

# STAFF INTERVIEW INSTRUMENT (SII)

SEPTEMBER 2023 SFY24 QSR INSTRUMENT

ACCESS LOG (for DHHS BPQ USE ONLY)		
Name	Date	PURPOSE

CLIENT NAME:	0	0	
SAMPLE CATEGORY:			
CMHC STAFF NAME:	0	0	
STAFF POSITION:	0		
CMHC:			
PERIOD UNDER REVIEW:	MM/DD/SFY24	to	MM/DD/SFY24
INTERVIEW COMPLETED BY:			
DATE(S) OF INTERVIEW:			
TYPE OF INTERVIEW:			
INTERPRETER USED?	CPC INTERPRETER NEEDS FOR STAFF: <span style="border: 1px dashed black; padding: 2px;">NONE NEEDED PER CPC</span>		
ID #:		INDV'S PRONOUNS:	0
INDIVIDUAL'S PRONOUNS:	0		
SII REVIEWER ADDITIONAL COMMENTS:			

*Hello and thank you for talking with us today, \_\_\_\_\_. My name is \_\_\_\_\_ (R1), and I'm working with \_\_\_\_\_ (R2). As you know, \_\_\_\_\_ (R2) and I work for the Department of Health and Human Services, and today we will be asking you about the mental health supports and services that \_\_\_\_\_ has received over the past 12 months from \_\_\_\_\_ (CMHC).*

*Our interview today is part of the state's effort to improve the mental health services in NH. We are including all the Mental Health Centers in NH in this project and talking to people who receive mental health services, like \_\_\_\_\_, and the staff who provide those services. Your feedback is so important to this process.*

*During the interview, I'll be asking most of the questions about the services \_\_\_\_\_ has received over the past 12 months and \_\_\_\_\_ (R2) will be typing in your responses. We ask the questions in the same way and in the same order to everyone participating. Some questions are "Yes or No" questions, others are open-ended. All your answers are confidential. The only exception to confidentiality would be if there was a safety concern related to \_\_\_\_\_. In that case, we may need to notify others.*

*We do interviews in teams so that we can make sure we enter the answers in the correct places, and at times I may need to ask \_\_\_\_\_ (R2) what number we are on.*

*If you need me to repeat anything, feel free to stop me. Do you have any questions before we begin?*

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## ASSESSMENT, TREATMENT PLANNING AND SERVICES

*The first section of questions is about \_\_\_\_\_'s assessment, treatment planning, and services received.*

SII Q1 Please tell us a little about your role in \_\_\_\_\_'s treatment and how long you've been working with him/her?

SII Q2 How was information gathered when completing the ANSA (or comparable assessment)?

SII Q3 Please describe \_\_\_\_\_'s involvement in treatment planning?

SII Q4 Is there anything \_\_\_\_\_ needs that is not in the current treatment plan? Yes or No? (if Yes, ask: **What is the Need(s) and how is it being addressed?**)

**If NO, SKIP to Q5**

SII Q5 Are you aware of any issues or concerns with \_\_\_\_\_ not getting any of the services that are currently prescribed on his/her treatment plan? Yes or No?

SII Q6 Tell me more about that:

SII Q7 In this question, we look at the annual treatment plan, which we noted in the clinical record review was dated X. Then we look at the services prescribed on that plan and the frequency at which those services were prescribed. Lastly, we look to see if the individual has been receiving those services at the frequency prescribed since the date of the annual treatment plan. We noted the following services were not received at the prescribed frequency. Could you please tell us more about why \_\_\_\_\_ did not receive those services at the prescribed frequency?

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SII Q8 For the services \_\_\_\_\_ is declining, what is the process for revisiting those service options? How often does that happen?

SII Q9 What has the plan been to meet the individual's service needs while the services were not available?

**ACT**  **DO NOT SKIP! All staff are asked the ACT Qs.**

*The next section is specific to ACT services.*

SII Q10 Does \_\_\_\_\_ meet the criteria for ACT? Yes or No?

SII Q11 Tell me more about why he/she does/does not meet criteria to qualify for ACT:

SII Q12 Is \_\_\_\_\_ currently on ACT? Yes or No?

SII Q13 Can you tell me more about why \_\_\_\_\_ is not on ACT?

