Hello and thank you for talking with us today, _____________. My name is ____________ (R1), and I’m working with ____________ (R2). ____________ (R2) and I work for the Department of Health and Human Services, not the Mental Health Center, and today we will be asking you about the mental health services that you have 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 you, 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 you have received over the past 12 months from ____________ (CMHC) 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 you said something that sounded like you or others might be unsafe. 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?
In this first section we're going to ask about what you're working on with staff at _________ (CMHC) and some of the services you have received. Typically, these are the things that may be on what's known as your treatment plan, or it may be referred to as an individualized service plan.

CII Q1 Have you talked with _____________ (CMHC) staff in the past 12 months about your needs and what you want to work on? Yes or No?

CII Q2 How often do you do that?

CII Q3 Is that often enough? Yes or No?

CII Q4 Have staff talked to you about your strengths? Yes or No?

CII Q5 Tell me about how the staff help you meet your goals.

CII Q6 Tell me about how you are involved in your treatment planning and setting goals?

CII Q7 Is there anyone you wish had been included in your treatment planning who wasn't? Yes or No? (If so, who:)

CII Q8 What is the process like if you want to change your goals or work on new goals?

CII Q9 Please explain how your treatment plan is able to help you:

CII Q10 Have staff discussed what services are available at _____________ (CMHC) to help you meet your needs and reach your goals? Yes or No?
SERVICE DELIVERY

The following questions are specific to the services listed on your treatment plan.

REVIEWER: For ALL "ID" with a YES, ask the question that follows:

CII Q11 CM ID 0
Are you able to get all the case management supports and services you need from your case manager? Yes, No, or Somewhat?

CII Q12 PRES ID 0
Are you able to get all the prescriber services you need, such as prescriptions and help making sure your medications are right, from your psychiatrist or nurse practitioner? Yes, No, or Somewhat?

CII Q13 NURSE ID 0
Are you able to get all the nursing services you need from the nurse? Yes, No, or Somewhat?

CII Q14 THER ID 0
Are you able to get all the therapy you need from your therapist? Yes, No, or Somewhat?

CII Q15 FSS ID 0
Are you able to get all the functional support services you need, such as support in your home or community with managing mental health symptoms, using your coping skills, help with your medication, or support with your daily living activities, from your FSS worker? Yes, No, or Somewhat?

CII Q16 SUB ID 0
Are you able to get all the substance use disorder treatment services you need from the mental health center? Yes, No, or Somewhat?

CII Q17 Within the last year, did all of your services start when you needed them to? Yes or No?

If "YES" SKIP to Q19

CII Q18 What services within the past year did not start when you needed them to?

REVIEWER CODE: INDIVIDUAL ENDORSES THAT CMHC SERVICES DID NOT START WHEN NEEDED
CLIENT INTERVIEW INSTRUMENT (CII)

CII Q19 Overall, are you able to get all the services and supports you need to meet your current needs and achieve your goals? Yes, No, or somewhat?

[STOP AND CHECK INDICATOR BELOW]

If INDICATOR = NO, ASK Q20, IF INDICATOR = 0, SKIP to ACT

CII Q20 What else do you need to meet your needs and reach your goals? [REVIEWER: only prompt with services indicated below if needed]

SERVICES INDIVIDUAL INDICATED ARE NOT RECEIVED AS NEEDED:

REVIEWER CODE: INDIVIDUAL IDENTIFIES NEEDING MORE CMHC SERVICES

ACT

ACT Identifier

CRR

CPC

CPD

REVIEWER: IF CRR has been completed and CRR ID is NO, SKIP to HOUSING SECTION. IF CRR has not been completed, and CPD and/or CPD ACT ID is YES, confirm with the individual that they are on ACT before proceeding. If they are NOT on ACT, SKIP to HOUSING SECTION.

The next several questions are specific to ACT and the services you receive from your ACT team.

CII Q21 Do you get all the ACT services you need from your ACT team? Yes, No, or Somewhat?

If YES, SKIP to Q23

CII Q22 What are the ACT services you need or want that you aren’t getting?

