and/or treatment.
- c. *Other Education Services (Specify)*—Other education services the client received that are not listed above.

7. Peer-To-Peer Recover Support Services

- a. *Peer Coaching or Mentoring*—Services involving a trusted counselor or teacher to another person of equal standing or others in support of a client’s recovery.
- b. *Housing Support*—Providing assistance for living arrangements to clients.
- c. *Alcohol- and Drug-Free Social Activities*—An action, event, or gathering attended by a group of people that promotes abstinence from alcohol and other drugs.
- d. *Information and Referral*—Services involving the provision of resources to a client that promote health behavior and/or directing a client to other sources for help or information.
- e. *Other Peer-to-Peer Recovery Support Services (Specify)*—Other peer-to-peer recovery services the client received that are not listed above.

Intent

The intent of this section is to identify the services grantee plans to provide to the client during the client’s course of treatment/recovery.

Key Points/Definitions

Record only planned services that are funded by this SAMHSA grant. The list of services and definitions are the same for Section K (Services Received).

Coding Topics

Select appropriate response options and continue to Section A3.

SECTION A3: DEMOGRAPHICS

OVERVIEW

This section pertains to the identification of the client's demographic information. The demographics information must be filled out at baseline interview. While some of the information may seem apparent, ask all questions for clarification. Do not complete a response based on the client's appearance. You must ask the question and mark the response given by the client.

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

The following questions are common to CSAT and CMHS except for questions 5 and 7 which are not in the CMHS instrument—

1. What is your date of birth? (MONTH AND YEAR MUST BE ENTERED. DAY IS OPTIONAL)

Intent

The intent of this question is to record the client's month and year of birth. It will be used to calculate the client's age.

Key Points/Definitions

The system will only save the month and year. Day is not saved to maintain confidentiality. Enter date in month (mm), day (dd), and year (yyyy) format.

Coding Topics

Read the question open-ended to the client and select appropriate response. Continue to question 2.

2. Are you Hispanic, Latino/a, or Spanish origin? (SELECT AT LEAST ONE CATEGORY)

Intent

The intent of the question is to ascertain whether the client is Hispanic or Latino/a, and, if yes, of which ethnic group the client considers him/herself.

Key Points/Definitions

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations (see the internet link indicated in "References" section). The principal standard is to "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs."

Coding Topics

Read the question to the client open-ended. If the client responds "Yes," read available "Yes" response options and select appropriate response. Otherwise, select "No," and continue to question 3.

3. What is your race? (SELECT AT LEAST ONE CATEGORY)

Intent

The intent of the question is to determine what race the client considers himself or herself.

Key Points/Definitions

The Affordable Care Act (ACA) (Section 4302) notes: HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by [Section 4302 of the Affordable Care Act](#) [PDF | 1.6 MB]. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the Office of Management and Budget (OMB).

*HHS Office of Minority Health “Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status:” <http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208> (accessed May 7, 2014)

Record the response given by the client, not the interviewer’s opinion (see the Internet link to CLAS Standards in "References" section). Ask this question to all clients, even those who identified themselves as Hispanic or Latino. The client can choose “Yes” to as many as apply. The client may respond “No” to all races.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 4a.

4a. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) Do you speak a language other than English at home?

Intent

The intent of these questions is to ascertain linguistic competency.

Key Points/Definitions

Only ask this question if client is five years of age or older.

Requiring that grantees collect and report these data will support SAMHSA’s efforts in a variety of ways, including:

- Disparities Impact Statement—currently, many racial/ethnic group are obscured within the standards. By having the language data, both SAMHSA and grantees will have a better sense at a population-level who is being served, and how differences in language may impact their access, use, and outcomes of grant funded services.
- SAMHSA’s Language Access Plan—SAMHSA spent the past year working with the Office of Civil Rights to develop our language action plan, where Element 1 is as follows: “Assessment: Needs and Capacity: Each HHS Agency will establish mechanisms to regularly identify and assess the language assistance needs of current and potential clients as well as processes to assess agency infrastructure and capacity to meet these needs.” In order to comply with our plan, having detailed language

preference data will help SAMHSA better understand the needs and capacity of our grantees.

- Title VI—Access to this data will also support SAMHSA in complying with Title VI of the Civil Rights Act, as well as allow us to support our grantees with their compliance. Title VI compliance falls within Element 3 of the National CLAS Standards, which grantees are required to meet. (Standard 3: Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

The ACA (Section 4302) notes: HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by [Section 4302 of the Affordable Care Act](#) [PDF | 1.6 MB]. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the OMB.

Coding Topics

Read the question to the client open-ended. If the client responds "No," select "No," and SKIP TO QUESTION 5. Otherwise, select "Yes," and continue to question 4b.

4b. If you speak a language other than English at home, what language do you speak?

Intent

The intent of these questions is to ascertain linguistic competency.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 4a.

Coding Topics

Read the question and each response to the client option and select/enter appropriate response. Continue to question 5.

5. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) What sex were you assigned at birth (on your original birth certificate)?

Intent

The intent of this question is to record the client's biological sex.

Key Points/Definitions

Only ask this question if client is five years of age or older.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 6.

6. (ONLY FOR CLIENTS 5 YEARS OF AGE OR OLDER) What is your current gender identity?

Intent

The intent of this question is to record the client's chosen gender identity.

Key Points/Definitions

Only ask this question if client is five years of age or older.

Coding Topics

Read the question and each response option to the client and select/enter appropriate response. Continue to question 7.

7. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) **Which one of the following do you consider yourself to be?**
8. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) **In the past 12 months, who have you had sex with?**
9. (ONLY FOR CLIENTS 12 YEARS OF AGE OR OLDER) **Which statement best describes your feelings?**

Intent

The intent of these questions is to determine the client's sexual identity.

Key Points/Definitions

Only ask this question if client is 12 years of age or older. Note that these questions are about sexual identify or orientation. Record the client's response even if the response does not match his/her obvious appearance.

The SAMHSA Lesbian, Gay, Bisexual, Transgender (LGBT) Data Workgroup, including program and data representatives from each Center, has developed the recommended LGBT identity questions for standardized use in discretionary program monitoring, such as through the Common Data Platform. These data are being called for by Federal, state, and local governments and other organizations that currently serve, or would like to serve LBGT individuals.

One of the Healthy People 2020 Objectives is charged with tracking progress on increasing the number of Federal data sources collecting data on LGBT identity. A great deal of empirical work on appropriate questions has been accomplished (see "Reference" section). The recommended question represents a growing scientific consensus on how this question should be asked and how the results should be reported. Indeed, several HHS data systems (that have received OMB approval) have used or are currently using similar questions to collect data on LGBT identity, including the National Survey of Family Growth (NSFG), the Behavioral Risk Factor Surveillance System (BRFSS), and Youth Risk Behavior Surveillance (YRBS).

Adding these questions support the new Request for Applications disparities impact statement requirement, immediately enhance our ability to report on this service population at the grant, program, Center, and Agency level, and support the Secretary's goals for LGBT health (see the "References" section)

Coding Topics

Read each question and response option and select/enter appropriate responses. Continue to question 10.

DISABILITY MEASURES:

The following questions are center-specific—

| CSAT | CMHS |
|--|--|
| 10. Are you deaf or do you have serious difficulty hearing? | 10. Are you deaf or do you have serious difficulty hearing? |
| 11. Are you blind or do you have serious difficulty seeing, even when wearing glasses? | 11. Are you blind or do you have serious difficulty seeing, even when wearing glasses? |
| 12. Have you been diagnosed with a learning disability (Autism, Dyslexia, ADHD, etc.)? | 12. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? |
| 13. Have you been diagnosed with a traumatic brain injury (TBI)? | 13. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have serious difficulty walking or climbing stairs? |
| 14. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | 14. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have difficulty dressing or bathing? |
| 15. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have serious difficulty walking or climbing stairs? | |
| 16. (ONLY FOR CLIENTS 5 YEARS OR OLDER) Do you have difficulty dressing or bathing? | |

Intent

The intent of this set of questions is to determine information about the client’s recent functioning.

Key Points/Definitions

It is important to read all of the questions and response options regardless of whether the client declines to respond to one of the statements.

Record the response given by the client, not the interviewer’s opinion (see the Internet link to CLAS Standards in "References" section).

The ACA (Section 4302) notes:

HHS on Oct. 31, 2011, published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act [PDF | 1.6 MB]. The law requires that data collection standards for these measures be used, to the extent practicable, in all national population health surveys. They will apply to self-reported information only. The law also requires any data standards published by HHS comply with standards created by the OMB.

*See the HHS Office of Minority Health “Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status:”

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9227&lvl=2&lvlID=208> (accessed May 7, 2014)

Coding Topics

Read each question and response option and select appropriate responses. Continue to Section A4.

SECTION A4: MILITARY FAMILY AND DEPLOYMENT

OVERVIEW

This section pertains to the collection of uniformed service and deployment information for the client and/or his/her immediate family members. The military and family information must be filled out at baseline interview. While some of the information may seem apparent, *ask all questions* for clarification. Do not complete a response based on the client's appearance. *You must ask the question and mark the response given by the client.*

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT BASELINE

QUESTIONS 1A-1E SHOULD ONLY BE ANSWERED IF CLIENT IS 17 YEARS OF AGE OR OLDER. IF CLIENT IS NOT 17 YEARS OF AGE OR OLDER, SKIP TO QUESTION 2A.

The following questions are common to CSAT and CMHS—

1a. Have you ever served on active, reserve, or National Guard duty?

Intent

The intent of this question is to assess if the client ever served in the United States military or uniformed services.

Key Points/Definitions

This item will allow SAMHSA to identify the number of clients who have ever served in the military/uniformed services. Identifying a client's military/uniformed service status allows SAMHSA and its discretionary grantees the ability to monitor the outcomes for these clients.

Military/Uniformed services refers to the United States Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

Coding Topics

Read the question to the client open-ended. If the client responds "No," select "No," and SKIP TO QUESTION 2A. Otherwise, select "Yes," and continue to question 1b.

1b. If you ever served on active, reserve, or National Guard duty, in what branch of the military/uniformed services did you serve?

1c. If you ever served on active, reserve, or National Guard duty, in which component did you serve?

1d. If you ever served on active, reserve, or National Guard duty, are you currently on active duty or are you separated or retired?

Intent

The intent of these questions is to collect information on the client's military/uniformed service status.

Key Points/Definitions

Only ask these questions if client responded "Yes" to question 1a.

This item will allow SAMHSA to identify the number of clients who have ever served in the military/uniformed services. Identifying a client's military/uniformed service status allows SAMHSA and its discretionary grantees the ability to monitor the outcomes for these clients.

Active duty refers full-time duty in the active military/uniformed services of the United States.

Deployment is the relocation of forces and material to desired operational areas. Deployment encompasses all activities from origin or home station through destination. Deployment may increase the risk of behavioral health problems.

Separated refers to a service period in the United States uniformed services that is less than 20 years.

Retired refers to a service period in the United States uniformed services that is equal or greater than 20 years.