SII Q14 Have ACT services been provided with the frequency and intensity needed to address his/her treatment needs and support his/her recovery? Yes, No, or Not sure?

**If YES or NOT SURE, SKIP to Q16**

SII Q15 How are the intensity and frequency of the services going to be modified to reflect his/her needs?

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SII Q16 Where does \_\_\_\_\_ receive most of his/her services, the home, the community, or the CMHC office?

SII Q17 Tell me about any collaboration or communication you, or others on \_\_\_\_\_'s treatment team, may have had with community providers and/or the individual's support systems on behalf of \_\_\_\_\_ in the past 12 months:

## HOUSING

*The next several questions are about housing and any services or supports provided to \_\_\_\_\_ to help him/her find or maintain adequate housing.*

SII Q18 What kind of housing does \_\_\_\_\_ currently have? [REVIEWER: prompt for clarification regarding whether the indiv lives in a residential facility if the staff mentions "staff" or "supported" in his/her response and his/her meaning is unclear.]

SII Q19 Has \_\_\_\_\_ had any periods of homelessness in the past year? Yes, No, or Not Sure?

SII Q20 Have you or anyone on the treatment team observed or been aware of any safety concerns related to his/her housing, including home and neighborhood, in the past 12 months? Yes or No?

**If NO, SKIP to Q22**

SII Q21 Tell me more about that. **How is it being addressed and is it a current concern?** [REVIEWER: Capture **both** of the following in the text box below: 1) the safety concern and 2) whether it's a current concern. **Please spell-check and review text closely.**]

SII Q22 Has \_\_\_\_\_ been at risk of losing his/her housing at any point in the past 12 months? Yes, No, or Not Sure?

**If NO or NOT SURE, SKIP to Q24**

SII Q23 Tell me more about that:

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SII Q24 How many places has \_\_\_\_\_ lived in the past 12 months, including where he/she lives now? [REVIEWER: If homeless for the entire PUR, enter 1 into the Reviewer Code]

If Reviewer Code is "1", SKIP to Q28

SII Q25 What are the reasons for \_\_\_\_\_ moving during the year?

SII Q26 Was \_\_\_\_\_ able to see the new places before moving in? Yes, No, or Not sure?

SII Q27 Did \_\_\_\_\_ have the opportunity to discuss his/her housing needs and wants prior to deciding to move in? Yes, No, or Not sure?

SII Q28 The next question is a list of common services and supports related to housing. Please indicate with a Yes, No, or Not Sure which of the services or supports \_\_\_\_\_ has received from \_\_\_\_\_(CMHC) within the past 12 months:

Service/Support	Received in Past Yr from CMHC
Budgeting	
Shopping	
Maintenance/Cleaning	
Landlord/Neighbor/Roommate Interactions	
General paperwork related to housing	
Looking for housing	
Help in getting furnishings	
Help with moving arrangements	

SII Q29 How have the housing related services provided to \_\_\_\_\_ helped him/her to progress towards his/her housing/living skills goals?

SII Q30 Are there any housing related needs for \_\_\_\_\_ that \_\_\_\_\_(CMHC) has not been able to meet in the past 12 months? Yes, No, or Not sure?

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**If NO or NOT SURE, SKIP to Q33**

SII Q31 What are those housing related needs?

SII Q32 How has this been addressed?

SII Q33 Has \_\_\_\_\_ (CMHC) provided or offered \_\_\_\_\_ with services that are adequate to obtain and maintain stable housing? Yes or No?

**If YES, SKIP to Q35**

SII Q34 What services are needed?

SII Q35 Please tell us about the services that the mental health center has provided or offered to \_\_\_\_\_ to support him/her living in the least restrictive community setting that meets his/her needs?

SII Q36 **If Staff has indicated in the previous question that the individual is refusing services or that there are not enough resources available, ask:** What additional services are needed?  
**Otherwise Skip to Employment Section**

## EMPLOYMENT

*The next section is about employment and related services and supports provided to \_\_\_\_\_.*

SII Q37 Does \_\_\_\_\_ work? Yes, No, or Not Sure?

**If NO or NOT SURE, SKIP to Q39**

SII Q38 What does \_\_\_\_\_ do for work? (Where, how long, job duties, competitive)

SII Q39 In the past year, has someone talked to \_\_\_\_\_ about how employment (could) affect(s) any benefits he/she may be receiving? Yes, No, or Not Sure?

