



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Understanding SAMSHA National Outcome Measures for AWARE Grantees

Session 1: NOMS Data Collection Basics

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DISCLAIMER

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MHTTC

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The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

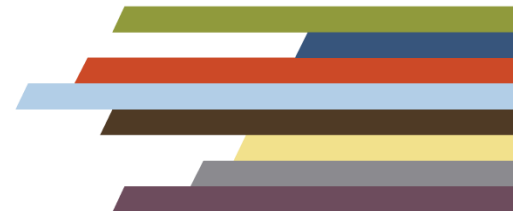
Our Vision: Widespread access to evidence-based mental health services for those in need.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.



SAMHSA

Substance Abuse and Mental Health
Services Administration



Purpose

The purpose of this session is to introduce AWARE grantees to the National Outcome Measures (NOMs) data collection process and help them successfully navigate implementation within a school-based or school-linked mental health services setting.

Learning Objectives

- ✓ Understand the purpose and structure of NOMs
- ✓ Clarify key roles and expectations for school and community service providers
- ✓ Identify data collection “best practices” and review minimum requirements for grantee compliance
- ✓ Anticipate barriers or challenges and explore potential solutions.

NOMs Purpose and Structure

SAMHSA Goals

SAMHSA's legislative mandate is *“to increase access to high quality substance abuse and mental health prevention and treatment services and to improve outcomes.”*

This mandate is reflected in SAMSHA's three overarching agency goals:

- ❖ **Capacity**—Building, maintaining, and enhancing mental health and substance abuse infrastructure and capacity
- ❖ **Effectiveness**—Enabling all communities and providers to deliver effective services
- ❖ **Accountability**—Establishing systems to ensure program performance measurement and accountability

GPRA and NOMs

The **Government Performance and Results Act (GPRA)** is a federal law designed to improve government performance management. The law requires agencies to set annual performance targets, report whether targets were met, and use performance data to identify successes and opportunities for improvement.

The **National Outcome Measures (NOMs)** are a set of standardized operational definitions and outcome measures for performance measurement.

SAMHSA has identified 10 NOMs domains, including:

- Access/Capacity
- Functioning
- Stability in Housing
- Education and Employment
- Crime and Criminal Justice Status
- Retention
- Perception of Care
- Social Connectedness
- Use of Evidence-Based Practices
- Cost-Efficiency

SAMHSA's Center for Mental Health Services (CMHS) collects and reports data on the first 8 of 10 SAMHSA domains.

AWARE Data Requirements

AWARE grantees must report data as a condition of grant funding. CMHS monitors data for three types of grantee activities:

- ❖ **Annual Goals**

All CMHS grantees report information on annual goals and progress.

- ❖ **Infrastructure Development, Prevention, and Mental Health Promotion (IPP)**. IPP grantees report program-level information on IPP indicators (e.g., partnership and collaboration, workforce development, policy change).

- ❖ **Client-Level Measures for Programs Providing Direct Services***

IPP grant programs that provide direct services to mental health consumers must collect and report NOMs client-level performance measures using approved measurement tools.

*The NOMs client-level measures requirement now applies to all recent cohorts of AWARE grantees.

NOMs Measurement Domains

Client-level data is collected using the [National Outcome Measures \(NOMs\) Client-level Measures for Discretionary Programs Providing Direct Services](#), also known as the Services Tool.