Military/Uniformed services refers to the United States Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration.

It is important to read all of the questions and response options regardless of whether the client declines to respond to one of the statements. Record the response given by the client, not the interviewer's opinion.

Coding Topics

Read each question and response option and select appropriate responses. Continue to question 1e.

1e. If you ever served on active, reserve, or National Guard duty, have you ever been deployed to a combat zone? (SELECT ALL THAT APPLY)

Intent

The intent of this question is to determine if the client every deployed to a combat zone.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 1a.

Combat zone is any area the President of the United States designates by Executive Order as an area in which the military is engaging or has engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

Coding Topics

Read the question to the client open-ended. If the client responds "Yes," read available "Yes" response options and select/enter appropriate response. Otherwise, select "No," and continue to question 2a.

For the following questions, immediate family includes your spouse or partner, and your parents, children, brothers and sisters, whether they are biological, step, or adoptive. Please include these family members whether or not they live with you.

2a. Is anyone in your immediate family currently serving as a member of one of the branches of the United States uniformed services on active duty reserve components or National Guard?

Intent

The intent of this question is to determine if someone in the client’s immediate family is with the United States uniformed services, reserves, or National Guard.

Key Points/Definitions

Currently serving does not include members of the family who are separated or retired from the United States uniformed services, reserve components or National Guard.

Coding Topics

Read the question to the client open-ended. If the client responds "No," select "No," and SKIP TO SECTION B. Otherwise, select "Yes," and continue to question 2b.

The following questions are center-specific—

| CSAT | CMHS |
|--|--|
| <p>The following question relates to experiences the client or a member of his/her immediate family may have had while serving in the United States uniformed services. The client may answer on behalf of himself/herself or on behalf of five immediate family members.</p> <p>2b. Has the Service Member experienced any of the following:</p> <p>(1) Deployed in support of combat operations (e.g., Iraq or Afghanistan)?</p> <p>(2) Was physically injured during combat operations?</p> <p>(3) Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?</p> <p>(4) Died or was killed?</p> <p><i>Intent</i> The intent of these questions is to determine if the client or someone in the client’s immediate family who either is or was on active duty, reserved</p> | <p>2b. If anyone in your immediate family is currently serving in the uniformed services, which member(s) are currently serving? (SELECT UP TO SIX PEOPLE)</p> <p><i>Intent</i> The intent of these questions is to determine the relationship of the client’s immediate family who either is or was on active duty, reserved component, or National Guard.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 2a.</p> |

| | |
|--|--|
| <p>component, or National Guard developed, or had the potential of developing, combat stress symptoms or difficulties adjusting following deployment, including post-traumatic stress disorder, depression, or suicidal thoughts.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 2a.</p> <p><i>Combat stress symptoms</i> include physiological and/or psychological reactions that are manifested by a variety of symptoms during or following combat. The individual is typically rendered temporarily dysfunctional. It is not considered to be a psychiatric disorder.</p> <p><i>Post-Traumatic Stress Disorder (PTSD)</i> is defined as a type of severe anxiety disorder. It typically occurs after someone has seen or experienced a traumatic event. PTSD is a psychiatric disorder whereas combat stress symptoms are not.</p> <p>This question refers to the perceptions of combat stress symptoms, PTSD, depression, and suicidal thoughts, not a clinical diagnosis by a counselor.</p> <p>The client may answer on behalf of himself/herself or on behalf of up to five immediate family members. If the client answers on behalf of an immediate family member, record the relationship to the client (e.g., mother, father, sister, etc.) in the "Relationship" box under "specify."</p> <p><i>Coding Topics</i> Read each question to the client open-ended. If the client responds "Yes," record "Yes" and ask/enter relationship to client. Otherwise, record "No" and continue to Section B.</p> | |
|--|--|

SECTION B: DRUG AND ALCOHOL USE

OVERVIEW

This section pertains to the measurement of alcohol and other drug use in the past 30 days. To ensure that the client understands the terms you are using, you may need to use slang or local terminology for the different technical drug terms (slang terms provided in parentheses are only a guide). Be attentive to the client and what words he or she uses.

Ask specifically about behavior in “the past 30 days.” Do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 days covers April 15 to May 15.

FOR CSAT ONLY: Offender Reentry Program (ORP) grants should ask about drug use “in the past 30 days prior to incarceration” for questions B1 through B6e at baseline and the “past 30 days” at reassessment and discharge.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

1. In the past 30 days, how many days have you used alcoholic beverages?

Intent

The intent is to record information about the client’s recent alcohol use.

Key Points/Definitions

Enter any alcoholic beverage used by the client in the past 30 days. *Alcoholic beverages* include beer, wine, liquor, and grain alcohol. Responses must be between 0 and 30 days.

Coding Topics

Read the question to the client open-ended and enter appropriate response. If the client reported zero, SKIP TO QUESTION 3 (CSAT) OR QUESTION 4 (CMHS). Otherwise continue to question 2.

2. In the past 30 days, how many days have you used alcohol to intoxication?

Intent

The intent of this question is to record information about the client’s recent alcohol use.

Key Points/Definitions

FOR MALES: Define *intoxication* as four or more drinks a day. FOR FEMALES: Define *intoxication* as three or more drinks a day.

Only ask this question if client responded at least "one" to question 1. Responses must be between 0 and 30 days.

Coding Topics

Read the question to the client open-ended and enter appropriate response. Continue to Question 3.

Cross-Check Items

Number of days in question 2 should be equal to or less than number of days in question 1.

The following questions are center-specific—

| CSAT | CMHS |
|---|--|
| 3. (FOR MALES AND FEMALES) In the <u>past 30 days</u>, how many days have you used both alcohol and drugs (on the same day)? | 3. How much do people harm themselves when they have five or more drinks of an alcoholic beverage once or twice a week? |
| <p><i>Intent</i> The intent of this question is to record information about the client's use of both alcohol and drugs on the same day.</p> <p><i>Key Points/Definitions</i> Responses must be between 0 and 30 days.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and enter appropriate response. Continue to question 4.</p> <p><i>Cross-Check Items</i> Number of days in question 3 should be equal to or less than number of days in question 1.</p> | <p><i>Intent</i> The intent of this question is to record the client's perception of harm that results from consumption of alcohol.</p> <p><i>Key Points/Definitions</i> <i>Alcoholic beverages</i> include beer, wine, liquor, and grain alcohol.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 4.</p> |

The following questions are common to CSAT and CMHS—

4. In the past 30 days, how many days did you use any illegal drugs including prescription drugs that were taken for reasons or in doses other than prescribed? (IF ZERO, SKIP TO QUESTION 5I)

Intent

The intent of this question is to record information about the client's use of illegal drugs or abuse of prescription drugs.

Key Points/Definitions

Nonprescription methadone—Unprescribed use of methadone (or LAAM, a non-prescription alternative to methadone) should be counted as nonprescription methadone.

Illegal drugs—Unprescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed) should be counted as the use of illegal drugs.

Unprescribed use of prescription medication or misuse of prescribed medication, misuse of over-the-counter (OTC) products should be counted.

Misuse of OTC medications to get high should be counted as use of illegal drugs and misuse of inhalants (rubber cement, aerosols, gasoline, etc.) which are sniffed, huffed, or otherwise inhaled to get high should be counted as use of illegal drugs.

Marinol®, which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner. Use of nicotine (i.e., cigarettes, cigars, chewing tobacco, snuff) by clients under the age of 18 years should be counted as the use of illegal drugs.

Enter the number of days the client reported using illegal drugs or abuse of prescription drugs. Responses must be between 0 and 30 days.

Coding Topics

Read the question to the client open-ended and enter appropriate response. If the client reported zero, SKIP TO QUESTION 5I. Otherwise continue to question 5.

- 5. The following ten questions (5a-5j) relate to your experience with drugs. Some may be prescribed by a doctor (like pain medication), but I will only record those if you have taken them for reasons or in doses other than prescribed.**

In the past 30 days, how many days have you used—

5a. Cocaine (coke, crack, etc.)?

5b. Prescription stimulants (Ritalin®, Concerta®, Dexedrine®, Adderall®, diet pills, etc.)?

5c. Methamphetamine (speed, crystal meth, ice, etc.)?

5d. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?

5e. Sedatives or sleeping pills (Valium®, Serepax®, Ativan®, Librium®, Xanax®, Rohypnol®, GHB, etc.)?

5f. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?

5g. Street opioids (heroin, opium, etc.)?

5h. Prescription opioids (fentanyl®, oxycodone [OxyContin®, Percocet®], hydrocodone [Vicodin®], methadone, buprenorphine, etc.)?

5i. Cannabis (marijuana, pot, grass, hash, etc.)?

5j. Other? (SPECIFY): _____

Intent

The intent of this question is to record information about the client's use of drugs, other than prescribed, in the past 30 days.

Key Points/Definitions

Route refers to route of drug administration. Note the usual route. For more

than one route, choose from the following options: (1) Oral, (2) Nasal, (3) Smoking, (4) Non-intravenous (IV) Injection, (5) IV. To ensure that the client understands the terms you are using, you may need to use slang or local terminology (for example, for marijuana or hashish use cannabis or Maryjane). Be attentive to the client and what words he or she uses.

Only ask questions 5a-5h if client responded at least "one" to question 4. Day responses must be between 0 and 30. *Route* responses must be between 1 and 5.

Coding Topics

Read the questions to the client open-ended and enter appropriate response. Continue to question 6.

Cross-Check Items

If the value in any question 5a through 5h is more than zero, then the value in question 4 should be more than zero.

6. The following five questions (6a-6e) relate to your experience with tobacco or tobacco related products.

In the past 30 days, how many days have you used—

6a. Cigarettes?

6b. Chewing tobacco?

6c. Cigars?

6d. Electronic Cigarettes (e-cigarettes)?

6e. Other tobacco related products?

Intent

The intent of this question is to record information about the client's use of tobacco or tobacco related products.

Key Points/Definitions

Tobacco use includes use of cigarettes, cigars, chewing tobacco, snuff, e-cigarettes, and other tobacco products. You may use local slang terms or brand names for tobacco products that is used in your area.

Responses must be between 0 and 30 days.

Coding Topics

Read the questions to the client open-ended and enter appropriate response. Continue to Section C.

SECTION C: FAMILY AND HOUSING

OVERVIEW

This section pertains to the collection of information regarding housing and family status. If the question asks about behavior in “the past 30 days,” use the words “past 30 days,” do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the past 30 days covers April 15 to May 15.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

- 1. (DO NOT READ RESPONSE OPTIONS TO CLIENT) In the past 30 days, where have you been living most of the time?**

Intent

The intent of this question is to identify the client’s current housing status and relative risk for homelessness for persons at provider program entry, including whether persons are literally homeless, homeless and at-risk of literal homelessness, housed and at-risk of homelessness, or in a stable housing situation. This data element allows provider programs that serve homeless and non-homeless persons to separate these two populations for reporting purposes, as well as identify persons according to homeless and at-risk criteria established by the Department of Housing and Urban Development (HUD).

