

Outcomes Measurement System (OMS)

OMS Interview Guide [Version 2; September, 2009]

Preface

This OMS Interview Guide was designed as a reference source for the Maryland Mental Hygiene Administration Outcomes Measurement System (OMS). The OMS Interview Guide provides detailed instructions on conducting the OMS interview.

The OMS Interview Guide **was not designed to be read cover to cover**; there is some redundancy of information so that complete information on the Guidelines is readily available.

Clinicians who are administering the OMS interview should read and be familiar with the content in Chapter 2, "Conducting the OMS Interview."

All other chapters are included as background information or are to be used as needed when a particular situation or question is encountered.

Throughout this OMS Interview Guide, the following terms are used frequently to describe roles within the OMS Interview:

"Interviewer" - the clinician conducting the interview.

"Consumer" - the recipient of services, whether these recipients are adults, children, or adolescents.

"Caregiver" - may be the child's parent, legal guardian, foster parent, group home/residential program staff, or anyone that the interviewer considers to be a caregiver.

"Respondent" - the consumer, child/adolescent and/or caregiver who is being interviewed.

"Primary Respondent" - the person to whom questions are directed (child/adolescent or caregiver) and whose answer is recorded in the event of disagreement. This is applicable only to Child and Adolescent OMS interviews.

TABLE OF CONTENTS

CHAPTER 1. OVERVIEW OF THE OUTCOMES MEASUREMENT SYSTEM (OMS)...	4
1A. Purpose of the OMS.....	4
1B. Background of OMS.....	4
1C. Frequency and Scope of Data Collection.....	4
CHAPTER 2. CONDUCTING THE OMS INTERVIEW.....	5
2A. General OMS Interviewing Techniques.....	5
2B. Overview of OMS Questionnaire Elements.....	8
2C. Special Instructions to the Interviewer.....	10
2D. Guidelines Specific to the Child and Adolescent OMS Questionnaire.....	11
2E. Challenges in OMS Administration.....	12
2F. Special Situations.....	13
2G. Summary.....	14
CHAPTER 3. QUESTION-BY-QUESTION SPECIFICATIONS - CHILD AND ADOLESCENT QUESTIONNAIRE.....	16
3A. Cover Page.....	16
3B. Living Situation.....	18
3C. Psychiatric Symptoms (Questions 3-24) Ψ	20
3D. Functioning and Social Connectedness.....	21
3E. School Performance.....	22
3F. Legal System Involvement.....	24
3G. Somatic Health.....	24
3H. Alcohol and Substance Use.....	26
3I. Employment.....	27
3J. Demographic and Interview Information.....	27
CHAPTER 4. QUESTION-BY-QUESTION SPECIFICATIONS - ADULT QUESTIONNAIRE.....	29
4A. Cover Page.....	29
4B. Living Situation.....	30
4C. Functioning and Symptoms.....	33
4D. Legal System Involvement.....	35
4E. Employment.....	35
4F. Somatic Health.....	37
4G. Demographic and Interview Information.....	38
CHAPTER 5. DISCHARGE.....	40
5A. Consumer or Child/Adolescent/Caregiver Participating in OMS Interview At Discharge.....	40
5B. Consumer or Child/Adolescent/Caregiver <u>NOT</u> Participating in OMS Interview at Discharge.....	40
5C. Question By Question Specifications for Discharge Information Sheet.....	41

5D. Question By Question Specifications for Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating	42
5E. Question by Question Specification for Adult Discharge Form – Consumer Not Participating	47
CHAPTER 6. APPENDICES.....	52
Child and Adolescent Questionnaire.....	53
OMS Child and Adolescent Questionnaire – Response Cards.....	62
Adult Questionnaire	64
Adult Questionnaire – Response Cards.....	76
Discharge Information Sheet	80
Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating	82
Adult Discharge Form – Consumer Not Participating	85
Definitions	88

CHAPTER 1. OVERVIEW OF THE OUTCOMES MEASUREMENT SYSTEM (OMS)

1A. PURPOSE OF THE OMS

The Outcomes Measurement System (OMS) has been developed as a tool for tracking how well the people served in Maryland's public mental health system (PMHS) are doing over time. It is designed to track trends in the public mental health system as a whole; the state does not use the OMS to track the progress of individual consumers. However, clinicians are encouraged to use the information in clinical assessment and treatment planning. While administering the questionnaire, they can stop to discuss consumers' answers to particular questions. In addition, clinicians can use each consumer's responses from previous OMS questionnaires to track individual consumer's progress over time. Questionnaires are administered upon entry into the program (i.e., by the end of the second service), approximately every six months thereafter, and upon discharge.

1B. BACKGROUND OF OMS

The current OMS was developed through a series of steps that involved collaboration with multiple stakeholders in Maryland's Public Mental Health System (PMHS). Measures for OMS were based on tested reliability and validity of instruments; feasibility (i.e., time involved, training needed, cost); federal and state reporting requirements; indicators and instruments used by Maryland providers and in other states; development of specific questions when there were no appropriate instruments available; feedback obtained and "lessons learned" during the Pilot Phases and the initial implementation of OMS (September 2006 - September 2009).

The life domains included in the OMS Questionnaires currently include:

- Living Situation
- Psychiatric Symptoms and Symptom Distress
- Functioning (including employment for adults/adolescents and school performance for children/adolescents)
- Alcohol and Substance Use
- Legal System Involvement
- Somatic Health
- Social Connectedness (of the caregiver; child and adolescent questionnaire only)

1C. FREQUENCY AND SCOPE OF DATA COLLECTION

Providers who are required to submit the OMS Questionnaire are those who are providing outpatient treatment in the PMHS at facilities including Outpatient Mental Health Centers (OMHCs); Federally Qualified Health Centers (FQHCs); Hospital-Based Clinics (also known as "HSCRC" clinics); Local Health Departments; Chronic Hospital Clinics; Special Chronic Hospital Clinics.

Consumers who are not included in the OMS include: consumers treated in settings other than those listed above; consumers under 6 years of age or over 64 years of age; consumers dually eligible for Medicare/Medicaid; and consumers being treated by out-of-state providers.

CHAPTER 2. CONDUCTING THE OMS INTERVIEW

The OMS Questionnaire should be used to conduct an in-person interview by one clinician with the consumer, child/adolescent and/or caregiver. Although the primary purpose of the Questionnaire is to collect outcomes information, it is also expected that the questions will stimulate discussion that may be helpful to the treatment planning or service delivery process.

The following pages contain guidelines for administering the OMS questionnaires. Following these guidelines will help clinicians collect the best possible outcomes information. At the same time, it is hoped that these guidelines will help clinicians, consumers, and caregivers make the most of the clinical opportunities that the OMS interview might afford. The chapter is divided into six sections:

- General OMS Interviewing Techniques
- Overview of OMS Questionnaire Elements
- Special Instructions to Interviewers
- Guidelines Specific to the Child and Adolescent OMS Questionnaire
- Challenges in OMS Administration
- Special Situations

Additionally, a bulleted summary of key points regarding conducting the interview is included at the end of the chapter (2F).

2A. GENERAL OMS INTERVIEWING TECHNIQUES

Introducing the OMS to Consumers and/or Caregivers

There are several approaches to introducing the questionnaire to the consumer, child/adolescent and/or the caregiver. They can be told that:

- this will help the clinician track how treatment is progressing
- the information is intended to assist clinicians in providing the best care possible to the individual
- the information is helpful to improve the program's quality of care
- responses to the questions will in no way impact authorization for services the consumers will receive
- there are no right or wrong answers

Asking the Questions

The clinician is responsible for reading the questions and recording the responses. The consumer, child/adolescent and/or caregiver is free to read along with the clinician (either on the screen or with a hardcopy of the Questionnaire).

Unless otherwise noted, all questions should be read exactly as they are written in the Questionnaire and in the order in which they are written. The reason for this is that it is very important that the data are collected in a consistent way across the entire system. Although it might seem unlikely, even slight wording changes can alter the meaning of a question and the data collected.

Using the Questionnaire to Stimulate Discussion

Administration of the OMS interview is meant to be a collaborative process. Although it is important to read every question as it is written and to avoid biasing the initial response, once the consumer, child/adolescent and/or caregiver has provided an initial response to the question, it is allowable to discuss their response with them before continuing with the Questionnaire. This might occur when:

- The answer provides a good opportunity to discuss treatment issues that you, the consumer, child/adolescent and/or the caregiver would like to address;
- You do not agree with the answer to a factual question (e.g., current living situation); or
- You encounter other situations in which you feel the consumer, child/adolescent's and/or caregiver's response requires discussion.

Discussion could result in the consumer, child/adolescent or caregiver changing his or her answer to an OMS item. In many cases, clinicians can modify the initially recorded response to reflect the new answer. However, there are several items in the Questionnaire that should not be changed after discussion, although it is still allowable to have the discussion. These are "Consumer/Caregiver Opinion Only" items (marked with a Ψ), which are discussed below.

Administering Consumer/Caregiver Opinion Only Items

There are several "Consumer/Caregiver Opinion Only" items which should not be changed following discussion of the initial response or even in the event of disagreement regarding the correct answer. The reasons these items should not be changed include:

- Federal reporting guidelines
- Protocols for standardized instruments
- Consumer satisfaction nature of the question

Listed below are the "Consumer/Caregiver Opinion Only" items.

"Consumer/Caregiver Opinion Only" Items in the Child and Adolescent Questionnaire include:	
Questions 3-24	Psychiatric symptoms
Questions 25-31	Functioning
Questions 32-35	Social connectedness
Question 46	Overall health
Question 47	Satisfaction with living situation
Question 48	Hope
Questions 49-54	Alcohol and substance use
"Consumer Opinion Only" Items in the Adult Questionnaire include:	
Question 2	Satisfaction with living situation
Question 4	Satisfaction with recovery
Questions 5-9	Functioning
Questions 10-33	Psychiatric symptoms
Question 42	Satisfaction with employment
Question 45	Overall health

Helping Consumer/Caregiver Understand and Answer Questions

Once you have read the question to the consumer, child/adolescent and/or caregiver, it is possible that he/she may ask for clarification or may not appear to understand the question. It is also possible that the answer provided will be unclear or unrecordable. To help the respondent understand and answer a question, you can provide an available definition and/or probe neutrally.

Definitions/Clarifications

For some questions or phrases, definitions or clarifications are available. These are included with descriptions of the questions in the “Question by Question Specifications” chapters of this OMS Interview Guide (Chapters 3 and 4) and also in the Appendices. If you are using the online version of the OMS interview, items with available definitions are underlined, and clicking on the items will allow you to see the definitions. There is also a set of definitions for each Questionnaire available for download on the ASO website.

Listed below are the items with definitions.

Items that have definitions in the Child and Adolescent Questionnaire include:	
Question 1	Living situation (definition for each option)
Question 2	Homelessness
Questions 25-31	Clarification of response options for functioning items
Question 25	I am able to <i>handle</i> daily life
Question 26	I get along with <i>family</i> members
Question 29	I am able to <i>cope</i> when things go wrong
Question 30	I am <i>satisfied</i> with our family life right now
Question 55	Employment
Items that have definitions in the Adult Questionnaire include:	
Question 1	Living situation (definition for each option)
Question 3	Homelessness
Question 4	Overall, I am satisfied with my <i>recovery</i>
Questions 5-9	Clarification of response options for functioning items
Question 9	My <i>symptoms</i> bother me.
Question 37	Employment
Question 40	Type of employment (competitive and agency/sheltered workshop)

Definitions are also available for those items listed above which are included in the Discharge Forms (see Chapter 5 for more information on Discharge Forms.)

Neutral Probing

When definitions are not available, you will need to probe neutrally. Neutral probing is an interview technique used to clarify a respondent’s answer without inadvertently biasing it. It is particularly important to use this technique when asking questions that are meant only to capture the consumer’s, child/adolescent’s or caregiver’s opinion. Children may be particularly susceptible to allowing their opinions to be influenced by the views of an adult or authority figure.

Neutral probing can be difficult at first because it is a very different approach than traditional clinical work.

Examples of neutral probing include:

- “Whatever it means to you.”
- “Yes, but which answer fits best?”

In addition to the examples above, you can also try re-reading all of the answer options. Do **not** reinterpret the question for the respondent. Do **not** give a definition of a word or phrase unless it is one of the words listed above for which a specific definition is provided.

