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This comment is regarding one of the eleven data collection instruments, specifically the 33 question in-person interviews. Of particular concern is the impact and burden this would put on clients at the time of baseline, or within 30 days of intake. We wanted to voice concern for how 15 minutes of additional interview questions may reduce client engagement in NOMS interviews and the overall intake process.

To satisfy criteria for intakes, preliminary screenings, and treatment planning for federal and state funding sources, a variety of screenings, assessments, and treatment planning takes place within the first 30 days of a client receiving services. Already there exist redundancies, although we have tried our best to reduce them as much as possible. During recent meetings to review CCBHC quality measures and related screenings, clinic supervisors have noted their frustrations related to lengthy intakes.

Our clinics complete same-day intake appointments for clients. These appointments involve meeting with case management staff for 45 minutes to review and complete agency paperwork, including releases and consent to treatment forms. Clients complete pre-screening forms, and case management staff review them with the client. Clients randomly selected to do NOMS interviews will have their baseline NOMS interview completed with case management staff following an informed consent process. Following these 45 minutes with case management staff, clients meet with a clinician for 60 minutes to complete a full comprehensive assessment. The clinician may place internal referrals for psychiatry services for those requesting that service, including clients who were recently released from inpatient hospitalization. Clinicians may utilize Motivational Interviewing for clients presenting with SUD needs to connect them with recovery support staff within the agency.

We have found greater success in attempting to complete baseline NOMS interviews with clients when they participate in them during their 45-minute appointments with case management staff in-person at the time of intake. When these interviews are attempted to be scheduled outside of the intake appointment, we see higher rates of clients not responding to outreach attempts and no-showing interviews.

Staff and clients have noted that these intake appointments are already lengthy, and we continuously assess and attempt to limit as much redundancy as possible when it comes to completing pre-screenings and the comprehensive evaluation with clinicians. We worry that an additional 15-minute interview added along with the baseline NOMS interviews will impact client consent to participate during our informed consent process, and result in the reduction of NOMS data collection at the time of baseline, and consequently data collected with this proposed instrument. We do not anticipate the same barriers to 6-month and discharge data collection as we do for baseline; however, refusal at the time of baseline may lower the amount of data we could potentially collect at later time points.

At this time, we have not been able to review the 33 additional interview questions that are being proposed. As an agency, we screen for substance use and may already collect information that would be captured during the proposed interview questions. Could there be potential for submission of information administratively by staff rather than through a live interview conducted with clients?