Key Points/Definitions

If the client asks what is meant by where has he/she been living most of the time, explain that it means where has he/she been staying or spending his/her nights. If the client 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?”).

The response options are adapted from the Homeless Management Information System (HMIS) Data Standards (See “References” section). Since many SAMHSA programs serve homeless individuals, these standards were incorporated into the CDP.

For each client, determine the appropriate Housing Status according to the definitions below based on the client’s answer.

Place not meant for habitation—includes living in a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside.

Staying or living with family/friends—includes living in the home of a parent, relative, friend, guardian, caregiver, “couch surfing,” and foster home. Adolescents living at home are included if they are not paying a standard rental rate to the homeowner. Family may include the caregiver who is the owner or renter.

Transition housing—includes living in facilities focused on moving the client

to a more independent housing arrangement; excludes living in a group home. Often includes rehabilitative services, community reentry training, and aids for independent living.

Substance abuse treatment facility or detox center—includes living in a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

Residential Treatment—Includes living in a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.

Therapeutic Community or Halfway House—Includes living in moderately Staffed housing arrangements for clients. Twenty-four hour supervision is provided with long-term treatment and support.

Psychiatric Hospital—Includes living in a hospital for the care and treatment of patients affected with acute or chronic mental illness and a stay in the psychiatric ward of a general hospital. Exclude veteran’s hospitals.

Long-term care facility or nursing home—Includes a long-term care hospital environment that provides medical and nursing services, long-term veterans, hospice facilities that provide nursing care, and other institutional facilities.

Hospital or other residential non-psychiatric medical facility—count living in any hospital environment (state, county, or private) that primarily provides medical services. Do not count veterans or psychiatric hospitals.

Permanent supportive housing—Includes housing supported by subsidies provided through the Veterans Affairs Supportive Housing (VASH) program, HUD-funded subsidies (e.g., public housing, Housing Choice Voucher or “Section 8”) or other housing subsidy (e.g., state rental assistance voucher).

Foster care home or foster care group home—Includes living in moderately staffed housing arrangements for clients. Twenty-four hour supervision is provided with long-term treatment and support. Also includes living in a standard foster care arrangement with or without a standard treatment component and living in a private home with care provided by foster care parents.

Jail, prison, or juvenile detention facility—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.

House owned/rented by client—Includes living in a house, apartment, room, boarding house, hotel/motel, room at the YMCA or YWCA, living in an RV or trailer, single room occupancy or single resident occupancy (a multiple-tenant building that

houses one or two people in individual rooms). Excludes living in permanent supportive housing.

Other (SPECIFY)—Do not simply record the name of the housing situation; instead describe the type of housing.

If the client 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 client reports that he/she has been living in 2 different places for 15 calendar days each, record the most recent living arrangement. If a client reports “living the longest” in more than one location for an equal amount of time, record the most recent. For example, if a client reports living the first 14 days in their home, the next 14 days in a shelter, and the last 2 days in jail, you would record “Shelter.”

Coding Topics

Read the question to the client open-ended and select/enter appropriate response. Continue to question 2.

2. In the past 30 days, how many nights have you been homeless?

Intent

The intent of this question is to determine how long the client has been homeless and the client’s ability to maintain life within the community during the past 30 days.

Key Points/Definitions

Homeless includes living in a shelter, on the street (e.g., cars, vans, or trucks), or in any place not meant for habitation (e.g., airport, abandoned building, park).

Responses must be between 0 and 30 days.

Coding Topics

Read the question to the client open-ended and enter appropriate response. END SKIP TO SECTION D. CSAT, continue to question 3.

The following questions are specific to CSAT—

- 3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?**
- 4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?**
- 5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?**

Intent

The intent of these questions is to assess the impact that the client’s substance use is having on the client’s life.

Key Points/Definitions

If the client is having trouble remembering, start with the past week and work

backward in small increments. For example, ask about today, then yesterday, etc. The interviewer should record the client’s responses to these questions, not the interviewer's assessment.

Coding Topics

Read the questions and response options to the client and select appropriate responses. Continue to question 6.

6. Are you currently pregnant?

Intent

The intent of this question is to determine whether a client is currently pregnant. Aggregated data will allow SAMHSA to report the number of pregnant women served and outcomes for the women and children.

Key Points/Definitions

None.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 7a.

Cross-Check Items

This question should be skipped if the client answered “male” for question 5 in Section A3: Demographics

7a. (IF NOT MALE) Do you have any children?

Intent

The intent of this question is to record whether the client has any children.

Key Points/Definitions

Only ask this question of female clients.

If the client has children, whether or not the children live with the client, the answer to this question should be “Yes.” This question does not include:

- Children for whom the client has never had legal custody or has never been legally responsible (e.g., grandchildren for whom parental rights have not been granted to the grandparent).
- Children who the client is babysitting or taking care of on a temporary basis (e.g., a neighbor’s children).
- Foster children.

However, this question does include:

- Adult children of any age.
- Adopted children.
- Stepchildren for whom the client is legally responsible.
- Deceased children.

Coding Topics

Read the question and each response option to the client and select appropriate response. If the client responds "No," or "don't know," SKIP TO SECTION D. Otherwise, continue to question 7b.

7b. If you have any children, how many children do you have?

Intent

The intent of this question is to record how many children the client has, regardless of whether the children live with the client or not. Include all children except children for whom the client has never had legal custody or has never been legally responsible.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 7a.

Coding Topics

Read the question to the client open-ended and enter appropriate response. Continue to question 7c.

Cross-Check Items

If the answer to question 7a is "Yes," value in question 7b must be greater than zero.

7c. If you have any children, how many of your children are living with someone else due to a child protection court order?

Intent

The intent of this question is to determine whether any of the client's children are living with someone else due to a protection court order.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 7a.

This question does not include children over the age of 18 or who are living elsewhere due to any other reasons (including adoption [if voluntary surrender], family disputes, personal decision, voluntary surrender of parental rights, etc.).

If the client does not understand the term *child protection court order*, explain that it means a formal order by a court or child protection agency describing where and under whose supervision the child will be living or staying.

Coding Topics

Read the question to the client open-ended and enter appropriate response. Continue to question 7d.

Cross-Check Items

The value in question 7c cannot exceed the value in question 7b.

7d. If you have any children, for how many of your children have you lost parental rights?

Intent

The intent of this question is to determine for how many children the client currently does not have parental rights.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 7a.

This question refers to *all* children (regardless of age) for whom parental rights have been revoked by a formal court order (not voluntary surrender). If

a client voluntarily gives up his/her child for adoption, that child is not counted here.

Child protection court order means a formal order by a court or child protection agency describing where and under whose supervision the child will be living or staying.

Parental rights means that the client no longer has the opportunity to regain legal custody of their child. These rights were terminated.

Coding Topics

Read the question to the client open-ended and enter appropriate response. Continue to Section D.

Cross-Check Items

The value in question 7d cannot exceed the value in question 7b.

SECTION D: EDUCATION, EMPLOYMENT, AND INCOME

OVERVIEW

This section pertains to the client's educational and financial resources.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

1. Are you currently enrolled in school or job training program? (IF INCARCERATED, SELECT “NO/NOT ENROLLED”)

Intent

The intent of this question is to determine whether the client is currently involved in any educational or job training program.

Key Points/Definitions

Job training programs can include apprenticeships, internships, or formal training for a trade.

Full- or part-time definitions will depend on the institution where the client is enrolled:

Enrolled, full time—Usually full-time enrollment is 12 or more credit hours per week for undergraduate enrollment and 9 or more credit hours per week for graduate enrollment. For some job training programs full-time may be 20 hours per week or more.

Enrolled, part time—If the client is enrolled in school or a job training program for anything less than full time, it is considered part-time enrollment.

Other—If the client is enrolled in school or a job training program, but not full- or part-time, specify the terms of enrollment under “Other.”

If a client is incarcerated, code as “No/Not enrolled.”

Coding Topics

Read the question and each response option to the client and select/enter appropriate response. CSAT, SKIP TO QUESTION 2. CMHS, continue to question 1b.

The following question is specific to CMHS—

1b. If you are currently enrolled in school or job training program, during the past 30 days, how many days were unexcused absences?

Intent

The intent of this question is to ascertain the client's attendance.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 1.

An *excused absence* refers to permission to miss a required activity. If an interview is being conducted during the summer months, refer the client back to the last attended school session.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 2.

The following questions are common to CSAT and CMHS—

2. What is the highest level of education you have finished (whether or not you received a degree)?

Intent

The intent of this question is to record basic information about the client's formal education.

Key Points/Definitions

Determining the level for those who dropped out of school—If the client dropped out of high school in the middle of his/her junior year (11th grade), and he/she has not completed any other education programs, you would enter 10 as the highest level of education completed.

Continued education following dropping out—Whether or not the client received a regular high school diploma or general equivalency diploma (GED) if he/she completed additional years in school, select the response associated with the highest year in school completed. For example, if the client dropped out of school after completing his/her 10th-grade year and subsequently returned to school as an adult and received a bachelor's degree, you would check the response option "bachelor's degree (BA or BS) or higher."

Distance learning—If the client completed additional years of education via distance learning probe to obtain the grade level or year of distance learning completed.

Some college or university—The client has completed at least one full year of college or university coursework. This typically corresponds with completing between at least 30 credit hours of college or university coursework. This category includes clients who completed two years of college or university coursework and/or has received an Associate's degree (e.g. A.A, A.S.).

Bachelor's degree (BA, BS) or higher—The client has graduated from a college or university with a BA, BS degree or higher. This category includes clients with advanced degrees (e.g., MS, PhD)

Coding Topics

Read the question to the client open-ended and select appropriate response. Continue to question 3.

3. Are you currently employed (IF INCARCERATED, SELECT UNEMPLOYED, NOT LOOKING FOR WORK)

Intent

The intent of this question is to determine the client's current employment status.

Key Points/Definitions

If client is under 16 years of age, SKIP TO SECTION E.

Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work. Four or more days is considered most of the previous week. Clarify by focusing on status during most of the previous week, determining whether the client worked at all or if he/she had a regular job but was off work.

Only legal employment (i.e., the job activity is legal) is counted as employment. Gambling, even if it is in a legal casino, is not counted as employment unless the client is an employee of the casino as a dealer or in some other capacity.

Employment—Employment includes work performed even if the client is paid “under the table” or is working without a permit (in the case of undocumented persons) as long as the work would be considered legal otherwise. Employment includes those who are self-employed and those who are receiving services in exchange for their work (e.g., housing, schooling, or care).

Employed, full time— If the client works 35 hours or more a week, regardless of how many jobs make up this time, count as employed full-time. Day work or day labor for 35 or more hours per week should be counted as full-time employment. “Or would have been” means that the client usually works 35 hours or more per week but in the past 30 days, he/she may have taken time off due to illness or a vacation. In this situation, the client should be intending to continue to work 35 hours or more per week.

Employed, part time—If the client works 1 to 34 hours per week, count as employed part-time. Day work or day labor for fewer than 35 hours per week should be counted as part-time employment.