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SII Q40 Has \_\_\_\_\_ been ***interested*** in receiving help in finding/keeping a job in the last 12 months? Yes, No, or Not sure?

**If NO or NOT SURE, SKIP to Q42**

SII Q41 What kind of help, specifically, has \_\_\_\_\_ been interested in receiving?  
**REVIEWER GUIDANCE:** If the staff answers with "SE" please ask "Yes, but what services in SE specifically has \_\_\_\_\_ been interested in receiving?"

SII Q42 Does \_\_\_\_\_ have any identified employment needs which are not currently being addressed? Yes or No?

**If NO, SKIP to Q44**

SII Q43 What are those needs and can you tell us why the CMHC has not addressed them?

SII Q44 What challenges, if any, does \_\_\_\_\_ face in finding and maintaining employment?

SII Q45 What strategies have been used by the team to help \_\_\_\_\_ overcome those challenges?

SII Q46 Have Supported Employment Services been recommended or provided in the past 12 months? Yes, No, or Not sure?

**If YES or NOT SURE, SKIP to HIGHLIGHTED PROMPT ABOVE Q48**

SII Q47 Please explain why Supported Employment has not been recommended or provided within the past 12 months.

SII Q48 Has \_\_\_\_\_ (CMHC) provided or attempted to provide ***ANY*** employment related services and supports to \_\_\_\_\_ in the past 12 months? Yes or No?

**If NO, SKIP to CRISIS SECTION**

SII Q49 Tell me about the employment related services and supports that have been provided to \_\_\_\_\_:

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SII Q50 How have the employment related services that \_\_\_\_\_ received helped him/her to progress towards or reach his/her employment goals?

## CRISIS

**CONTINUE WITH CRISIS SECTION INTRODUCTION.**

*This next section is about the crisis planning and crisis services and supports provided to \_\_\_\_\_. When we say mental health crisis, we mean difficult times when the individual may be feeling out of control, unable to function the way the individual would like to, or the individual is having thoughts of hurting themselves or someone else. Although these crises may result in the individual*

*visiting the ER or requiring hospitalization, these questions are not specific to only those situations. The crisis services and supports that we are referencing in this section could be crisis services provided on the phone by your emergency services staff, or crisis services provided by your ACT team or FSS worker, or crisis services provided by your rapid response team, up to and including crisis services and supports provided by the Center in an ER.*

SII Q51 Has \_\_\_\_\_ (CMHC) provided any crisis services to \_\_\_\_\_ in the past 12 months? Yes, No, or Not Sure?

**If NO or NOT SURE, SKIP to COMMUNITY INTEGRATION AND SOCIAL SUPPORTS SECTION**

SII Q52 Can you please summarize the last crisis service you are aware of \_\_\_\_\_ receiving from the CMHC, including what the crisis was, what the CMHC did to help, the location where the assessment and intervention was provided, and if the services allowed \_\_\_\_\_ to stay in the community, or did he/she then visit an emergency department?

SII Q53 How and when did \_\_\_\_\_'s treatment team staff become aware that \_\_\_\_\_ had experienced this crisis or emergency?



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SII Q54 Did you and/or the treatment team receive all the information that was needed? Yes or No?

SII Q55 Who assessed \_\_\_\_\_ during the crisis/emergency and does that staff have any other role in \_\_\_\_\_'s treatment?

SII Q56 Did the crisis services provided by the CMHC help him/her return to his/her pre-crisis/baseline level of functioning? Yes, No, or Not Sure? (Include any narrative response offered in the box below.)

SII Q57 Has \_\_\_\_\_ stayed at a CMHC crisis apartment? Yes, No, or Not Sure? **If so**, did the stay at the apartment meet his/her needs? Explain:

## COMMUNITY INTEGRATION AND SOCIAL SUPPORTS

*The next section is about \_\_\_\_\_'s social supports and community integration.*

SII Q58 Have you, or others on the treatment team, discussed with \_\_\_\_\_ how making connections with community, friends, and family, and participating in activities that he/she enjoys is helpful to his/her recovery? Yes or No?

SII Q59 Please describe \_\_\_\_\_'s current support system, including how they are or are not helpful to \_\_\_\_\_'s recovery?

SII Q60 Please tell us how \_\_\_\_\_ is integrated into or is involved in his/her community?