CII Q23 Where do you receive most of your services from _________ (CMHC)?

Where do you prefer to receive those services?

REVIEWER CODE: MOST SERVICES ARE RECEIVED IN HOME/COMMUNITY

REVIEWER CODE: INDIVIDUAL CHOOSES/PREFERS TO RECEIVE SERVICES IN THE OFFICE

CII Q24 What staff do you typically meet or speak with from _____ (CMHC)? Anyone else?

REVIEWER CODE: INDIVIDUAL INDICATES HE/SHE TYPICALLY INTERACTS WITH TWO OR MORE STAFF ON AN ONGOING BASIS

CII Q25 Do you see your ACT staff as often as you feel you need? Yes or No?

If YES, SKIP to HOUSING
CII Q26
Please explain/tell me more about that:

CII Q27
Can you tell me a little bit about your current living situation, including the type of housing you have? [REVIEWER: If the indv mentions "staff" or "supported" in his/her response and his/her meaning is unclear, prompt for clarification regarding whether the indv lives in a residential facility.]

CII Q28
What down or city do you live in?

CII Q29
In the past 12 months, have you had any concerns about your safety related to your home or neighborhood? Yes or No?

CII Q30
Tell me more about that. Has it been taken care of? [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)
- Safety Re: Mobility Issues

Do you still have a concern as of today?

REVIEWER CODE: THERE IS A SAFETY CONCERN AS OF TODAY

CII Q31
Have you been at risk for losing your housing at any point in the past 12 months? Yes or No?

REVIEWER: If the indv is homeless, use the narrative box for his/her response and then select Y/N in the next cell. If the indv is not homeless, just select Y/N in the next cell.

REVIEWER - For Homeless Q Version only: If the indv answers Yes to at least 1 Q above, select YES.

If NO, SKIP to Q33
CII Q32  Tell me more about that. What were the reasons?

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

☐ Financial  ☐ Landlord Selling/Sold the Building
☐ Cleanliness  ☐ Temporary Accommodations
☐ Behavior  ☐ Eviction
☐ Other

CII Q33  Have you been homeless in the past 12 months? Yes or No? REVIEWER: Skip if homeless.

☐

CII Q34  How many places have you lived, including where you live now, in the past 12 months?

☐

REVIEWER CODE: NUMBER OF PLACES DROPDOWN

IF REVIEWER CODE IS "1", SKIP TO Q37

HOUSING TYPE 0

CII Q35  When you moved during the past 12 months, did you have a chance to talk with __________ (CMHC) staff about what you wanted in a place to live? Yes or No?

☐

CII Q36  Did you have a chance to look at any places before you moved? Yes or No?

☐

CII Q37  Are you currently looking for a different place to live? Yes or No?

☐ IF NO, SKIP TO Q40

CII Q38  Have you had a chance to talk with __________(CMHC) staff about what you want in a place to live? Yes or No?

☐

CII Q39  How is ____________ (CMHC) helping you with your plans to find a different place to live?

☐

REVIEWER CODE: CMHC IS ASSISTING
CII Q40  What things are important to you in choosing a place to live? [REVIEWER: If individual responds "Safety," prompt for clarification so that we may determine if the indv means physical environment of unit/home, or external factors, or if they mean stability.]

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

<table>
<thead>
<tr>
<th>SIZE</th>
<th>UTILITIES</th>
<th>PETS</th>
<th>SAFETY</th>
<th>FRIENDLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLEAN</td>
<td>NEIGHBORHOOD</td>
<td>TRANSP. ACCESS</td>
<td>AFFORDABLE</td>
<td>YARD</td>
</tr>
<tr>
<td>LOCATION OF TOWN</td>
<td>QUIET</td>
<td>CLOSE TO AMENITIES</td>
<td>ACCESSIBLE</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

CII Q41  Does the place you live now include most of those things? Yes or No?

CII Q42  I am going to read you a list of common services and supports related to housing. Please indicate with a Yes or a No which of the services you are receiving or have received in the past 12 months from ______ (CMHC).