2B. OVERVIEW OF OMS QUESTIONNAIRE ELEMENTS

Stem Questions

In both Questionnaires, there are sets of questions that include a stem question followed by several different items. For example,

In the past week, on how many days...
Did you have trouble falling asleep or staying asleep?
Did you feel depressed or sad?
Did you have trouble relaxing?

For these questions, you may read the first part of the question as many times as he or she feels is necessary to make sure the respondent keeps the time frame in mind. The interviewer does not have to repeat the entire phrase for every question.

In the Child and Adolescent Questionnaire, there are stem questions used in Questions 4-18 (psychiatric symptoms). In the Adult Questionnaire, there are several different stem questions used for Questions 10-33 (psychiatric symptoms/BASIS-24®).

Response Cards

Response cards are used in order to help respondents remember response choices. As shown below, there are two response cards for the Child and Adolescent Questionnaire and four for the Adult Questionnaire; these card sets are **not** interchangeable.

Child and Adolescent Questionnaire Response Cards	
Card #1	Questions 3-24; Psychiatric Symptoms
Card #2	Questions 25-35; Functioning and Social Connectedness
Adult Questionnaire Response Cards	
Card #1	Questions 5-9; Functioning
Card #2	Questions 10-12; BASIS-24®
Card #3	Questions 13-21; BASIS-24®
Card #4	Questions 22-33; BASIS-24®

In both the online and the hardcopy versions of the Questionnaire, there is an indication such as “[CARD #1 with response choices]” listed next to the questions where appropriate.

It is recommended that each interviewer has a set of response cards available during the interview. All of the cards are available for download on the ASO website. The sets are also included as appendices to this OMS Interview Guide.

Time Frames for Questions

Time frames for OMS questions vary to some extent. Some questions have time frames (e.g., “past week,” “past month”) that vary according to what is prescribed by standardized instruments or federal reporting requirements. Other questions provide interviewers with a choice of time frame, which is represented by the phrase “since last interview date/in the past six months.” To choose the proper time frame, follow these guidelines:

- If this is the consumer’s initial OMS interview in this program: read the question with the phrase “in the past six months” as the reference period. For example, “Have you been homeless at all in the past six months?”
- If this is NOT the consumer’s initial OMS interview: say the actual date of the previous OMS interview when reading the question. For example, if the consumer’s last OMS was on October 15th, you can ask, “Have you been homeless at all since October 15th?”

The previous OMS interview date will be pre-populated at the beginning of the online OMS Questionnaire. If a hardcopy form is being used, the date should be looked up and recorded on the form prior to the interview.

When encountering a shift in time frames from one question to the next, the interviewer may want to emphasize the new time period referenced to minimize respondent confusion and increase data accuracy. Additionally, if the interviewer believes that the respondent responded in accordance with a previous time frame mentioned (e.g., the past month instead of the past six months), it is appropriate to clarify that he or she understood which time frame was being asked about.

Other Word Choices in Questions

Child & Adolescent OMS

Sometimes the interview will be conducted with the child or adolescent, sometimes a caregiver, and sometimes both. Although every question is to be read exactly as written, interviewers will need to choose the correct phrasing in order to direct the question correctly so that the appropriate Primary Respondent is addressed. The text “(you/your child)” is included throughout the Questionnaire to remind interviewers to use the correct wording. Further, there will be questions for which it is necessary to modify the verb tense in order to be grammatically correct.

The following guidelines should be used when determining appropriate wording for the question:

- Child Is Primary Respondent (interviewed alone or with caregiver): Use the phrase “you” when asking the questions. For example, “Are you currently going to school?”
- Caregiver Is Primary Respondent (interviewed with child or alone): Use the phrase “your child” or refer to the child by name. For example, “Is your child currently going to school?” or “Is Nathan currently going to school?”

Adult OMS

In the employment section of the Adult Questionnaire, there are questions that include a set of words in parentheses, such as: “How many hours a week (do/did) you usually work?”

Based on responses that were previously provided by the respondent (i.e., whether he/she is currently working or has worked in the past six months), the interviewer will know which word to choose in reading the question. There are three of these items in the Adult Questionnaire.

2C. SPECIAL INSTRUCTIONS TO THE INTERVIEWER

Skip Patterns

Throughout each Questionnaire, there are a few questions in which “skip patterns” are included. Skip patterns are situations in which a particular response to the question directs you to skip over one or more questions and go to a later question. Examples of questions with skip patterns include:

- Do (you/your child) attend school when it is in session, including home schooling? (#36, Child & Adolescent Questionnaire)
- Are you currently employed? (#37, Adult Questionnaire)

In the online version of the OMS Questionnaires, these “skips” are programmed and the interviewer will be unable to access the responses to the item to be “skipped.”

In the hardcopy version, the interviewer needs to follow the instructions carefully. When a particular response involves a skip pattern, directions are included next to each of the possible response options. These will either read “skip to...” followed by a question number, or “continue to” followed by a question number.

By following the instructions in the hardcopy version the interview will flow more smoothly and you will be prepared to enter the correct information online. If you do not follow the skip patterns correctly on the hardcopies, the online version will not comport with the hardcopy.

Interviewer Instruction Boxes

In both the online and hardcopy versions of OMS Questionnaires, there are boxes that include instructions to the interviewer. For example, there is an interviewer instruction box at the beginning of the questionnaires to remind interviewers about appropriate word choices, the meanings of symbols, and the availability of this Guide.

All interviewer instruction boxes include important instructions to aid in conducting the interview or to direct interviewers through a skip pattern. The text in these boxes is **not** intended to be read aloud.

Additional information about each of the instructions boxes is provided in the “Question-by-Question Specifications” chapters of this OMS Interview Guide (Chapters 3 and 4).

Notes to the Interviewer

Throughout the Questionnaires, there are a few places where information is provided to the interviewer in brackets or parentheses. For example, next to the questions on number of cigarettes smoked per day (#45 on the Child and Adolescent Questionnaire and #44 on the Adult Questionnaire) is the notation, “[one pack = 20 cigarettes].”

These messages to the interviewer are similar to the instruction boxes in that they are not intended to be read aloud to the respondent. However, whereas the instruction boxes contain fairly detailed information, the messages are relatively brief and intended to quickly remind the interviewer to do something or to provide helpful information related to that specific question.

Answer Options That Are Read Aloud

Throughout the questionnaire, there are several items directing the interviewer to read the answer options to the respondent. These items include the instruction, "INTERVIEWER: Read the answer options to the respondent." Examples of these items include:

- Would you say in general (your/your child's) health is...(#46, Child & Adolescent Questionnaire)
- In general, how satisfied are you with where you currently live? (#2, Adult Questionnaire).

For these questions, interviewers should read the answer options in the order presented.

2D. GUIDELINES SPECIFIC TO THE CHILD AND ADOLESCENT OMS QUESTIONNAIRE

Determining Whether to Include Caregiver(s) in Interview

Clinicians administering the Child and Adolescent version of the Questionnaire might want to include the child or adolescent's caregiver or caregivers in the interview. A caregiver may be the child/adolescent's parent, legal guardian, foster parent, group home/residential program staff, or anyone that the interviewer considers to be a caregiver.

For OMS Interviews for child and adolescent consumers, determination of whether or not to involve the caregiver in the interview with a child or adolescent consumer is entirely up to the clinician and the procedures followed in the program in which he or she is employed. For example, if interviews or sessions with children less than 12 years of age are only conducted when a caregiver is present, then the OMS interview should be handled in the same manner. Likewise, if interviews or sessions are conducted with children without the presence of a caregiver, regardless of the child's age, then the OMS interview would be conducted accordingly.

Determining the Primary Respondent

When both the child/adolescent and his/her caregiver are present in an interview, both should be encouraged to participate in the discussion and provide information. However, a decision will need to be made regarding who will serve as the Primary Respondent for the interview. The Primary Respondent is the person (child/adolescent or caregiver) to whom questions are addressed during the interview. In the event of a disagreement, it is the Primary Respondent's response that will be recorded.

Determination of the Primary Respondent is made at the beginning of the interview. However, as determined appropriate by the interviewer, the Primary Respondent may change over the course of the interview. If this happens, the "Primary Respondent Determination" designation at the beginning of the Questionnaire should be changed.

The clinician is responsible for deciding who is most appropriate to be the Primary Respondent based on his/her perception of who will provide the most accurate information. The following guidelines can be used with the understanding that clinician discretion overrides these guidelines:

Ages 6-11 → Caregiver (use "your child" when reading questions – grammatical adjustments may be needed).

Ages 12-18 → Youth (use "you" when reading questions).

2E. CHALLENGES IN OMS ADMINISTRATION

Consumer and/or Caregiver Does Not Seem to Understand the Questions

If a consumer and/or caregiver is having difficulty understanding or answering many of the questions but is interested and involved in the interview, try to continue with the interview. If, in the clinician's professional judgment, continuation of the interview (or frequent probing or discussion) is interfering with the relationship with the consumer and/or caregiver or with the delivery of services (e.g., the consumer and/or caregiver is becoming upset or irate, etc.), the interviewer may terminate the interview. The clinician should complete the remaining items in the Questionnaire for which he or she is reasonably sure of the correct answer (not including the "Consumer/Caregiver Opinion Only" items). Please note the situation in the "Clinician's Notes" box at the end of the questionnaire.

If a child/adolescent is serving as the Primary Respondent with a caregiver present in the interview and is having difficulty understanding the questions, the clinician may determine that the caregiver might be the most appropriate Primary Respondent and begin addressing the questions to him or her.

Consumer/Caregiver/Interviewer Disagreement

For circumstances in which you disagree with the consumer and/or caregiver's answer regarding a factual item, explore the differences with the respondent and discuss your opinion of the situation. Attempt to reach a consensus in a non-challenging manner.

If a consensus cannot be reached within a short period of time (i.e., 1-2 minutes) the following guidelines should be used:

- If interviewing an adult consumer: record the consumer's response.
- If interviewing a child/adolescent or caregiver: record the Primary Respondent's answer.

If discussion regarding a particular item changes the consumer and/or caregiver's answer to a factual item (not a Consumer/Caregiver Opinion Only item), it is allowable to change the answer. Click on the new response choice in the online version of the Questionnaire. For the hardcopy version of the Questionnaire, mark an "X" over the wrong answer and clearly endorse the new response choice.

For questions that are "Consumer/Caregiver Opinion Only" items (see above), discussion may occur, but no attempt should be made to reach consensus regarding the response. For these items, the consumer and/or caregiver's perspective is the desired response.

Consumer/Caregiver Does Not Know the Answer to a Question

If the consumer, child/adolescent and/or caregiver does not know the answer to a question, but the clinician is reasonably sure of the answer, record the clinician's answer (with the exception of the "Consumer/Caregiver Opinion Only" questions).

If neither the consumer, child/adolescent, caregiver, nor the clinician knows the answer to a question, leave it blank. If a skip pattern is involved, the interviewer should use his or her best judgment as to which question to proceed to. Interviewers are not expected to "track down" information for the OMS questionnaire.

Consumer/Caregiver Refuses to Answer a Question or Participate in OMS Interview

There may be a few instances in which a consumer, child/adolescent or caregiver does not wish to answer a particular question or participate in the OMS interview at all.

If a respondent prefers not to answer a particular question or questions, the clinician may complete the question(s) if he or she is reasonably sure of the correct answer (with the exception of the “Consumer/Caregiver Opinion Only” questions).

If the respondent does not want to participate in the interview at all, the clinician should attempt to learn the reason for this – it may be that the consumer or caregiver does not understand the purpose of the Questionnaire, who will get the data, etc. By answering his or her questions, the interviewer may be able to help address any concerns. Additionally, once the interview has begun, many reluctant participants may find the questions interesting and may willingly participate in the interview. However, if the consumer or caregiver still prefers not to participate, **do not** conduct the interview. In these situations, the clinician should complete the question(s) if he or she is reasonably sure of the correct answer (with the exception of the “Consumer/Caregiver Opinion Only” questions). At a minimum, the clinician will need to fill in mandatory items to obtain needed authorization for services. If necessary, the clinician may fill in these items, to the best of his or her ability, and make comments in the Clinician’s Notes prior to submitting.

Consumer Is In Crisis

When the consumer or child/adolescent is in crisis, it might not be possible to complete the OMS Questionnaire as scheduled in order to obtain authorization. Clinicians in these situations should contact an ASO Care Manager for further instructions.