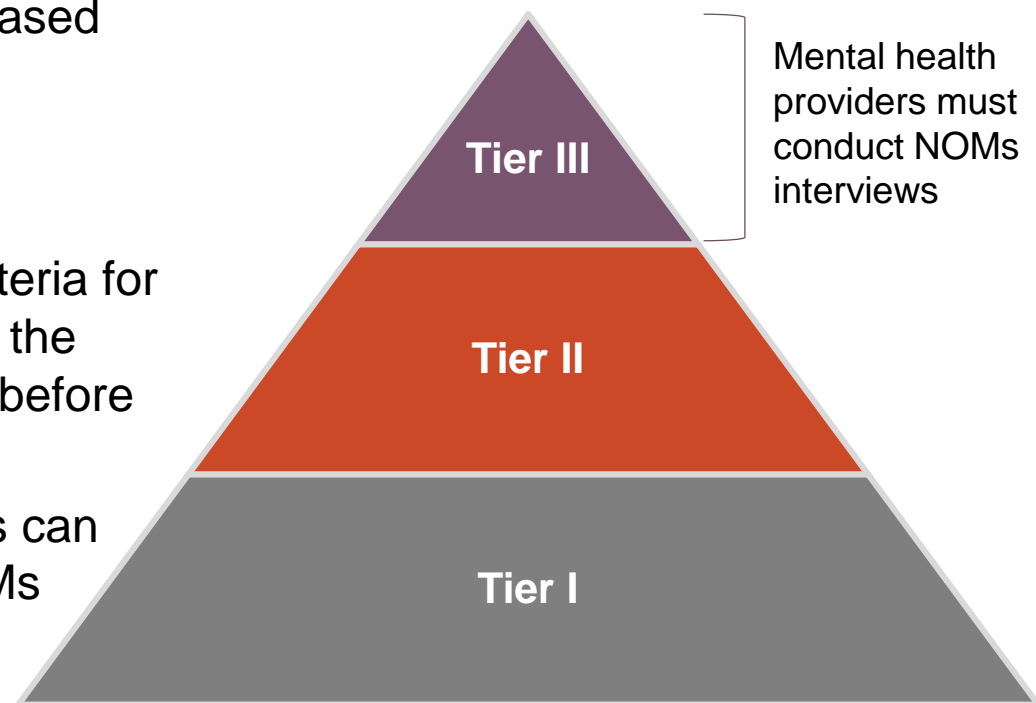
The [Services Tool](#) records diagnostic information from students and their parents or caregivers. The tool captures data in each of the following areas:

- Behavioral health diagnoses
- Demographics
- Functioning
- Military family and deployment
- Stability in housing
- Education
- Criminal justice status
- Perception of care
- Social connectedness
- Reassessment and discharge status
- Services received

Roles, Responsibilities & Timelines

Designating Key Roles

- AWARE Tier III mental health clinicians who deliver direct services must collect NOMs data from mental health consumers.
- For AWARE programs, '**mental health consumer**' is any youth receiving Tier III mental health services through an AWARE provider. This includes students whose services are funded through non-AWARE sources (e.g., students covered under third-party insurance).
- Youth who only receive school-based Tier I or Tier II mental health interventions are not required to participate in NOMs.
- Districts should clearly define criteria for Tier II and Tier III services within the context of their program models before initiating data collection.
- AWARE directors and evaluators can assist by helping to monitor NOMs interview completion.



Defining the 'Episode of Care'

- NOMs interviews are conducted throughout each student's episode of care.
 - The episode of care begins when a youth initiates Tier III services following a school or district referral.
 - The episode of care ends when the youth is discharged (completes Tier III services) and is no longer receiving AWARE services.
- AWARE project teams determine the criteria for clinical discharge within the context of their local programs.
- When students 'step down' from Tier III to Tier II services, the episode of care typically ends when Tier III services are completed and before the student transitions to Tier II interventions.
- Students may begin a new episode of care if they return to Tier III services after a lapse of 90 calendar days or more after being discharged.

Identifying the Respondent

AWARE grantees use the [Child/Adolescent or Caregiver Combined Respondent](#) version of the Services Tool.

This version is completed by either **the student** or the **student's parent or caregiver** depending on the youth's age or individual needs.

If youth is <=10 years of age	If youth is >=11 years of age
Parent or caregiver of the youth receiving services completes the interview on the child's behalf.	Youth receiving services completes the interview <u>or</u> the parent or caregiver of the youth receiving services completes the survey on the child's behalf.

The item wording must be adjusted by the interviewer to reflect the role of the respondent (youth or caregiver).

What is your [child's] gender?

1. MALE
2. FEMALE
3. TRANSGENDER
4. OTHER (SPECIFY) _____
5. REFUSED

Timing the Data Collection



- Providers conduct interviews at three distinct timepoints—baseline, 6-month reassessment intervals, and discharge.
- Baseline interviews must be completed within 7 days of the start of Tier III services.
- Reassessment interviews must be completed within a window that opens 30 calendar days before the 6-month reassessment target date and closes 30 calendar days after the target date.
- The expected reassessment rate = 100% of all youth who complete a baseline interview. The minimum reassessment rate = 80%. Interviews submitted outside the window (before or after) are not counted toward the reassessment rate.
- Discharge interview must be completed when the student is discharged from services. The expected discharge rate = 100%.