<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Received in Past Yr from CMHC</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</td>
<td></td>
</tr>
<tr>
<td>Interactions</td>
<td></td>
</tr>
<tr>
<td>General paperwork related to</td>
<td></td>
</tr>
<tr>
<td>housing</td>
<td></td>
</tr>
<tr>
<td>Looking for housing</td>
<td></td>
</tr>
</tbody>
</table>

CII Q43  Are you able to get all the housing supports and services you need from ______ (CMHC)? Yes or No? (If no, ask:) What other housing supports do you need?

CII Q44  Do you get housing supports and services from ______ (CMHC) as often as you feel you need? Yes or No?
Do you have enough support to achieve your housing needs? Yes or No? *(if no, ask:)* Tell me about what other supports you would need.

**REVIEWER CODE: INDIVIDUAL NEEDS ADDITIONAL SUPPORTS/SERVICES FROM CMHC**

Is there anything else you want to share regarding housing services at _____(CMHC) or is there anything that would have been more helpful regarding the housing services and supports you received?

---

**EMPLOYMENT**

The next several questions are about employment goals, jobs, and the services and supports available from ________ (CMHC) to those interested in working.

Are you currently working? Yes or No?

**If NO, skip to Q52**

Where do you work and what do you do there? (Prompt to see if competitive)

**REVIEWER CODE: JOB IS COMPETITIVE EMPLOYMENT**

About how many hours do you work each week?

**REVIEWER CODE: NUMBER OF HOURS ON AVERAGE PER WEEK**

Are you satisfied with the amount of hours you work? Yes or No?

Are you interested in working more hours? Yes or No?

In the past 12 months, have staff checked in with you about your employment goals/interests? Yes or No?

In the past 12 months, have you been interested in receiving help from _____ (CMHC) in finding or keeping a job? Yes or No?

**If NO, SKIP to Q55**

What things have you been interested in receiving help with to find or keep a job?

**REVIEWER CODE: INDIVIDUAL IDENTIFIES HAVING BEEN INTERESTED IN RECEIVING CMHC EMPLOYMENT HELP**
CII Q55 Are you aware of a service offered by _________ (CMHC) called Supported Employment? Yes or No?

CII Q56 In the past 12 months, have you received Supported Employment OR other help in finding or maintaining a job? Yes or No?

If NO, SKIP to Q58

CII Q57 Please tell me more about the services you have received related to finding or maintaining a job, including who provided the services:

CMHC-SE
CMHC-OTHER
OTHER: (specify in box to right)

CII Q58 Have your employment goals or needs changed over the past year? Yes or No? (If yes, ask:) How so?

If NO, SKIP to EMPLOYMENT INTEREST IDENTIFIER

CII Q59 Have you discussed these changes with _________ (CMHC)? Yes or No?

If NO, SKIP to EMPLOYMENT INTEREST IDENTIFIER

CII Q60 How has _________ (CMHC) helped you with that change in employment need or goal?

REVIEWER CODE: CMHC HELPED/IS HELPING WITH CHANGING NEEDS

CII Q61 Are you able to get all of the employment related services you need from ________(CMHC)? Yes or No? (If no, ask:) What other employment related services do you need?

REVIEWER CODE: INDIVIDUAL NEEDS ADDITIONAL SERVICES/SUPPORTS FROM CMHC

CII Q62 Do you get employment supports and services as often as you feel you need? Yes or No?

CII Q63 Do you have enough support to achieve your employment goals? Yes or No? (If no, ask:) Tell me about what other supports you would need?

REVIEWER CODE: INDIVIDUAL NEEDS ADDITIONAL SERVICES/SUPPORTS FROM CMHC
CII Q64 In the past 12 months, has anyone explained to you how employment may or may not affect any financial benefits you may be receiving? Yes, No, or Not sure?

CII Q65 Is there anything else you would like to share about the employment services at _______(CMHC) or is there anything that would have been more helpful regarding the employment-related services and supports you received?

