

Outcomes Measurement System (OMS)

OMS Interview Guide [Version 3; December 13, 2014]

Preface

This OMS Interview Guide was designed as a reference source for the Maryland Behavioral Health 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.

“Client” - 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 client, 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.....	5
CHAPTER 2. CONDUCTING THE OMS INTERVIEW.....	6
2A. General OMS Interviewing Techniques.....	6
2B. Overview of OMS Questionnaire Elements.....	9
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.....	17
3C. Psychiatric Symptoms (Questions 3-23) Ψ	19
3D. Functioning.....	19
3E. School Performance.....	20
3F. Somatic Health.....	21
3G. Legal System Involvement.....	23
3H. Alcohol and Substance Use.....	23
3I. Employment.....	24
3J. Resilience.....	25
CHAPTER 4. QUESTION-BY-QUESTION SPECIFICATIONS - ADULT QUESTIONNAIRE.....	26
4A. Cover Page.....	26
4B. Living Situation.....	27
4C. Recovery and Functioning.....	28
4D. Psychiatric Symptoms.....	29
4E. Legal System Involvement.....	30
4F. Employment.....	30
4G. Somatic Health.....	31
CHAPTER 5. DISCHARGE.....	34
5A. Client or Child/Adolescent/Caregiver Participating in OMS Interview At Discharge.....	34
5B. Client or Child/Adolescent/Caregiver <u>NOT</u> Participating in OMS Interview at Discharge.....	34
5C. Question By Question Specifications for Discharge Information Sheet.....	35

5D. Question By Question Specifications for Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating	36
5E. Question by Question Specification for Adult Discharge Form – Client Not Participating.....	39
CHAPTER 6. APPENDICES.....	43
Child and Adolescent Questionnaire.....	44
OMS Child and Adolescent Questionnaire – Response Cards.....	52
Adult Questionnaire	55
Adult Questionnaire – Response Cards.....	66
Discharge Information Sheet	70
Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating	72
Adult Discharge Form – Client Not Participating.....	75

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 behavioral health system (PBHS) are doing over time. It is designed to track trends in the public behavioral health system as a whole; the state does not use the OMS to track the progress of individual clients. However, clinicians are encouraged to use the information in clinical assessment and treatment planning. While administering the questionnaire, they can stop to discuss clients' answers to particular questions. In addition, clinicians can use each client's responses from previous OMS questionnaires to track individual client'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.

The OMS questionnaires were first implemented in 2006, then modified in September 2009 (Version 2), September 2012 (Version 2.1, slight revisions only), and December 2014 (Version 3). Changes were designed to ensure the collection of data relevant to the field and to eliminate items which were no longer relevant or had proven difficult to analyze or interpret. Reflecting the integration of the Maryland Mental Hygiene Administration and the Alcohol and Drug Abuse Administration, in January 2015 Substance-Related Disorder (SRD) providers also began completing the OMS interview.

The life domains included in the OMS Questionnaires currently include:

- Living Situation
- Psychiatric Symptoms
- Substance Use
- Functioning
- Employment
- School Performance
- Recovery/Resilience
- Legal System Involvement
- Somatic Health

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, and Level I Substance-Related Disorder (SRD) providers.

Clients who are not included in the OMS include: clients treated in settings other than those listed above; clients under 6 years of age or over 64 years of age; clients dually eligible for Medicare/Medicaid; and clients 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 client, 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, clients, 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 Clients and/or Caregivers

There are several approaches to introducing the questionnaire to the client, 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 clients 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 client, 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 client, 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 client, 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 client, child/adolescent's and/or caregiver's response requires discussion.

Discussion could result in the client, child/adolescent or caregiver changing his or her answer to an OMS item. In these situations, it is appropriate to modify the initially recorded response to reflect the new answer.

Administering Client/Caregiver Opinion Only Items

There are several "Client/Caregiver Opinion Only" items which are designed to reflect the opinion of the client. The intent of these items is to capture the respondent's subjective opinion. Once you have read the question as written, it is fine to discuss the respondent's answer. However, you should not try to influence his or her opinion. The initial response recorded should not be changed unless the client independently indicates a different response. Note that these are not mandatory items.

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

"Client/Caregiver Opinion Only" Items in the Child and Adolescent Questionnaire include:	
Questions 3-23	Psychiatric symptoms
Questions 24-30	Functioning
Question 36	Overall health
Questions 41-49	Alcohol and substance use
Questions 52-56	Resilience
"Client Opinion Only" Items in the Adult Questionnaire include:	
Question 2	Satisfaction with living situation
Questions 4-13	Recovery and Functioning
Question 14	Satisfaction with recovery
Questions 15-38	Psychiatric symptoms
Question 44	Satisfaction with employment
Question 48	Overall health

Helping Client/Caregiver Understand and Answer Questions

Once you have read the question to the client, 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.