Tips for Administering the NOMs Interview



Record NOMs interview responses on paper before transferring to the web-based system (SPARS).



Ensure that the respondent type is consistent across the episode of care. If the child is the respondent at baseline, the child should also be the respondent for reassessment and discharge interviews.



Read instructions and questions for the respondent out loud exactly as written. Instructions for the interviewer that appear in ALL CAPS, italics, or [in brackets] should not be read out loud.



Use a calendar to help the respondent with recall for time-bound items (e.g., past 30-days)



Allow at least 30 minutes to complete each interview.



Complete interviews in-person. CMHS Government Project Officers (GPO) may approve waivers for phone interviews upon request. This step will remove barriers to interviewing parents and caregivers.

Getting Started

Consent Guidelines

- Participation in the NOMs data collection is voluntary. Youth may receive services even if they do not participate in or complete the data collection component of the program.
- AWARE providers must obtain informed consent from the youth participant and the youth's parent or caregiver before administering the NOMs interview. Consent forms should comply with Federal Regulations on Human Subject Protection (45 CFR Part 46; OMB No. 0925-0404) and be approved by districts and their mental health partner organizations.
- Once a student or caregiver has indicated that they do not choose to participate, providers should not attempt to conduct an interview.
- The refusal to participate in one interview does not necessarily apply to subsequent interviews.
- A new episode of care restarts the data collection process. Providers should attempt to conduct a baseline interview for each new episode of care regardless of consent history.

Consent Forms – Sample Content

Informed consent forms should include each of the following components:

- Description of the project purpose and procedures to be followed.
- Expected duration of participation.
- Statement that participation is voluntary.
- Statement regarding the right to leave the project at any time without adverse effect.
- Potential risks from project participation and plan(s) to protect student from these risks.
- Disclosure of appropriate alternative procedures or courses of treatment.
- Statement describing the extent to which confidentiality of records identifying the subject will be maintained.
- Contact names and telephone numbers for individuals involved with the project.

Record Management

For each NOMs interview (baseline, 6-month assessment, and discharge), the provider must complete the record management section.

This section includes the following elements:

- Consumer ID
- Grant ID
- Site ID
- Assessment type
- Indicator for whether the interview was conducted
- Interview date
- Reasons interview was not conducted.
- Type of respondent (child or caregiver).

RECORD MANAGEMENT		
<i>[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]</i>		
Consumer ID <input type="text"/>		
Grant ID (Grant/Contract/Cooperative Agreement) <input type="text"/>		
Site ID <input type="text"/>		
1. Indicate Assessment Type:		
<input type="radio"/> Baseline <i>[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.]</i> <input type="text"/> / <input type="text"/> / <input type="text"/> MONTH YEAR	<input type="radio"/> Reassessment Which 6-month reassessment? <input type="text"/> <i>[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]</i>	<input type="radio"/> Clinical Discharge
2. Was the interview conducted?		
<input type="radio"/> Yes When? <input type="text"/> / <input type="text"/> / <input type="text"/> MONTH DAY YEAR	<input type="radio"/> No Why not? Choose only one. <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Consumer was impaired or unable to provide consent <input type="radio"/> Consumer refused this interview only <input type="radio"/> Consumer was not reached for interview <input type="radio"/> Consumer refused all interviews <i>[GO TO QUESTION 4.]</i>	
3. Was the respondent the child or the caregiver?		
<input type="radio"/> Child <i>[PREFER CHILD AGE 11 AND OLDER.]</i> <input type="radio"/> Caregiver		

Record Management - AWARE IDs

Consumer ID

- The Consumer ID (“AWARE ID”) identifies each unique student in a school-based referral system. The ID may be assigned by an AWARE district or school coordinator, or evaluator to avoid duplication. The same Consumer ID used for NOMs reporting should be used to track other AWARE service utilization.
- The Consumer ID should not contain any personally identifiable information (PII), such as a name, date of birth, Social Security number, or state-issued student ID number. This will protect the student’s anonymity.
- The consumer ID is used to link NOMs interview responses across baseline, reassessment, and discharge timepoints and across multiple episodes of care.