2F. SPECIAL SITUATIONS

Telephone Interviews

In general, the OMS interview should **not** be conducted over the telephone. However, there are some exceptions:

- The consumer, child/adolescent or caregiver is unable or unwilling to come to the clinic and there are compelling reasons not to discharge the consumer. For example, the consumer is experiencing health problems and not able to travel to the clinic, but wishes to remain in treatment.
- The consumer, child/adolescent or caregiver is unable or unwilling to come to the clinic for the discharge, but is willing to participate by telephone.

If the consumer, child/adolescent or caregiver is participating by phone, the interviewer may have to read response options or examples to the respondent as needed. Telephone interviews are not reimbursable services and claims should not be submitted.

Non-English Speaking Consumers/Caregivers

While no foreign language versions of the instruments are available at this time, providers should administer the OMS to consumers speaking other languages in the same manner that treatment is conducted, i.e. with the help of interpreters, caregivers, etc. Please document the language barriers in the comments box at the end of the OMS questionnaire.

Consumers/Caregivers Experiencing Other Difficulties

Although determination of a Primary Respondent is most relevant to conducting interviews with the Child and Adolescent OMS Questionnaire, there are other situations in which a Primary Respondent designation may be required. Examples include:

- Consumers with communication difficulties participating in interview with caregiver
- Consumer with a developmental disability participating in interview with caregiver

Providers should administer the OMS Questionnaire to consumers with language or developmental disabilities in the same manner that treatment is conducted (i.e., use of interpreters, caregivers, etc). Please document the barriers to participation in the Clinician's Notes box at the end of the OMS questionnaire.

2G. SUMMARY

When administering an OMS Questionnaire, please remember the following:

- Determine who will be interviewed for the OMS Questionnaire:
 - Caregivers can participate in OMS interviews about their children or adolescents (ages 6 – 17). When this happens, use clinical judgment and the following guidelines to choose a Primary Respondent whose responses to OMS questions will be recorded:
 - If child is under 12 years of age, caregiver is typically Primary Respondent.
 - If youth is 12 or older, youth is typically Primary Respondent.
 - Adults (ages 18 – 64) typically answer OMS questions for themselves.
- You can introduce the Questionnaire to consumers and caregivers as a tool for tracking treatment progress and indicate that responses to questions will not impact authorization for services in any way.
- Read each OMS question exactly as it is written, then feel free to discuss the consumer or caregiver's response before moving on to the next question.
- When discussion results in a consumer or caregiver changing his or her initial response to an OMS question:
 - For "Consumer/Caregiver Opinion Only" items (marked with the symbol "Ψ"): record the respondent's initial response on the Questionnaire.
 - For all other items: change the final response on the Questionnaire.
- If the consumer/child/adolescent/caregiver refuses to answer a question which is not a "Consumer/Caregiver Opinion Only" item and you know the answer, record your answer.
- Use the available definitions and neutral probes to help consumers and caregivers who have trouble understanding and answering OMS questions.
- Carefully follow all directions for word choices (including word choices related to time frames of questions), skip patterns, and answer choices that are read aloud.
- Become familiar with interviewer instruction boxes and notes to the interviewer.

- If there is disagreement between the interviewer, consumer, and/or caregiver regarding a response try to reach consensus quickly. If consensus cannot be reached, record the consumer's or Primary Respondent's answer.
- To administer the OMS Questionnaire to consumers who do not speak English or who have other communication difficulties, use the same methods used to conduct treatment sessions (e.g., enlist assistance of interpreters, caregivers, etc.).

CHAPTER 3. QUESTION-BY-QUESTION SPECIFICATIONS

Child and Adolescent (6-17 years) Questionnaire

This chapter includes question-by-question specifications addressing specific definitions and clarifications for each item included in the Child and Adolescent OMS (6-17 years) Questionnaire. Detailed instructions for the OMS Child and Adolescent Discharge Form may be found in the “Discharge” chapter of this OMS Interview Guide (Chapter 5).

The question-by-question specifications are intended for use as a reference when conducting an interview. If no special instructions are needed for an item, this is noted.

3A. COVER PAGE

Child/Adolescent Name (hardcopy version only)

Include the child/adolescent’s first and last name.

Interviewer Name (hardcopy version only)

Include the interviewer’s first and last name.

Previous OMS Interview Date

This is the date that the previous OMS interview was conducted, if applicable. This date will be pre-populated in the online version of the Questionnaire. When using the hardcopy version, the date should be written on the form prior to the interview. This date will be referenced during several questions in the Questionnaire as a means of defining the time period for which data are collected.

Date of Current Interview*

NOTE: This is a mandatory item.

Please enter the actual date of the interview, regardless of when the Questionnaire is submitted online. This date cannot be a future date; neither can it be earlier than the previous OMS interview date.

Primary Respondent Determination*

NOTE: This is a mandatory item.

Prior to initiating the interview you will need to determine and document who will serve as the Primary Respondent for the interview. The Primary Respondent is the one to whom questions are addressed during the interview (child/adolescent or caregiver). In the event of a disagreement, it is the Primary Respondent’s response that will be recorded.

If the caregiver is the Primary Respondent, the interviewer will need to phrase the questions to read “your child” rather than “you.” The interviewer may also choose to refer to the child by name when reading the questions. Grammatical adjustments may also be necessary.

The clinician is responsible for deciding who is most appropriate to be the Primary Respondent based on his/her perception of who will provide the most accurate information. The following guidelines can be used with the understanding that clinician discretion overrides these guidelines:

Ages 6-11→ Caregiver (use “your child” when reading questions – grammatical adjustments may be needed). If the caregiver is not present, the child may be the Primary Respondent.
Ages 12-18 → Youth (use “you” when reading questions).

It is acceptable that the respondent who is NOT the Primary Respondent provide the answers to some of the interview questions. However, if the Primary Respondent changes during the course of the interview (for example, the clinician determines after 5 minutes that the 10-year old seems to be a more reliable source of information than the caregiver), please change the “Primary Respondent Determination” designation prior to submitting the questionnaire in the ASO system.

Interviewer Instruction Box – Initial Instructions

This instruction box provides reminders regarding several issues critical to the OMS Child and Adolescent Questionnaire administration:

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions “(since last interview date/in the past six months).” When this appears, you should read the question as follows:

If this is the child/adolescent’s initial OMS interview in your program: read the question with the phrase “in the past six months” as the reference period. For example, “*Have (you/your child) been homeless at all in the past six months?*”

If this is NOT the child/adolescent’s initial OMS interview: say the actual previous OMS interview date when reading the question. For example, “*Have (you/your child) been homeless at all since October 15th?*”

A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.

The symbol (**Ψ**) denotes a consumer opinion only question (discussion may occur but child’s/adolescent’s/caregiver’s initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

Underlined questions indicate that a definition is available for a term within the question. Click on the hyperlink that appears in order to access the definition.

Note that the last instruction, “Underlined questions indicate that a definition is available for a term within the question. Click on the hyperlink that appears in order to access the definition” only appears in the online version.

3B. LIVING SITUATION

Begin by reading the brief introduction for the interview to the respondent.

1. Where are (you/your child) living now?*

NOTE: This is a mandatory item.

The answer option endorsed should reflect where the child/adolescent is living the day of the interview, even if a move just occurred or is imminent.

Some of the living situation categories may not apply to children/adolescents because the OMS system uses a single living situation option list for both children/adolescents and adults.

If it is not clear which category fits best, you may read several of the choices to the child/adolescent and/or caregiver to help determine a category. You do not have to read all of the categories. Additionally, you may find it helpful to ask specific questions about living situation characteristics based on the definitions provided if clarification is needed.

In the online version, click on the hyperlink that appears in order to access the definitions. If you are using a hardcopy version, you may use the definition list available online at the ASO website, refer to the Definition List within this OMS Interview Guide, or refer to the definitions below. Please note that the definitions continue onto the next page of this OMS Interview Guide. The definitions are:

- Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).
- Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.
- Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.
- Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.
- School or Dormitory: accommodated living space provided on school grounds.
- Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

- Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.
- Skilled Nursing Facility: facility with 24 hour nursing services.
- Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.
- Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.
- Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.
- Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
 - An agency that provides a temporary residence for individuals intended to be institutionalized, or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
- Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.
- Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

2. Have (you/your child) been homeless at all (since last interview date/in the past six months)?

The federal definition of homelessness should be used to answer this question. In the online version, click on the hyperlink that appears in order to access the definition. It is also included in the definitions available online at the ASO website or in the Definition List included in this OMS Interview Guide. This definition is:

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or*
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or*
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).*

There are some situations in which a child or adolescent may be staying temporarily with a relative or friend and the living arrangement is time-limited or stressful. He or she may be living with the friend due to an abusive situation at home, or may not know where he or she will be living in just a few days. It is recognized that these situations are very stressful for the child/adolescent and the situation may feel like “homelessness” to everyone, including the child, family, and/or professional supports. It is understood that such situations may have a negative impact upon the child and his or her family. However, it is required that the federal definition of homelessness be used to complete this item.

3C. PSYCHIATRIC SYMPTOMS (QUESTIONS 3-24) Ψ

Just prior to this series of questions there is an instruction box reminding interviewers to use the wording “your child” if the Primary Respondent is the caregiver:

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use the wording “your child” as appropriate and make the necessary grammatical adjustments. The (you/your child) wording format is not used in the following two sets of questions on Psychiatric Symptoms and Functioning (#3-31) only due to space limitations.

Begin by reading the introduction to this section to the respondent – it is important that you read the entire introduction.

This set of questions begins with a question regarding trouble sleeping and the series ends with an item regarding being bothered by the problems reported.

The stem question for this section reads as follow: “In the past week on how many days....” When you read the stem question, be sure to emphasize the underlined phrase “past week.” Then read each item, record the respondent’s answer, and read the next item. You do not have to repeat the stem question for every item but it is a good idea to repeat it every few questions to make sure that the respondent continues to reference only the past week.

NOTE: Questions 3-24 are “Child/Adolescent/Caregiver Opinion Only” items and therefore should not be answered by the interviewer in the event that the child/adolescent and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Response Card #1 for the Child and Adolescent Questionnaire can be used during the interview to help the respondent remember the different answer options available or you may repeat the answer options as needed. Respondents can either provide answers in terms of the phrases (e.g., never, a few days, etc.) or in terms of the number of days (e.g., 0, 1-2, etc.).

3D. FUNCTIONING AND SOCIAL CONNECTEDNESS

Questions 25-31: Functioning Ψ

Begin this section by reading the brief introduction to the respondent.

This section includes seven questions, beginning with a question regarding ability to handle daily life and ending with an item regarding being able to do what he/she wants to do (and is allowed to do).

Due to space limitations, the text “(you/your child)” does not appear in every item. However, as noted in the instructions please remember to use “your child” if the Primary Respondent is a caregiver.

There are definitions available for the response options for this section and for words within Questions 25, 26, 29, and 30. In the online version these definitions are available by clicking on the hyperlink that appears for each respective item. They are also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definitions are:

Response Options: If respondent has difficulty understanding “strongly agree” vs. “agree,” you can explain it that it is like “REALLY agree” and “agree.”

Q25. I am able to handle daily life - To “handle” something means you can deal with it.

Q26. I get along with family members - “Family” is whomever the child considers to be family, even if the person is not biologically related.

Q29. I am able to cope when things go wrong - To “cope” with something means you can deal with it when things go wrong.

Q30. I am satisfied with our family life right now - To be “satisfied” with something means you’re okay with it.

NOTE: Questions 25-31 are “Child/Adolescent/Caregiver Only Opinion” questions and therefore should not be answered by the interviewer in the event that the child/adolescent/ and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Response Card #2 for the Child and Adolescent Questionnaire can be used during the interview to help the child/adolescent and/or caregiver remember the different answer options available or you may repeat the options as needed.

Questions 32-35: Social Connectedness (Caregiver only) Ψ

Just prior to the Social Connectedness items, there is an instruction box for the interviewer:

INTERVIEWER: (do not read aloud). Questions 32-35 are asked ONLY of the caregiver. If the caregiver is not present, endorse “Not applicable” (NA) for each item and continue on in the questionnaire.