Unemployed—If the client indicates that he/she is unemployed, ask if he/she is currently looking for employment. If necessary, read all unemployed response options. Record the response in the appropriate unemployed category.

Other—If the client is involved in active military service, count as “Other” and write in “military service.” If the client is working for assistance money, check “Other” and put “work fair” or the type of assistance program for which he/she works. If the client’s work status covers more than one category, (e.g., is retired, disabled, and does volunteer work) code “Other” and write in the categories. If you are interviewing an adolescent who is working and being paid by Job Corps, count it as “Other” and write in “Job Corps.” Students who are employed should be coded as full- or part-time. Students who are not working and not looking for work should be coded as unemployed, not looking for work. Students who are not working and are looking for work

should be coded as unemployed, looking for work.

If a client is incarcerated and has a job through the jail but no other outside work, select "unemployed, not looking for work".

Coding Topics

Read the question open-ended. If client responds “employed,” read employed response options and select appropriate response. Otherwise, read unemployed response options and select appropriate response. CSAT, if unemployed, SKIP TO QUESTION 7. CMHS, if unemployed, SKIP TO SECTION E. Otherwise, continue to question 4.

Cross-Check Items

If the client responds “enrolled, full time” in question 1 and indicates “employed, full time” to this question, ask for clarification.

- 4. Are you paid at or above the minimum wage?**
- 5. Are your wages paid directly to you by your employer?**
- 6. Could anyone have applied for your job?**

Intent

The intent of this question is to collect detailed information about the type of the client’s employment. More specifically, the questions are used to determine if the client’s type of employment is generally considered “competitive” (e.g., working in an integrated setting and compensated at or above the minimum wage) or “sheltered” (e.g., working, but not in the labor force, possibly working for therapeutic purposes in conjunction with a mental health agency/program, in a closely supervised or protective setting.).

Key Points/Definitions

Minimum wage—lowest wage that employers may legally pay to employees. The federal minimum wage is set by the U.S. Congress. Many states also have minimum wage laws. In cases where an employee is subject to both state and federal minimum wage laws, the employee is entitled to the higher minimum wage.

The federal minimum wage can be found on this website:
<http://www.dol.gov/whd/flsa/index.htm>

The states’ minimum wages can be found at:
<http://www.dol.gov/whd/minwage/america.htm>

Coding Topics

Read the question and each response option to the client and select appropriate response. CMHS, SKIP TO SECTION E. CSAT, continue to question 7.

The following questions are specific to CSAT—

- 7. Approximately, how much money did you receive (pre-tax individual income) in the past 30 days from—**

7a. Wages

7b. Public assistance

7c. Retirement

7d. Disability

7e. Non-legal income

7f. Family and/or friends

7g. Other (SPECIFY)

Intent

The intent of this question is to record the amount of money received by the client in the last 30 days.

Key Points/Definitions

Do not count money earned by a spouse or other members of the household, only money earned by the client.

Wages—Money earned through legal full- or part-time employment. Payments made “under the table” to avoid wage garnishments, taxes, etc., if earned legally would be counted here, even if work is performed within a family business.

Public assistance—Money received from Temporary Assistance to Needy Families (TANF); welfare; food stamps; housing vouchers; transportation money; or any other source of social, general, or emergency assistance funds. Additionally, money made from work fair or other programs within which clients work for assistance money should be recorded here.

Retirement—Money received from 401K plans, Social Security, military retirement, or pensions.

Disability—Money received from Supplemental Security Income, Social Security Disability, worker’s compensation, or veteran disability payments.

Non-legal income—Count as non-legal income any money received from illegal activities, such as drug dealing, stealing, fencing or selling stolen goods, panhandling (if banned), illicit gambling, or illegal prostitution. If a client has received drugs in exchange for illegal activity, do not convert to a dollar amount.

Family and/or friends—Count allowance and monetary gifts.

Other—Money received legally from any other sources such as trust fund payments, recycling, gambling if from legal sources (lottery payments, casinos, etc.), alimony, child support, tribal per capita funds, death benefits, and stock options.

Round off dollar amounts and do not include cents. Enter up to six digits from

left to right in the following format: 100,000; 10,000, 1,000; 100; 10; 1.

In some instances you may need to ask the hourly, daily, weekly, or monthly wage to determine pre-tax income. For example, if the client tells you that he/she brings home \$100 per week, you will need to ask how much he/she gets paid per hour and how many hours he/she works per week to arrive at a pre-tax income.

Coding Topics

Read the question to the client open-ended and enter appropriate response. Continue to Section E.

Cross-Check Items

If the client reports either full- or part-time employment, but reports \$0 for wages, probe to ensure these responses are correct.

If "unemployed, not looking for work" and value in question 7a is greater than zero, probe to ensure response is correct.

If "unemployed, looking for work" and value in question 7b is zero, probe to ensure response is correct.

If "unemployed, retired" and value in question 7c is zero, probe to ensure response is correct.

If "unemployed, disabled" and value in question 7d is zero, probe to ensure response is correct.

SECTION E: CRIME AND CRIMINAL JUSTICE STATUS

OVERVIEW

This section pertains to basic information about the client's involvement with the criminal justice system. It gathers information about arrests and incarceration or detainment. Even if the client is court mandated to treatment, these questions must be asked, and the client's answers recorded. There may be additional information that was not part of the court mandate. Some clients may be reluctant to offer this information. Reassure them of the confidentiality of the information that they are providing to you.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

1a. In the past 30 days, how many times have you been arrested? (IF ZERO, SKIP TO QUESTION 2)

Intent

The intent of this question is to determine the client's involvement with the criminal justice system and how many times in the last 30 days the client has been formally arrested and official charges had been filed.

Key Points/Definitions

This question only pertains to formal arrests, not times when the client was just picked up or questioned. For juvenile clients, detention would count as an arrest. When dealing with juvenile clients (those under age 18 years in most states) this information may be sealed. Check your local laws about juvenile justice arrests.

Arrest—An instance when a person is detained by a law enforcement officer for allegedly breaking the law and is read his/her constitutional rights (Miranda rights—the right to remain silent and the right to an attorney). This does not include times when the client was just picked up, roused, or questioned.

For juveniles, this response would include a formal detainment, since in most states juveniles are not officially arrested.

Drug arrests are counted here.

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.

Coding Topics

Read the question to the client open-ended and enter appropriate response. If the client responds "zero," SKIP TO QUESTION 2. Otherwise, continue to question 1b.

Cross-Check Items

If value in this question is greater than 15, Section C, question 1 must be "jail/prison."

1b. Out of the times you have been arrested in the past 30 days, how many times have you been arrested for drug-related offenses?

Intent

The intent of this question is to determine how many of the client's arrests have been related only to drugs.

Key Points/Definitions

Drug-related offenses should only include formal arrests, not times when the client was just picked up or questioned. For juvenile clients (those under age 18 years in most states), detention would count as an arrest. When dealing with juvenile clients (those under age 18 years in most states), this information may be sealed. Check your local laws about juvenile justice arrests.

Drug-related offense—Examples of drug-related offenses are possession; possession with the intent to distribute; distribution, manufacturing, or trafficking of an illegal substance; attempt or conspiracy to do any of the previous things; possession of drug paraphernalia; driving under the influence; driving while intoxicated; and public intoxication.

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.

Coding Topics

Read the question to the client open-ended and enter appropriate response. CSAT, continue to question 1c. CMHS, continue to question 2.

Cross-Check Items

Value in this question cannot exceed value in question 1a.

The following questions are center-specific—

| CSAT | CMHS |
|---|---|
| <p>1c. Out of the times you have been arrested in the past 30 days, how many nights have you spent in jail/prison?</p> <p><i>Intent</i> The intent of this question is to record information about whether the client has spent time in jail/prison in the last 30 days.</p> <p><i>Key Points/Definitions</i> Time in jail or prison can be due to an arrest and incarceration, or just an overnight detainment. Do not distinguish between actual arrest and detainment for this question. A detention center would count as jail/prison for juvenile clients.</p> <p>For clients who have extensive involvement in the justice system or who have memory difficulties,</p> | <p>2. Are you currently awaiting charges, trial, or sentencing?</p> <p><i>Intent</i> The intent of this question is to record whether the client is currently awaiting some resolution for an arrest or crime for which he/she has been charged.</p> <p><i>Key Points/Definitions</i> If the client is currently awaiting charges, trial, or sentencing, the response to this question should be “Yes.” This is the case even if the client is currently serving time for an unrelated arrest.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 3.</p> |

| | |
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| <p>start by estimating how many nights in the past week and then move backward weekly until you reach 30 days.</p> <p>Responses must be between 0 and 30 days. Do not count instances in which the client was picked up and released in the same day. Do not count house arrest, only nights in jail/prison.</p> <p>Offender Reentry Program (ORP) grants please ask if a crime was committed “30 days prior to incarceration” at baseline and “the past 30 days’ at reassessment and discharge.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and enter appropriate response. Continue to question 2.</p> <p><i>Cross-Check Items</i> If question Section C, question 1 is "jail/prison," than value in this question must be at least 15.</p> | |
| <p>2. In the past 30 days, how many times have you committed a crime?</p> <p><i>Intent</i> The intent of this question is to record the number of times the client has committed a crime in the past 30 days, even if he/she was not arrested for any of the crimes committed.</p> <p><i>Key Points/Definitions</i> Committed crimes include any unlawful act whether or not it has to do with substance use. Substance use-related crimes include the following: obtaining, using, and/or possessing illegal drugs; fraudulently obtaining prescription drugs; purchasing, possessing, and/or using alcohol if under the age of 21; purchasing, possessing, and/or using tobacco products if under the age of 18.</p> <p>Clients do not have to admit to committing a crime if they have been arrested. For example, a client may have been arrested for a crime he/she did not commit, so there could be an arrest in question 1, but a zero here.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and enter appropriate response. Continue to question 3.</p> | <p>3. Are you currently on parole/probation?</p> <p><i>Intent</i> The intent of this question is to record whether the client is currently on parole or probation.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to Section F1.</p> |

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| <p><i>Cross-Check Items</i> The answer to this question must be equal to or greater than the number in Section B, question 4 because using illegal drugs is a crime.</p> | |
| <p>3. Are you currently awaiting charges, trial, or sentencing?</p> <p><i>Intent</i> The intent of this question is to record whether the client is currently awaiting some resolution for an arrest or crime for which he/she has been charged.</p> <p><i>Key Points/Definitions</i> If the client is currently awaiting charges, trial, or sentencing, the response to this question should be “Yes.” This is the case even if the client is currently serving time for an unrelated arrest.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 4.</p> | |
| <p>4. Are you currently on parole/probation?</p> <p><i>Intent</i> The intent of this question is to record whether the client is currently on parole or probation.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to Section F1.</p> | |

SECTION F1: MENTAL AND PHYSICAL HEALTH

OVERVIEW

This section pertains to issues of mental and physical health as well as substance abuse treatment experiences.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

1. How would you rate your overall health right now?

Intent

The intent of this question is to ascertain how the client would rate his/her current mental, emotional, and physical health.