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 24-30	Clarification of response options for functioning items
Question 24	I am able to <i>handle</i> daily life
Question 25	I get along with <i>family</i> members
Question 28	I am able to <i>cope</i> when things go wrong
Question 29	I am <i>satisfied</i> with our family life right now
Question 50	Employment
Items that have definitions in the Adult Questionnaire include:	
Question 1	Living situation (definition for each option)
Question 3	Homelessness
Question 13	<i>My symptoms</i> bother me.
Question 14	Overall, I am satisfied with my <i>recovery</i>
Question 41	Employment

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 client’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 may be difficult at first because it can differ from traditional counseling approaches.

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 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 3-23 (psychiatric symptoms) and Questions 41-49 (alcohol and substance use). In the Adult Questionnaire, there are several different stem questions used for Questions 15-38 (psychiatric symptoms/BASIS-24®).

Response Cards

Response cards are used in order to help respondents remember response choices. As shown below, there are three 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 3-23; Psychiatric Symptoms
Card #2	Questions 24-30; Functioning
Card #3	Questions 52-56 Resilience
Adult Questionnaire Response Cards	
Card #1	Questions 4-13; Recovery and Functioning
Card #2	Questions 15-17; BASIS-24®
Card #3	Questions 18-26; BASIS-24®
Card #4	Questions 27-38; 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.

Wording 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 two 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? (#31, Child & Adolescent Questionnaire)
- Are you currently employed? (#41, Adult Questionnaire)

In the online version of the OMS Questionnaires, these “skips” are programmed and the interviewer will be unable to access 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 questionnaires, there are boxes which include instructions to the interviewer. They include important reminders or directions for conducting the interview. The text in these boxes is **not** intended to be read aloud. They are included in both the hardcopy and online versions. 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 (#38 on the Child and Adolescent Questionnaire and #46 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 all the answer options to the client.” Examples of these items include:

- Would you say in general (your/your child’s) health is...(#36, 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 clients, determination of whether or not to involve the caregiver in the interview with a child or adolescent client 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 (adjust grammar as needed).

Ages 12-17 → Youth (use "you" when reading questions).

2E. CHALLENGES IN OMS ADMINISTRATION

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

If a client 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 client and/or caregiver or with the delivery of services (e.g., the client 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 "Client/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.

Client/Caregiver/Interviewer Disagreement

For circumstances in which you disagree with the client 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 client: record the client's response.
- If interviewing a child/adolescent or caregiver: record the Primary Respondent's answer.

If discussion regarding a particular item changes the client and/or caregiver's answer to an 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.

Client/Caregiver Does Not Know the Answer to a Question

If the client, 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 "Client/Caregiver Opinion Only" questions).

If neither the client, 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.

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

There may be a few instances in which a client, 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 "Client/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 client 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 client 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 "Client/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.

Client Is In Crisis

When the client 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 client, child/adolescent or caregiver is unable or unwilling to come to the clinic and there are compelling reasons not to discharge the client. For example, the client is experiencing health problems and not able to travel to the clinic, but wishes to remain in treatment.
- The client, 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 client, child/adolescent or caregiver is participating by phone, the interviewer may have to read response options or examples to the respondent as needed. Telephone therapy sessions are not reimbursable services and claims should not be submitted.

Non-English Speaking Clients/Caregivers

While no foreign language versions of the instruments are available at this time, providers should administer the OMS to clients 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.

Clients/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:

- Clients with communication difficulties participating in interview with caregiver
- Client with a developmental disability participating in interview with caregiver

Providers should administer the OMS Questionnaire to clients 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) answer OMS questions for themselves.
- You can introduce the Questionnaire to clients 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 client or caregiver's response before moving on to the next question.
- When discussion results in a client or caregiver changing his or her initial response to an OMS question, click the new response in the online version; in the hardcopy version, mark an "X" over the wrong answer and clearly endorse the new response choice.
- If the client/child/adolescent/caregiver refuses to answer a question which is not a "Client/Caregiver Opinion Only" item and you know the answer, record your answer.

- Use the available definitions and neutral probes to help clients and caregivers who have trouble understanding and answering OMS questions.
- Carefully follow all directions for word choices, 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, client, and/or caregiver regarding a response try to reach consensus quickly. If consensus cannot be reached, record the client's or Primary Respondent's answer.
- To administer the OMS Questionnaire to clients 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.

***Date of Current Interview**

NOTE: This item is mandatory.

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

***Please indicate below who will be the Primary Respondent for this interview.**

NOTE: This item is mandatory.

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 – adjust grammar as needed).

If the caregiver is not present, the child may be the Primary Respondent.

Ages 12-17 → 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 about the existence of this OMS Interview Guide and explains critical symbols found throughout the questionnaire.

*A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com.*

The symbol (Ψ) denotes a client opinion only question.

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

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

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 item is mandatory.

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.

The following classifications should be used to endorse an answer to this item. It is unlikely that respondents will answer by naming one of the five categories (Independent, Community, Institutional, Homeless, or Other). Instead, the interviewer will need to find the type of housing mentioned as one of the examples included for each or by matching the type of response given to the more general definition provided for each category. Occasionally 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 of the questionnaire, examples of the five categories (Independent, Community, Institutional, Homeless, or Other) are provided above the drop down box from which the response is chosen. In the hardcopy version of the questionnaire, examples are listed next to the categories themselves. In addition, more specific definitions are available:

Independent: includes a private residence and boarding house/rooming house. Supervision not provided. Meals may or may not be included. Supported housing/living services can be included if the agency does not own/rent the residence.