Questions 32-35 in the Questionnaire should be directed to the caregiver, regardless of whether this person is the Primary Respondent for the interview. It is acceptable for the child/adolescent to be present in the room while these questions are asked of the caregiver. If there is no caregiver present, endorse the “Not Applicable” or “NA” answer option for each item and continue with the interview.

Prior to asking this set of questions, read the introduction indicating that the caregiver should respond in terms of relationships outside of their relationship with the child’s/adolescent’s mental health provider(s). The questions in this section begin with an item regarding knowing people who will listen and understand and end with an item regarding having people with whom the caregiver can do enjoyable things.

NOTE: Items 32-35 are “Caregiver Opinion Only” questions and therefore should not be answered by the interviewer in the event that the caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Response Card #2 for the Child and Adolescent Questionnaire can be used during the interview to help the caregiver remember the different answer options available or you may repeat the options as needed.

3E. SCHOOL PERFORMANCE

Begin by reading the brief introduction to the respondent.

36. Do (you/your child) attend school when it is in session, including home schooling?

The focus of this question is on whether the child/adolescent attends school, when it is in session. “School” includes home schooling.

If the child/adolescent is attending school currently or the last time it was in session, code “Yes” for the answer. This would also apply to situations when the child is currently out for a few days (due to illness, suspension or other temporary situation) or is on a school break, including summer break, as long as the child attended the last time school was in session.

If the child/adolescent is planning to attend school or is enrolled in school, but isn’t actually attending yet, code “No” for the response.

If the answer is “No”, proceed to Question 37.

If the answer is “Yes”, you will skip to Question 38. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

37. If (you/your child) are not in school, what is the reason?

This question should only be asked of those children/adolescents who are not currently attending school.

If it is not clear which response is appropriate, the following definitions may be used:

1. Completed school/obtained GED – the child/adolescent has completed school or graduated.
2. Dropped Out – the child/adolescent has dropped out of school and is no longer attending.
3. Expelled – the child/adolescent has been expelled from school and is not attending any school.
4. Other (please specify) – if the answer provided does not fit into the other options provided; please write in the appropriate response in the “Other” selection. Do not use “other” if the child is merely out of a school for a few days due to illness, suspension or a school break. If that is the situation and the child otherwise attends or attended school when it was in session, then the response to the previous question (#36) should be endorsed as “Yes” and Question 37 skipped.

38. (Since last interview date/in the past six months) have (you/your child) had problems with school attendance?*

NOTE: This is a mandatory item.

“School attendance” includes the physical presence of the child in a school setting during scheduled class hours.

“Problems” with school attendance would mean missing 25% or more of school hours. The reason for the problems (ill health, skipping classes voluntarily, issues with transportation, etc.) should not be taken into consideration when responding to this question.

If the answer is “No”, skip to Question 40. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Question 39.

39. (Since last interview date/in the past six months) would you say (your/your child’s) problems with school attendance have increased, stayed the same, or decreased?*

NOTE: This item is mandatory for those who answered “Yes” to Question 38 regarding problems with school attendance.

“School attendance” includes the physical presence of the child in a school setting during scheduled class hours.

“Problems” with school attendance would mean missing 25% or more of school hours. The reason for the problems (ill health, skipping classes voluntarily, issues with transportation, etc.) should not be taken into consideration when responding to this question.

40. Some children and teens get suspended from school. This would include in-and out-of school suspensions. (Since last interview date/in the past six months) would you say (you/your child) have had... no suspensions, increased suspensions, the same number of suspensions, decreased suspensions.*

NOTE: This is a mandatory item.

“Suspensions” would include suspensions that occur either in or out of school:

“In-school suspension” - when the child/adolescent is currently suspended from school and is completing the suspension inside the school building but is not attending classes as he/she would normally.

“Out of school suspension” - when the child/adolescent is currently suspended from school and is completing the suspension out of the school building (i.e., at home, caregiver’s workplace, “hanging out” in the community, etc.).

41. (Since last interview date/in the past six months) were (you/your child) expelled from school?*

NOTE: This item is mandatory.

“Expelled” means that the child/adolescent has been expelled from school and is not attending any school.

3F. LEGAL SYSTEM INVOLVEMENT

42. (Since last interview date/in the past six months) have (you/your child) been arrested?*

NOTE: this item is mandatory.

43. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say (you/your child) have had no negative encounters with police, increased negative encounters, the same amount of negative encounters, or decreased negative encounters?

No special instructions.

3G. SOMATIC HEALTH

44. Do (you/your child) smoke cigarettes?

“Cigarettes” would include tobacco cigarettes (commercial or those made by hand). It does not include cigars, snuff, chew, or other tobacco products.

Endorse the “Yes” response even if the person indicates that they smoke infrequently.

If the answer is “No”, skip to Question 46. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Question 45.

45. How many cigarettes do (you/your child) smoke per day? [one pack = 20 cigarettes]

As noted next to the question, one pack of cigarettes includes 20 cigarettes. If the respondent provides an answer in terms of a pack (for example, “half a pack”) it is permissible to calculate the number of cigarettes it would be (10) and endorse the appropriate response.

If the respondent indicates that he or she smokes very infrequently (only when stressed, only on the weekends, etc.), then endorse the “do not smoke every day” option.

46. Would you say in general (your/your child’s) health is... excellent, very good, good, fair, or poor? Ψ

NOTE: Item 46 is a “Child/Adolescent/Caregiver Opinion Only” question and therefore should not be answered by the interviewer in the event that the child/adolescent and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Interviewer Instruction Box - Caregiver presence

Just after Question 46, there is an instruction box for the interviewer which requires a response:

INTERVIEWER: (do not read aloud). Is the caregiver present for any of the following questions (#47-#56)?

Yes No

The purpose of this box is to document if the caregiver is present for the next few questions (i.e., Questions 47-56). Several of the following sections ask about sensitive areas such as satisfaction with current living environment and use of alcohol and/or drugs. It is possible that the presence of a caregiver could significantly affect the child/adolescent’s response and therefore an item has been included so that, during data analyses, the context of the response will be known.

It is important to note that the clinician is not being instructed to ask the caregiver to leave the room for these questions. If, in the course of a typical clinical interview, you would ask the caregiver to leave during discussion of such issues, then you should proceed as you would normally. If the caregiver would typically remain in the room during such discussions, then that is acceptable as well.

47. Earlier, you said you were living at _____ (refer to Question #1). How good or bad is it for you living at (current environment)... great, good, ok, bad, or terrible? Ψ

When reading this question, you should insert a reference to the answer provided to the current living situation question (Question 1). For example, “Earlier you said you were living at your mother’s house. How good or bad is it for you living at your mother’s house?”

NOTE: Question 47 is a “Child/Adolescent/Caregiver Opinion Only” question and therefore should not be answered by the interviewer in the event that the child/adolescent and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Interviewer Instruction Box - Skip Pattern for Child/Adolescent

Just after Question 47 there is an instruction box for the interviewer which requires a response:

INTERVIEWER: (do not read aloud) Is child/adolescent 12 years or older?

- Yes (*continue to #48*)
- No (*skip to #57*)

Indicate whether or not the child/adolescent is 12 years of age or older.

If the answer is “Yes”, you will proceed to Question 48.

If the answer is “No”, skip to Item #57. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

48. Please tell me whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with the following statement: “I am hopeful about my future.” Ψ

NOTE: Question 48 is an “Adolescent/Caregiver Opinion Only” question and therefore should not be answered by the interviewer in the event that the adolescent and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

3H. ALCOHOL AND SUBSTANCE USE

Questions 49-54 (asked only of adolescents 12 years or older) Ψ

The six items in this section comprise the CRAFFT Substance Abuse Screening Test (1999), a standardized tool for adolescents used for screening alcohol and substance use problems. Completion of this screening test fulfills the regulatory requirement to conduct a substance abuse screening assessment. The CRAFFT begins with an item regarding riding in a car driven by someone who was high or who had been using alcohol or drugs; the last item in the CRAFFT inquires about getting into trouble when using drugs or alcohol.

In responding to these items, a “Yes” answer should be endorsed even if the child/adolescent experienced the situation only once during the time period asked about.

NOTE: Items 49-54 are “Adolescent/Caregiver Opinion Only” questions and therefore should not be answered by the interviewer in the event that the adolescent and/or caregiver is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

This section of the Child and Adolescent OMS Questionnaire may be printed separately from the full questionnaire.

3I. EMPLOYMENT (asked only of adolescents 12 years and older)

55. Do you currently work?

The federal definition of employment should be used in answering this question. In the online version this definition is available by clicking on the hyperlink. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., babysitting, paper route, etc.).

If the answer is “Yes” then skip to Item #57. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “No” then proceed to Question 56.

56. Have you been employed (since last interview date/in the past six months)?

The federal definition of employment should be used in answering this question. In the online version this definition is available by clicking on the hyperlink. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., babysitting, paper route, etc.).

3J. DEMOGRAPHIC AND INTERVIEW INFORMATION

The purpose of Questions 57-59 of the Child and Adolescent Questionnaire is to collect information regarding the context of the interview and other information helpful for analysis.

57. How long has the child/adolescent been receiving services from this clinic?*

NOTE: This is a mandatory item.

Endorse one of the four response options. Estimates are acceptable. If you are unable to estimate the length of time in service, the medical record should be consulted prior to submitting the questionnaire because this is a mandatory item for submission.

The reference period is in terms of when the child/adolescent began receiving services from the particular clinic in which the interview is occurring, not services from another program within the entire agency or any other mental health services in general. If the child/adolescent has been admitted and discharged from the program more than once, the most recent admission date to the program should be used as a reference point.

58. Child/adolescent/caregiver involvement in interview:*

NOTE: This is a mandatory item.

Indicate the statement that best represents the extent to which the child/adolescent and/or caregiver participated in the interview.

59. Please indicate the relationship of the caregiver(s) participating in the interview to the child or adolescent receiving services (check all that apply):

If not applicable, endorse the first option "Not Applicable – no caregiver participated in the interview."

Clinician's Notes (Optional)

Clinicians may choose to use this page to record any notes relevant to the interview, including challenges in conducting the interview (language problems, comprehension difficulties, etc.). It may also be useful for treatment planning notes related to key outcomes or other clinical notes.

This section is completely optional and the information provided will not be used in data analysis.

CHAPTER 4. QUESTION-BY-QUESTION SPECIFICATIONS Adult Questionnaire

This chapter includes question-by-question specifications addressing specific definitions and clarifications for each item included in the Adult Questionnaire. Detailed instructions for the OMS Adult Discharge Form may be found in the “Discharge” chapter of this OMS Interview Guide (Chapter 5).

The question-by-question specifications are intended for use as a reference when conducting an interview. If no special instructions are needed for an item, this is noted.

4A. COVER PAGE

Consumer Name (hardcopy version only)

Include the consumer’s first and last name.

Interviewer Name (hardcopy version only)

Include the interviewer’s first and last name.

Previous OMS Interview Date

This is the date that the previous OMS interview was conducted, if applicable. This date will be pre-populated in the online version. When using the hardcopy version, the date should be written on the form prior to the interview. This date will be referenced during several questions in the Questionnaire as a means of defining the time period for which data are collected.

Date of Current Interview*

NOTE: This is a mandatory item.

Please enter the actual date of the interview, regardless of when the Questionnaire is submitted online. This date cannot be a future date or a date earlier than the previous OMS interview date.

Interviewer Instruction Box - Initial Instructions

This instruction provides reminders regarding several issues critical to OMS Adult Questionnaire administration:

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions “(since last interview date/in the past six months).” When this appears, you should read the question as follows:

If this is the consumer’s initial OMS interview in your program: read the question with the phrase “in the past six months” as the reference period. For example, “*Have you been homeless at all in the past six months?*”

If this is NOT the consumer’s initial OMS interview: say the actual previous OMS interview date when reading the question. For example, “*Have you been homeless at all since October 15th?*”

A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but consumer’s initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

Underlined questions indicate that a definition is available for a term within the question. Click on the hyperlink that appears in order to access the definition.

Note that the last instruction, “Underlined questions indicate that a definition is available for a term within the question. Click on the hyperlink that appears in order to access the definition” only appears in the online version.

4B. LIVING SITUATION

Begin by reading the brief introduction for the interview to the consumer.

1. Where are you living now?*

NOTE: This is a mandatory item.

The answer option endorsed should reflect where the consumer is living the day of the interview, even if a move just occurred or is imminent.