Key Points/Definitions

Overall health refers to mental, emotional, and physical health.

Record the client's answer even if you have knowledge that contradicts the client's answer. You may ask the client to clarify the response if the answer is not consistent with the image the client is presenting.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 2.

The following questions are center-specific—

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| <p>2. During the <u>past 30 nights</u>, did you receive <u>inpatient</u> treatment for:</p> <p>2a. Physical complaint</p> <p>2b. Mental or emotional difficulties</p> <p>2c. Alcohol or substance abuse</p> <p><i>Intent</i> The intent of this question is to determine if the client received any inpatient treatment and, if so, for how many nights. These questions measure use of the medical or treatment community.</p> <p><i>Key Points/Definitions</i> Treatment in the current agency should be counted under the appropriate category. If the client received treatment under more than one category</p> | <p>2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with everyday life during the <u>past 30 days</u>. Please indicate your disagreement/agreement with each of the following 12 statements (2a-2l).</p> <p>2a. I do well in school and/or work.</p> <p>2b. I am getting along with my family members.</p> <p>2c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I deal effectively with daily problems.</p> <p>2d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am able to control my life.</p> <p>2e. (ONLY FOR CLIENTS 18 YEARS OF AGE</p> |

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| <p>during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the nights under physical complaint and mental or emotional difficulties.</p> <p>Treatment in the current agency should be counted under the appropriate category. If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the nights under physical complaint and mental or emotional difficulties.</p> <p>If the client is having trouble remembering, start with the past week and work backward to cover 30 days. Response must be between 0 and 30.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and select/enter appropriate response. Continue to question 3.</p> | <p>OR OLDER) I am able to deal with crisis.</p> <p>2f. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I do well in social situations.</p> <p>2g. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My housing situation is satisfactory.</p> <p>2h. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) My symptoms are not bothering me.</p> <p>2i. (ONLY FOR CLIENTS <u>UNDER</u> 18 YEARS OF AGE) I am handling daily life.</p> <p>2j. (ONLY FOR CLIENTS <u>UNDER</u> 18 YEARS OF AGE) I get along with friends and other people.</p> <p>2k. (ONLY FOR CLIENTS <u>UNDER</u> 18 YEARS OF AGE) I am able to cope when things go wrong.</p> <p>2l. (ONLY FOR CLIENTS <u>UNDER</u> 18 YEARS OF AGE) I am satisfied with our family life right now.</p> <p><i>Intent</i> The intent of these questions is to determine information about the client’s everyday life recent functioning.</p> <p><i>Key Points/Definitions</i> <i>Mental health and related services</i>—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.</p> <p>If needed, clarify that the mental health and related services refer to services, treatment, and/or</p> |
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| | <p>medications that are provided as a result of the grant.</p> <p>Ask specifically about how the client was able to deal with everyday life during “the past 30 calendar days”. Do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15, the last 30 calendar days covers April 15 to May 15.</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate response. Continue to question 3.</p> |
| <p>3. During the <u>past 30 nights</u>, did you receive <u>outpatient</u> treatment for:</p> <p>3a. Physical complaint</p> <p>3b. Mental or emotional difficulties</p> <p>3c. Alcohol or substance abuse</p> <p><i>Intent</i> The intent of this question is to determine if the client received any outpatient treatment and, if so, for how many nights. These questions measure use of the medical or treatment community.</p> <p><i>Key Points/Definitions</i> Treatment in the current agency should be counted under the appropriate category. If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the nights under physical complaint and mental or emotional difficulties.</p> <p><i>Outpatient treatment does not include emergency department visits</i></p> <p>If the client is having trouble remembering, start with the past week and work backward to cover 30 days. Response must be between 0 and 30.</p> <p><i>Coding Topics</i></p> | <p>THE FOLLOWING THREE QUESTIONS ARE ONLY FOR CLIENTS 10 YEARS OF AGE AND OLDER</p> <p>3. (ONLY ASK AT BASELINE) Have you ever tried to kill yourself?</p> <p>4. (ASK AT REASSESSMENT AND DISCHARGE) At any time in the past 6 months (including today), did you seriously think about trying to kill yourself?</p> <p>5. (ASK AT REASSESSMENT AND DISCHARGE) During the past 6 months (including today), did you try to kill yourself?</p> <p><i>Intent</i> The intent of this question is to determine the client’s risk of suicide and to ascertain the number of clients who attempt suicide.</p> <p><i>Key Points/Definitions</i> Note: Each grant organization must have a protocol for responding to clients who may indicate being at risk for suicide during the data collection interview. Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor from the treatment agency. If the client expresses suicidal ideation (talks about killing him/herself) at the time of the interview he/she should be seen by the clinical supervisor before leaving the office.</p> <p><i>Coding Topics</i></p> |

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| <p>Read the question to the client open-ended and select/enter appropriate response. Continue to question 4.</p> | <p>Read each question and response option and select the appropriate response. Continue to question 6.</p> |
| <p>4. During the <u>past 30 nights</u>, did you receive <u>emergency room/urgent care treatment</u> for:</p> <p>4a. Physical complaint</p> <p>4b. Mental or emotional difficulties</p> <p>4c. Alcohol or substance abuse</p> <p><i>Intent</i> The intent of this question is to determine if the client received any emergency room/urgent care treatment and, if so, for how many nights. These questions measure use of the medical or treatment community.</p> <p><i>Key Points/Definitions</i> Emergency room treatment indicates that the client has visited either a hospital or emergency/urgent care clinic on a drop-in basis.</p> <p>Treatment in the current agency should be counted under the appropriate category. If the client received treatment under more than one category during the same stay, count each separate complaint as a separate instance. For example, if the client received treatment for injuries sustained during a delusional episode and for mental health issues concurrently, count the nights under physical complaint and mental or emotional difficulties.</p> <p>If the client is having trouble remembering, start with the past week and work backward to cover 30 days. Response must be between 0 and 30.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and select/enter appropriate response. Continue to question 5.</p> | <p>6. In the <u>past 30 days</u>, how many nights have you spent in a hospital for mental health care?</p> <p>7. In the <u>past 30 days</u>, how many nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?</p> <p>8. In the <u>past 30 days</u>, how many <u>times</u> have you gone to an emergency room for a psychiatric or emotional problem?</p> <p><i>Intent</i> The intent of this question is to determine the client’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.</p> <p><i>Key Points/Definitions</i> <i>Hospital for mental health care</i> is 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.</p> <p><i>Detox/inpatient or residential substance abuse treatment facility</i> is defined as a medically supervised treatment program for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances.</p> <p>If the client is having trouble remembering, start with the past week and work backward in small increments. Number of nights must be between 0 and 30. Number of times may exceed 30.</p> <p><i>Coding Topics</i> Read the question to the client open-ended and select/enter appropriate response. Continue to question 9.</p> |
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| <p>THE FOLLOWING THREE QUESTIONS ARE ONLY FOR CLIENTS 10 YEARS OF AGE AND OLDER</p> <p>5. (ONLY ASK AT BASELINE) Have you ever tried to kill yourself?</p> <p>6. (ASK AT REASSESSMENT AND DISCHARGE) At any time in the past 6 months (including today), did you seriously think about trying to kill yourself?</p> <p>7. (ASK AT REASSESSMENT AND DISCHARGE) During the past 6 months (including today), did you try to kill yourself?</p> <p><i>Intent</i> The intent of this question is to determine the client’s risk of suicide and to ascertain the number of clients who attempt suicide.</p> <p><i>Key Points/Definitions</i> Note: Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor from the treatment agency. If the client expresses suicidal ideation (talks about killing him/herself) at the time of the interview he/she should be seen by the clinical supervisor before leaving the office.</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate responses. Continue to question 8.</p> | <p>9. The following six questions (9a-9f) ask about how you have been feeling during the <u>past 30 days</u>. For each question, please indicate how often you had this feeling.</p> <p>9a. Nervous</p> <p>9b. Hopeless</p> <p>9c. Restless or fidgety</p> <p>9d. So depressed that nothing could cheer you up</p> <p>9e. That everything was an effort</p> <p>9f. Worthless</p> <p><i>Intent</i> The intent of these questions is to assess how frequently the client experienced psychological distress within the past 30 days.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate responses. Continue to question 10a.</p> |
| | <p>10a. Have you been tested for Hepatitis B?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has ever been tested for Hepatitis B.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO QUESTION 12A, otherwise continue to question 10b.</p> |

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| <p>8. The following seven questions (8a-8g) ask about how you have been feeling during the <u>past 30 days</u>. For each question, please indicate how often you had this feeling.</p> <p>8a. Nervous</p> <p>8b. Hopeless</p> <p>8c. Restless or fidgety</p> <p>8d. So depressed that nothing could cheer you up</p> <p>8e. That everything was an effort</p> <p>8f. Worthless</p> <p>8g. Bothered by the above psychological or emotional problems</p> <p><i>Intent</i> The intent of these questions is to assess how frequently the client experienced psychological distress within the past 30 days.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate responses. Continue to question 9a.</p> | <p>10b. If you have been tested for Hepatitis B, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine whether the client is aware of the results from his/her Hepatitis B test.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 10a.</p> <p><i>Negative/non-reactive</i>—Client indicates that he/she knows the results of Hepatitis B testing and the results were negative.</p> <p><i>Positive/Reactive</i>—Client indicates that he/she knows the results of Hepatitis B testing and the results were positive.</p> <p><i>Invalid/Indeterminate</i>—Client indicates that he/she knows the results of Hepatitis B testing but the results were indeterminate.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 11a.</p> |
| <p>9a. During the past 30 days, did you engage in sexual activity?</p> <p><i>Intent</i> The intent of this question is to determine if the client recently engaged in sexual activity.</p> | <p>11a. Have you been tested for Hepatitis C?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has ever been tested for Hepatitis C.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO SECTION F2, otherwise continue to question 11b.</p> <p>11b. If you have been tested for Hepatitis C, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine whether the client is aware of the results from his/her</p> |

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| <p><i>Key Points/Definitions</i> <i>Sexual activity</i> can be with main partners or anyone else with whom the client has had sexual activity, male or female.</p> <p>Sexual activity includes the following sexual acts:</p> <p>Vaginal sex—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact.</p> <p>Oral sex—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity.</p> <p>Anal sex—Penetration of the anus by a penis or other body part. This act would include “fisting.”</p> <p>Do not count the use of sex toys.</p> <p>Count all sexual contacts, whether consensual or not. Masturbation, if done alone, should not be counted. If someone else is masturbating the client, count it as a sexual act.</p> <p>Note: Refusing to ask the questions because it may be embarrassing to the client is not a reason for not asking the question.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO SECTION F2. Otherwise continue to question 9b.</p> | <p>Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 11a.</p> <p><i>Negative/non-reactive</i>—Client indicates that he/she knows the results of Hepatitis C testing and the results were negative.</p> <p><i>Positive/Reactive</i>—Client indicates that he/she knows the results of Hepatitis C testing and the results were positive.</p> <p><i>Invalid/Indeterminate</i>—Client indicates that he/she knows the results of Hepatitis C testing but the results were indeterminate.</p> <p><i>Coding Topics</i> Read the question and "Negative/Non-Reactive," "Positive/Reactive," and "Invalid/Indeterminate" response options to the client. If the client responds "Positive/Reactive," ask the client "did you receive a confirmatory test?" followed by "Yes," and "No" response options. Select the appropriate response and continue to Section F2.</p> |
| <p>9b. If you engaged in sexual activity in the past 30 days, altogether, did you engage in protected or unprotected—</p> <p>(1) Vaginal sexual contacts</p> <p>(2) Oral sexual contacts</p> <p>(3) Anal sexual contacts</p> <p><i>Intent</i> The intent of this question is to determine, for clients who engaged in sexual activity in the past 30 days, the type of activity and whether it was protected or unprotected sexual contact.</p> | |