Grant ID

The grant ID is the number assigned by SAMHSA to your AWARE grant program at the award of funding (e.g., SM81974).

Site ID

The site ID is used to identify a district, school site, provider agency, or service location. AWARE project teams should pre-assign Site IDs before data collection is initiated.

Behavioral Health Diagnoses and Demographics (Section A)

Behavioral Health Diagnoses

- The behavioral health diagnosis section records diagnostic information about consumers based on the ICD-10-CM1 classification codes. The section includes substance use disorder and mental health disorder diagnoses.
- This section is completed by the mental health provider at baseline, reassessment and discharge.
- Mental health providers should record up to three ICD-10 codes. For each code, the provider should indicate if it is the primary, secondary, or tertiary diagnosis.
- ICD-10 codes are not required. If there are no substance use or mental health diagnoses being assigned to the youth or if a certain diagnosis is not listed, the provider should select “None of the Above.”

Demographics

- The demographics section is completed at baseline only and records information on gender, ethnicity, race, and date of birth.

Functioning and Military Family and Deployment (Section B)

Functioning

- The functioning section is completed at baseline, reassessment, and discharge interview time points.
- This section records information on the following measures:
 - Physical health status
 - Past 30-day mental health symptoms
 - Past 30-day substance use
- AWARE grantees are not required to complete optional sections related to the Global Assessment of Functioning or Child Behavior Checklist (CBCL).

Military and Family Deployment

- The military and family deployment section is completed at baseline only.
- The section consists of either one or two items measuring military service depending on who is the respondent.

Stability in Housing, Education, and Crime and Criminal Justice (Sections C, D, and E)

Stability in Housing

- The stability in housing section is completed at baseline, reassessment, and discharge interview time points.
- This section consists of items measuring housing status (past 30-days) and experiences of homelessness, hospitalization, or detention.

Education

- The education section is completed at baseline, reassessment, and discharge interview time points.
- The section consists of items measuring school absenteeism and educational attainment of either the youth or parent/caregiver.

Crime and Criminal Justice

- The crime and criminal justice section is completed at baseline, reassessment, and discharge interview time points.
- This section consists of one item measuring past 30-day history of arrest.

Perceptions of Care, Social Connectedness, and Program Specific Questions (Sections F, G, and H)

Perceptions of Care

- The perceptions section is completed at reassessment and discharge interview time points only. This section is not completed at baseline.
- This section consists of items measuring perceived service quality (e.g., satisfaction, cultural sensitivity, participation in treatment).

Social Connectedness

- The social connectedness section is completed at baseline, reassessment, and discharge interview time points.
- This section consists of items measuring the youth or parent/caregiver's access to social support networks, including family and friends.

Program-Specific Questions

- AWARE grantees are not required to complete program-specific questions

Reassessment Status, Clinical Discharge Status, and Services Received (Sections I, J, and K)

Reassessment Status

- The reassessment status section is completed at reassessment time points only. This section is not completed at baseline or discharge.
- This section consists of items measuring timing of last contact (within 90 days) and whether the youth is continuing to receive services.

Clinical Discharge Status

- The clinical discharge status section is completed at discharge only. This section is not completed at baseline or reassessment timepoints.
- This section consists of items measuring the youth's date of discharge from Tier III services and the discharge status (e.g., agreed upon cessation of treatment, refused, no contact, referred out).

Services Received

- The services received section is completed at reassessment and discharge timepoints only. This section is not completed at baseline.
- The section is completed by the mental health provider and records last date of service and services received since the previous NOMs interview.

NOMS Data Collection Timepoints and Content

	RM	Sections A		Section B,C,D, E, F, and G							Sections I-K		
	Record Management	Behavioral Health Diagnosis	Demographics	Functioning	Military Family & Deployment	Stability in Housing	Education	Crime and Criminal Justice Status	Perception of Care	Social Connectedness	Reassessment Status	Clinical Discharge Status	Services Received
Baseline	✓	✓	✓	✓	✓	✓	✓	✓		✓			
6-Month Reassessment	✓	✓		✓		✓	✓	✓	✓	✓	✓		✓
Discharge	✓	✓		✓		✓	✓	✓	✓	✓		✓	✓

When to Complete an Administrative Interview

If the student, parent or caregiver is unwilling or unable to provide consent for the baseline interview...

Report the following administrative information at baseline:

- Record management
- Section A – Demographic Data

If the provider cannot locate a student for the reassessment interview...

Report the following administrative information at reassessment:

- Record Management w/ the reason the interview was not completed.
- Section I (Reassessment status)
- Section K (Services received)

If the reassessment interview was completed within 30 days of discharge OR the consumer had no contact within the past 90 calendar days...

Report the following administrative information at reassessment:

- Record Management w/ the reason the interview was not completed.
- Section J (Clinical discharge status)
- Section K (Services received)

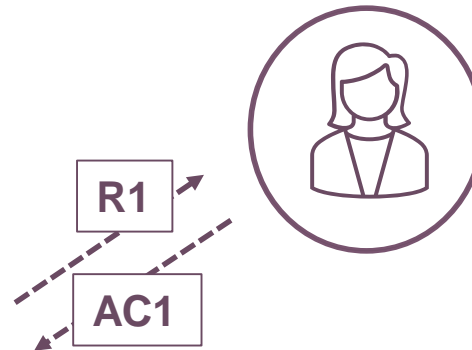
Real World Application



Students in schools are identified with behavioral health needs and are connected to a school service coordinator.



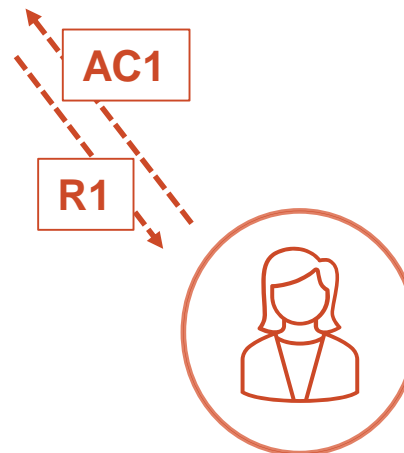
School service coordinator further assesses student needs and determines whether to refer (R1) to Tier II or Tier III services.



School refers student to a licensed mental health clinician employed by a mental health partner agency (designated Tier III).

PROVIDER CONFIRMS SERVICES HAVE BEEN INITIATED (AC1).

COMPLETES NOMs BASELINE, 6-MONTH REASSMENT, AND DISCHARGE INTERVIEWS.



School refers student to a district-employed school social worker (not designated as Tier III).

PROVIDER CONFIRMS SERVICES HAVE BEEN INITIATED (AC1).

DOES NOT COMPLETE NOMs.

Questions or Anticipated Challenges

Additional Resources

CMHS Child Services Data Collection Course

On-Demand training modules provide an overview of data collection requirements for CMHS grantees providing services to children. The training will review data collection requirements and timelines, the client-level measures interview tool for child/caregiver services, and specific guidelines for data collection using the tool.

<https://spars-lc.samhsa.gov/course/view.php?id=211>

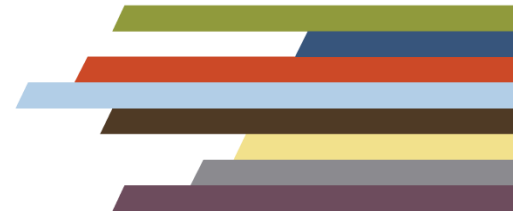
CMHS NOMs Client-Level Measures for Discretionary Programs Providing Direct Services, Question-by-Question Instruction Guide for Child Programs

https://spars.samhsa.gov/sites/default/files/Ref-379_CMHS_Child_Client-Level_Services_Measure_QxQ_Guide.pdf

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- Please click on the link to complete the SAMHSA required survey:

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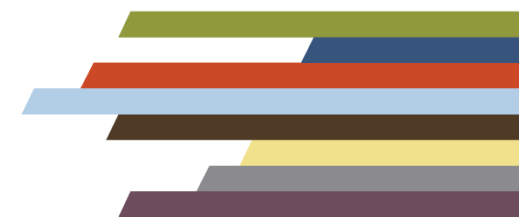
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