Some of the living situation categories may not apply to adults because the OMS system uses a single living situation option list for children/adolescents and adults.

If it is not clear which category fits best, you may read several of the choices to the consumer to help determine a category (you do not have to read all of the categories). Additionally, you may

find it helpful to ask specific questions about living situation characteristics based on the definitions provided if clarification is needed.

In the online version, click on the hyperlink that appears in order to access the definitions. If you are using a hardcopy version, you may use the definition list available online at the ASO website, refer to the Definition List within this OMS Interview Guide, or refer to the definitions below. Please note that these definitions continue onto the next page of this OMS Interview Guide. The definitions are:

- Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).
- Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.
- Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.
- Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.
- School or Dormitory: accommodated living space provided on school grounds.
- Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.
- Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.
- Skilled Nursing Facility: facility with 24 hour nursing services.
- Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

- Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.
- Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.
- Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
 - An agency that provides a temporary residence for individuals intended to be institutionalized, or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
- Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.
- Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

2. In general, how satisfied are you with where you currently live...Very satisfied, Somewhat satisfied, Not satisfied or dissatisfied, Somewhat dissatisfied, or Very dissatisfied? Ψ

If the consumer has difficulty understanding the response options, you may read the response clarifications in parentheses.

NOTE: Question 2 is a “Consumer/Caregiver Opinion Only” item and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

3. Have you been homeless at all (since last interview date/in the past six months)?

The federal definition of homelessness should be used to answer this question. In the online version click on the hyperlink that appears in order to access the definition. It is also included in the definitions available online at the ASO website or in the Definition List included in this OMS Interview Guide. This definition is:

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or*
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or*
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).*

There are some situations in which a consumer may be staying temporarily with a relative or friend and the living arrangement is time-limited or stressful. He or she may be living with the friend due to an abusive situation at home, or may not know where he or she will be living in just a few days. It is recognized that these situations are very stressful for the consumer and the situation may feel like “homelessness” to everyone, including the consumer and/or professional supports. It is understood that such situations may have a negative impact upon the consumer. However, it is required that the federal definition of homelessness be used to complete this item.

4C. FUNCTIONING AND SYMPTOMS

4: Overall, how satisfied are you with your recovery...Very satisfied, Somewhat satisfied, Neutral, Somewhat dissatisfied, or Very dissatisfied? Ψ

If the consumer has difficulty understanding the response options, you may read the response clarifications in parentheses.

If the consumer is not familiar with the term “recovery,” you can use the SAMHSA consensus statement on Recovery as clarification. In the online version this is available by clicking on the hyperlink. In the hardcopy version, it is printed in the questionnaire just below this question. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The statement is:

[“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004)]

NOTE: Question 4 is a “Consumer/Caregiver Opinion Only” item and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Questions 5-9: Functioning Ψ

Begin by reading the introduction to this section to the consumer.

This section includes five questions related to functioning, beginning with “I do things that are meaningful to me” and ending with “My symptoms bother me.”

There are definitions available for the response options for this section and for Question #9; “My symptoms bother me.” In the online version these definitions are available by clicking on the hyperlink that appears with the respective items. They are also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definitions are:

Response Options: If respondent has difficulty understanding “strongly agree” vs. “agree,” you can explain it that it is like “REALLY agree” and “agree.”

Question #9 “My symptoms bother me” - “Symptoms” are feelings or problems, like being sad or nervous or seeing or hearing things that other people don’t.

NOTE: Questions 5-9 are “Consumer/Caregiver Opinion Only” items and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

Response Card #1 for the Adult Questionnaire can be used during the interview to help the consumer remember the different answer options available or you may repeat the options as needed.

Questions 10-33: BASIS-24[®] Ψ

Questions 10-33 comprise the BASIS-24[®], a copyrighted instrument designed to assess symptoms and functioning. These items are used and have been modified with the permission of McLean Hospital. **NOTE: The time frame for these questions has been modified from the previous version of the OMS Adult Questionnaire. The current time frame referenced is the “past month.”**

Begin by reading the introduction to this section, “For the next several questions, please tell me your answer based on the past MONTH.”

Just after this introduction, an interviewer instruction box provides information on the interview requirements for this section of the questionnaire:

INTERVIEWER: (do not read aloud) For items 10-33, you must either show the designated Response Card, give the consumer a copy of the questionnaire to follow along, or read all of the response options for each question to the consumer}
(Questionnaire Items 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

The BASIS-24[®] begins with an item regarding managing day to day life (#10) and concludes with a question about problems from drinking or drug use (#33). There are six sections of the BASIS-24[®]. Each begins with a stem question, followed by several questions. For each section, you should read the stem question, emphasizing the phrase “PAST MONTH”. Then read each

item, record the consumer's answer, and read the next item. Continue until you reach the next section when you'll begin with the next stem question. If it seems as though the consumer forgets the time frame being referenced, it is allowable to repeat the stem question as often as needed.

NOTE: Questions 10-33 are "Consumer/Caregiver Opinion Only" items and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she "knows" the answer.

Response Cards #2-4 for the Adult Questionnaire can be used during the interview to help the consumer remember the different answer options available or you may repeat the answer options as needed.

The BASIS-24® questions collect information on a wide variety of potential problems. However, while they may contribute to a clinical evaluation, they are not designed to replace a thorough clinical and functional assessment.

4D. LEGAL SYSTEM INVOLVEMENT

34. (Since last interview date/in the past six months) have you been arrested?*

NOTE: This item is mandatory.

35. (Since last interview date/in the past six months) have you been in either jail or prison? *

NOTE: This item is mandatory.

36. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say you have had no negative encounters with police, increased negative encounters, the same amount of negative encounters, or decreased negative encounters?

No special instructions.

4E. EMPLOYMENT

Begin by reading the brief introduction to this section to the consumer.

37. Are you currently employed?*

NOTE: This item is mandatory.

The federal definition of employment should be used in answering this question. In the online version this definition is available by clicking on the hyperlink. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

If the answer is "No" (consumer is not currently employed), proceed with Question 38.

If the answer is “Yes” (consumer is currently employed), skip to Question 40. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

38. Are you actively looking for work by doing things like filling out applications, or answering ads?*

NOTE: This item is mandatory.

39. Have you been employed (since last interview date/in the past six months)?

The federal definition of employment should be used in answering this question. In the online version this definition is available by clicking on the hyperlink that appears. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

If the answer is “No”, skip to Question 43. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Question 40.

Questions 40-42

An instruction box provides instructions regarding how to complete the employment-specific questions if an individual held more than one job during the reference period:

INTERVIEWER: (do not read aloud) If the person held more than one job (since last interview date/in the past six months), please ask him or her to answer the following questions in terms of the most recent job.

40. (Is/Was) your job competitive employment or sheltered workshop or agency employment?*

NOTE: This item is mandatory.

When reading the question, you will need to use the appropriate word (i.e., “is” or “was”), depending on whether the consumer has indicated that he or she is currently working or is not currently working but has worked during the reference period.

The federal definitions of competitive employment and sheltered workshop or agency employment should be used in answering this question. In the online version this definition is available by clicking on the hyperlink that appears. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definitions are:

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.

41. How many hours a week (do/did) you usually work?

When reading the question, you will need to use the appropriate word (i.e., “do” or “did”), depending on whether the consumer has indicated that the he or she is currently working or is not currently working but has worked during the reference period.

If the consumer is not sure of the number of hours usually worked, read the possible response options to him or her (1-10 hours; 11-20 hours; 21-30 hours; 31-40 hours; 40+ hours) and record the response. If after reviewing the answer options the consumer is still not sure, do not endorse a response and continue with the interview.

42. In general, how satisfied (are/were) you in this job...(Very satisfied, Somewhat satisfied, Neutral, Somewhat dissatisfied, or Very dissatisfied)? Ψ

When reading the question, you will need to use the appropriate word (i.e., “are” or “were”), depending on whether the consumer has indicated that he or she is currently working or is not currently working but has worked during the reference period.

If the consumer has difficulty understanding the response options, you may read the response clarifications in parentheses.

NOTE: Question 49 is a “Consumer/Caregiver Opinion Only” question and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

4F. SOMATIC HEALTH

43. Do you smoke cigarettes?

“Cigarettes” would include tobacco cigarettes (commercial or those made by hand). It does not include cigars, snuff, chew, or other tobacco products.

Endorse the “Yes” response even if the person indicates that they smoke infrequently.

If the answer is “No”, skip to Question 45. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Question 44.

44. How many cigarettes do you smoke per day? [one pack = 20 cigarettes]

As noted next to the question, one pack of cigarettes includes 20 cigarettes. If the consumer provides an answer in terms of a pack (for example, “half a pack”) it is permissible to calculate the number of cigarettes it would be (10) and endorse the appropriate response.

If the consumer indicates that he or she smokes very infrequently (only when stressed, only on the weekends, etc.), then endorse the “do not smoke every day” option.

45. Would you say in general your health is...Excellent, Very good, Good, Fair, or Poor?

NOTE: Item 45 is a “Consumer/Caregiver Opinion Only” question and therefore should not be answered by the interviewer in the event that the consumer is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

46. How tall are you?

Record the consumer’s height in feet and inches in the space provided. Estimates of height are acceptable.

47. How much do you currently weigh?

Record the consumer’s weight to the nearest pound. Estimates of weight are satisfactory for this question.

You may endorse “Don’t Know” if the consumer’s weight is unknown or “Refused” if the consumer refuses to disclose his or her weight.

4G. DEMOGRAPHIC AND INTERVIEW INFORMATION

The purpose of Questions 48-49 of the Adult Questionnaire is to collect information regarding the context of the interview.

48. How long has the consumer been receiving services from this clinic?*

NOTE: This is a mandatory item.

Endorse one of the four response options. Estimates are acceptable. If you are unable to estimate the length of time in service, the medical record should be consulted prior to submitting the questionnaire because this is a mandatory item for submission.

The reference period is in terms of when the consumer began receiving services from the particular clinic in which the interview is occurring, not services from another program within the entire agency or any other mental health services in general. If the consumer has been admitted and discharged from the program more than once, the most recent admission date to the program should be used as a reference point.

49. Consumer involvement in interview:*

NOTE: This is a mandatory item.

Indicate the statement that best represents the extent to which the consumer participated in the interview.

Clinician's Notes (Optional)

Clinicians may choose to use this page to record any notes relevant to the interview, including challenges in conducting the interview (language problems, comprehension difficulties, etc.). It may also be useful for treatment planning notes related to key outcomes or other clinical notes.

This section is completely optional and the information provided will not be used in data analysis.

CHAPTER 5. DISCHARGE

The OMS Questionnaire should also be completed and submitted upon discharge of the consumer from the program. This will provide the system with valuable information regarding the outcomes of consumers as they leave the treatment program.

There are two ways in which OMS discharge information is collected:

- Discharge with consumer, child/adolescent and/or caregiver participating in OMS interview
- Discharge with consumer, child/adolescent and/or caregiver not participating in OMS interview

Consumers, children/adolescents and/or caregivers may participate by telephone for a discharge interview.

Telephone interviews are not reimbursable and claims should not be submitted. However, payment for completion of the Discharge Information Sheet can be requested.

5A. CONSUMER OR CHILD/ADOLESCENT/CAREGIVER PARTICIPATING IN OMS INTERVIEW AT DISCHARGE

When the consumer and/or caregiver is participating in the OMS interview, the following are completed and submitted:

1. Discharge Information Sheet: this consists of six items which can be completed without interviewing the consumer, child/adolescent and/or caregiver. It collects information about the discharge (e.g., date, planned/unplanned, reasons, etc.).
2. OMS Questionnaire: in addition to the six items on the Discharge Information Sheet, the interviewer will conduct the age-appropriate OMS interview as usual and submit a Questionnaire.

Note. If the consumer, child/adolescent and/or caregiver is participating by phone, the interviewer may have to read response options or examples to them as needed.

5B. CONSUMER OR CHILD/ADOLESCENT/CAREGIVER NOT PARTICIPATING IN OMS INTERVIEW AT DISCHARGE

When the consumer, child/adolescent and/or caregiver is not participating, the following are completed and submitted:

1. Discharge Information Sheet: this consists of six items which can be completed without interviewing the consumer, child/adolescent and/or caregiver. It collects information about the discharge (e.g., date, planned/unplanned, reasons, etc.)
2. Discharge OMS Forms – Consumer/Caregiver Not Participating: these forms collect basic OMS information; they do not include any of the “Consumer/Caregiver Opinion Only” questions. The interviewer is asked to complete the age-appropriate form based on his or her most recent knowledge of the consumer’s/child’s/adolescent’s situation and to answer only those items for which he or she is reasonably sure of the correct answer. As with the regular OMS Questionnaire, there is an Adult Discharge Form – Consumer Not Participating and a Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating.