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| <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 9a.</p> <p>The protected or unprotected sexual activity can be with main partners or anyone else with whom the client has had sexual activity, including male and/or female partners.</p> <p><i>Vaginal sexual contact</i>—Penetration of the vagina by a penis or other body part; includes vagina-to-vagina contact.</p> <p><i>Oral sexual contacts</i>—Placement of the mouth or tongue on or in a penis, vagina, or anus during sexual activity.</p> <p><i>Anal sexual contacts</i>—Penetration of the anus by a penis or other body part. This would include “fisting.”</p> <p>Do not count the use of sex toys.</p> <p>Count all sexual contacts, whether consensual or not.</p> <p>Masturbation, if done alone, should not be counted. If someone else is masturbating the client, count it as a sexual act.</p> <p>If needed, remind the client that the sexual activity in question must have occurred during the last 30 days.</p> <p>Note: Refusing to ask the questions because it may be embarrassing to the client is not a reason for not asking the question.</p> <p><i>Coding Topics</i> Read each question to the client open-ended. If client responds "No," select appropriate response. If client responds "Yes," ask if the sexual activity was protected or unprotected and select appropriate response. Continue to question 9c.</p> | |
| <p>9c. If you engaged in sexual activity in the past 30 days, unprotected sexual contacts were with an individual who is or was:</p> <p>(1) HIV positive or has AIDS</p> | |

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| <p>(2) An injection drug user</p> <p>(3) High on some substance</p> <p><i>Intent</i> The intent of this question is to determine whether the client had unprotected sexual contacts in the last 30 days with individuals who are HIV positive or have AIDS, are injection drug users, or were high on some substance.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 9a. This question includes sexual contact with a main partner as well as other partners.</p> <p><i>High on some substance</i> includes partners who were high on illegal substances as well as legal substances (e.g. alcohol). This question includes sexual contact with a main partner and any other partners.</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate responses. Continue to question 10a.</p> | |
| <p>10a. Have you been tested for HIV?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has ever been tested for HIV.</p> <p><i>Key Points/Definitions</i> <i>HIV Testing</i> – HIV Antibody Testing includes a HIV positive or negative status only; it does not include regular testing for antibody levels for persons with HIV.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "Yes," SKIP TO QUESTION 11A. Otherwise, continue to question 10b.</p> | |
| <p>10b. If you have been tested for HIV, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine whether the client is aware of the results from his/her HIV</p> | |

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| <p>test.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 10a.</p> <p><i>Negative/non-reactive</i>—Client indicates that he/she knows the results of HIV testing and the results were negative.</p> <p><i>Positive/Reactive</i>—Client indicates that he/she knows the results of HIV testing and the results were positive.</p> <p><i>Invalid/Indeterminate</i>—Client indicates that he/she knows the results of HIV testing but the results were indeterminate.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 11a.</p> | |
| <p>11a. Have you been tested for Hepatitis B?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has ever been tested for Hepatitis B.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO QUESTION 12A, otherwise continue to question 11b.</p> | |
| <p>11b. If you have been tested for Hepatitis B, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine whether the client is aware of the results from his/her Hepatitis B test.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 11a.</p> <p><i>Negative/non-reactive</i>—Client indicates that</p> | |

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| <p>he/she knows the results of Hepatitis B testing and the results were negative.</p> <p><i>Positive/Reactive</i>—Client indicates that he/she knows the results of Hepatitis B testing and the results were positive.</p> <p><i>Invalid/Indeterminate</i>—Client indicates that he/she knows the results of Hepatitis B testing but the results were indeterminate.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. Continue to question 12a.</p> | |
| <p>12a. Have you been tested for Hepatitis C?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has ever been tested for Hepatitis C.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO SECTION F2, otherwise continue to question 12b.</p> | |
| <p>11b. If you have been tested for Hepatitis C, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine whether the client is aware of the results from his/her Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Only ask this question if client responded "Yes" to question 11a.</p> <p><i>Negative/non-reactive</i>—Client indicates that he/she knows the results of Hepatitis C testing and the results were negative.</p> <p><i>Positive/Reactive</i>—Client indicates that he/she knows the results of Hepatitis C testing and the results were positive.</p> | |

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| <p><i>Invalid/Indeterminate</i>—Client indicates that he/she knows the results of Hepatitis C testing but the results were indeterminate.</p> | |
| <p><i>Coding Topics</i> Read the question and "Negative/Non-Reactive," "Positive/Reactive," and "Invalid/Indeterminate" response options to the client. If the client responds "Positive/Reactive," ask the client "did you receive a confirmatory test?" followed by "Yes," and "No" response options. Select the appropriate response and continue to Section F2.</p> | |

SECTION F2: RECOVERY, SELF-HELP, AND PEER-SUPPORT

OVERVIEW

This section pertains to identification of support networks outside of traditional treatment or recovery support networks.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are common to CSAT and CMHS—

- 1. In the past 30 days, have you attended any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?**

In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.

Intent

The intent of this question is to assess whether clients have attended nonprofessional, peer-oriented self-help groups to assist in their recovery during the past 30 days.

Key Points/Definitions

If the client asks what is meant by “voluntary self-help groups,” explain that it means a self- help or support group in which participation is voluntary, whether or not attendance to that group is voluntary. For example, even if the client’s parole officer has required him/her to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the client is in the group setting; he/she is not required to be an active participant in the group in order to get credit for attending the group.

Self-Help and Support Groups—helping or improving oneself without assistance from others; and/or an assemblage of persons who have similar experiences and assist in encouraging and keeping individuals from failing. This item does not include meetings or groups that are sponsored or run by religious organizations. However, these types of group meetings may be held in churches, temples, or other religious buildings or locations without being affiliated with any particular religious group.

Peer-operated organization—one in which the person or people who facilitate the group are not there as paid professionals (whether or not they are, in fact, professionals). Rather, the person or people who run the group are peers and/or members of the group. There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group.

The client does not have to be in “recovery” in order to attend these types of

groups. Therefore, ask this question of all clients.

Coding Topics

Read the question to the client followed by "Yes," or "No." If the client responds "Yes," record the number of *times* the client attended voluntary self help groups in the past 30 days. Continue to question 2.

2. In the past 30 days have you attended any religious/faith affiliated recovery self-help groups?

Intent

The intent of this question is to assess whether clients have attended religious/faith affiliated recovery self-help groups to assist in their recovery during the past 30 days.

Key Points/Definitions

If the client asks what is meant by “religious/faith affiliated recovery self-help groups,” explain that it means a self- help or support group in which participation is voluntary, whether or not attendance to that group is voluntary. For example, even if the client’s parole officer has required him/her to attend 30 self-help groups in 30 days, the participation in these groups would still be considered voluntary. This is because once the client is in the group setting; he/she is not required to be an active participant in the group in order to get credit for attending the group.

This item includes meetings or groups that are sponsored or run by religious organizations. These types of group meetings may be affiliated with a religious group (of any kind), but may not necessarily be held in churches, temples, or other religious buildings or locations.

This item does not include secular meetings or groups that are held in religious buildings, such as churches or temples. The organization running or sponsoring the group must be a religious/faith-based organization and/or the group must have a religious message for recovery. These may be peer-operated groups, or they may be run or facilitated by a member of the clergy or religious organization. Additionally, this type of group may include services provided through other center-funded religious/faith-affiliated recovery service providers.

These groups may include Spiritual Support—spiritual/religion-based support for the clients’ recovery process. Participation in sweat lodges for American Indians or Alaska Natives can be counted here if the purpose was for recovery/self-help.

There is typically no fee (other than voluntary donation or dues) to attend the group. Volunteers, who are not paid for their services, run the group. However, paid members of the religious organization sponsoring the groups may run them.

The client does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all clients.

Coding Topics

Read the question to the client followed by "Yes," or "No." If the client responds "Yes," record the number of *times* the client attended religious/faith affiliated recovery self-help groups in the past 30 days. Continue to question 3.

3. In the past 30 days, have you attended meetings of organizations that support recovery other than religious/faith and non-religious faith self-help groups?

Intent

The intent of this question is to assess whether clients have attended non religious faith organizations to assist in their recovery during the past 30 days.

Key Points/Definitions

The client does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all clients. Example: The client may have attended a presentation on diabetes awareness. The presenting organization deals primarily with the issue of diabetes, and supports recovery through the promotion of a healthy lifestyle.

Coding Topics

Read the question to the client followed by "Yes," or "No." If the client responds "Yes," record the number of *times* the client attended non religious/faith affiliated recovery self-help groups in the past 30 days. Continue to question 4.

4. In the past 30 days, have you had interaction with family and/or friends that are supportive of your recovery?

Intent

The intent of this question is to measure whether clients have a social support network outside of a treatment or recovery support network.

Key Points/Definitions

The client does not have to be in “recovery” in order to attend these types of groups. Therefore, ask this question of all clients.

The terms *interaction* and *supportive* are open to wide interpretation. An interaction may be viewed as supportive and non-supportive at the same time, depending on one’s perspective; therefore, we recommend that you clarify the question by saying to the client that what he/she is being asked is if “In the past 30 days have you spent time with people who are supportive of your recovery, including family and friends?”

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 5.

5. In the past 30 days, I generally accomplished what I set out to do.

Intent

The intent of this question is to gather information about the client’s perception of his/her ability to meet his/her goals in the past 30 days.

Key Points/Definitions

None.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to question 6.

6. I feel capable of managing my health care needs:

Intent

The intent of this question is to gather information about the client’s perception of his/her ability to take care of himself/herself.

Key Points/Definitions

Record the client’s response even if the interviewer has a different perception.

Coding Topics

Read the question and each response option to the client and select appropriate response. END OF CSAT SECTION, CONTINUE TO SECTION F3. CMHS, continue to question 7.

The following question is CMHS-specific—

7. I have family or friends that are supportive of my recovery.

Intent

The intent of this question is to gather information about the client’s perception of his/her social support other than that given by a mental health provider.

Key Points/Definitions

Family includes members of immediate (e.g., parents, spouse, sibling, children) and extended (e.g., grandparent, aunt, cousin) family. *Friends* includes anyone the client considers to be friends.

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to Section F3.

