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 around the state. 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?
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 the services he/she is currently engaged in?

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: Why aren’t these needs on the current treatment plan?)

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: [REVIEWER: MUST COMPLETE FIRST TWO REVIEWER CODES DURING INTERVIEW]
STAFF INTERVIEW INSTRUMENT (SII)

SII Q7
From the clinical record review we found that ________ has not received __________________ services according to his/her treatment plan. Tell me more about why. [REVIEWER: MUST COMPLETE FIRST TWO REVIEWER CODES DURING INTERVIEW]

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

SII Q9
What is the plan to initiate services that are not or were not available?

SERVICES RECEIVED

Date of ISP: 1/0/00

Services on TX Plan which have not been provided:

0

REVIEWER CODE: INDIVIDUAL DECLINED SERVICE(S)
REVIEWER CODE: SERVICE(S) AREN'T/WEREN'T AVAILABLE
REVIEWER CODE: ALL EXPLANATIONS ARE APPROPRIATE

REVIEWER CODE: SERVICE OPTIONS ARE DISCUSSED AT LEAST QUARTERLY

IF "100%" or #DIV/O!, SKIP to next highlighted prompt below Q7

IF "100%" or #DIV/O!, SKI to next highlighted prompt above Q9

[STOP AND CHECK COMPUTER]
**STAFF INTERVIEW INSTRUMENT (SII)**

**ACT**

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

The next section is specific to ACT services.

SII Q10 Please tell us about the process for referring and/or accepting people to ACT at ________________ (CMHC)?

SII Q11 Does ________ meet the criteria for ACT? Yes or No?

SII Q12 Tell me more about why he/she does/does not meet criteria to qualify for ACT:

SII Q13 Is ________ currently on ACT? Yes or No?

SII Q14 Can you tell me more about why ______ is not on ACT?

SII Q15 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 Q17

SII Q16 How are the intensity and frequency of the services going to be modified to reflect his/her needs?

If YES or NOT SURE, SKIP to Q17

SII Q17 Where does __________ receive most of his/her services?

*REVIEWER CODE: EXPLANATION IS APPROPRIATE*  
**SKIP to Q19 After Answering**

$\text{REVIEWER CODE: MOST SERVICES ARE RECEIVED IN HOME/COMMUNITY} $

$\text{REVIEWER CODE: STAFF INDICATED INDIVIDUAL CHOOSES/PREFERS TO MEET IN THE OFFICE}$
STAFF INTERVIEW INSTRUMENT (SII)

SII Q18  Tell me about any informal or formal collaboration 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:

REVIEWER GUIDANCE: SELECT "YES" FOR ANY OF THE CATEGORIES THAT ARE MENTIONED

- Housing
- Medical Providers
- DHHS
- SA/BH Providers
- Family
- Law Enforcement
- Guardians
- Other

REVIEWER CODE: COLLABORATION HAS OCCURRED

SII Q19  Has ____________ had any police contact in the past year? Yes, No, or Not Sure? (Include 

REVIEWER CODE: COLLABORATION HAS OCCURRED

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 Q20  What is ____________'s current living situation, including housing type? [REVIEWER: prompt for clarification regarding whether the indv lives in a residential facility if the staff mentions "staff" or "supported" in his/her response and his/her meaning is unclear.]

REVIEWER CODE: TYPE OF HOUSING DROPDOWN

SII Q21  Has ____________ had any periods of homelessness in the past year? Yes, No, or Not Sure?

REVIEWER CODE: TYPE OF HOUSING DROPDOWN

SII Q22  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 Q24

SII Q23  Tell me more about that. How is it being addressed? [REVIEWER: Please spell-check and review text closely during your self-check.]

REVIEWER GUIDANCE: SELECT "YES" FOR ANY OF THE FOLLOWING SAFETY CONCERNS MENTIONED

- Physical/Personal Safety
- Safety Re: Building Issues (lights, locking doors, mold, etc)
- External “social” safety concerns (e.g., “bad” neighborhood)
STAFF INTERVIEW INSTRUMENT (SII)

Safety Re: Mobility Issues

Is the concern current?