5C. QUESTION BY QUESTION SPECIFICATIONS FOR DISCHARGE INFORMATION SHEET

This section includes question-by-question specifications addressing specific definitions, clarifications, etc. for each item included in the Discharge Information Sheet.

The question-by-question specifications are intended for use as a reference. If no special instructions are needed for an item, this is noted. Questions are bolded for easier reference.

Consumer Name (hardcopy version only)

Include the consumer's first and last name.

Interviewer Name (hardcopy version only)

Include the first and last name of the person completing the form.

D1. Discharge Date

NOTE: This is a mandatory item.

Enter the date that the consumer/child/adolescent is officially being discharged from the clinic.

D2. Date of last contact with consumer

NOTE: This is a mandatory item.

Enter the date that a staff member in the clinic had contact with the consumer/child/adolescent, whether it was in person, by telephone, or by e-mail. This date may be different than the consumer's discharge date.

D3. Indication of Planned/Unplanned Discharge

NOTE: This is a mandatory item.

No special instructions.

D4. Against Medical Advice

NOTE: This is a mandatory item.

No special instructions.

D5. Reason(s) for discharge

NOTE: This is a mandatory item.

Endorse all response options that reflect the reason(s) for the consumer's/child's/adolescent's discharge from services.

D6. Consumer participation

NOTE: This is a mandatory item.

Indicate the statement that best represents the extent to which the consumer/child/adolescent and/or caregiver participated in the OMS discharge process.

If “Consumer or child/adolescent/caregiver present or participating by phone” is endorsed, the age-appropriate OMS questionnaire should be completed. If you are using the online version of the Discharge Information Sheet, it will automatically show the appropriate questionnaire.

If “Consumer or child/adolescent/caregiver not present (not participating by phone)” is endorsed, then the age-appropriate OMS Discharge Form – Consumer or Child/Adolescent/Caregiver Not Participating should be completed. There are two versions of the form: one for Adults and one for Children and Adolescents. If you are using the online version of the Discharge Information Sheet, it will automatically show the appropriate OMS Discharge Form – Consumer or Child/Adolescent/Caregiver Not Participating.

5D. QUESTION BY QUESTION SPECIFICATIONS FOR CHILD AND ADOLESCENT DISCHARGE FORM – CHILD/ADOLESCENT/CAREGIVER NOT PARTICIPATING

The Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating is to be used upon discharge when the consumer/caregiver is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed. In the on-line version, the Discharge Form-Child /Adolescent/Caregiver Not Participating Form immediately follows the six Discharge Information Sheet items.

The Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating should be completed based on your most recent knowledge of the child’s/adolescent’s situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

Child/Adolescent Name (hardcopy version only)

Include the child/adolescent’s first and last name.

Interviewer Name (hardcopy version only)

Include the first and last name of the person completing the form.

Previous OMS Interview Date

This is the date that the previous OMS interview was conducted. This date will be referenced in several items in the Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating as a means of defining the time period for which data are collected.

Date Form Completed*

NOTE: This is a mandatory item.

Please enter the date the form was completed, regardless of the individual’s actual date of discharge. The date cannot be earlier than the most recent OMS interview date and cannot be a future date.

1. Where is the child/adolescent living now?

The answer option endorsed should reflect where the child/adolescent is living the day of discharge, even if a move just occurred or is imminent.

Some of the living situation categories may not apply to children/adolescents because the OMS system uses a single living situation option list for both children/adolescents and adults.

In the online version, click on the hyperlink that appears in order to access the definitions. If you are using a hardcopy version, you may use the definition list available online at the ASO website, refer to the Definition List within this OMS Interview Guide, or refer to the definitions below. Please note that the definitions continue onto the next page of this OMS Interview Guide. The definitions are:

- Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).
- Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.
- Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.
- Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.
- School or Dormitory: accommodated living space provided on school grounds.
- Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.
- Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.
- Skilled Nursing Facility: facility with 24 hour nursing services.
- Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.
- Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.
- Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore

clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

- Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
 - An agency that provides a temporary residence for individuals intended to be institutionalized, or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
- Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.
- Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

2. Was the child/adolescent homeless since the last OMS interview date?

The federal definition of homelessness should be used to answer this item. In the online version, click on the hyperlink that appears in order to access the definition. It is also included in the definitions available online at the ASO website or in the Definition List included in this OMS Interview Guide. This definition is:

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or*
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or*
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).*

There are some situations in which a child or adolescent may be staying temporarily with a relative or friend and the living arrangement is time-limited or stressful. He or she may be living with the friend due to an abusive situation at home, or may not know where he or she will be living in just a few days. It is recognized that these situations are very stressful for the child/adolescent and the situation may feel like “homelessness” to everyone, including the child, family, and/or professional supports. It is understood that such situations may have a negative impact upon the child and his or her family. However, it is required that the federal definition of homelessness be used to complete this item.

3. Does the child/adolescent attend school when it is in session, including home schooling?

The focus of this question is on whether the child/adolescent attends school, when it is in session. "School" includes home schooling.

If the child/adolescent is attending school currently or the last time it was in session, code "Yes" for the answer. This would also apply to situations when the child is currently out for a few days (due to illness, suspension or other temporary situation) or is on a school break, including summer break, as long as the child attended the last time school was in session.

If the child/adolescent is planning to attend school or is enrolled in school, but isn't actually attending yet, code "No" for the response.

If the answer is "No", proceed to Item 4.

If the answer is "Yes", you will skip to Item 5. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

4. If the child/adolescent is not in school, what is the reason?

This question should only be completed for those children/adolescents who are not currently attending school.

If it is not clear which response is appropriate, the following definitions may be used:

- Completed school/obtained GED – the child/adolescent has completed school or graduated.
- Dropped Out – the child/adolescent has dropped out of school and is no longer attending.
- Expelled – the child/adolescent has been expelled from school and is not attending any school.
- Other (please specify) – if the answer provided does not fit into the other options provided; please write in the appropriate response in the "Other" selection. Do not use "other" if the child is merely out of a school for a few days due to illness, suspension or a school break. If that is the situation and the child otherwise attends or attended school when it was in session, then the response to the previous item (#3) should be endorsed as "Yes" and Item 4 skipped.

5. Since the last OMS interview date has the child/adolescent had problems with school attendance?

"School attendance" includes the physical presence of the child in a school setting during scheduled class hours.

"Problems" with school attendance would mean missing 25% or more of school hours. The reason for the problems (ill health, skipping classes voluntarily, issues with transportation, etc.) should not be taken into consideration when responding to this question.

If the answer is “No”, skip to Item 7. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Item 6.

6. Since the last OMS interview date have the child/adolescent’s problems with school attendance increased, stayed the same, or decreased?

This item should only be completed when “Yes” is answered to Item #5 (school attendance problems).

“School attendance” includes the physical presence of the child in a school setting during scheduled class hours.

“Problems” with school attendance would mean missing 25% or more of school hours. The reason for the problems (ill health, skipping classes voluntarily, issues with transportation, etc.) should not be taken into consideration when responding to this question.

7. Some children and teens get suspended from school. This would include in-and out-of school suspensions. Since the last OMS interview date has the child/adolescent had... no suspensions, increased suspensions, the same number of suspensions, decreased suspensions.

“Suspensions” would include suspensions that occur either in or out of school:

“In-school suspension” - when the child/adolescent is currently suspended from school and is completing the suspension inside the school building but is not attending classes as he/she would normally.

“Out of school suspension” - when the child/adolescent is currently suspended from school and is completing the suspension out of the school building (i.e., at home, caregiver’s workplace, “hanging out” in the community, etc.).

8. Since the last OMS interview date has the child/adolescent been expelled from school?

“Expelled” means that the child/adolescent has been expelled from school and is not attending any school.

9. Since the last OMS interview date has the child/adolescent been arrested?

No special instructions.

10. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date has the child/adolescent had... no negative encounters with police, increased negative encounters, the same amount of negative encounters, or decreased negative encounters?

No special instructions.

11. Does the child/adolescent smoke cigarettes?

“Cigarettes” would include tobacco cigarettes (commercial or those made by hand). It does not include cigars, snuff, chew, or other tobacco products.

Endorse the “Yes” response even if the child/adolescent smokes infrequently.

12. How long has the child/adolescent been receiving services from this clinic?*

NOTE: This is a mandatory item.

Endorse one of the four response options. Estimates are acceptable. If you are unable to estimate the length of time in service, the medical record should be consulted prior to submitting the questionnaire because this is a mandatory item for submission.

The reference period is in terms of when the child/adolescent began receiving services from the particular clinic in which the interview is occurring, not services from another program within the entire agency or any other mental health services in general. If the child/adolescent has been admitted and discharged from the program more than once, the most recent admission date to the program should be used as a reference point.

5E. QUESTION BY QUESTION SPECIFICATION FOR ADULT DISCHARGE FORM – CONSUMER NOT PARTICIPATING

The Adult Discharge Form – Consumer Not Participating is to be used upon discharge when the consumer is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed. In the on-line version, the Adult Discharge Form-Consumer Not Participating Form immediately follows the six Discharge Information Sheet items.

The Adult Discharge Form - Consumer Not Participating should be completed based on your most recent knowledge of the consumer's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

Consumer Name (hardcopy version only)

Include the consumer's first and last name.

Interviewer Name (hardcopy version only)

Include the first and last name of the person completing the form.

Previous OMS Interview Date

This is the date that the previous OMS interview was conducted. This date will be referenced in several items in the Adult Discharge Form – Consumer Not Participating as a means of defining the time period for which data are collected.

Date of Current Interview*

NOTE: This is a mandatory item.

Please enter the date the form was completed, regardless of the individual's actual date of discharge. The date cannot be earlier than the most recent OMS interview date and cannot be a future date.

1. Where is the consumer living now?

The answer option endorsed should reflect where the consumer is living the day of discharge, even if a move just occurred or is imminent.

Some of the living situation categories may not apply to adults because the OMS system uses a single living situation option list for children/adolescents and adults.

In the online version, click on the hyperlink that appears in order to access the definitions. If you are using a hardcopy version, you may use the definition list available online at the ASO website, refer to the Definition List within this OMS Interview Guide, or refer to the definitions below. Please note that these definitions continue onto the next page of this OMS Interview Guide. The definitions are:

- Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).
- Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.
- Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.
- Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.
- School or Dormitory: accommodated living space provided on school grounds.
- Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.
- Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.
- Skilled Nursing Facility: facility with 24 hour nursing services.
- Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.
- Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

- Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.
- Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
 - An agency that provides a temporary residence for individuals intended to be institutionalized, or
 - A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
- Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.
- Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

2. Was the consumer homeless since the last OMS interview date?

The federal definition of homelessness should be used to answer this item. In the online version click on the hyperlink that appears in order to access the definition. It is also included in the definitions available online at the ASO website or in the Definition List included in this OMS Interview Guide. This definition is:

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or*
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or*
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).*

There are some situations in which a consumer may be staying temporarily with a relative or friend and the living arrangement is time-limited or stressful. He or she may be living with the friend due to an abusive situation at home, or may not know where he or she will be living in just a few days. It is recognized that these situations are very stressful for the consumer and the situation may feel like “homelessness” to everyone, including the consumer and/or professional supports. It is understood that such situations may have a negative impact upon the consumer. However, it is required that the federal definition of homelessness be used to complete this item.

3. Since the last OMS interview date, was the consumer arrested?

No special instructions.

4. Since the last OMS interview date, was the consumer in either jail or prison?

No special instructions.

5. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMs interview date, has the consumer had... no negative encounters with police, increased negative encounters, the same amount of negative encounters, or decreased negative encounters?

No special instructions.

6. Is the consumer currently employed?

The federal definition of employment should be used in answering this item. In the online version this definition is available by clicking on the hyperlink. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

If the answer is “No” (consumer is not currently employed), proceed with Item 7.

If the answer is “Yes” (consumer is currently employed), skip to Item 9. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

7. Is the consumer actively looking for work by doing things like filling out applications, or answering ads?

No special instructions.