SECTION F3: VIOLENCE AND TRAUMA

OVERVIEW

This section pertains to issues of violence and trauma. SAMHSA convened an expert panel to develop a concept of trauma that would be relevant to public health agencies and service systems. The panel generated the following definition: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. The concept of trauma is framed around three "E's": event(s), experience of the event, and effect.

The following questions are common to CSAT and CMHS—

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

THE FOLLOWING THREE QUESTIONS (1A-1C) TO BE COMPLETED AT BASELINE ONLY

1a. In your life have you ever experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

Intent

The intent of this question is to determine whether the client has ever experienced or witnessed violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief).

Key Points/Definitions

Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.), or severe, life-threatening, neglect for a child that imperils healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time. This element of SAMHSA's concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as "trauma and stressor-related disorders" to include exposure to a traumatic or stressful event as a diagnostic criterion.

Some examples of violence might include experiencing hitting, slapping, or punching. Some examples of trauma might include experiencing a disturbing or upsetting event. The terms "violence" and "trauma" are left to the client's interpretation.

Coding Topics

Read the question and each response option to the client and select appropriate response. If the client responds "No," SKIP TO QUESTION 2, otherwise continue to question 1b.

1b. If you ever experienced an event that resulted in you feeling physically or emotionally harmed or threatened, what kind of event was this? (SELECT ALL THAT APPLY)

Intent

The intent of this question is to record the event that caused the client to experience feeling physically or emotionally harmed or threatened.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 1a. You may select more than one answer.

Coding Topics

Read the question and each response option to the client and select/enter appropriate response(s). Continue to question 1c.

1c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or the present that you:

- (1) Have had nightmares about them or thought about them when you did not want to?**
- (2) Tried hard not to think about them or went out of your way to avoid situations that remind you of them?**
- (3) Were constantly on guard, watchful, or easily startled?**
- (4) Felt numb and detached from others, activities, or your surroundings?**

Intent

The intent of this question is to describe the individual's experience.

Key Points/Definitions

Only ask this question if client responded "Yes" to question 1a.

The individual's experience of these events or circumstances helps to determine whether it is a traumatic event. When a person experiences physical or sexual abuse, it is often accompanied by a sense of humiliation, which can lead the person to feel as though they are bad or dirty, leading to a sense of self blame, shame and guilt. In cases of war or natural disasters, those who survived the traumatic event may blame themselves for surviving when others did not. Abuse by a trusted caregiver frequently gives rise to feelings of betrayal, shattering a person's trust and leaving them feeling alone. Often, abuse of children and domestic violence are accompanied by threats that lead to silencing and fear of reaching out for help.

How the event is experienced may be linked to a range of factors including the individual's cultural beliefs (e.g., the subjugation of women and the experience of domestic violence), availability of social supports (e.g., whether isolated or embedded in a supportive family or community structure), or to the developmental stage of the individual (i.e., an individual may understand and experience events differently at age five, fifteen, or fifty).

The long-lasting adverse effects of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term. In some

situations, the individual may not recognize the connection between the traumatic events and the effects. Examples of adverse effects include an individual's inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotions

Coding Topics

Read each question and response option to the client and select appropriate responses. Continue to question 2.

2. In the past 30 days, how often have you experienced an event, series of events, or set of circumstances that resulted in you feeling physically or emotionally harmed or threatened?

Intent

The intent of this question is to determine whether the client experienced or witnessed violence or trauma, in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment or assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief), in the past 30 days.

Key Points/Definitions

Events and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.), or severe, life-threatening, neglect for a child that imperils healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time. This element of SAMHSA's concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as "trauma and stressor-related disorders" to include exposure to a traumatic or stressful event as a diagnostic criterion.

Some examples of violence might include experiencing hitting, slapping, or punching. Some examples of trauma might include experiencing a disturbing or upsetting event. The terms "violence" and "trauma" are left to the client's interpretation

Coding Topics

Read the question and each response option to the client and select appropriate response. Continue to Section G.

SECTION G: SOCIAL CONNECTEDNESS

OVERVIEW

This section pertains to the client’s recent social support by persons other than his/her mental health care providers. Ask specifically about the client’s social connections over “the past 30 days.” Do not use “in the past month” as a substitute—this may lead to confusion and inaccurate responses. For example, if the interview occurs on May 15th, the past 30 calendar days covers April 15 to May 15.

NOTE: THE FOLLOWING QUESTIONS ARE ADDRESSED TO THE CLIENT.

The following questions are center-specific—

| CSAT | CMHS |
|---|--|
| <p>Over the past 30 days—</p> <p>1a. In a crisis, I would have the support I need from family or friends.</p> <p>1b. I feel I belong in my community.</p> <p><i>Intent</i> The intent of these questions is to determine information about the client’s perception of his/her recent social support other than support given by a mental health provider.</p> <p><i>Key Points/Definitions</i> The source of these questions is the Mental Health Statistics Survey Program (MHSIP).</p> <p><i>Coding Topics</i> Read each question and response option to the client and select appropriate responses. Continue to question 2.</p> | <p>Over the past 30 days—</p> <p>1a. I had people with whom I did enjoyable things.</p> <p>1b. In a crisis, I would have the support I need from family or friends.</p> <p>1c. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I am happy with the friendships I had.</p> <p>1d. (ONLY FOR CLIENTS 18 YEARS OF AGE OR OLDER) I feel I belong in my community.</p> <p>1e. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I knew people who would listen and understand me when I needed to talk.</p> <p>1f. (ONLY FOR CLIENTS UNDER 18 YEARS OF AGE) I had people that I was comfortable talking with about my problems.</p> <p><i>Intent</i> The intent of these questions is to determine information about the client’s perception of his/her recent social support other than support given by a mental health provider.</p> <p><i>Key Points/Definitions</i> The source of these questions is the Mental Health Statistics Survey Program (MHSIP).</p> <p><i>Coding Topics</i> Read each question and response option to the</p> |

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| | <p>client and select appropriate responses. Continue to Section H.</p> |
| <p>2. To whom do you turn when you are having trouble?</p> <p><i>Intent</i> The intent of this question is to determine to whom the client most commonly turns when he or she is having trouble.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Read the question open-ended to the client and select/enter appropriate response. Continue to Section H.</p> | |

SECTION H: PROGRAM SPECIFIC QUESTIONS

OVERVIEW

This section pertains to program specific data. If you are required to complete this section, you will be provided with a separate form. Program specific forms include—

- Primary and Behavioral Health Care Integration (PBHCI)
- Continuity of Care (CoC)

Note. Pregnant and Postpartum Women (PPW) may be considered a Section H form but it is formatted as a complete instrument.

STOP HERE FOR BASELINE INTERVIEW

CONTINUE TO SECTION I FOR REASSESSMENT

SKIP TO SECTION J FOR DISCHARGE

SECTION I: REASSESSMENT STATUS

OVERVIEW

This section pertains to collection of client information at reassessment.

The following questions are common to CSAT and CMHS—

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT REASSESSMENT

Over the past 30 days—

1. **Have you or other grant staff had contact with the client within 90 days of the last encounter?**
2. **Is the client still receiving services from your program?**

Intent

The intent of these questions is to determine whether SAMHSA-funded services are ongoing for the client at your agency at the time of the reassessment interview.

Key Points/Definitions

None.

Coding Topics

Select appropriate response option and continue to question 3a.

The following questions are center-specific—

| CSAT | CMHS |
|--|---|
| <p>3a. Did the program test this client for HIV?</p> <p><i>Intent</i> The intent of this question is to determine whether CSAT-funded providers tested the client for HIV.</p> <p><i>Key Points/Definitions</i> HIV Testing –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 baseline, only since the last interview was conducted.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO QUESTION 3C. Otherwise, continue to question 3b.</p> | <p>3a. Did the program test the client for Viral Hepatitis?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has been tested for Hepatitis B and/or for Hepatitis C by the provider.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 3b.</p> |

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| <p>3b. If the client was tested for HIV, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine the result of HIV testing that was done by CSAT-funded providers.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 3a.</p> <p><i>Coding Topics</i> Select appropriate response option and SKIP TO QUESTION 4A.</p> | <p>3b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the result of hepatitis testing that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 3a. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 3c.</p> |
| <p>3c. If the client was not tested for HIV, did the program refer this client for testing?</p> <p><i>Intent</i> The intent of this question is to determine if a client who was not tested for HIV by CSAT-funded providers was referred for testing.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 4a.</p> | <p>3c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to record the results of the rapid Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 3a. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option(s) Continue to question 4a.</p> |
| <p>4a. Did the program test the client for Viral Hepatitis?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has been tested for Hepatitis B and/or for Hepatitis C by the provider.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 4b.</p> | <p>4a. Did the program conduct a Confirmatory Hepatitis test?</p> <p><i>Intent</i> The intent of this question is to record whether the client had a confirmatory test for Hepatitis B and Hepatitis C and the results of the tests.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 4b.</p> |

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| <p>4b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the result of hepatitis testing that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4a. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 4c.</p> | <p>4b. If the program conduct a Confirmatory Hepatitis test, did the client receive the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the results of the Confirmatory hepatitis test that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4a.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 4c.</p> |
| <p>4c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to record the results of the rapid Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4b.</p> <p><i>Coding Topics</i> Select appropriate response option(s) Continue to question 5a.</p> | <p>4c. If the client received the Confirmatory Hepatitis test results, what were the results?</p> <p><i>Intent</i> The intent of this question is to record the results of the Confirmatory hepatitis test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4b. The initial Hepatitis test was "Positive/ Reactive."</p> <p><i>Coding Topics</i> Select appropriate response option. SKIP TO SECTION K.</p> |
| <p>5a. Did the program conduct a Confirmatory Hepatitis test?</p> <p><i>Intent</i> The intent of this question is to record whether the client had a confirmatory test for Hepatitis B and Hepatitis C and the results of the tests.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 5b.</p> | |

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| <p>5b. If the program conducted a Confirmatory Hepatitis test, did the client receive the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the results of the Confirmatory hepatitis test that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5a.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 5c.</p> | |
| <p>5c. If the client received the Confirmatory Hepatitis test results, what were the results?</p> <p><i>Intent</i> The intent of this question is to record the results of the Confirmatory Hepatitis test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5b.</p> <p><i>Coding Topics</i> Select appropriate response option. SKIP TO SECTION K.</p> | |

SECTION J: DISCHARGE STATUS

OVERVIEW

This section pertains to collection of client information at discharge.

The following questions are common to CSAT and CMHS—

THIS SECTION TO BE COMPLETED BY STAFF ONLY AT DISCHARGE

1. On what date was the client discharged?

Intent

The intent of this question is to document when the client was discharged from the treatment program, whether the discharge was clinical, voluntary, or involuntary.

Key Points/Definitions

The discharge date recorded must be greater than or equal to the dates of all other interviews and/or administrative records that precede it for the current treatment episode. The SAMHSA CDP definition of discharge should follow the grantee's definition. Administrative discharge information for a deceased consumer is required. This information should not be entered in the reassessment status section. See "General Guidelines for Collecting and Submitting CDP Data" section for more information.