Community: includes Residential Rehabilitation Programs (RRPs), Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, and Crisis Residence. Residence is in the community, but an agency/care provider may own or lease the property. Supervision, peer support, and/or clinical or therapeutic services are provided.

Institutional: includes Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children (RTC), Hospital, Jail/Correctional Facility/Detention Center. Care or supervision is provided on a 24 hour, 7 day a week basis in a location owned and operated by an agency.

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).

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.

In the online version, click on the hyperlink that appears in order to access these more specific definitions.

2. Have (you/your child) been homeless at all 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. 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 3-23) 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 “your child” as appropriate.

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 trouble following rules.

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 3-23 are “Client/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

Questions 24-30: 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 24, 25, 28, and 29. In the online version these definitions are available by clicking on the hyperlink that appears for each respective item. 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.”

Q24. I am able to handle daily life - To “handle” something means you can deal with it.

Q25. I get along with family members - “Family” is whomever the child considers to be family, even if the person is not biologically related.

Q28. I am able to cope when things go wrong - To “cope” with something means you can deal with it when things go wrong.

Q29. I am satisfied with our family life right now - To be “satisfied” with something means you’re okay with it.

NOTE: Questions 24-30 are “Client/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.

3E. SCHOOL PERFORMANCE

Begin by reading the brief introduction to the respondent.

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

NOTE: This item is mandatory.

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.

***32. In the past six months have (you/your child) had problems with school attendance?**

NOTE: This item is mandatory.

“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 34. 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 33.

***33. 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 only if Question 32 is “Yes.” Therefore, the * only appears next to the item in the hardcopy version.

“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.

***34. In the past six months were (you/your child) suspended from school? This includes in- and out-of-school suspensions.**

NOTE: This item is mandatory.

“*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.).

***35. 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. SOMATIC HEALTH

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

NOTE: Item 36 is a “Client/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/Adolescents 11 and Older

In the hardcopy version of the questionnaire, just after Question 36 there is an instruction box for the interviewer.

INTERVIEWER: (do not read aloud)
Is child/adolescent 11 years or older?

- Yes (*continue*)
- No (*end of interview*)

If the answer is “Yes”, you will proceed to Question 37.

If the answer is “No”, end the interview.

In the online version, this Interviewer Instruction Box will NOT appear. The system will automatically forward you to the correct question or to the end of the OMS data entry screen based on the child/adolescent’s date of birth.

***37. Do (you/your child) smoke cigarettes? (asked only of adolescents 11 years or older)**

NOTE: This item is mandatory.

“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 39. 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 38.

38. How many cigarettes do (you/your child) smoke per day? [one pack = 20 cigarettes] (asked only of adolescents 11 years or older)

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.

***39. In the past month did (you/your child) use any of the following tobacco products?**

- Cigars (e.g., cigarillos, little cigars)?
- Smokeless tobacco (e.g., chewing tobacco, dip, snuff)?
- Electronic-cigarettes (e.g., e-cigarettes, vaporizer cigarettes, vapes)?
- Pipes (e.g., hookah, water pipes)?
- Other tobacco product (e.g., bidis, kreteks, clove cigarettes)?
- None

(asked only of adolescents 11 years or older)

NOTE: This item is mandatory. Either at least one item must be endorsed or “None” must be endorsed in order for the questionnaire to be submitted successfully.

This item should be read as if the phrase “In the past month did (you/your child) use any of the following tobacco products?” is a stem question, then read each option and obtain a response prior to reading the next option.

Endorse the item if the respondent indicates that he/she has used the product in the last month. Do not endorse the item if the respondent indicates that he/she has not used the product in the last month.

If the respondent has replied “No” to every option, then endorse the “None” option.

The examples provided in parentheses for each option can be used if you believe that they would obtain more accurate information or if the respondent is not sure if she/he has used the product. For example, if an adolescent indicated that she wasn’t sure if she had used electronic cigarettes, you could say, “Sometimes they are also called e-cigarettes, vaporizer cigarettes, or vapes). If the respondent is still not sure if he/she has used a product after providing the examples, then assume that the product has not been used and go onto reading the next option.

3G. LEGAL SYSTEM INVOLVEMENT (asked only of adolescents 11 years or older)

***40. In the past six months have (you/your child) been arrested?**

NOTE: this item is mandatory.

3H. ALCOHOL AND SUBSTANCE USE (asked only of adolescents 11 years or older)

Questions 41-49 Ψ

The items in this section comprise the CRAFFT Substance Abuse Screening Test (2009), 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 has a series of three items (Questions 41-43) that serve as a screener. If a respondent answers “No” to all of these, then he/she is only asked Question 44. If he/she answers “Yes” to either of the three, then he/she is asked Questions 44-49. In the online version, the system will automatically skip to the correct question based on the responses

endorsed. In the hardcopy version, an interviewer instruction box includes these directions (see below).