8. Has the consumer been employed since the last OMS interview date?

The federal definition of employment should be used in answering this item. In the online version this definition is available by clicking on the hyperlink that appears. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definition is:

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

If the answer is “No”, skip to Item #10. In the online version this will be done automatically by the programming. If you are using a hardcopy version, you will need to follow the skip pattern indicated.

If the answer is “Yes”, proceed to Item 9.

9. (Is/Was) the consumer’s job competitive employment or sheltered workshop or agency employment?

If more than one job was held by the consumer during the reference period, complete this item in terms of the most recent job.

The federal definitions of competitive employment and sheltered workshop or agency employment should be used in answering this item. In the online version this definition is available by clicking on the hyperlink that appears. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definitions are:

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.

10. Does the consumer smoke cigarettes?

“Cigarettes” would include tobacco cigarettes (commercial or those made by hand). It does not include cigars, snuff, chew, or other tobacco products.

Endorse the “Yes” response even if the consumer smokes infrequently.

11. How long has the consumer been receiving services from this clinic?*

NOTE: This is a mandatory item.

Endorse one of the four response options. Estimates are acceptable. If you are unable to estimate the length of time in service, the medical record should be consulted prior to submitting the questionnaire because this is a mandatory item for submission.

The reference period is in terms of when the consumer began receiving services from the particular clinic in which the interview is occurring, not services from another program within the entire agency or any other mental health services in general. If the consumer has been admitted and discharged from the program more than once, the most recent admission date to the program should be used as a reference point.

CHAPTER 6. APPENDICES

The following appendices are included:

- Child and Adolescent Questionnaire
- Child and Adolescent Questionnaire Response Cards
- Adult Questionnaire
- Adult Questionnaire Response Cards
- Discharge Information Sheet
- Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating
- Adult Discharge Form – Consumer Not Participating
- Definition List

I'm going to ask you some questions today about different areas of (your/your child's) life, such as school and other daily activities.

LIVING SITUATION

1. Where are (you/your child) living now?* (see OMS Interview Guide for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) _____

2. Have (you/your child) been homeless at all (since last interview date/in the past six months)? (see OMS Interview Guide for definition of "homeless")

- No
- Yes

PSYCHIATRIC SYMPTOMS¹

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use the wording "your child" as appropriate and make the necessary grammatical adjustments. The (you/your child) wording format is not used in the following two sets of questions on Psychiatric Symptoms and Functioning (#3-31) only due to space limitations.

Next I will ask you to answer questions about (your/your child's) feelings and behaviors. There is no right or wrong answer to any of the questions. Try to answer all of the questions even if you are not totally sure of how (you/your child) feel.

These questions ask about how you have been feeling during the past week. As I read the question to you, let me know how many days in the past week you have been feeling that way. For example, if I ask about feeling silly, you would say "never" if you felt silly no days during the past week, "a few days" if you felt silly 1-2 days during the past week, "about every other day or about half of the time" if you felt silly 3-4 days during the past week, "almost every day" if you felt silly 5-6 days during the past week, and "every day" if you felt that way all week.

In the past week, on how many days ... [CARD #1 with response options]

<i>Please note that Questions 3-24 are all Ψ (Consumer Opinion Only)</i>	Never (0 days)	A few days (1-2 days)	About every other day/half of the time (3-4 days)	Almost every day (5-6 days)	Every day (7 days)
3. Did you have trouble falling asleep or staying asleep?					
4. Did you feel depressed or sad?					
5. Did you have trouble relaxing?					
6. Were you nervous, uptight, or worried?					
7. Did you worry about your safety?					
8. Were you irritable or grouchy?					
9. Did you cry a lot?					
10. Were you afraid of things?					
11. Did you feel like you had no energy?					
12. Did you want to be by yourself instead of with others?					
13. Were you happy one minute and then sad or angry the next minute?					
14. Did you have stomachaches, headaches, or other aches and pains?					
15. Did you think or worry about bad things that you have seen or have happened to you?					
16. Did you want to hurt yourself?					
17. Did you want to hurt someone else?					
18. Did you have a hard time paying attention?					
19. Were you angry?					
20. Did you have a hard time sitting still?					
21. Were you mean, threatening or bullying to others?					
22. Did you get in arguments or fights?					
23. Did you have trouble following rules?					
24. Were you bothered by any of these feelings?					

¹ Items developed by Dr. Laurel Kiser; © Univ. of Maryland, Baltimore 2005

FUNCTIONING AND SOCIAL CONNECTEDNESS

Now I am going to read a series of statements. For each of these statements, please indicate whether (you/your child) strongly agree, agree, are undecided, disagree or strongly disagree. [if Primary Respondent is a caregiver, read questions as “your child”]

[see OMS Interview Guide for definitions of response options and “handle” (#25), “family” (#26), “cope” (#29), and “satisfied” (#30)]

[CARD #2 with response options]

<i>Please note that Questions 25-31 are all Ψ (Consumer Opinion Only)</i>	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
25. I am able to handle daily life.					
26. I get along with family members.					
27. I get along with friends and other people.					
28. I am doing well in school and/or work.					
29. I am able to cope when things go wrong.					
30. I am satisfied with our family life right now.					
31. I am able to do things I want to do (and am allowed to do).					

INTERVIEWER: (do not read aloud) Questions 32-35 are asked ONLY of the caregiver. If the caregiver is not present, endorse “Not applicable” (NA) for each item and continue on in the questionnaire.

For the next statements that I am going to read, please answer for relationships with persons other than your child’s mental health provider(s). [CARD #2]

<i>Please note that Questions 32-35 are all Ψ (Consumer Opinion Only)</i>	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	NA
32. I know people who will listen and understand me when I need to talk.						
33. I have people that I am comfortable talking with about my child’s problems						
34. In a crisis, I would have the support I need from family or friends.						
35. I have people with whom I can do enjoyable things.						

SCHOOL PERFORMANCE

Next let's talk about school.

36. Do (you/your child) attend school when it is in session, including home schooling?

- No (*continue to #37*)
- Yes (*skip to #38*)

37. If (you/your child) are not in school, what is the reason?

- Completed school/obtained GED
- Dropped Out
- Expelled
- Other (please specify: _____)

38. (Since last interview date/in the past six months) have (you/your child) had problems with school attendance?*

- No (*skip to #40*)
- Yes (*continue to #39*)

39. (Since last interview date/in the past six months) would you say (your/your child's) problems with school attendance have increased, stayed the same, or decreased?*

- Increased
- Stayed the same
- Decreased

40. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. (Since last interview date/in the past six months) would you say (you/your child) have had...*

(INTERVIEWER: Read the following answer options to the respondent)

- No suspensions
- Increased suspensions
- The same number of suspensions
- Decreased suspensions

41. (Since last interview date/in the past six months) were (you/your child) expelled from school?*

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

42. (Since last interview date/in the past six months) have (you/your child) been arrested?*

- No
- Yes

43. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say (you/your child) have had...

(INTERVIEWER: Read the following answer options to the respondent)

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

SOMATIC HEALTH

44. Do (you/your child) smoke cigarettes?

- No (*skip to #46*)
- Yes (*continue to #45*)

45. How many cigarettes do (you/your child) smoke per day? [one pack = 20 cigarettes]

- Do not smoke every day
- 1-10
- 11-20
- 21-30
- 30+

46. Would you say in general (your/your child's) health is... Ψ

(INTERVIEWER: Read the following answer options to the respondent)

- Excellent
- Very good
- Good
- Fair
- Poor

INTERVIEWER: (do not read aloud) Is the caregiver present for any of the following questions (#47-#56)?

- Yes No

47. Earlier, you said (you/your child) were living at _____ (refer to Question #1). How good or bad is it for (you/your child) living at (current environment)? Ψ
 (INTERVIEWER: Read the following answer options to the respondent)

- Great
- Good
- OK
- Bad
- Terrible

INTERVIEWER: (do not read aloud) Is child/adolescent 12 years or older?

- Yes (continue to #48)
- No (skip to #57)

48. Please tell me whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with the following statement:

“I am hopeful about my future” Ψ

- Strongly agree (REALLY agree)
- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Strongly Disagree (REALLY disagree)

ALCOHOL AND SUBSTANCE USE ²

Please tell me if you have had any of the following happen to you (since last interview date/in the past six months)...

<i>Please note that Questions 49-54 are all Ψ (Consumer Opinion Only)</i>	No	Yes
49. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
50. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
51. Did you use alcohol or drugs while you were by yourself (alone)?		
52. Did you forget things you did while using alcohol or drugs?		
53. Did your family or friends tell you that you should cut down on your drinking or drug use?		
54. Have you gotten into trouble while you were using alcohol or drugs?		

²CRAFFT Substance Abuse Screening Test, 1999.

EMPLOYMENT

55. Do you currently work? (see OMS Interview Guide for definition of “employment”)

- No (continue to #56)
- Yes (skip to #57)

56. Have you been employed (since last interview date/in the past six months)?

- No
- Yes

DEMOGRAPHIC AND INTERVIEW INFORMATION

57. How long has the child/adolescent been receiving services from this clinic?*

- Intake
- Less than one year
- One year to three years
- Greater than three years

58. Child/adolescent/caregiver involvement in interview:*

- Child/adolescent only participated
- Child/adolescent and caregiver(s) participated
- Caregiver only participated
- Child/adolescent/caregiver did not answer all/most items

59. Please indicate the relationship of the caregiver(s) participating in the interview to the child or adolescent receiving services. (check all that apply):

- Not Applicable – no caregiver participated in interview
- One parent
- Two parents
- Other relative(s). Please specify: _____
- Foster care parent
- Legal guardian
- DSS Worker
- Service provider staff
- Other. Please specify: _____

Clinician's Notes (Optional)

A large, empty rectangular box with a thin black border, intended for the clinician to write optional notes. The box occupies most of the page's vertical space below the header.

OMS Child and Adolescent Questionnaire – Response Cards

Card #1

(Questions 3-24: Symptoms)

Never (0 days)

A few days (1-2 days)

**About every other day/about half of the time
(3-4 days)**

Almost every day (5-6 days)

Every day (7 days)

OMS Child and Adolescent Questionnaire – Response Cards
Card #2

(Questions 25-35: Functioning and Social Connectedness)

Strongly Agree (REALLY agree)

Agree

Undecided

Disagree

Strongly Disagree (REALLY disagree)

ADULT QUESTIONNAIRE (18 -64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: ____ / ____ / ____
 MM DD YYYY

Date of Current Interview:* ____ / ____ / ____
 MM DD YYYY

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions “(since last interview date/in the past six months).” When this appears, you should read the question as follows:

If this is the consumer’s initial OMS interview in your program: read the question with the phrase “in the past six months” as the reference period. For example, “*Have you been homeless at all in the past six months?*”

If this is NOT the consumer’s initial OMS interview: say the actual previous OMS interview date when reading the question. For example, “*Have you been homeless at all since October 15th?*”

A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.

The symbol (**Ψ**) denotes a consumer opinion only question (discussion may occur but consumer’s/caregiver’s initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of your life, such as your living situation and daily activities.

LIVING SITUATION

1. Where are you living now?* (see *OMS Interview Guide* for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) _____

2. In general, how satisfied are you with where you currently live? Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Not satisfied or dissatisfied (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

3. Have you been homeless at all (since last interview date/in the past six months)? (see *OMS Interview Guide* for definition of "homeless")

- No
- Yes

FUNCTIONING AND SYMPTOMS

4. Overall, how satisfied are you with your recovery? *Ψ (description of “recovery” in italics below)*

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Neutral (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

[“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004)]

Now, I am going to read a series of statements. For each of these statements, please indicate whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with these statements. *(see OMS Interview Guide for definition of response options)*

[CARD #1 with response options]

<i>Please note that Questions 5-9 are all Ψ (Consumer Opinion Only)</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. I do things that are meaningful to me.					
6. I am able to take care of my needs.					
7. I am able to handle things when they go wrong.					
8. I am able to do things that I want to do.					
9. My symptoms bother me. <i>(see OMS Interview Guide for definition of “symptoms”)</i>					

For the next several questions, please tell me your answer based on the past **MONTH**.

INTERVIEWER: (do not read aloud) For items 10-33, you must either show the designated Response Card, give the consumer a copy of the questionnaire to follow along, or read all of the response options for each question to the consumer. (Questionnaire Items 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

During the **PAST MONTH**, how much difficulty did you have...

10. Managing your day-to-day life? Ψ [CARD #2 with response options]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

11. Coping with problems in your life? Ψ [CARD #2]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

12. Concentrating? Ψ [CARD #2]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

During the **PAST MONTH**, how much of the time did you...

13. Get along with people in your family? Ψ [CARD #3 with response options]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

14. Get along with people outside your family? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

15. Get along well in social situations? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

16. Feel close to another person? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how much of the time did you...

17. Feel like you had someone to turn to if you needed help? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

18. Feel confident in yourself? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how much of the time did you...

19. Feel sad or depressed? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

20. Think about ending your life? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

21. Feel nervous? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how often did you...

22. Have thoughts racing through your head? Ψ [CARD #4 with response options]

- Never
- Rarely
- Sometimes
- Often
- Always

23. Think you had special powers? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

24. Hear voices or see things? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

25. Think people were watching you? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

26. Think people were against you? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often did you...

27. Have mood swings? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

28. Feel short tempered? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

29. Think about hurting yourself? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often...

30. Did you have an urge to drink alcohol or take street drugs? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

31. Did anyone talk to you about your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

32. Did you try to hide your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

33. Did you have problems from your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

LEGAL SYSTEM INVOLVEMENT

34. (Since last interview date/in the past six months) have you been arrested?*

- No
- Yes

35. (Since last interview date/in the past six months) have you been in either jail or prison?*

- No
- Yes

36. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview/in the past six months), would you say you have had...

(INTERVIEWER: Read the following answer options to the consumer)

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

EMPLOYMENT

Now let's talk a little bit about your work situation.

37. Are you currently employed?* (see OMS Interview Guide for definition of "employment")

- No (continue to #38)
- Yes (skip to #40)

38. Are you actively looking for work by doing things like filling out applications, or answering ads?*

- No
- Yes

39. Have you been employed (since last interview date/in the past six months)?

- No (skip to #43)
- Yes (continue to #40)

INTERVIEWER: (do not read aloud) If the person held more than one job (since last interview date/in the past six months), please ask him or her to answer the following questions in terms of the most recent job.

40. (Is/Was) your job competitive employment or sheltered workshop or agency employment?* (see *OMS Interview Guide* for definitions of “competitive” and “sheltered” employment)

- Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- Sheltered workshop or agency employment (a job only available to someone with a disability)

41. How many hours a week (do/did) you usually work?

- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 40+ hours

42. In general, how satisfied (are/were) you with this job? Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Neutral (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

SOMATIC HEALTH

43. Do you smoke cigarettes?

- No (*skip to #45*)
- Yes (*continue to #44*)

44. How many cigarettes do you smoke per day? [one pack = 20 cigarettes]

- Do not smoke every day
- 1-10
- 11-20
- 21-30
- 30+

45. Would you say in general your health is: Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Excellent
- Very good
- Good
- Fair
- Poor

46. How tall are you?

_____ (feet) _____ (inches) *[please write legibly]*

47. How much do you currently weigh?

_____ pounds *[whole numbers only; please write legibly]*

- Don't Know*
- Refused*

DEMOGRAPHIC AND INTERVIEW INFORMATION

48. How long has the consumer been receiving services from this clinic?*

- Intake
- Less than one year
- One year to three years
- Greater than three years

49. Consumer involvement in interview:*

- Consumer answered all/most questions
- Consumer did not answer all/most questions

Clinician's Notes (Optional)

A large, empty rectangular box with a thin black border, intended for the clinician to write optional notes. The box occupies most of the page's vertical space below the header.

OMS Adult Questionnaire – Response Cards

Card #1

(Questions 5-9: Functioning)

Strongly Agree (REALLY agree)

Agree

Neutral

Disagree

Strongly Disagree (REALLY disagree)

OMS Adult Questionnaire– Response Cards

Card #2

(Questions 10-12: BASIS-24®)

No difficulty

A little difficulty

Moderate difficulty

Quite a bit of difficulty

Extreme difficulty

OMS Adult Questionnaire– Response Cards

Card #3

(Questions 13-21: BASIS-24®)

None of the time

A little of the time

Half of the time

Most of the time

All of the time

OMS Adult Questionnaire– Response Cards

Card #4

(Questions 22-33: BASIS-24®)

Never

Rarely

Sometimes

Often

Always

OUTCOMES MEASUREMENT SYSTEM (OMS) DISCHARGE INFORMATION SHEET

[Version 2; September 2009]

To be completed upon discharge for all consumers
6-64 years of age.

An asterisk (*) denotes a question that is mandatory for submission

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

D1. Discharge Date*

Discharge Date: ____ / ____ / _____
 MM DD YYYY

D2. Date of last contact with consumer*

Date of last contact with consumer: ____ / ____ / _____
 MM DD YYYY

D3. Indication of Planned/Unplanned Discharge*

Was this discharge planned?

- No
- Yes

D4. Against Medical Advice*

Was this discharge Against Medical Advice?

- No
- Yes

D5. Reason(s) for Discharge*

Reason(s) for discharge (choose all that apply):

- Consumer and provider agree that treatment is complete based upon the individual's current status, service needs, and mutually agreed upon goal attainment
- Consumer or parent/guardian withdrew consumer from care
- Consumer referred to less intensive level of care
- Consumer referred to more intensive level of care
- Consumer referred to another provider providing similar level of services
- Consumer no longer meets medical necessity criteria
- Consumer no longer eligible for services (*no longer has MA/no longer meets uninsured criteria/benefits no longer cover services*)
- Consumer's lack of participation in program
- Program's determination to discontinue services (*because of the consumer's actions, the services are not effective or the program is unable to secure the safety and welfare of the consumer or others*)
- Consumer moved from service area
- Consumer is hospitalized – psychiatric
- Consumer is hospitalized – somatic
- Consumer is in jail or prison
- Consumer deceased
- Discharge reason unknown

D6. Consumer or Child/Adolescent/Caregiver participation:*

- Consumer or child/adolescent/caregiver present or participating by phone – *in addition to this Discharge Information Sheet, you should conduct an OMS interview with the consumer or child/adolescent/caregiver using the appropriate questionnaire (either Adult or Child and Adolescent version).*

- Consumer or child/adolescent/caregiver not present (not participating by phone) – *in addition to this Discharge Information Sheet, you should complete the appropriate OMS Discharge Form (either Adult or Child and Adolescent version).*

**CHILD AND ADOLESCENT DISCHARGE FORM –
CHILD/ADOLESCENT/CAREGIVER NOT PARTICIPATING
(6-17 years)**

OUTCOMES MEASUREMENT SYSTEM (OMS)

[Version 2; September 2009]

This form is to be used upon discharge when the child/adolescent/caregiver is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed.

Please complete the following OMS form based on your most recent knowledge of the child/adolescent's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

An asterisk () denotes a question that is mandatory for submission*

Child/Adolescent Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: ____ / ____ / ____
 MM DD YYYY

Date Form Completed:* ____ / ____ / ____
 MM DD YYYY

LIVING SITUATION

1. Where is the child/adolescent living now? (see OMS Interview Guide for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) _____

2. Was the child/adolescent homeless since the last OMS interview date? (see OMS Interview Guide for definition of “homeless”)

- No
- Yes

SCHOOL PERFORMANCE

3. Does the child/adolescent attend school when it is in session, including home schooling?

- No (continue to #4)
- Yes (skip to #5)

4. If the child/adolescent is not in school, what is the reason?

- Completed school/obtained GED
- Dropped Out
- Expelled
- Other (please specify: _____)

5. Since the last OMS interview date has the child/adolescent had problems with school attendance?

- No (skip to #7)
- Yes (continue to #6)

6. Since the last OMS interview date have the child/adolescent's problems with school attendance increased, stayed the same, or decreased?

- Increased
- Stayed the same
- Decreased

7. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. Since the last OMS interview date has the child/adolescent had...

- No suspensions
- Increased suspensions
- The same number of suspensions
- Decreased suspensions

8. Since the last OMS interview date has the child/adolescent been expelled from school?

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

9. Since the last OMS interview date has the child/adolescent been arrested?

- No
- Yes

10. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date has the child/adolescent had...

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

SOMATIC HEALTH

11. Does the child/adolescent smoke cigarettes?

- No
- Yes

DEMOGRAPHIC INFORMATION

12. How long has the child/adolescent been receiving services from this clinic?*

- Intake
- Less than one year
- One year to three years
- Greater than three years

LIVING SITUATION

1. Where is the consumer living now? (see OMS Interview Guide for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) _____

2. Was the consumer homeless since the last OMS interview date? (see OMS Interview Guide for definition of “homeless”)

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

3. Since the last OMS interview date, was the consumer arrested?

- No
- Yes

4. Since the last OMS interview date, was the consumer in either jail or prison?

- No
- Yes

5. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date, has the consumer had...

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

EMPLOYMENT

6. Is the consumer currently employed? (see OMS Interview Guide for definition of "employment")

- No (continue to #7)
- Yes (skip to #9)

7. Is the consumer actively looking for work by doing things like filling out applications, or answering ads?

- No
- Yes

8. Has the consumer been employed since the last OMS interview date?

- No (skip to #10)
- Yes (continue to #9)

If the consumer held more than one job (since last interview date/in the past six months), please answer the following item in terms of the most recent job.

9. (Is/Was) the consumer's job competitive employment or sheltered workshop or agency employment? (see OMS Interview Guide for definition of "competitive" and "sheltered" employment)

- Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- Sheltered workshop or agency employment (a job only available to someone with a disability)

SOMATIC HEALTH

10. Does the consumer smoke cigarettes?

- No
- Yes

DEMOGRAPHIC INFORMATION

11. How long has the consumer been receiving services from this clinic?*

- Intake
- Less than one year
- One year to three years
- Greater than three years

DEFINITIONS FOR OMS QUESTIONNAIRES AND FORMS

This document includes definitions or clarifications for specific items in the following OMS forms:

- Child and Adolescent OMS Questionnaire
- Adult OMS Questionnaire
- Child and Adolescent OMS Discharge Form – Child/Adolescent/Caregiver Not Participating
- Adult OMS Discharge Form – Consumer Not Participating

Child and Adolescent OMS Questionnaire Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (definition for each option)

Q2. Homelessness

Q25-31. Instructions for Questions #25-31

Q25. I am able to handle daily life.

Q26. I get along with family members.

Q29. I am able to cope when things go wrong.

Q30. I am satisfied with our family life right now.

Q55. Employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Q25-31. Instructions for Questions #25-31

If respondent has difficulty understanding “strongly agree” vs. “agree,” you can explain it that it is like “REALLY agree” and “agree.”

Q25. I am able to handle daily life.

To “handle” something means you can deal with it.

Q26. I get along with family members.

“Family” is whomever the child considers to be family, even if the person is not biologically related.

Q29. I am able to cope when things go wrong

To “cope” with something means you can deal with it when things go wrong.

Q30. I am satisfied with our family life right now.

To be “satisfied” with something means you’re okay with it.

Q55. Employment

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., babysitting, paper route, etc.).

Adult OMS Questionnaire Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (one box including definition for all options)

Q3. Homelessness

Q4. Overall, how satisfied are you with your recovery?

#5-9. Instructions for Questions #5-9

Q9. My symptoms bother me.

Q37. Employment

Q40. Type of employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q3. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Q4. Overall, how satisfied are you with your recovery?

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. *[National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004]*

Q5-9. Instructions for Questions #5-9

If respondent has difficulty understanding “strongly agree” vs. “agree,” you can explain it that it is like “REALLY agree” and “agree

Q9. My symptoms bother me.

“Symptoms” are feelings or problems, like being sad or nervous or seeing or hearing things that other people don’t.

Q37. Employment

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

Q. 40. Type of employment

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.

Child and Adolescent OMS Discharge Form – Child/Adolescent/Caregiver Not Participating Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (definition for each option)

Q2. Homelessness

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Adult OMS Discharge Form – Consumer Not Participating Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (one box including definition for all options)

Q2. Homelessness

Q6. Employment

Q9. Type of employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: “Halfway house” is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a “halfway house.” If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the “Residential Rehabilitation Program (RRP), Group Home/TGH” answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

- a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
- b. An agency that provides a temporary residence for individuals intended to be institutionalized, or
- c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Q6. Employment

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

Q. 9. Type of employment

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.