Coding Topics

Enter discharge date in month, day, year format and continue to question 2.

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

Intent

The intent of this question is to determine when the client last received services from the treatment program.

Key Points/Definitions

None.

Coding Topics

Enter date of last received services in month, day, year format and continue to question 3.

3. What is the client's discharge status?

Intent

The intent of this question is to determine the client's discharge status.

Key Points/Definitions

Mutually agreed cessation of treatment—client was compliant with the project/treatment plan and either completed or graduated or left before completion with the agreement of the treatment staff.

Withdrew from/declined treatment—client ended or did not follow the

treatment against medical advice.

No Contact within 90 days of last encounter—client 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.

Incarcerated (NEWLY OR RE-INCARCERATED)—This response includes:

Client was incarcerated due to an offense committed while in treatment with satisfactory progress—client was compliant with the program/treatment plan but was incarcerated due to offense committed during treatment.

Client was incarcerated due to offense committed while in treatment with unsatisfactory progress— client was not compliant with the program/treatment plan and was incarcerated due to offense committed during treatment.

Client was incarcerated due to an old warrant or charge from before entering treatment with satisfactory or unsatisfactory progress with the program/treatment plan; client was incarcerated due to an offense committed prior to treatment.

Clinically referred out—client was referred to another program or services; this response includes referrals to non-CMHS funded services.

Death—client died prior to completing treatment.

Other (SPECIFY)—client’s status does not meet any of the above noted conditions. For example, the client was not compliant with the treatment plan and was terminated by the grantee. Check "Other" and specify the reason for the clinical discharge the space provided.

If a discharge record (interview or administrative data) is submitted and the client reenters treatment at the same grantee project at a later date, you will have to conduct a new baseline interview for the client

If the client was terminated from the program, indicate the reason for the client’s termination from the program using the response options from the list provided. If the reason for termination is not on the list, choose “other” and give the reason.

Coding Topics

Select appropriate response option and continue to question 4a.

The following questions are center-specific—

| CSAT | CMHS |
|---|--|
| <p>4a. Did the program test this client for HIV?</p> <p><i>Intent</i> The intent of this question is to determine whether CSAT-funded providers tested the client for HIV.</p> <p><i>Key Points/Definitions</i> <i>HIV Testing</i> –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 baseline, only since the last interview was conducted.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO QUESTION 4C. Otherwise, continue to question 4b.</p> | <p>4a. Did the program test the client for Viral Hepatitis?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has been tested for Hepatitis B and/or for Hepatitis C by the provider.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 4b.</p> |
| <p>4b. If the client was tested for HIV, what was the result?</p> <p><i>Intent</i> The intent of this question is to determine the result of HIV testing that was done by CSAT-funded providers.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4a.</p> <p><i>Coding Topics</i> Select appropriate response option and SKIP TO QUESTION 5A.</p> | <p>4b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the result of hepatitis testing that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 4a. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 4c.</p> |
| <p>4c. If the client was not tested for HIV, did the program refer this client for testing?</p> <p><i>Intent</i> The intent of this question is to determine if a client who was not tested for HIV by CSAT-funded providers was referred for testing.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "No" to question 4a.</p> | <p>4c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to record the results of the rapid Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Select all that apply.</p> |

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| <p><i>Coding Topics</i> Select appropriate response option and continue to question 5a.</p> | <p><i>Coding Topics</i> Select appropriate response option(s) Continue to question 5a.</p> |
| <p>5a. Did the program test the client for Viral Hepatitis?</p> <p><i>Intent</i> The intent of this question is to determine whether the client has been tested for Hepatitis B and/or for Hepatitis C by the provider.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 5b.</p> | <p>5a. Did the program conduct a Confirmatory Hepatitis test?</p> <p><i>Intent</i> The intent of this question is to record whether the client had a confirmatory test for Hepatitis B and Hepatitis C and the results of the tests.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 5b.</p> |
| <p>5b. If the client was tested for Viral Hepatitis, did the client receive the test results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the result of hepatitis testing that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5a. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 5c.</p> | <p>5b. If the program conducted a Confirmatory Hepatitis test, did the client receive the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the results of the Confirmatory hepatitis test that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5a.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 5c.</p> |
| <p>5c. If the client received the Viral Hepatitis test results, what were the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to record the results of the rapid Hepatitis C test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5b. Select all that apply.</p> <p><i>Coding Topics</i> Select appropriate response option(s) Continue to</p> | <p>5c. If the client received the Confirmatory Hepatitis test results, what were the results?</p> <p><i>Intent</i> The intent of this question is to record the results of the Confirmatory hepatitis test.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 5b. The initial Hepatitis test was "Positive/ Reactive."</p> <p><i>Coding Topics</i> Select appropriate response option and continue to Section K.</p> |

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|---|--|
| <p>question 6a.</p> | |
| <p>6a. Did the program conduct a Confirmatory Hepatitis test?</p> <p><i>Intent</i> The intent of this question is to record whether the client had a confirmatory test for Hepatitis B and Hepatitis C and the results of the tests.</p> <p><i>Key Points/Definitions</i> None.</p> <p><i>Coding Topics</i> Select appropriate response option. If "No," SKIP TO SECTION K. Otherwise, continue to question 6b.</p> | |
| <p>6b. I If the program conducted a Confirmatory Hepatitis test, did the client receive the results? (CHECK ALL THAT APPLY)</p> <p><i>Intent</i> The intent of this question is to determine the results of the Confirmatory hepatitis test that was done by the provider.</p> <p><i>Key Points/Definitions</i> Only ask this question if selected "Yes" to question 6a.</p> <p><i>Coding Topics</i> Select appropriate response option and continue to question 6c.</p> | |
| <p>6c. If the client received the Confirmatory Hepatitis test results, what were the results?</p> <p><i>Intent</i> The intent of this question is to record the results of the Confirmatory hepatitis test.</p> <p><i>Key Points/Definitions</i> The initial Hepatitis test was "Positive/ Reactive."</p> <p><i>Coding Topics</i> Select appropriate response option and continue to Section K.</p> | |

SECTION K: SERVICES RECEIVED

OVERVIEW

This section pertains to the identification of the services grantee provided to the client during the client's course of treatment/recovery. The questions in this section are not asked of the client, but are completed by the grantee or provider. Grantee or provider must record only services that were funded by this SAMHSA grant.

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Identify the number of DAYS of services or SESSIONS provided to the client during the client's course of treatment/recovery. (ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY)

SBIRT GRANTS: You must have at least one session for one of the Treatment Services numbered 2A through 2D.

Intent

The intent of this question is to identify the services received, the number of days and sessions of service provided to the client during the course of treatment.

Key Points/Definitions

NOTE. The list of services and definitions are identical to the list of services and definitions in Section A2. Services recorded in this section should only include those funded by this SAMHSA grant. *Days* refer to the number of days that the client is enrolled in the program.

Enter appropriate number of days or sessions for each response. If none, enter zero. You should have at least one day for modality. **SBIRT GRANTS:** You must have at least one session for one of the Treatment Services numbered 2A through 2D.

Coding Topics

Select appropriate response options.

END OF INSTRUMENT

PREGNANT AND POSTPARTUM WOMEN (PPW)

THIS SECTION IS FOR CSAT PPW GRANTEEES ONLY

OVERVIEW

This section pertains to pregnant and postpartum women services grantee provided to the client. It replaces Section K (Services Received) in the general CSAT instrument. PPW grantees must complete all sections in the general CSAT instrument and the unique PPW section. For simplicity, a separate instrument was prepared for PPW grantees. For question-by-question instructions up to Section K, refer to the general CSAT reference guide. The questions in this section are not asked of the client, but are completed by the grantee or provider.

THIS SECTION TO BE COMPLETED BY STAFF

CHECK ALL THAT APPLY:

1. Women

- Outreach, engagement, pre-treatment, screening, and assessment
- Detoxification, Medical Assisted Treatment (SELECT ALL THAT APPLY)
 - For Opioid Addiction**
 - Methadone
 - Buprenorphine
 - Naltrexone® (Oral)
 - Vivitrol® (Injectable)
 - Disulfiram®
 - Acamprosate®
 - For Alcohol Addiction**
 - Naltrexone®(Oral)
 - Vivitrol® (Injectable)
 - Disulfiram®
 - Acamprosate®
- Substance abuse education, treatment, and relapse prevention
- Medical, dental, and other health care services, including obstetrics, gynecology, diabetes, hypertension, and prenatal care
- Postpartum health care including attention to depression and anxiety disorders, and medication needs
- Specialized assessment, monitoring, and referrals for education, peer support, therapeutic interventions and physical safety
- Mental health care that includes a trauma-informed system of assessments and interventions
- Parenting education and interventions
- Home management and life skills training
- Education, testing, counseling, and treatment of hepatitis, HIV/AIDS, other STDs, and related issues;
- Employment readiness, and job training and placement
- Education and tutoring assistance for obtaining a high school diploma and beyond
- Childcare during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities
- Peer-to-peer recovery support activities such as groups, mentoring, and coaching

- Transportation and other necessary wraparound services

2. Children

- Screenings and developmental diagnostic assessments regarding the social, emotional, cognitive, and physical status of the infants at birth through developmental trajectories of the children
- Prevention assessments and interventions related to mental, emotional, and behavioral wellness
- Mental health care that includes a trauma-informed system of assessments, interventions, and social-emotional skill building services
- Developmental services and therapeutic interventions, including child care, counseling, play and art therapy, occupational, speech and physical therapies
- Primary and pediatric health care services, including immunizations, and treatment for asthma, diabetes, hypertension, and any perinatal and environmental effects of maternal and/or paternal substance abuse, e.g., HIV, abuse, and neglect
- Social services, including financial supports and health care benefits; and
- Education and recreational services

3. Family

- Family-focused programs to support family strengthening and reunification, including parenting education and interventions and social and recreational activities
- Alcohol and drug education and referral services for substance abuse treatment
- Mental health promotion and assessment, prevention and treatment services, in a trauma-informed context
- Social services, including home visiting, education, vocational, employment, financial, and health care services

4. Case Management

- Coordination and integration of services, and support with navigating systems of care to implement the individualized and family service plans
- Assess and monitor the extent to which required services are appropriate for women, children, and the family members of the women and children
- Assistance with community reintegration, before and after discharge, including referrals to appropriate services and resources
- Assistance in accessing resources from federal, state, and local programs that provide a range of treatment services, including substance abuse, health, mental health, housing, employment, education, and training
- Connections to safe, stable, and affordable housing that can be sustained over time

Intent

The intent of these questions is to identify PPW services received.

Key Points/Definitions

The direct services are required either under Section 508 of the Public Health Service Act, as amended or by SAMHSA, and are deemed necessary for comprehensive substance abuse prevention, treatment, and recovery support services system for women, their minor children, age 17 and under, and other family members. These services can be provided either by the applicant or through Memorandums of

Understanding/Agreement with partners in the network.

Coding Topics

Select appropriate response options.

END OF PPW INSTRUMENT

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