REVIEWER CODE: THERE IS A CURRENT SAFETY CONCERN

SII Q24 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 Q26

SII Q25 Tell me more about that:

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED BY INDIVIDUAL

Financial
Cleanliness
Behavior
Other

SII Q26 How many places has __________ lived in the past 12 months, including where he/she lives now?

REVIEWER CODE: NUMBER OF PLACES DROPDOWN

If Reviewer Code is "1," SKIP to Q30

SII Q27 What are the reasons for __________ moving during the year?

SII Q28 Was __________ able to see the new places before moving in? Yes, No, or Not sure?

SII Q29 Did __________ have the opportunity to discuss his/her housing needs and wants prior to deciding to move in? Yes, No, or Not sure?

SII Q30 I am going to read you 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:

<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Past Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with moving arrangements</td>
<td></td>
</tr>
<tr>
<td>Help in getting furnishings</td>
<td></td>
</tr>
<tr>
<td>Budgeting</td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
</tr>
<tr>
<td>Maintenance/ Cleaning</td>
<td></td>
</tr>
<tr>
<td>Landlord/Neighbor/Roommate Interactions</td>
<td></td>
</tr>
<tr>
<td>General paperwork related to</td>
<td></td>
</tr>
<tr>
<td>Looking for housing</td>
<td></td>
</tr>
</tbody>
</table>
STAFF INTERVIEW INSTRUMENT (SII)

HOUSING GOAL/PLAN IDENTIFIER:
ISP GOAL
CM PLAN

STOP & CHECK COMPUTER BEFORE PROCEEDING

SII Q31 How have the housing related services provided to __________ helped him/her to progress towards his/her housing/living skills goals?

CRR HOUSING/LIVING SKILLS GOALS/PLAN

REVIEWER CODE: STAFF ENDORSED THAT SERVICES HAVE HELPED INDIVIDUAL PROGRESS TOWARDS HOUSING/LIVING SKILLS GOALS/PLAN

SII Q32 Are there any housing related needs for the individual that __________ (CMHC) has not been able to meet in the past 12 months? Yes, No, or Not sure?

If NO or NOT SURE, SKIP to Q35

SII Q33 What are those housing related needs?

SII Q34 How has this been addressed?

REVIEWER CODE: UNMET NEEDS ARE APPROPRIATELY BEING ADDRESSED

SII Q35 Has __________ (CMHC) provided or offered __________ with services that are adequate to obtain and maintain stable housing? Yes or No?

If YES, Skip to EMPLOYMENT Section

SII Q36 What services are needed?

REVIEWER CODE: CMHC HAS MADE NECESSARY SERVICES AND SUPPORTS AVAILABLE TO THE INDIVIDUAL

SII Q37 Has __________ (CMHC) provided or offered __________ with services that are adequate to live in the most integrated setting? Yes or No?

If YES, Skip to EMPLOYMENT Section

SII Q38 What additional services are needed?

EMPLOYMENT

The next section is about employment and related services and supports provided to __________.

SII Q39 Does __________ work? Yes, No, or Not Sure?

If NO or NOT SURE, SKIP to Q41
SII Q40  What does ______________ do for work? (Where, how long, job duties, competitive)

REVIEWER CODE: JOB IS COMPETITIVE

SII Q41  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?

SII Q42  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 Q44

SII Q43  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 Q44  Does __________ have any identified employment needs which are not currently being addressed? Yes or No?

If NO, skip to Q46

SII Q45  What are those needs and can you tell us why the CMHC has not addressed them?

REVIEWER CODE: CMHC IS ADDRESSING THE NEEDS

SII Q46  What challenges, if any, does ______ face in finding and maintaining employment?

REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED

<table>
<thead>
<tr>
<th>MH Symptoms</th>
<th>Motivation</th>
<th>Interpersonal skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Not Interested</td>
<td>Limited Skills/Ed</td>
</tr>
<tr>
<td>Physical/Medical limitations</td>
<td>Substance MisUse</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Other</td>
<td>Work Habits</td>
<td>Legal Concerns</td>
</tr>
</tbody>
</table>

SII Q47  [If challenges are noted above] What efforts have been made to resolve those challenges? If no challenges, skip to Q48.

SII Q48  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 Q50
SII Q49  Please explain why Supported Employment has not been recommended or provided within the past 12 months. **REVIEWER GUIDANCE:** Choose a code below only if applicable to the staff's response.

DECLINES/NOT INTERESTED  SERVICE NOT AVAILABLE
OTHER SERVICE BETTER SUITED

**EMPLOYMENT PLAN/GOAL IDENTIFIER**

ISP GOAL:  
CM PLAN:

STOP & CHECK COMPUTER BEFORE PROCEEDING

SII Q50  Has _____ (CMHC) provided or attempted to provide ANY employment related services and supports to ______________ in the past 12 months? Yes or No?

**REVIEWER CODE:** If NO, SKIP to CRISIS SECTION

SII Q51  Tell me about the employment related services and supports that have been provided to ______________:

CRR EMP GOALS:

**REVIEWER CODE:** SERVICES MENTIONED ARE RELATED TO PROGRESSION TOWARDS GOALS IDENTIFIED ON TX PLAN

SII Q52  How have the employment related services that ____________ received helped him/her progress towards or reach his/her employment goals?

CRR EMP GOALS:

**REVIEWER CODE:** STAFF ENDORSED THAT SERVICES HAVE HELPED INDIVIDUAL PROGRESS TOWARDS 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 mobile crisis team, up to and including crisis services and supports provided by the Center in an ER.

SII Q53 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 Q54 Has ________ had any contact with emergency departments for psychiatric reasons in the past 12 months? Yes, No, or Not Sure?

SII Q55 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 Q56 How and when did ________'s treatment team staff become aware that ________ had experienced this crisis or emergency?

SII Q57 Did you and/or the treatment team receive all the information that was needed? Yes or No?

SII Q58 Who assessed ____________ during the crisis/emergency and does that staff have any other role in ____________'s treatment?

REVIEWER CODE: STAFF RECEIVED NOTIFICATION FROM PROVIDER OF CRISIS SERVICE

REVIEWER CODE: STAFF RECEIVED NOTIFICATION WITHIN 24 HOURS
(REGARDLESS OF WHETHER IT WAS FROM THE PROVIDER OF CRISIS SERVICE OR NOT)
STAFF INTERVIEW INSTRUMENT (SII)

SII Q59 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.)

[Box for narrative response]

SII Q60 Has ________ stayed at a crisis apartment? Yes, No, or Not Sure? If so, did the stay at the apartment meet his/her needs? Explain:

[Box for narrative response]

COMMUNITY INTEGRATION AND SOCIAL SUPPORTS

The next section is about ___________‘s social supports and community integration.

SII Q61 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?

[Box for response]

SII Q62 Please describe ___________‘s current support system, including how they are or are not helpful to ___________‘s recovery?

[Box for narrative response]

REVIEWER CODE: HELPFUL TO RECOVERY

REVIEWER CODE: IDENTIFIES NATURAL SUPPORTS

SII Q63 Please tell us how __________ is integrated into or is involved in his/her community?

[Box for narrative response]

REVIEWER CODE: INDIVIDUAL IS INTEGRATED INTO COMMUNITY

SII Q64 Is there a plan, formal or informal, to help __________ maintain and/or enhance his/her support system? Yes or No?

[If NO, SKIP to Q66]

SII Q65 What does that plan look like?

[Box for narrative response]

SII Q66 Do you think that ___________ could benefit from peer support? Yes or No?

[Box for response]

SII Q67 Has ___________ been informed about the peer support agency _Stepping Stone (Claremont) or Next Step (Lebanon)? Yes, No, or Not Sure?
STAFF INTERVIEW INSTRUMENT (SII)

SII Q68  Does ________ (CMHC) have peer support services, such as a peer support specialist, available to ___________________? Yes, No, or Not sure?

SII Q69  What peer support services, if any, has ________ utilized in the past year, either at the CMHC, at the Peer Support Agency, or elsewhere?

PSA
CMHC
OTHER

REVIEWER CODE: INDIVIDUAL IDENTIFIED PSA, CMHC, OR ANOTHER SORT OF PEER SUPPORT SERVICE WAS USED

TRANSITION/DISCHARGE

IPA Identifier
CRR 0
CPC
CPD

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 Q70  Please tell me about ____________'s involvement in his/her discharge planning, if any, that you are aware of:

REVIEWER CODE: INDIVIDUAL WAS INVOLVED

SII Q71  Did __________ return to appropriate housing? Yes, No, or Not Sure?

SII Q72  Did __________ resume contact with his/her natural supports once he/she returned home? Yes, No, or Not Sure?
SII Q73 Were follow-up appointments scheduled with the mental health center prior to ________’s discharge from the facility? Yes, No, or Not sure?

SII Q74 Tell me about any in-reach that was done by the mental health center while the individual was at the facility:

REVIEWER CODE: STAFF ENDORSES THAT IN-REACH DID OCCUR

SII Q75 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).

REVIEWER CODE: RETURN HOME HAD SIGNIFICANT NEGATIVE DISRUPTION TO NORMAL ROUTINE

SII Q76 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 Q77 Is ________ provided with the services and supports needed to support his/her health, safety, and welfare? Yes, No, or Somewhat?

If YES, Skip to Q79

SII Q78 What additional services are needed?

SII Q79 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 Q81

SII Q80 What additional services are needed?

SII Q81 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 Q83

SII Q82 What additional services are needed?

SII Q83 Is there anything else you would like to share regarding ________ and the services he/she receives that we have not asked about?
SII Q84  What are some of the barriers, challenges, or gaps that you face at ___________(CMHC)?

<table>
<thead>
<tr>
<th>REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paperwork/Doc. Requirements</td>
</tr>
<tr>
<td>Staffing Issues/Turnover</td>
</tr>
<tr>
<td>Unsupportive Work Environment</td>
</tr>
<tr>
<td>Relationships/Communication</td>
</tr>
<tr>
<td>Client Engagement</td>
</tr>
<tr>
<td>Technology</td>
</tr>
</tbody>
</table>

SII Q85  What is working well regarding ___________(CMHC) and the services provided to individuals?

<table>
<thead>
<tr>
<th>REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork/Milieu</td>
</tr>
<tr>
<td>Agency Support</td>
</tr>
<tr>
<td>Paperwork/Doc. Improvements</td>
</tr>
<tr>
<td>Relationships/Communication</td>
</tr>
</tbody>
</table>

SII Q86  Is there anything else you would like to share with us about the mental health delivery system in New Hampshire?

<table>
<thead>
<tr>
<th>REVIEWER GUIDANCE: SELECT YES FOR ANY REASONS BASED ON EXPLANATION PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEGATIVE</td>
</tr>
<tr>
<td>Boarding Individuals in EDs/Wait for psych. Beds</td>
</tr>
<tr>
<td>MCO/Insurance Issues</td>
</tr>
<tr>
<td>Low Pay</td>
</tr>
<tr>
<td>Lack of Available Services/Resources</td>
</tr>
<tr>
<td>State/DHHS Barriers</td>
</tr>
<tr>
<td>Other (negative)</td>
</tr>
</tbody>
</table>
## STAFF INTERVIEW INSTRUMENT (SII)

### Completion Tracking Chart

<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Interview Complete</td>
<td></td>
</tr>
<tr>
<td>SII Reviewer Self-Check Complete</td>
<td></td>
</tr>
<tr>
<td>SII QA Check Complete</td>
<td></td>
</tr>
<tr>
<td>SII QA Follow-Up Complete</td>
<td></td>
</tr>
</tbody>
</table>