CRISSIS

This next section is about the services and supports available through _______(CMHC) for mental health crises. When we say mental health crisis we mean difficult times when you may be feeling out of control, unable to function the way you would like to, or having thoughts of hurting yourself or someone else. We do not need to know the details of any times you may have felt this way. We just want to know what you have done to take care of yourself, and the services and supports you may have used from the Center during those difficult times.

CII Q66 Who are the people in your life you could call if you were having a mental health crisis? Anyone else? Anyone else?

REVIEWER GUIDANCE: ASK CLARIFYING QUESTIONS AS NEEDED TO ACCURATELY CAPTURE RESPONSES BELOW

CMHC-Crisis Svs | Friends | PSA
---|---|---
CMHC-Non Crisis Svs | Sponsor | Hospital
911/Police | Family | Religious
988/Emergency Services | Guardian | Other
Other Crisis Line

REVIEWER CODE: INDIVIDUAL IDENTIFIED AT LEAST 1 RESOURCE ABOVE

CII Q67 What might you do to help yourself during a mental health crisis?

REVIEWER CODE: INDIVIDUAL ENDORSED HEALTHY COPING STRATEGIES

CII Q68 Has _______(CMHC) helped you in developing a plan to take care of yourself during a mental health crisis? Yes or No?
As we mentioned, mental health crises could be anytime in which you may have felt out of control, unable to function the way you would like to, or having thoughts of hurting yourself or others. Mental health crises sometimes include hospitalization or visits to the ER, but not always, and sometimes you may receive services from the mental health center to help with these feelings. Have you used ____________ (CMHC) mental health crisis or emergency services in the past 12 months? Yes, No, or Not Sure? (Include any narrative response offered in the box below.)

If NO or NOT SURE, SKIP to Q82

What do you do to take care of yourself during a mental health crisis?

REVIEWER CODE: SELECT "YES" FOR ANY OF THE FOLLOWING COPING SKILLS USED

- Distract Myself
- Call Friends/Family
- Go to ED/Hospital
- Breathing Skills
- 988/Emergency Services
- Take a walk/exercise
- Music
- TV/movie
- Crafts
- Call CMHC or ACT
- Take Meds
- Sleep/Nap
- Coping Skills
- Other

REVIEWER CODE: INDIVIDUAL TOOK APPROPRIATE STEPS

Have staff at ____________ (CMHC) talked to you about what you can do if you are experiencing a mental health crisis? Yes or No.

During your mental health crisis(es), how have staff helped and supported you?

REVIEWER CODE: INDIVIDUAL FELT HELPED & SUPPORTED

During your mental health crisis, did staff explain what would happen next in a way you understood? Always, most of the time, occasionally, or never?

Have you been able to get all the mental health crisis/emergency supports and services you needed? Always, most of the time, occasionally, or never?

Were you able to get help quickly enough? Always, most of the time, occasionally, or never?

Have the mental health crisis services you received from ____________ (CMHC) helped you to feel like you did before the crisis? Always, most of the time, occasionally, or never?
CII Q77  What have you found to be the most helpful in managing a mental health crisis or what would have been more helpful regarding the mental health crisis services you have received?

CII Q78  Have you met with a mobile crisis/rapid response team in the past 12 months? Yes, No, or Not Sure.

If NO or NOT SURE, SKIP to Q81

CII Q79  What was that experience like for you?

CII Q80  Where have you received mobile crisis/rapid response services?

Did the services allow you to stay in the community, or did you then visit an emergency department?

REVIEWER CODE: CRISIS SERVICE PREVENTED NEED FOR ED ASSESSMENT

REVIEWER CODE: CRISIS SERVICE WAS RECEIVED IN HOME OR COMMUNITY

CII Q81  Have you stayed at a crisis apartment in the past 12 months? Yes or No?

CII Q82  Do you have anything else you would like to share about the crisis services at ________ (CMHC)?