SII Q61 Is there a plan, formal or informal, to help \_\_\_\_\_ maintain and/or enhance his/her support system? Yes or No?

**If NO, SKIP to Q63**

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SII Q62 What does that plan look like?

SII Q63 Do you think that \_\_\_\_\_ could benefit from peer support? Yes or No?

SII Q64 Has \_\_\_\_\_ been informed about the peer support agency **Specific Peer Support Center**? Yes, No, or Not Sure?

SII Q65 Does \_\_\_\_\_ (CMHC) have peer support services, such as a peer support specialist, available to \_\_\_\_\_? Yes, No, or Not sure?

SII Q66 What peer support services, if any, has \_\_\_\_\_ utilized in the past year, either at the CMHC, at the Peer Support Agency, or elsewhere?

## TRANSITION/DISCHARGE

### IPA Identifier

CRR	0
CPC	0
CPD	0

**IF CRR IS NO, SKIP to OVERALL SECTION, OTHERWISE CONTINUE WITH INTRODUCTION.**

*The next section is about inpatient psychiatric admissions such as those to New Hampshire Hospital, other DRFs, or hospitals with a behavioral health unit.*

*The record indicates that the most recent psychiatric inpatient admission was:*

1/0/00 to 1/0/00 at 0

*The next several questions are about the discharge process and the continuum of care for that admission, unless you're aware of an admission that was more recent. If so, the next several questions would apply to that discharge. Was that the most recent inpatient psychiatric admission?*

Staff Endorses ANY IPA:

**Select NO only when the staff does not endorse ANY IPA within the PUR. If NO is selected, collect their response, then SKIP to OVERALL section.**

**Incl. staff narrative:**

SII Q67 Please tell me about \_\_\_\_\_'s involvement in his/her discharge planning, if any, that you are aware of:

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SII Q68 Did \_\_\_\_\_ return to housing that met his/her needs and was stable overall? Yes, No, or Not Sure? [If **NO** or **NOT SURE**, ask: What about the housing upon discharge did not meet his/her needs and/or was not stable?]

SII Q69 Did \_\_\_\_\_ resume contact with his/her natural supports once he/she returned home? Yes, No, or Not Sure?

SII Q70 Were follow-up appointments scheduled with the mental health center prior to \_\_\_\_\_'s discharge from the facility? Yes, No, or Not sure?

SII Q71 Tell me about any in-reach that was done by the mental health center while the individual was at the facility:

SII Q72 Once \_\_\_\_\_ was discharged, please tell me about any disruptions to his/her normal routine that he/she experienced as a result of being in \_\_\_\_\_ (IPA Facility).

SII Q73 Prior to discharge, was \_\_\_\_\_ screened for Bridge housing support by the CMHC? Yes, No, Not Sure, he/she didn't need/qualify for Bridge.

## OVERALL

SII Q74 Is \_\_\_\_\_ provided with the services and supports needed to support his/her health, safety, and welfare? Yes, No, or Somewhat?

**If YES, SKIP to Q76**

SII Q75 What additional services are needed?

SII Q76 Is \_\_\_\_\_ provided with the services and supports needed to offer reasonable opportunities to help him/her achieve increased independence and gain greater integration or involvement into the community? Yes, No, or Somewhat?

**If YES, SKIP to Q78**

SII Q77 What additional services are needed?

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SII Q78 Is \_\_\_\_\_ provided with the services and supports needed to avoid harms and decrease the incidence of unnecessary psychiatric hospital contacts and/or institutionalization? Yes, No, or Somewhat?

If YES, SKIP to Q80

SII Q79 What additional services are needed?

SII Q80 Is there anything else you would like to share regarding \_\_\_\_\_ and the services he/she receives that we have not asked about?

SII Q81 What are some of the barriers, challenges, or gaps that you face specifically at \_\_\_\_\_ (CMHC)?

SII Q82 What is working well regarding \_\_\_\_\_ (CMHC) and the services provided to individuals?

SII Q83 Is there anything else you would like to share with us about the mental health delivery system in New Hampshire, or is there anything you would like to change, or are there any ideas you have for improvements?

**Thank you for helping us improve mental health services in NH. If you would like to let us know about your experiences during the QSR, we'd love to hear from you - just access our survey via the link in your calendar invitation.**