INTERVIEWER: (do not read aloud) If the respondent answered NO to ALL (#41, 42, 43), ask only #44 and skip to gray box after #49. If the respondent answered YES to ANY (#41, 42, 43), ask #44-49.

NOTE: Items 41-49 are “Client/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.

Interviewer Instruction Box - Skip Pattern for Child/Adolescents 14 and Older

In the hardcopy version of the questionnaire, just after Question 49 there is an instruction box for the interviewer.

INTERVIEWER: (do not read aloud)
Is child/adolescent 14 years or older?
 Yes (*continue*)
 No (*end of interview*)

If the answer is “Yes”, you will proceed to Question 50.

If the answer is “No”, end the interview.

In the online version, this Interview Instruction Box will NOT appear. The system will automatically forward you to the correct question or to the end of the OMS data entry screen based on the child/adolescent’s date of birth.

3I. EMPLOYMENT (asked only of adolescents 14 years and older)

50. Are you currently employed?

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. 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 #52. 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 51.

51. Have you been employed 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. 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. RESILIENCE

Questions 52-56 are from the Maryland Assessment of Recovery Scale-Short Form.

NOTE: Items 52-56 are “Client/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.

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.

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

Client Name (hardcopy version only)

Include the client’s first and last name.

Interviewer Name (hardcopy version only)

Include the interviewer’s first and last name.

***Date of Current Interview**

NOTE: This item is mandatory.

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 about the existence of this OMS Interview Guide and explains critical symbols found throughout the questionnaire.

*A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com.*

The symbol (Ψ) denotes a client opinion only question.

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

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

4B. LIVING SITUATION

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

***1. Where are you living now?**

NOTE: This item is mandatory.

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

The following classifications should be used to endorse an answer to this item. It is unlikely that respondents will answer by naming one of the five categories (Independent, Community, Institutional, Homeless, or Other). Instead, the interviewer will need to find the type of housing mentioned as one of the examples included for each or by matching the type of response given to the more general definition provided for each category. Occasionally 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 of the questionnaire, examples of the five categories (Independent, Community, Institutional, Homeless, or Other) are provided above the drop down box from which the response is chosen. In the hardcopy version of the questionnaire, examples are listed next to the categories themselves. In addition, more specific definitions are available as a resource:

Independent: includes a private residence and boarding house/rooming house. Supervision not provided. Meals may or may not be included. Supported housing/living services can be included if the agency does not own/rent the residence.

Community: includes Residential Rehabilitation Programs (RRPs), Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, and Crisis Residence. Residence is in the community, but an agency/care provider may own or lease the property. Supervision, peer support, and/or clinical or therapeutic services are provided.

Institutional: includes Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children (RTC), Hospital, Jail/Correctional Facility/Detention Center. Care or supervision is provided on a 24 hour, 7 day a week basis in a location owned and operated by an agency.

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).

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... Not at all, A little bit, Somewhat, Quite a bit, or Very much? Ψ

NOTE: Question 2 is a “Client Opinion Only” item and therefore should not be answered by the interviewer in the event that the client 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. 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 client 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 client and the situation may feel like “homelessness” to everyone, including the client and/or professional supports. It is understood that such situations may have a negative impact upon the client. However, it is required that the federal definition of homelessness be used to complete this item.

4C. RECOVERY AND FUNCTIONING

Questions 4-8 are from the Maryland Assessment of Recovery Scale-Short Form.

There is a definition available for Question #13; “My symptoms bother me.” In the online version this definition is available by clicking on the hyperlink that appears with the respective item. The definition is:

Question #13 “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: Items 4-13 are “Client Opinion Only” questions and therefore should not be answered by the interviewer in the event that the client 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 client remember the different answer options available or you may repeat the options as needed.

14. Overall, how satisfied are you with your recovery... Not at all, A little bit, Somewhat, Quite a bit, or Very much? Ψ

If the client 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. The statement is:

[“Recovery from Mental Disorders and/or Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2011)]

4D. PSYCHIATRIC SYMPTOMS

Questions 15-38: BASIS-24® Ψ

Questions 15-38 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.

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 15-38, you must either show the designated Response Card, give the client a copy of the questionnaire to follow along, or read all of the response options for each question to the client} (Questionnaire Items 15-38 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

The BASIS-24® begins with an item regarding managing day to day life (#15) and concludes with a question about problems from drinking or drug use (#38). 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 client’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 client forgets the time frame being referenced, it is allowable to repeat the stem question as often as needed.

NOTE: Questions 15-38 are “Client Opinion Only” items and therefore should not be answered by the interviewer in the event that the client 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 client 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.

4E. LEGAL SYSTEM INVOLVEMENT

***39. In the past six months have you been arrested?**

NOTE: This item is mandatory.

***40. In the past six months have you been in either jail or prison?**

NOTE: This item is mandatory.

4F. EMPLOYMENT

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

***41. 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. 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” (client is not currently employed), proceed with Question 42.

If the answer is “Yes” (client is currently employed), 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.

***42. Have you been employed in the past six months?**

NOTE: This item is mandatory only if Question 41 is “No.” Therefore, the * only appears next to the item in the hardcopy version.

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. 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 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 43.

Questions 43-44

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

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

43. 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 client has indicated that the he or she is currently working or is not currently working but has worked during the past six months.

If the client 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 client is still not sure, do not endorse a response and continue with the interview.

44. In general, how satisfied (are/were) you in this job...Not at all, A little bit, Somewhat, Quite a bit, or Very much? Ψ

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

NOTE: Question 44 is a “Client Opinion Only” question and therefore should not be answered by the interviewer in the event that the client is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

4G. SOMATIC HEALTH

***45. Do you smoke cigarettes?**

NOTE: This item is mandatory.

“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 47. 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 46.

46. 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 client 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 client 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.

***47. In the past month did you use any of the following tobacco products?**

- Cigars (e.g., cigarillos, little cigars)?
- Smokeless tobacco (e.g., chewing tobacco, dip, snuff)?
- Electronic-cigarettes (e.g., e-cigarettes, vaporizer cigarettes, vapes)?
- Pipes (e.g., hookah, water pipes)?
- Other tobacco product (e.g., bidis, kreteks, clove cigarettes)?
- None

NOTE: This item is mandatory. Either at least one item must be endorsed or “None” must be endorsed in order for the questionnaire to be submitted successfully.

This item should be read as if the phrase “In the past month did you use any of the following tobacco products?” is a stem question, then read each option and obtain a response prior to reading the next option.

Endorse the item if the respondent indicates that he/she has used the product in the last month. Do not endorse the item if the respondent indicates that he/she has not used the product in the last month.

If the respondent has replied “No” to every option, then endorse the “None” option.

The examples provided in parentheses for each option can be used if you believe that they would obtain more accurate information or if the respondent is not sure if she/he has used the product. For example, if a client indicated that she wasn’t sure if she had used electronic cigarettes, you could say, “Sometimes they are also called e-cigarettes, vaporizer cigarettes, or vapes). If the respondent is still not sure if he/she has used a product after providing the examples, then assume that the product has not been used and go onto reading the next option.

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

NOTE: Item 48 is a “Client Opinion Only” question and therefore should not be answered by the interviewer in the event that the client is unable or unwilling to provide a response, even if the interviewer believes that he or she “knows” the answer.

49. How tall are you?

Record the client's height in feet and inches in the space provided. Estimates of height are acceptable.

50. How much do you currently weigh?

Record the client's weight to the nearest pound. Estimates of weight are satisfactory for this question.

You may endorse "Don't Know" if the client's weight is unknown or "Refused" if the client refuses to disclose his or her weight.

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 client from the program. This will provide the system with valuable information regarding the outcomes of clients as they leave the treatment program.

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

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

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

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

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

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

1. Discharge Information Sheet: this consists of eight items which can be completed without interviewing the client, 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 eight items on the Discharge Information Sheet, the interviewer will conduct the age-appropriate OMS interview as usual and submit a Questionnaire.

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

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

1. Discharge Information Sheet: this consists of eight items which can be completed without interviewing the client, child/adolescent and/or caregiver. It collects information about the discharge (e.g., date, planned/unplanned, reasons, etc.)
2. Discharge OMS Forms – Client/Caregiver Not Participating: these forms collect basic OMS information; they do not include any of the “Client/Caregiver Opinion Only” questions. The interviewer is asked to complete the age-appropriate form based on his or her most recent knowledge of the client’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 – Client 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.

Note that every item on the Discharge Information Sheet is mandatory.

Client Name (hardcopy version only)

Include the client's first and last name.

Interviewer Name (hardcopy version only)

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

***D1a. Discharge Date**

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

***D1b. Discharge Condition**

Based on the primary clinician's opinion and compared to the client's presentation at intake, indicate whether the client's condition was improved, there was no change, his/her condition was worse, or if the client's condition at discharge is unknown.

***D2a. Date of last contact with client**

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

***D2b. Date OMS Discharge Form completed**

Enter the date that the OMS Discharge Form was completed. This date may be different than the client's discharge date.

***D3. Was this discharge planned?**

No special instructions.

***D4. Was this discharge Against Medical Advice?**

No special instructions.

***D5. Reason(s) for discharge (*check all that apply*)**

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

***D6. Client participation**

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

If "Client 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 “Client or child/adolescent/caregiver not present (not participating by phone)” is endorsed, then the age-appropriate OMS Discharge Form – Client or Child/Adolescent/Caregiver Not Participating should be completed. If you are using the online version of the Discharge Information Sheet, it will automatically show the appropriate OMS Discharge Form – Client 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 client/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 eight 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.

***Date Form Completed**

NOTE: This item is mandatory.

Please enter the date the form was completed, regardless of the individual’s actual date of discharge.

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.

The following classifications should be used to endorse an answer to this item. It is unlikely that respondents will answer by naming one of the five categories (Independent, Community, Institutional, Homeless, or Other). Instead, the interviewer will need to find the type of housing mentioned as one of the examples included for each or by matching the type of response given to the more general definition provided for each category. Occasionally 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 of the questionnaire, examples of the five categories (Independent, Community, Institutional, Homeless, or Other) are provided above the drop down box from which the response is chosen. In the hardcopy version of the questionnaire, examples are listed next to the categories themselves. In addition, more specific definitions are available:

Independent: includes a private residence and boarding house/rooming house. Supervision not provided. Meals may or may not be included. Supported housing/living services can be included if the agency does not own/rent the residence.

Community: includes Residential Rehabilitation Programs (RRPs), Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, and Crisis Residence. Residence is in the community, but an agency/care provider may own or lease the property. Supervision, peer support, and/or clinical or therapeutic services are provided.

Institutional: includes Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children (RTC), Hospital, Jail/Correctional Facility/Detention Center. Care or supervision is provided on a 24 hour, 7 day a week basis in a location owned and operated by an agency.

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).

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.

In the online version, click on the hyperlink that appears in order to access these more specific definitions.

2. Was the child/adolescent homeless at all in the past six months?

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. 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.

4. In the past six months 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 6. 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 5.

5. In the past six months would you say the child/adolescent's problems with school attendance have 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.

6. In the past six months has the child/adolescent been suspended from school? This would include in-and out-of school suspensions.

"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.).

7. In the past six months 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.

8. 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.

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

No special instructions.

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

The Adult Discharge Form – Client Not Participating is to be used upon discharge when the client 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-Client Not Participating Form immediately follows the eight Discharge Information Sheet items.

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

Client Name (hardcopy version only)

Include the client's first and last name.

Interviewer Name (hardcopy version only)

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

***Date Form Completed**

NOTE: This item is mandatory.

Please enter the date the form was completed, regardless of the individual's actual date of discharge

1. Where is the client living now?

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

The following classifications should be used to endorse an answer to this item. It is unlikely that respondents will answer by naming one of the five categories (Independent, Community, Institutional, Homeless, or Other). Instead, the interviewer will need to find the type of housing mentioned as one of the examples included for each or by matching the type of response given to the more general definition provided for each category. Occasionally 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 of the questionnaire, examples of the five categories (Independent, Community, Institutional, Homeless, or Other) are provided above the drop down box from which the response is chosen. In the hardcopy version of the questionnaire, examples are listed next to the categories themselves. In addition, more specific definitions are available as a resource:

Independent: includes a private residence and boarding house/rooming house. Supervision not provided. Meals may or may not be included. Supported housing/living services can be included if the agency does not own/rent the residence.

Community: includes Residential Rehabilitation Programs (RRPs), Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, and Crisis Residence. Residence is in the community, but an agency/care provider may own or lease the property. Supervision, peer support, and/or clinical or therapeutic services are provided.

Institutional: includes Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children (RTC), Hospital, Jail/Correctional Facility/Detention Center. Care or supervision is provided on a 24 hour, 7 day a week basis in a location owned and operated by an agency.

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).

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 client homeless at all in the past six months?

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. 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 client 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 client and the situation may feel like “homelessness” to everyone, including the client and/or professional supports. It is understood that such situations may have a negative impact upon the client. However, it is required that the federal definition of homelessness be used to complete this item.

3. In the past six months, was the client arrested?

No special instructions.

4. In the past six months, was the client in either jail or prison?

No special instructions.

5. Is the client 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. 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” (client is not currently employed), proceed with Item 6.

If the answer is “Yes” (client is currently employed), 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.

6. Has the client been employed in the past six months?

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. 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.).

7. Does the client 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 client smokes infrequently.

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 – Client Not Participating

CHILD AND ADOLESCENT QUESTIONNAIRE (6-17 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 3; December 13, 2014]

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

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

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

PRIMARY RESPONDENT DETERMINATION

(person to whom questions are addressed and whose responses are recorded if there is disagreement)

Guidelines (clinician discretion overrides):

Ages 6-11 → Caregiver (adjust grammar as needed).

Ages 12-17 → Youth (use “you” when reading questions).

***Please indicate below who will be the Primary Respondent for this interview:**

Youth (1) OR Caregiver (2)

A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com.

The symbol (Ψ) denotes a client opinion only question.

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

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

LIVING SITUATION

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.

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

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

2. Have (you/your child) been homeless at all 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 "your child" as appropriate.

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.

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

<i>Please note that Questions 3-23 are all Ψ (Client/Caregiver 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?					

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

FUNCTIONING

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” (#24), “family” (#25), “cope” (#28), and “satisfied” (#29)]

[CARD #2 with response options]

Please note that Questions 24-30 are all Ψ (Client/Caregiver Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. I am able to handle daily life.					
25. I get along with family members.					
26. I get along with friends and other people.					
27. I am doing well in school and/or work.					
28. I am able to cope when things go wrong.					
29. I am satisfied with our family life right now.					
30. I am able to do things I want to do (and am allowed to do).					

SCHOOL PERFORMANCE

Next let’s talk about school.

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

- No
- Yes

***32. In the past six months have (you/your child) had problems with school attendance?**

- No (skip to #34)
- Yes (continue to #33)

***33. In the past six months would you say (your/your child’s) problems with school attendance have increased, stayed the same, or decreased? [mandatory only if Question 32 is “Yes”]**

- Increased
- Stayed the same
- Decreased

***34. In the past six months were (you/your child) suspended from school? This includes in- and out-of-school suspensions.**

- No
- Yes

***35. In the past six months were (you/your child) expelled from school?**

- No
- Yes

SOMATIC HEALTH

(INTERVIEWER: Read all the answer options to the client)

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

- Excellent
- Very good
- Good
- Fair
- Poor

**INTERVIEWER: (do not read aloud)
Is child/adolescent 11 years or older?**

- Yes (continue)
- No (end of interview)

***37. Do (you/your child) smoke cigarettes?**

- No (skip to #39)
- Yes (continue to #38)

38. 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+

(INTERVIEWER: Read all the answer options to the client and check all that apply)

***39. In the past month did (you/your child) use any of the following tobacco products?**

- Cigars (e.g., cigarillos, little cigars)?
- Smokeless tobacco (e.g., chewing tobacco, dip, snuff)?
- Electronic-cigarettes (e.g., e-cigarettes, vaporizer cigarettes, vapes)?
- Pipes (e.g., hookah, water pipes)?
- Other tobacco product (e.g., bidis, kreteks, clove cigarettes)?
- None

LEGAL SYSTEM INVOLVEMENT

***40. In the past six months have (you/your child) been arrested?**

- No
- Yes

ALCOHOL AND SUBSTANCE USE ²

During the PAST SIX MONTHS, did you:

<i>Please note that Questions 41-43 are all Ψ (Client/Caregiver Opinion Only)</i>	No	Yes
41. Drink any <i>alcohol</i> (more than a few sips)?		
42. Smoke any <i>marijuana</i> or <i>hashish</i>?		
43. Use <i>anything else</i> to get high?		

INTERVIEWER: (do not read aloud) If the respondent answered **NO** to **ALL** (#41, 42, 43), ask only #44 and skip to gray box after #49. If the respondent answered **YES** to **ANY** (#41, 42, 43), ask #44-49.

During the PAST SIX MONTHS:

<i>Please note that Questions 44-49 are all Ψ (Client/Caregiver Opinion Only)</i>	No	Yes
44. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
45. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
46. Did you use alcohol or drugs while you were by yourself (alone)?		
47. Did you forget things you did while using alcohol or drugs?		
48. Did your family or friends tell you that you should cut down on your drinking or drug use?		
49. Have you gotten into trouble while you were using alcohol or drugs?		

² CRAFFT Substance Abuse Screening tool, 2009.

INTERVIEWER: (do not read aloud)
Is child/adolescent 14 years or older?
 Yes (*continue*)
 No (*end of interview*)

EMPLOYMENT

50. Are you currently employed? (see OMS Interview Guide for definition of “employment”)

- No (continue to # 51)
- Yes (skip to # 52)

51. Have you been employed in the past six months?

- No
- Yes

RESILIENCE

Now I am going to read a series of statements. As I read each statement, please indicate how much you agree with it: Not at all, A little bit, Somewhat, Quite a bit, or Very much.

[CARD #3 with response options]

<i>Please note that Questions 52-56¹ are all Ψ (Client Opinion Only)</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
52. I am confident that I can make positive changes in my life.					
53. I am hopeful about the future.					
54. I believe I make good choices in my life.					
55. I am able to set my own goals in life.					
56. I feel accepted as who I am.					

¹ Items 52-56 are from the Maryland Assessment of Recovery Scale-Short Form; used with permission (Drapalski, et. al, 2012).

Clinician's Notes (Optional)

A large, empty rectangular box with a thin black border, intended for a 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 3-23: Psychiatric 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 24-30: Functioning)

Strongly Agree (REALLY agree)

Agree

Undecided

Disagree

Strongly Disagree (REALLY disagree)

OMS Child and Adolescent Questionnaire – Response Cards

Card #3

(Questions 52-56: Resilience)

Not at all

A little bit

Somewhat

Quite a bit

Very much

ADULT QUESTIONNAIRE (18-64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 3; December 13, 2014]

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

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

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

*A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com.*

The symbol (Ψ) denotes a client opinion only question.

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

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

LIVING SITUATION

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

***1. Where are you living now?** *(see OMS Interview Guide for more specific definitions)*

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

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

- No
- Yes

(continued on next page)

RECOVERY AND FUNCTIONING

Now I am going to read a series of statements. As I read each statement, please indicate how much you agree with it: Not at all, A little bit, Somewhat, Quite a bit, or Very much.

[CARD #1 with response options]

<i>Please note that Questions 4-13¹ are all Ψ (Client Opinion Only)</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
4. I am confident that I can make positive changes in my life.					
5. I am hopeful about the future.					
6. I believe I make good choices in my life.					
7. I am able to set my own goals in life.					
8. I feel accepted as who I am.					
9. I do things that are meaningful to me.					
10. I am able to take care of my needs.					
11. I am able to handle things when they go wrong.					
12. I am able to do things that I want to do.					
13. My symptoms bother me. <i>(see OMS Interview Guide for definition of “symptoms”)</i>					

¹ Items 4-8 are from the Maryland Assessment of Recovery Scale-Short Form; used with permission (Drapalski, et. al, 2012).

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

[“Recovery from Mental Disorders and/or Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2011)]

PSYCHIATRIC SYMPTOMS

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

INTERVIEWER: (do not read aloud) For items 15-38, you must either show the designated Response Card, give the client a copy of the questionnaire to follow along, or read all of the response options for each question to the client. (Questionnaire Items 15-38 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

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

15. 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

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

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

17. 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...

18. 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

19. 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

20. 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

21. 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

22. 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

23. 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...

24. 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

25. 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

26. 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...

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

32. Have mood swings? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

33. Feel short tempered? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often...

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

LEGAL SYSTEM INVOLVEMENT

***39. In the past six months have you been arrested?**

- No
- Yes

***40. In the past six months have you been in either jail or prison?**

- No
- Yes

EMPLOYMENT

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

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

- No *(continue to #42)*
- Yes *(skip to #43)*

***42. Have you been employed in the past six months?** *[mandatory only if Question 41 is "No"]*

- No *(skip to #45)*
- Yes *(continue to #43)*

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

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

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

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

SOMATIC HEALTH

***45. Do you smoke cigarettes?**

- No (*skip to #47*)
- Yes (*continue to #46*)

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

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

(INTERVIEWER: Read all the answer options to the client and check all that apply)

***47. In the past month did you use any of the following tobacco products?**

- Cigars (e.g., cigarillos, little cigars)?
- Smokeless tobacco (e.g., chewing tobacco, dip, snuff)?
- Electronic-cigarettes (e.g., e-cigarettes, vaporizer cigarettes, vapes)?
- Pipes (e.g., hookah, water pipes)?
- Other tobacco product (e.g., bidis, kreteks, clove cigarettes)?
- None

(INTERVIEWER: Read all the answer options to the client)

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

- Excellent
- Very good
- Good
- Fair
- Poor

49. How tall are you?

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

50. How much do you currently weigh?

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

- Don't Know*
- Refused*

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 4-13: Recovery and Functioning)

Not at all

A little bit

Somewhat

Quite a bit

Very much

OMS Adult Questionnaire– Response Cards
Card #2
(Questions 15-17: BASIS-24®)

No difficulty

A little difficulty

Moderate difficulty

Quite a bit of difficulty

Extreme difficulty

OMS Adult Questionnaire– Response Cards
Card #3
(Questions 18-26: 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 27-38: BASIS-24®)

Never

Rarely

Sometimes

Often

Always

OUTCOMES MEASUREMENT SYSTEM (OMS)
DISCHARGE INFORMATION SHEET
[Version 3; December 13, 2014]

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

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

Discharge Information

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

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

***D1a. Discharge Date**

____ / ____ / ____
MM DD YYYY

***D1b. Discharge Condition**

Improved No Change Worse Unknown

OMS Discharge Data

***D2a. Date of last contact with client**

____ / ____ / ____
MM DD YYYY

***D2b. Date OMS Discharge Form completed**

____ / ____ / ____
MM DD YYYY

***D3. Was this discharge planned?**

- No
- Yes

***D4. Was this discharge Against Medical Advice?**

- No
- Yes

***D5. Reason(s) for Discharge (*check all that apply*):**

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

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

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

LIVING SITUATION

1. Where is the child/adolescent living now? (see *OMS Interview Guide* for more specific definitions)

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

2. Was the child/adolescent homeless at all in the past six months? (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
- Yes

4. In the past six months has the child/adolescent had problems with school attendance?

- No (*skip to #6*)
- Yes (*continue to #5*)

5. In the past six months would you say the child/adolescent's problems with school attendance have increased, stayed the same, or decreased?

- Increased
- Stayed the same
- Decreased

6. In the past six months has the child/adolescent been suspended from school? This includes in- and out-of-school suspensions.

- No
- Yes

7. In the past six months has the child/adolescent been expelled from school?

- No
- Yes

SOMATIC HEALTH

8. Does the child/adolescent smoke cigarettes?

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

9. In the past six months has the child/adolescent been arrested?

- No
- Yes

LIVING SITUATION

1. Where is the client living now? (see OMS Interview Guide for more specific definitions)

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

2. Was the client homeless at all in the past six months? (see OMS Interview Guide for definition of "homeless")

- No
- Yes

LEGAL SYSTEM INVOLVEMENT

3. In the past six months, was the client arrested?

- No
- Yes

4. In the past six months, was the client in either jail or prison?

- No
- Yes

EMPLOYMENT

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

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

6. Has the client been employed in the past six months?

- No
- Yes

SOMATIC HEALTH

7. Does the client smoke cigarettes?

- No
- Yes