TRANSITION/DISCHARGE

IPA Identifier

CRR 0

CPC

CPD

IF CRR IS NO, SKIP to SOCIAL SUPPORTS AND COMMUNITY INTEGRATION SECTION, OTHERWISE CONTINUE WITH INTRODUCTION

The record indicates that your most recent psychiatric inpatient admission was:

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

Is that your most recent admission? (Allow individual to respond). The next several questions are about that admission and the process for returning home and back to your community.

INDV. ENDORSES ANY IPA:

Select NO only when the individual does not endorse ANY IPA within the PUR. If NO is selected, SKIP to SOCIAL SUPPORTS AND COMMUNITY INTEGRATION SECTION

Incl. any narrative response in the box:
CII Q83 While at ______ (IPA facility), did you ever talk with a community provider about services in the community? This would be someone other than the staff that worked at the facility at which you were staying. Yes, No, or Not sure?

CII Q84 Did you get to visit any potential community setting or programs (such as housing programs, peer support agencies, or other community settings) while you were still a patient at ______ (IPA facility)? Yes, No, or Not Sure?

CII Q85 This next question is a list of activities that are commonly used in making a plan to return home after a psychiatric inpatient admission. Could you please indicate with a Yes or No which of the following activities you were involved in while you were at __________ (IPA facility)?

- Attend a treatment planning or discharge planning meeting?
- Work on a safety plan or recovery plan, such as a WRAP plan?
- Talk with staff about your follow-up treatment appointments in the community?
- Talk with staff about where you were going to live when you left?
- Talk with staff about risk factors or things that might be difficult for you when you went home?
- Talk with staff about any medication changes and plans?
- Is there any other activity that you engaged in while you were at the hospital to help plan your return home?

CII Q86 What is important to you in planning for your discharge from an inpatient facility? What are the topics you think need to be addressed in a discharge plan?

CII Q88 Was there anything you felt you needed more help with in preparing to leave _____ (IPA facility). If so, what?

CII Q89 Can you please tell me about any communication you may or may not have had with ________ (CMHC) staff while you were at __________ (IPA facility)?

REVIEWER CODE: INDV COMMUNICATED WITH CMHC STAFF WHILE AT FACILITY

CII Q90 Did you discharge to your same home when you left _____ (IPA facility)? Yes or No?

CII Q91 Were you satisfied with where you returned to live when you left? Yes, No, or Somewhat?

If YES, SKIP TO Q93
CII Q92  Can you tell me a little more about why you weren't entirely satisfied?

**REVIEWER CODE:** INDIV WAS NOT SATISFIED SPECIFICALLY BECAUSE HOUSING WAS NOT APPROPRIATE

CII Q93  Thinking about your support system, job, housing, and your goals, after you were discharged, how did being away at ____ (IPA facility) impact you?

**REVIEWER CODE:** BEING IN INPATIENT FACILITY HAD SIGNIFICANT NEGATIVE IMPACT ON INDIVIDUAL'S COMMUNITY INTEGRATION

CII Q94  Did you continue contact with your support system or begin spending time with other supportive people after you returned home? Yes or No?

CII Q95  Is there anything about being home that was difficult or different due to returning from the hospital or facility?

**REVIEWER CODE:** RETURNING HOME HAD SIGNIFICANT NEGATIVE DISRUPTION ON INDIVIDUAL'S NORMAL ROUTINE

**COMMUNITY INTEGRATION AND SOCIAL SUPPORTS**

_The next section is about the people in your life you go to for support on your path to mental health recovery other than staff at the mental health center, such as friends, family, and community supports._

CII Q96  Aside from staff from the mental health center, who are the people around you that you feel supported by?

**REVIEWER CODE:** INDIVIDUAL IDENTIFIES NON-CMHC STAFF AS SUPPORTS

CII Q97  Who plans your day and how you spend your time?

**REVIEWER CODE:** INDIVIDUAL IS ABLE TO MANAGE HIS/HER OWN TIME

CII Q98  Aside from staff from the mental health center, can you please tell me where and with whom you spend your time? Think about any social groups or activities you may be involved in, including family, friends, work, fitness groups, clubs, religious services, sobriety support groups, and peer groups?

**REVIEWER GUIDANCE:** ASK CLARIFYING QUESTIONS AS NEEDED TO ACCURATELY CAPTURE CATEGORIES OF PEOPLE INDIVIDUAL SPENDS TIME WITH

**REVIEWER CODE:** INDIVIDUAL IDENTIFIES NON-CMHC STAFF AS SUPPORTS
### CLIENT INTERVIEW INSTRUMENT (CII)

#### FRIENDS

#### FAMILY

#### SUPPORT/PEER GROUPS

#### SCHOOL

#### OTHER

#### SUBSTANCE MISUSE SUPPORTS

#### RELIGIOUS/SPiritual SUPPORTS

#### COWORKERS/CO-VOLUNTEERS

#### FITNESS/HEALTH SUPPORTS/TEAMS

#### ONLINE ACTIVITIES

<table>
<thead>
<tr>
<th>Restaurants</th>
<th>Shop/Food Pantry</th>
<th>Work/Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Outdoor Activities</td>
<td>Park/Pool/Gym</td>
</tr>
<tr>
<td>Library</td>
<td>Civic/Vote/Election</td>
<td>Recovery</td>
</tr>
<tr>
<td>Social Group</td>
<td>Worship</td>
<td>Neighbors</td>
</tr>
<tr>
<td>Support Group (e.g., Peer, Grief, etc)</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**INDIVIDUAL IDENTIFIES AT LEAST ONE COMMUNITY ACTIVITY ABOVE**

**INDIVIDUAL IDENTIFIES AT LEAST ONE NON-CMHC-RELATED INDV/GROUP ABOVE**

---

CII Q99

Aside from staff from the mental health center, can you please tell me how the people in your life help and support you with your treatment and mental health recovery?

---

CII Q100

Do you feel that your family, friends, and/or community give you enough support with your treatment and mental health recovery? Yes, No, Somewhat?

---

CII Q101

Does your support system meet your needs? Yes or No?

**If Yes, SKIP to Q104**

CII Q102

Is ________(CMHC) helping you work towards improving your support system? Yes or No?

**If No, SKIP to Q104**

CII Q103

How so?

---

CII Q104

When people are part of their community, they do certain things within their community. They might shop, work, visit a food pantry, go to the library. They may eat in local restaurants, visit the park, or participate in other outdoor community activities. They may go to town or city meetings, local recovery meetings or places of worship, or they may take classes or take part in clubs or organizations in their community. Thinking about the things I just mentioned or any other activities that the list brought to mind, how are you part of your community? Anything else?
CLIENT INTERVIEW INSTRUMENT (CII)

CII Q105  Has ________(CMHC) given you information about the services and supports available to you in the community, services not directly provided by ________? Yes or No?

   [ ] If NO, SKIP to Q107

CII Q106  Tell me about that:

CII Q107  Do you receive any services or support from a peer specialist who works at _________ (CMHC)? Yes or No?

   [ ] If NO, SKIP to Q109

CII Q108  Are you able to get all the support you need from the peer specialist at _________ (CMHC)? Yes or No?

CII Q109  Are you aware of peer support agencies such as _Stepping Stone (Claremont) or Next Step (Lebanon)_? Yes or No?

CII Q110  Have you used any peer support agency in the past year? Yes or No?

   [ ] If NO, SKIP to Q112

CII Q111  Tell me about that:

CII Q112  Is there anything else you would like to share about the community integration and social support services at ______(CMHC) or is there anything that would have been more helpful regarding the community integration and social support services you received?

OVERALL

The next two questions are about your overall satisfaction with the CMHC

CII Q113  Overall, how satisfied are you with the services you have received at the mental health center? Very Satisfied, Satisfied, Neither Satisfied Nor Dissatisfied, Dissatisfied, or Very Dissatisfied?

CII Q114  Is there anything else you'd like to tell us about your experiences at the mental health center and the services you have received that we have not asked about?
Completion Tracking Chart

- Client Interview Complete:
- CII Reviewer Self-Check Complete:
- CII QA Check Complete:
- CII QA Follow-Up Complete: