



COMMUNITY MENTAL HEALTH EVALUATION INITIATIVE

**Multisite Study  
Data Collection Protocol**

Case Management Manual  
Baseline and Follow-up Collection

MARCH 2001 (working document)

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in collaboration with the  
**CMHEI Working Group**

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## BACKGROUND

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With the support of the Ministry of Health, the Ontario Mental Health Foundation (the Foundation), the Canadian Mental Health Association (CMHA) - Ontario Division and the Health Systems Research Unit (HSRCU), the Centre for Addiction and Mental Health, Clarke Division have formed a *Mental Health Policy Research Group* to research and advocate solutions for major issues and problems in the mental health arena.

The Community Mental Health Evaluation Initiative (CMHEI) is a major undertaking of the *Mental Health Policy Research Group*. Through a competitive, peer reviewed process, funding was awarded to six outcome evaluation projects focused on the three priority areas for community reinvestment defined by the Ministry of Health - case management including housing support, crisis response, and consumer/survivor and family initiatives. A seventh methodological project is developing an instrument for the purpose of explaining outcomes.

Layered on top of these diverse projects is a multisite study to compare case management, mobile crisis and self help. This study will collect and analyze a common set of data across projects in order to answer questions that concern a broader, systems perspective, and will pilot information strategies that have relevance to the wider field. One set of study goals focus on describing how program types differ in who they serve, outcomes achieved including costs, and cost-effectiveness. In addition, the range of case management approaches represented in this study allows for more in-depth comparison of different case management models. The multisite study intends to define and compare program structure across case management interventions, and assess how program structure affects consumer outcomes and program costs. The multisite study also provides an opportunity to compare the impact of self-help on different user groups by assessing differences in how the consumer and family self-help programs impact their environment, and influence participant empowerment and satisfaction.

To implement the multisite study, a Coordinating Centre has been established in the HSRCU of the Centre for Addiction and Mental Health, Clarke Division, comprised of investigators from the HSRCU and the seven funded projects. For more information about funded projects please visit CMHA-Ontario and OMHF ([www.inforamp.net/omhg/cmheires.html](http://www.inforamp.net/omhg/cmheires.html)) websites.

Given the diversity of program types in the multisite study, there is variation among the research projects in the content and administration of the common protocol. This manual outlines the approach and instruments that case management projects will be using.

## **INSTRUMENT SELECTION AND ADMINISTRATION**

The CMHEI Working Group (ie., the Coordination Centre and other project representatives) developed a consumer assessment protocol comprised of instruments listed in Table 1. A consistent approach in instrument administration will increase similarity in collected data across projects.

## **ORDER OF INSTRUMENT ADMINISTRATION**

In order to answer the questions in the multisite study, the CMHEI Working Group (ie., the Coordination Centre and other project representatives) selected a series of instruments for the consumer assessment (see Table 1). Appendix A provides a brief description of the structure and sources of each instrument.

The assessment is divided into two parts, with Part I instruments filled out primarily through chart review and consulting with care providers and other collaterals, and Part II measures completed during an interview with the consumer. The rater completing Part I should identify missing information for the Part II interviewer, who can then try to obtain missing information during the consumer interview. If there are inconsistencies across data sources (e.g., differences between chart records and provider reports of number of hospitalizations), the best source of information in the setting should be used.

To maximize inter-rater reliability, the Part II instruments should be administered in the following order - Baseline Self-Report, Social Support Information, Empowerment, Satisfaction with Services, Quality of Life, Symptom Distress. Most important is that consumers rate their level of satisfaction before their symptom distress. The Brief Psychiatric Rating Scale (BPRS) should always be administered last in order to maximally benefit from information gathered during the interview.

Part II of the assessment is completed during an interview with the consumer. Any questions from Part I which cannot be answered after reviewing the chart or consulting with the care provider should be asked during the interview. In the projects where different individuals complete Parts I and II, the person completing Part I should inform the interviewer in Part II of any missing information.

The format for administering the self report measures is the same for all measures except the Satisfaction with Services scale and the BPRS. The Satisfaction with Services scale is not administered at baseline. The BPRS is completed by the rater based on consumer comments and behaviour during interview.

**Table 1  
Consumer Assessment Package**

| Part I  | Part II   |
|---|---|
| <p align="center"><b>Status Measures</b><br/>                     Baseline Information<br/>                     Health, Education &amp; Legal Log<br/>                     Employment Log<br/>                     Residential Log<br/>                     Financial Log<br/>                     Hospitalization Log</p> <p align="center"><b>Proxy Measures</b><br/>                     Alcohol Use Scale<br/>                     Drug Use Scale<br/>                     Substance Abuse Treatment Scale<br/>                     Multnomah Community Ability Scale</p> <p align="center"><b>Service Use Logs</b><br/>                     Psychiatrist Visits Log<br/>                     Non-psychiatrist Health Professional Visits Log<br/>                     Community Services and Support Programs Log<br/>                     Emergency Room Visits Log<br/>                     Prescribed Pscyhotropic Medication Log</p> | <p align="center"><b>Satisfaction with Services Scale</b><br/> <b>Self-Report</b><br/>                     Baseline Self-Report Information<br/>                     Social Support Scale<br/>                     Empowerment Scale<br/>                     Quality of Life Scale<br/>                     Symptom Distress Scale</p> <p align="center"><b>Brief Psychiatric Rating Scale</b></p> |

**USING TELEFORM DATA ENTRY FORMS**

To handle data from different projects communicated via different channels to the Coordinating Centre, we are using software called "Teleform." Data collected using these forms can be processed electronically through either a scanner or faxed transmission. Depending on individual project arrangements, forms can either be faxed or mailed to the Coordinating Centre. Mailed forms must be the originals onto which data were entered. Scanned or faxed data must use laser-printed blank forms to ensure maximum reliability for recognition (of the forms) and translation (of the data from hand-printed entries into database entries). To help maximize the reliability of data transmission, please:

- C Print clearly using **BLOCK** letters wherever word responses are requested.
- C Try to leave **S P A C E** between letters.
- C In marked print zones, print **one** character per box so that the characters do not touch the box's edges.
- C *Completely* fill in all circles that require bubble-filled responses.
- C Avoid using check-marks because the tails have a habit of entering spaces reserved for other variables.
- C Use a **VERY** dark pen or pencil when filling out the forms.
- C Erase completely and re-write whenever an item is amended.
- C Never write anything but the answer in the data recognition zones (e.g. boxes, bubbles).
- C For missing/unknown information either fill in with 9's when a box for numbers is provided or write **d/k** (don't know) or **n/a** (not applicable) in the margin outside the data recognition zone.

**VERIFICATION OF THE COMMON PROTOCOL**

Prior to submitting the completed assessment, complete the following checks:

- Verify for multiple responses, check the question to see if multiple responses are allowed, usually they are not.
- Check for internal consistency, for example:
  - If it was indicated that medication was prescribed on the Status 4/8 form, then the prescribed psychotropic medication log (SU 5/5) should be completed.
  - If it was indicated that the consumer has a paying job on the Status 5/8 form, then there should be a figure under the gross earnings on the Status 6/8 form.
  - If it was indicated that the consumer has a regular therapist on the Status 4/8 form, then each visit of in the past

30 days to their therapist should be coded on the psychiatrist resource use form (SU 1/5).

### CONSUMER IDENTIFICATION NUMBER

At the top of each page of every form, it is essential to print the Consumer's Identification Number. If you are unsure of the ID number, ask the data coordinator.

The **first** digit of the ID number should correspond to the project number:

- 1= Tim Aubry (Intensive Case Management)
- 2 = Katherine Boydell and John Trainor (Family Initiative)
- 3 = Terry Krupa and Shirley Eastabrook (Assertive Community Treatment)
- 4 = Geoffrey Nelson (Consumer / Survivor Initiative)
- 5 = Donald Wasylenki (Assertive Community Treatment)
- 6 = Paul Links (Crisis Intervention)

The **second** digit should correspond to the program/site number. It is assigned by the project. This number will be used to identify study sites. For example, if a study has more than one site that is participating (i.e., sites in Niagara, Toronto, and Kingston) this number should be used to identify the sites.

The **third** and **fourth** digits should correspond to the month of birth of the consumer.

The **fifth** and **sixth** digits should indicate the year of birth of the consumer.

The **seventh** digit should correspond to the gender of the consumer (1=male, 2=female).

The remaining numbers should be unique to each consumer.

### PERSON COMPLETING THE FORM

Each project should assign a number to each interviewer (i.e., Charlie Smith = 1). This identification should be printed at the top of each form.

### DATA COLLECTION

This is a longitudinal study, which means that the assessments are completed at three different times during the course of the study. Data collection will take place at 9 month intervals - i.e., at baseline, 9 and 18 months.

### TIMELINE

Baseline assessments of consumers who are new to the program should be completed within the *first three weeks* of their initial participation. The 2nd and 3rd follow-up interviews (9 and 18 months) must take place within a *6 week window* (either 3 weeks prior or 3 weeks following) of the exact date scheduled for these interviews, i.e., exactly 9 months after the *Hospitalization Log* is completed. For example, if the baseline hospitalization log is completed on September 9, 1998, the second interview should be scheduled for June 9, 1999 and must take place between May 18, 1999 and June 30, 1999.

If data is not collected within the 6 week window, completed forms should still be forwarded to the Coordinating Centre. If one misses the 9 month interview by 2 months, so that the person was interviewed at baseline, and 11 months (instead of 9 months), submit the data, and collect the last set of data 18 months after baseline. Do not wait 9 months after the 2<sup>nd</sup> data collection, which would be equal to 20 months away from baseline instead of 18 months.

### FOLLOW-UP ASSESSMENTS (DROP OUTS)

If a consumer has formally dropped-out of the study, complete the top of the *Health, Education and Legal Issues* log and return the STA form (with ID in top corner of all pages) only to the Coordinating Centre. There should be no further follow-up. To be defined as "lost to follow-up", there should be no face-to-face nor phone contact in the last 3 months.

If a consumer has dropped out of the program but has not formally left the study, follow-up data collection should be attempted by the research assistant. If the individual cannot be located, complete the top of the *Health, Education and Legal Issues* log and return that form only to the Coordinating Centre.

If a consumer is still in the study but is not currently in contact with the program, then proceed as follows:

- (1) If the consumer has not had contact with the case management program for more than 3 months, complete the top of the *Health, Education and Legal Issues* form and return that form only to the Coordinating Centre.
- (2) If the consumer has been in contact with the case management program within the last 3 months, complete Part I of the interview and return to the Coordinating Centre.

## **CONFIDENTIALITY**

Each project has established a protocol for obtaining consumer consent which must be secured prior to data collection.

Some of the questions in the consumer interview are personal. It is important that the interviewer build a rapport with the consumer, as well as remind the consumer that all the information is strictly confidential. You may want to point out that respondent names are not recorded on the questionnaires, that all results are reported at a group level so that individuals cannot be identified. Only the data coordinator and Principle Investigator for each project have access to information which links the consumer's name to the Identification Number.

## **DATA QUALITY ASSURANCE**

Before submitting assessment questionnaires to the data coordinator, interviewers and research assistants should make sure that ALL applicable questions have been answered appropriately. Data coordinators should also review assessments for completeness and to ensure that there are no contradictory answers before submitting the data to the Coordinating Centre. Regular debriefings between data coordinators and data collection staff should take place to ensure that these procedures are followed. The data coordinator should advise the Coordinating Centre (Tess Sheldon, 535-8501 x.4323) if the training manual needs clarification or any other problems arise. This will ensure reliability across interviewers, sites, and projects.

## CMHEI SOCIO-DEMOGRAPHIC INFORMATION

### (Baseline SR 1/5 and STA 1/6 ; Follow-up STA 1/6)

The Ministry of Health is supporting implementation of the Canadian Toolkit for Measuring Psychosocial Outcomes in community mental health programs in the province. For this project a modified version of the Toolkit was created. A series of functional status logs collect information on the consumer's baseline socio-demographic characteristics; health and medication compliance, residential and financial status; legal system contact and victimization; employment experience and hospital utilization. These data can be obtained mainly from charts and providers.

Most *Socio-Demographic Information* is only completed during the BASELINE assessment. It provides general descriptive information about the consumer/survivor who is participating in the study, and will be used to better understand participant outcomes. In addition, some baseline variables may have prognostic value. That is, they may help to predict whether a person is likely to show positive outcomes in particular domains. A few variables are completed again at Follow-up, in order to track changes in sociodemographic information (such as marital status, education) and also to matching clients across time periods.

|                         |   |
|-------------------------|---|
| ID:                     | Consumer's project identification. This information is requested at the top of each page of the form.   |
| DATE:                   | The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.   |
| PERSON COMPLETING FORM: | The rater code should be printed in the blocks provided.  |
| GENDER:                 | Fill-in appropriate circle.   |
| DATE OF BIRTH:          | Print birth date in order of Month/Day/Year. If possible, write the date in full (i.e. November 25, 1999) above the field.  |
| EDUCATION:              | Circle number that corresponds with years of education consumer completed (0-20+)   |
| MARITAL STATUS:         | Fill-in appropriate circle. Indicate most current relevant situation (e.g., if divorced or separated and co-habiting with significant other - indicate the later). Married may include non-legal union. . |

|                                       |   |
|---------------------------------------|---|
| PREFERRED LANGUAGE<br>(Baseline ONLY) | Indicate the language that the consumer/survivor prefers to converse in. If "Other", print language in block letters in space provided. ( <i>Code only one</i> ): |
|---------------------------------------|---|

|                                       |  |
|---------------------------------------|--|
| RACIAL BACKGROUND:<br>(Baseline ONLY) | Fill-in the answer that the consumer/survivor selects to describe his/her racial background. The consumer/survivor's self classification, not the rater's opinion is of interest. This question will help us to determine if program participants reflect the diversity of the community, and could precipitate discussion about |
|---------------------------------------|--|

responsiveness of the programs.

COUNTRY OF BIRTH:  
**(Baseline ONLY)**

Indicate whether the consumer/survivor was born in Canada.

*IF NOT CANADA:*  
RECORD COUNTRY  
& YEAR OF  
IMMIGRATION:  
**(Baseline ONLY)**

If the consumer/survivor was not born in Canada, record:  
Country of birth in block letters; and  
Year in which the consumer/survivor immigrated.

#### ILLNESS INFORMATION:

LENGTH OF PROGRAM  
PARTICIPATION:  
**(Baseline only)**

Indicate the number of months that the consumer has been in the program. The consumer's program participation begins when s/he meets with his/her worker. If it has been less than a month since the consumer met his/her worker, enter "1" in the boxes. If the consumer has not met with his/her worker, but is in the study, enter "98" in the box provided to record months and fill-in the circle next to *"In study but has not met with worker"*.

AGE AT FIRST PSYCH.  
HOSPITALIZATION:  
**(Baseline only)**

Refers to age at first psychiatric hospitalization and is recorded in years of age. If never hospitalized, enter "98" in boxes. If the information is missing, enter "99" in the boxes.

ILLNESS INFORMATION /  
DIAGNOSES:

Fill in all the diagnosis categories that apply (for information on diagnoses see Table 1 on the following page). Diagnoses must have been given by a licensed mental health professional or the consumer. If "Unknown" is chosen, try to explain why it is unknown. If "Other" is chosen, write down the response (e.g., brain damage due to accident), and try to probe for specific symptoms and fill in those applicable diagnosis categories (for information on diagnoses see Table 1 on the following page). Write down any problems with diagnoses in the blank space (or the back of page if more space is needed).

**TABLE 1. TABLE OF DIAGNOSES**

**Mood Disorders**

DEPRESSIVE DISORDERS

- 296.xx Major Depressive Disorder
- 300.4 Dysthymic Disorder
- 311 Depressive Disorder NOS

BIPOLAR DISORDERS

- 296.xx Bipolar Disorder
- 301.13 Cyclothymic Disorder
- 293.83 Mood Disorder due to medical condition

*Record substance-induced mood disorders in Substance-Related category*

**Anxiety Disorders**

- 293.89 Anxiety disorder due to medical condition
- 300.00 Anxiety disorder NOS
- 300.01 Panic disorder without agoraphobia
- 300.02 Generalized anxiety dis.
- 300.21 Panic disorder with agoraphobia
- 300.22 Agoraphobia without history of panic disorder
- 300.29 Specific phobia
- 300.23 Social phobia
- 300.3 Obsessive-compulsive dis.
- 300.81 Posttraumatic stress dis.
- 308.3 Acute stress disorder

*Code substance-induced anxiety disorders in Substance- Related category.*

**Schizophrenia and Other Psychotic Disorders**

- 293.xx Psychotic Disorder due to medical condition
- 295.xx Schizophrenia
- .30 Paranoid Type
  - .10 Disorganized Type
  - .20 Catatonic Type
  - .90 Undifferentiated Type
  - .60 Residual Type
- 295.40 Schizophreniform Disorder
- 295.70 Schizoaffective Disorder
- 297.1 Delusional Disorder
- 297.3 Shared Psychotic Disorder
- 298.8 Brief Psychotic Disorder
- 298.9 Psychotic Disorder NOS

*Code substance-induced psychotic disorders in Substance-Related category.*

**Personality Disorders**

- 301.0 Paranoid personality dis.
- 301.20 Schizoid personality dis.
- 301.22 Schizotypal personality dis.
- 301.4 Obsessive-Compulsive personality dis.
- 301.50 Histrionic personality dis.
- 301.6 Dependent personality dis.
- 301.7 Antisocial personality dis.
- 301.81 Narcissistic personality dis.

- 301.82 Avoidant personality dis.
- 301.83 Borderline personality dis.
- 301.9 Personality disorder NOS

**Developmental Handicap**

- 317, 318.x, 319  
Mild, moderate, severe, or profound mental retardation

**Substance-Related Disorders**

- 291.xx, 292.xx  
Disorders related to or induced by use of substances
- 303.00- 305.90  
Substance-related intoxication, abuse or dependence  
*Substances include alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine, sedative, hypnotic or anxiolytics, or other unknown substances.*

**Delirium, Dementia, Amnestic and Other Cognitive Disorders**

- DELIRIUM
- 293.0 Delirium due to general medical condition
- 780.09 Delirium NOS
- DEMENTIA
- 290.xx Dementia of the Alzheimer's Type, Vascular Dementia, Dementia due to Pick's Disease, Creutzfeldt-Jakob Disease
- 294.1 Dementia due to medical disease
- 294.8 Dementia NOS

- AMNESTIC DISORDERS
- 294.0 Amnestic Disorder due to general medical conditions
- 294.8 Amnestic Disorder NOS
- OTHER COGNITIVE DISORDERS
- 294.9 Cognitive Disorder NOS

**Mental Disorders Due to a General Medical Condition Not Elsewhere Classified**

- 293.89 Catatonic Disorder
- 310.1 Personality change
- 293.9 Mental Disorder NOS

**Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence**

- 299.xx Developmental disorders
- 307.0, 307.9, 315.xx  
Learning, motor skill and communication disorders
- 307.2x Tic disorders
- 307.3 Stereotypic movement disorder
- 307.5x Eating disorders
- 307.6 Enuresis (not due to a general medical condition)
- 307.7 Encopresis, without constipation and overflow incontinence
- 309.21 Separation Anxiety Disorder
- 312.8 Conduct disorder

- 312.9 Disruptive behavior disorder NOS
- 313.23 Selective Mutism
- 313.89 Reactive attachment disorder of infancy or early childhood
- 313.81 Oppositional defiant disorder
- 313.9 Disorder of infancy, childhood/ adolescence NOS
- 314.xx Attention-deficit and disruptive behaviour disorders
- 787.6 Encopresis, with constipation and overflow incontinence

## MOST RESPONSIBLE JOB HELD

Answers to these questions will provide us with only a rough indicator of consumer's past employment participation, and will be transformed into a categorical variable to distinguish between more or less experience/ skills. This variable will not capture more subtle distinctions between highest wage or responsibility.

|   |  |
|---|--|
| HAS CONSUMER EVER BEEN EMPLOYED:<br><b>(Baseline only)</b>  | Fill-in circle. If consumer never held a job or answer is "Unknown", skip to <i>HEALTH, EDUCATION AND LEGAL ISSUES LOG</i> .   |
| STATUS OF JOB WITH HIGHEST LEVEL OF RESPONSIBILITY:<br><i>(Code only one)</i><br><b>(Baseline only)</b> | Indicate whether the job with the highest responsibility was:<br><i>Full-Time</i> > 24 hours per week<br><i>Part-Time Regular</i> < 24 hours per week on a regular basis<br><i>Part-Time Casual</i> < 24 hours per week on a sporadic basis. Usually it involves odd jobs in an irregular, informal work situation.<br>The activity could be paid or unpaid work.  |
| HOURLY WAGE/ ANNUAL SALARY:<br><b>(Baseline only)</b>   | The highest hourly wage or annual salary of the job with the highest level of responsibility that the consumer held to date. If "voluntary", leave the wage boxes blank. If information is missing, fill hourly wage boxes with "99999".   |
| PAYMENT: <b>(Baseline only)</b>   | Indicate whether job was for pay or voluntary.   |
| JOB SUPPORT:<br><b>(Baseline only)</b>  | Categorize level of job support using the following definitions:<br><i>Sheltered Workshop</i> : Groups of members who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times wages are below minimum wage and the workshop is located in the agency itself.<br><i>Other Supported Approach</i> : The consumer receives support from a program (e.g., Job Coach Model, Assisted Competitive Model, Transitional Employment Model, Agency Paid Transitional Employment Model, In-House Transitional Employment Model, Work Crew Model)<br><i>Independent</i> : Individual found job on his/her own with no help from a program. If there was minor help obtaining the job (e.g., constructing a resume), no support has been received since and no additional supports will be provided. |
| NUMBER OF MONTHS:<br><b>(Baseline only)</b>   | Select category which best represents number of months the most responsible job was held.  |
| YEAR MOST RESPONSIBLE JOB HELD:<br><b>(Baseline only)</b>   | Indicate the most recent year in which the consumer held the job with the highest level of responsibility. If information is missing, fill the boxes with "9999".  |
| EMPLOYED IN A CONSUMER SURVIVOR   | A consumer survivor initiative is defined as an organization operated for and controlled and staffed by people who have used the mental health system. See   |

|   |  |
|---|--|
| INITIATIVE (CSI):<br><b>(Baseline only)</b> | <b>APPENDIX B</b> for a list of official CSI initiatives funded by the province of Ontario.          |
| SELF-EMPLOYED:<br><b>(Baseline only)</b>    | Indicate whether the consumer was self-employed in the job with the highest level of responsibility. |

## CMHEI HEALTH, EDUCATION, AND LEGAL LOG (STA 216)

Complete health status, education, and legal status variables with respect to the consumer's experience during the last 9 months.

|                              |   |
|------------------------------|---|
| ID:                          | Consumer's project identification.  |
| DATE:                        | The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.   |
| PERSON COMPLETING FORM:      | The rater code should be printed in the blocks provided.  |
| PERIOD IS:                   | Phase for which the information is being collected.   |
| NO FOLLOW-UP DATA COLLECTED: | If no follow-up data could be collected, indicate here by filling in the circle and returning the STATUS form only to the Coordinating Centre, with only the ID fields filled out. See Data Collection Timeline section (page 5) for more follow-up guidelines. |

### HEALTH AND MEDICATION COMPLIANCE VARIABLES:

**PHYSICAL ILLNESS/ DISABILITY:** Include illness or disability from any cause that limits or prevents movement, or impairs sight or hearing, or otherwise interferes with personal functioning. Include side-effects from medication; effects of drug/alcohol use; physical disabilities resulting from accidents or self-harm associated with cognitive problems, drinking and driving, etc. Do not include mental or behavioural problems. Circle only one answer.

**SCHEDULED/PLANNED MEETING ATTENDANCE: (Follow-up only)** When scoring this question consider on average all forms of meetings to which the consumer has agreed to attend or is obliged to attend with his/her primary worker and subsequently canceled or did not show. This question is not to be completed at baseline. (In ACT, the primary worker is any member of the ACT team.). Choose from the following responses:

|                                   |           |
|-----------------------------------|-----------|
| <i>Most of the time</i>           | > 75%     |
| <i>About half of the time</i>     | 50% - 75% |
| <i>Less than half of the time</i> | < 50%     |
| <i>Not at all</i>                 | 0%        |
| <i>Unknown</i>                    |           |

**FREQUENCY MEETS WITH PRIMARY WORKER: (Follow-up only)** When scoring this question consider on average the frequency of contacts between the consumer and his/her primary worker. This question is not to be completed at baseline. Choose from the following responses:

|                          |                                      |
|--------------------------|--------------------------------------|
| <i>Daily</i>             | > 3 times per week                   |
| <i>At least weekly</i>   | 1- 2 times per week                  |
| <i>At least monthly</i>  | 1 - 3 times per month                |
| <i>Less than monthly</i> | < 1 time per month                   |
| <i>Not at all</i>        | Never meets with primary worker (use |

this category to

indicate program drop-out)

PSYCHOTHERAPEUTIC  
MEDICATIONS:

Indicate whether the consumer has been prescribed psychotherapeutic medications in the last 9 months.

PSYCHOTHERAPEUTIC  
MEDICATION COMPLIANCE:

Indicate frequency with which the consumer takes psychotherapeutic medications as prescribed by choosing from the following responses:

*Most of the time* > 75%

*About half of the time* 50% - 75%

*Less than half of the time* < 50%

*Unknown*

### EDUCATION VARIABLES:

CURRENTLY ENROLLED:

Indicate whether the consumer was enrolled in school during the past week.

ENROLLED IN THE *LAST 9 MONTHS*:

If the consumer has not been enrolled as a student in the last 9 months, go to *LEGAL ISSUES*.

IF YES:

For all consumers who were enrolled in the past 9 months, indicate the most recent institution attended. Choices are:

MOST RECENT  
INSTITUTION:

*Secondary (high school)*: Registered as a student of grades 9-13.

*Adult Education*: Enrolled in a formal course offered by the local adult education facility. Such a course must not accrue academic credit.

*Community College*: Enrolled at a community college.

*Vocational/Training/Trade*: Enrolled in vocational/technical training centre where academic credit is accrued, or in a certification program (usually focused on a unique skill or craft (e.g., pipe fitting, hair dressing)).

*University*: Enrolled in a post-secondary educational institution where the degree may be a Bachelor's, Master's, or Doctorate.

*Other*: Enrolled in any other program of study not fitting one of the descriptions above.

FULL-TIME OR PART-TIME:

If the consumer was enrolled in an institution, indicate whether s/he considered him/herself full-time or part-time.

CLASS ATTENDANCE:

Indicate frequency with which the consumer attended classes by choosing from the following responses:

*Most of the time* > 75%

*About half of the time* 50% - 75%

*Less than half of the time* < 50%

*Unknown*

### LEGAL ISSUES:

CONSUMER HAS BEEN  
ARRESTED:

Indicate whether the consumer has been arrested at any time in the last 9 months.

IF YES:

Total number of arrests in the last 9 months. Do not include contacts which resulted in involuntary or emergency treatment for mental health. If information is missing, fill-in

TOTAL ARRESTS:

boxes with "99".

CONSUMER SPENT  
ANY NIGHTS IN JAIL:

Indicate whether the consumer has spent any nights in jail during the last 9 months.

*IF YES:*

Total number of nights spent in prison or jail during the last 9 months. If information is missing, fill-in boxes with "99".

PRISON/JAIL NIGHTS:

NUMBER OF  
SEPARATE PRISON/  
JAIL EPISODES:

Total number of separate occasions in which the consumer was confined in prison or jail during the last 9 months. If information is missing, fill-in boxes with "99".

PRISON/JAIL  
EPISODES FOR  
OFFENCES  
COMMITTED IN  
LAST 9 MONTHS:

Total number of separate occasions in which the consumer was confined in prison or jail during the last 9 months that were related to offences committed in the last 9 months. If information is missing, fill-in boxes with "99".

CONSUMER ON  
PROBATION/PAROLE:

Indicate whether consumer has been on probation or parole at any time during the last 9 months.

*IF YES:*

Total number of times consumer was on probation/parole during the last 9 months. If information is missing, fill-in boxes with "99".

NUMBER OF TIMES  
ON PROBATION/  
PAROLE:

PROBATION/PAROLE  
EPISODES FOR  
OFFENCES IN *LAST 9*  
*MONTHS:*

Total number of separate occasions during which the consumer was on probation/parole during the last 9 months that were related to offences committed in the last 9 months. If information is missing, fill-in boxes with "99".

CONSUMER VIOLENTLY  
VICTIMIZED:

Indicate whether the consumer was victimized (e.g., assaulted, robbed, raped) at any time during the last 9 months. If the respondent has been a victim of a violent act several times in the last 9 months, record the general reason in the margin (e.g., involved in an abusive relationship).

*IF YES:*

Total number of times consumer was a victim of a violent crime (e.g., assault, robbery, rape) during the last 9 months. If information is missing, fill-in boxes with "99".

NUMBER OF TIMES  
VIOLENTLY  
VICTIMIZED:

CONSUMER OTHERWISE  
VICTIMIZED:

Indicate whether consumer was a victim of a non-violent crime (e.g., theft) during the last 9 months. Any victimization for which an individual could be charged under a court

of law (e.g., severe harassment) may be recorded. If the respondent has been a victim of several non-violent crimes, record the reason in the margin (e.g., involved in an abusive relationship).

*IF YES:*

NUMBER OF TIMES  
OTHERWISE  
VICTIMIZED:

Total number of times consumer was a victim of a non-violent crime during the last 9 months. If information is missing, fill-in boxes with "99".

---

## CMHEI EMPLOYMENT LOG (STA 3/6)

---

EMPLOYMENT variables assess the current employment status and work history during the past 9 months. Only record legal employment activities, do not record activities that are deemed illegal (e.g., bank robbery, prostitution, drug trafficking). If the respondent is involved in these types of activities record their average monthly income in the financial log under "other".

|  |   |
|--|---|
| ID:  | Consumer's project identification.  |
| DATE:  | The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.   |
| PERSON COMPLETING FORM:                                | The rater code should be printed in the blocks provided.  |
| PERIOD IS:   | Phase for which the information is being collected.   |
| CURRENTLY WORKING:                                     | Indicate whether during the past week, consumer was engaged in full-time or part-time work. Include unpaid activities such as volunteering and other non-paid work experience.  |
| TOTAL NUMBER OF JOBS DURING THE <i>LAST 9 MONTHS</i> : | The total number of jobs the consumer was engaged in during the last 9 months including all full-time and part-time work. Include volunteering and other non-paid work experience. If the answer is none, go to <i>Financial Log</i> . If information is missing, fill-in boxes with "99".  |
| JOB STATUS:<br>(Code only one)                         | Indicate whether the job with the highest responsibility was:<br><i>Full-Time</i> > 24 hours per week<br><i>Part-Time Regular</i> < 24 hours per week on a regular basis<br><i>Part-Time Casual</i> < 24 hours per week on a sporadic basis. Usually it involves odd jobs in an irregular, informal work situation.<br>The activity could be paid or unpaid work. |
| PAYMENT:<br><i>IF PAID</i> :<br>HOURLY WAGE:           | Job was for pay or voluntary.<br>If the consumer worked for pay, record his/her hourly wage. If the information is missing, fill-in boxes with 9's.   |
| JOB SUPPORT:   | Using the following definitions, indicate whether the job was in a:<br><br><i>Sheltered Workshop</i><br>Groups of members who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times wages are  |

below minimum wage and the workshop is located in the agency itself. This should also be coded in the Community Services Log.

*Other Supported Approach*

The consumer receives support from the agency (e.g., Job Coach Model, Assisted Competitive Model, Transitional Employment Model, Agency Paid Transitional Employment Model, In-House Transitional Employment Model, Work Crew Model). This should also be coded in the Community Services Log.

*Independent*

Individual found job on his/her own with no help from the agency. If there was minor help obtaining the job (e.g., constructing a resume), no support has been received since and no additional supports will be provided.

SELF-EMPLOYED:

Indicate whether the consumer was self-employed.

EMPLOYED IN A  
CONSUMER SURVIVOR  
INITIATIVE (CSI):

Indicate whether the job was part of a consumer survivor initiative. A consumer survivor initiative is defined as an organization operated for and controlled and staffed by people who have used the mental health system. See **APPENDIX B** for a list of official CSIs in Ontario.

NUMBER OF WEEKS:

Number of weeks worked at the job. If information is missing, fill-in boxes with "99".

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## CMHEI FINANCIAL LOG (STA 4/6)

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FINANCIAL variables assess the consumer's consistent and dependable sources and levels of income. Record sources for a typical month during the 9 months prior to the interview. If there is no "typical" month during this period, take an average over the last 9 months and fill-in the appropriate circles. If the respondent is participating in illegal activities (such as: robbery, prostitution, drug trafficking) record average monthly income under "other" source.

|   |  |
|---|--|
| ID:   | Consumer's project identification.   |
| DATE:   | The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.  |
| PERSON COMPLETING FORM:                                     | The rater code should be printed in the blocks provided.   |
| PERIOD IS:  | Indicates the phase for which the information is being collected.  |
| REGULAR SOURCE OF INCOME/BENEFITS DURING THE LAST 9 MONTHS: | Indicate whether the consumer had a regular source of income/benefits during the past 9 months. If the answer is "No", go to <i>Hospitalization Log</i> .  |
| TOTAL MONTHLY INCOME/BENEFITS DURING THE LAST 9 MONTHS:     | Indicate the average total monthly income (include all sources) received on a regular basis during the past 9 months. If a range is offered as an answer, take the average of the range and fill-in the box. For example, if the family member answers, "Between \$200 and \$300 a month," \$250 should be filled-in the boxes. If the amount is unknown, enter "9999". This number should be the sum of all the amounts under sources of income benefits.   |
| SOURCES OF INCOME/BENEFIT:                                  | After June 1, 1998, there will be name changes to several of the types of income/benefit:<br><i>General Welfare</i> - Will become <i>Ontario Works</i> .<br><i>Family Benefits Allowance</i><br>Will become <i>Ontario Disability Support Program</i> .<br><i>Disability Income</i><br>Includes income from GAINS-D and CPP Disability.<br><i>Gross Earnings (Self)</i> - Includes all earned income.<br><i>Pensions/Insurance</i><br>Includes income from workman's compensation, Old Age Supplement (OAS), GIS, SPA, and Employment Insurance<br><i>Contributions from Family (Includes Spouse/Partner)</i><br>Support for living expenses (e.g., rent, food, utilities, medical expenses, and allowance)<br><i>Other Income</i><br>Includes other unearned income such as trust fund, inheritances, alimony, child support. |

ANY INCOME RECEIVED FROM SOURCE:

On a consistent basis during the past 9 months, indicate whether the consumer received income/benefits from each source by filling-in the appropriate circle (Yes or No).

AMOUNT RECEIVED FROM EACH SOURCE:

Where an income source has been indicated, record the total amount of money received during a typical month during the past 9 months. If a range is offered as an answer, take the average of the range and fill-in the box. For example, if the family member answers, "Between \$200 and \$300 a month," \$250 should be filled-in the boxes. If the amount is unknown, enter "9999".

PRIMARY SOURCE:

Indicate the one INCOME/BENEFIT from which the consumer received the most money on a consistent basis during the past 9 months.

**ODB  
(Follow-up 2 only)**

Indicate if consumer was on ODB at any point in the last nine months. Also note the number of months in the past 9 the consumer was on ODB. *If you have this information at Baseline or Followup 1, please make a note in the margin.*

**PUBLIC Trustee  
(Follow-up 2 only)**

Indicate if consumer had a public trustee at any point in the last nine months. Also note the number of months in the past 9 the consumer had a trustee. *If you have this information at Baseline or Followup 1, please make a note in the margin.*

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## CMHEI HOSPITALIZATION LOG (STA 5/6)

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Each hospitalization during the past nine months should be coded on a separate line.

ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Indicates the phase for which the information is being collected.

Has the consumer had any facility stays during the past 9 months? If the answer is, "Yes", the *Hospitalization Log*

should be completed. If the answer is, "No", go to the *Residential Log*.

**FACILITY:** For each episode, the first 12 letters of the facility should be entered in block letters.

**PROVINCE IF NOT ONTARIO:** If the service was not received in Ontario, the two letter abbreviation of the province or territory should be completed in block letters

- AB* Alberta
- BC* British Columbia
- MA* Manitoba
- NB* New Brunswick
- NF* Newfoundland
- NW* Northwest Territories
- NS* Nova Scotia
- PE* Prince Edward Island
- QB* Quebec
- SK* Saskatchewan
- YK* Yukon

**REASON:** Reason for the facility stay. Fill-in the circle next to all the reasons that describe why the consumer was hospitalized:

- PSY* Psychiatric
- SA* Substance Abuse Treatment
- MED* Medical
- DETOX* Detoxication (If Follow-up Form)**

**FACILITY CODE:** Fill-in the circle next to the type of facility in which this hospitalization occurred:

- PPH* Provincial Psychiatric Hospital (see below for LIST of PROVINCIAL PSYCHIATRIC HOSPITALS)
- SP* Specialty Hospital (see below for LIST OF ONTARIO SPECIALTY HOSPITALS)
- GH1* General Hospital with a Psychiatric Ward (Schedule 1) (see below for LIST OF ONTARIO SCHEDULE 1 HOSPITALS)
- GH* General Hospital without a Psychiatric Ward (Non-Schedule 1)

If the hospital is not in Ontario, use best judgement to categorize facility type.

#### LIST OF PROVINCIAL PSYCHIATRIC HOSPITALS (PPH)

- Brockville Psychiatric Hospital, Brockville, ON
- Hamilton Psychiatric Hospital, Hamilton, ON
- Kingston Psychiatric Hospital, Kingston, ON
- Lakehead Psychiatric Hospital, Thunder Bay, ON

London Psychiatric Hospital, London, ON

North Bay Psychiatric Hospital, North Bay, ON

**Northeast Mental Health Center, Sudbury, ON \*T\***

Penetanguishene Mental Health Center, Penetanguishene, ON

St. Thomas Psychiatric Hospital, St. Thomas, ON

**Queen Street Mental Health Center, Toronto, ON (divested in March, 1998, now a division of CAMH) \*T\***

Whitby Psychiatric Hospital, Whitby, ON

#### LIST OF ONTARIO SPECIALTY HOSPITALS

**Clarke Division of Center for Addiction and Mental Health (formerly Clarke Institute of Psychiatry), Toronto, ON \*T\***

Homewood Health Center, Guelph, ON

**Royal Ottawa Health Care Group, Ottawa, ON \*T\***

Sudbury Algoma Hospital, Sudbury, , ON

METFORS, Toronto (a division of the Centre for Addiction and Mental Health)

#### LIST OF ONTARIO SCHEDULE 1 HOSPITALS

Ajax and Pickering General Hospital, Ajax, ON

Alexandra Marine and General Hospital, Goderich, ON

Baycrest Hospital, Toronto, ON

Belleville General Hospital, Belleville, ON

Brantford General Hospital, Brantford, ON

Centenary Health Center, Scarborough, ON

**Children's Hospital of Eastern Ontario, Ottawa, ON \*T\***

Cornwall General, Cornwall, , ON

Credit Valley Hospital, Mississauga, ON

Etobicoke General Hospital, Rexdale, ON

Grand River Hospital Corporation, Kitchener, ON

Greater Niagara General Hospital, Niagara Falls, ON

Grey Bruce Regional Health Center, Owen Sound, ON

**Hamilton Health Sciences Corporation, Hamilton, ON \*T\* (incl. Chedoke Hamilton General, Henderson, McMaster University Center Site)**

**Hospital for Sick Children, Toronto, ON \*T\***

Hospital Montfort, Ottawa, ON

**Hotel Dieu Hospital, Kingston, ON \*T\***

Hotel Dieu of Grace Hospital, Windsor, ON

Humber Memorial Hospital, Weston, ON

Institute of Psychotherapy Ltd., Kingston, ON

Joseph Brant Memorial Hospital, Burlington, ON

**Kingston General Hospital, Kingston, ON \*T\***

Lake of the Woods District Hospital, Kenora, ON

**London Health Sciences Centre, London, ON \*T\* (incl. South Street, University and Victoria-Westmin sites)**

Markham Stouffville Hospital, Markham, ON

Mississauga Hospital, Mississauga, ON

**Mount Sinai Hospital, Toronto, ON \*T\***

North York Branson Hospital, Toronto, ON

North York General Hospital, Willowdale, ON

Oakville Trafalgar Memorial Hospital, Oakville, ON

Orillia Soldiers' Memorial Hospital, Orillia, ON

Oshawa General Hospital, Oshawa, ON

Ottawa Civic Hospital, Ottawa, ON

**Ottawa General Hospital, Ottawa, ON \*T\* (incl. Civic and General campuses)**

Peel Memorial Hospital, Brampton, ON

Pembroke General Hospital, Pembroke, ON

Peterborough Civic Hospital, Peterborough, ON

Plummer Memorial Public Hospital, Sault Ste Marie, ON

Public General Hospital, Chatham, ON

Queensway-Carleton Hospital, Ottawa, ON

Queensway General Hospital, Etobicoke, ON

St. Catharines General Hospital, St. Catharines, ON

**St. Joseph's Health Care System, Hamilton ON \*T\***

St. Joseph's Health Center, Sudbury, ON

**St. Joseph's Health Center, London, ON \*T\* (inc. Parkwood Site) \*T\***

St. Joseph's Health Services Association of London Corp., London, ON

St. Joseph's Hospital, Hamilton, ON

St. Joseph's Hospital, Toronto, ON

**St. Michael's Hospital (incl. Wellesley, Casey), Toronto, ON \*T\***

Salvation Army Grace General, Scarborough, ON

Sarnia General Hospital, Sarnia, ON

Scarborough General Hospital, Scarborough, ON

Scarborough Grace Hospital, Scarborough, ON

**Sunnybrook Health Center, Toronto, ON \*T\* (incl. Orthopaedic and Arthritic, Sunnybrook, Women's College)**

Stratford General Hospital, Stratford, ON

Thunder Bay Regional Hospital, Thunder Bay, ON

Timmins and District Hospital, Timmins, ON

Toronto East General and Orthopedic Hospital, Toronto, ON

Toronto Hospital, Toronto, ON

**University Health Network, Toronto, ON \*T\* (inc. Princess Margaret, Toronto General, Toronto Western)**

**University of Ottawa Heart Institute, Ottawa, ON \*T\***

Welland County General Hospital, Welland, ON

Wellesley Central Hospital, Toronto, ON  
Windsor Western Hospital, Windsor, ON  
Woodstock General Hospital, Woodstock, ON  
York Central Hospital, Richmond Hill, ON  
York County Hospital, Newmarket, ON

**VOLUNTARY OR INVOLUNTARY:** Involuntary includes formal patients committed under the Ontario Mental Health Act and forensic patients who are remanded under the criminal code for pretrial assessment.

**DAYS IN FACILITY:** For each hospitalization, record the number of days the consumer was in the hospital during this 9 month period. For example, if the consumer was admitted 10 months ago for 40 days, only 10 days of the stay would be recorded in this log. If the answer is unknown, enter "999" in the boxes.

**ADMISSION DATE IN LAST 9 MONTHS** Indicate whether hospital stay began in the last 9 month period. For example, if the consumer was admitted 10 months ago for 40 days, only 10 days of the stay would be recorded in this log and the answer to this question would be "No".

## CMHEI RESIDENTIAL LOG (STA 6/6) (\*see Appendix C)

This section has undergone significant changes since the baseline forms were developed.

|                         |   |
|-------------------------|---|
| ID:                     | Consumer's project identification.  |
| DATE:                   | The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field. |
| PERSON COMPLETING FORM: | The rater code should be printed in the blocks provided.  |
| PERIOD IS:              | Indicates the phase for which the information is being collected.   |

### CURRENT SETTING:

|  |  |
|--|--|
| CONSUMER CURRENTLY LIVES WITH:                                   | Fill-in the circle next to the response that indicates who the consumer lived with during the past week. There can be more than one circle filled. Living alone can only apply if the consumer is living in a private house/apartment, a rooming home or on the street and is living alone (i.e., not with room-mate). In all the other residential settings the consumer is living with non family persons.   |
| CONSUMER'S CURRENT RESIDENTIAL SETTING ( <i>Code only one</i> ): | <p>Fill-in the circle next to the residential setting that best describes consumers housing situation during the past week. Interpret as: Which of the following best represents the consumer's current residential setting (can include institutional setting)? Selected category definitions follow.</p> <p><i>Group Home/Co-op</i><br/>Operated by an agency, includes shared common space (e.g., kitchen and living room) and varying levels of support/enabling help.</p> <p><i>Boarding House</i><br/>Accommodates more than 4 people and meals are provided.</p> <p><i>Foster Home</i><br/>Similar to a boarding house but accommodates less than 5 people.<br/>Note: Residential homes for special care (HSCs) fall either under boarding home or foster home depending on size.</p> <p><i>Rooming House</i><br/>Meals are not provided.</p> <p><b>See Appendix C for "Residential Log Decision Tree."</b></p> |

|                     |   |                    |
|---------------------|---|--------------------|
| # OF PEOPLE SHARING | If Consumer lives in a private house/apartment, group | home, indicate the |
|---------------------|---|--------------------|

|   |  |
|---|--|
| <p>APT/HOUSE:<br/><b>(Follow-up only)</b></p>                                 | <p>number of people living under the same roof—include the consumer.</p>   |
| <p># OF PEOPLE LIVING UNDER THIS ROOF:<br/><b>(Follow-up only)</b></p>        | <p>If Consumer lives in a boarding/foster home, or rooming house, indicate the number of people living under the same roof—include the consumer.</p>   |
| <p>SHARING A BEDROOM: <b>(Follow-up only)</b></p>                             | <p>Indicate whether the consumer is sharing their bedroom with someone other than their spouse/partner.</p>  |
| <p>LEVEL OF STAFF SUPPORT:<br/><b>(Follow-up only)</b></p>                    | <p>Indicate the level of staff support that is linked to the residential setting. Linked support refers to support which would not follow the consumer if he/she moved. Exclude support provided by family as this will be measured elsewhere. Indicate all that apply.</p> <p><i>None</i> No linked support</p> <p><i>On call</i><br/>Support is available to the residents of that household if a consumer or other individual makes a call to staff who can assist the residents.</p> <p><i>Regular visit</i><br/>Non-family individuals regularly visit the residents of that household to offer support.</p> <p><i>On-site</i><br/>There is at least one individual working at least one complete shift in the household where the consumer resides who offers support to the residents. Indicate the shift that is covered by the on-site staff—Nights only, Days only, 24 hours, etc.</p> |
| <p>CONSUMER PAYS RENT</p>   | <p>Indicate whether the consumer pays rent for current residential setting. Note: What if the rent is paid by a public trustee? The consumer is deemed to pay rent if payment comes from funds that would otherwise be at the consumer's disposal. For example, rent paid by a public trustee would otherwise be available to the consumer for other purposes whereas a government payment to a Home for Special Care on behalf of a consumer could not be used by the consumer for other purposes. Co-payments generally constitute rent payments.</p>  |
| <p><i>IF YES:</i><br/>AMOUNT PAID</p>   | <p>If the consumer pays rent, indicate the monthly amount.<br/>If information is missing, fill-in boxes with "9999". Please, include mortgage payments.</p>  |
| <p>RENT IS GEARED TO INCOME OR SUBSIDIZED</p>                                 | <p>Indicate whether the consumer's rent is subsidized (e.g., municipal non-profit housing agencies). This question can not be answered if the consumer does not pay rent. Leave this question blank if no rent is being paid.</p>  |
| <p>IS HOUSING PART OF A MENTAL HEALTH PROGRAM?<br/><b>(Baseline only)</b></p> | <p>Indicate whether consumer is living housing that is part of a mental health program (e.g. Homes for Special Care, Habitat, domiciliary hostels, co-ops)</p>   |
| <p>DOES RENT INCLUDE BOARD?</p>   | <p>Please indicate if consumer's rent include board. <i>At Baseline or Followup 1, please</i></p>  |

**(Follow-up 2 only)**

*note this information in the margin.*

### STABILITY:

# OF NIGHTS SPENT ON THE STREET/SHELTERS IN THE PAST 9 MONTHS:  
**(Follow-up only)**

Indicate the approximate number of nights (consecutive or non-consecutive) that the consumer has spent on the streets or in the shelters in the past 9 months.

EXPECTED TIME IN CURRENT RESIDENTIAL SETTING:

Indicate whether consumer expects to be in current residential setting for less than 60 days. Interpret as: Does the consumer expect to be staying where he/she is now for less than 60 days in total (include # days already there)? This will be used to indicate whether the residential setting is temporary or transitional.

# OF MOVES DURING THE PAST 9 MONTHS:

*(older version "number of settings" - interpret as number of moves instead)*

In the past 9 months, total number of moves that the consumer has made. Interpret as: How many times has the consumer moved during the past 9 months (excluding hospital and jail)? Anywhere "on the street" should be counted as 1 move. If the answer to this is "0", skip to the *Service/Resource Use Forms*. If the consumer has lived at home, and been in and out of three or four different hospitals for varying lengths of time, but has always returned home after each hospitalization. This should be counted as moves because the hospital stays will be captured on the hospitalization log.

### MAIN SETTING:

CONSUMER'S RESIDENTIAL SETTING DURING THE PAST 9 MONTHS (*Code only one*):

Select the one that describes circumstances for the longest period of time choices during the past 9 months. Interpret as: Where has the consumer stayed the most nights (can include hospital/jail)? Selected category definitions follow:

*Group Home/Co-op*

Operated by an agency that provides shared common space (e.g., kitchen and living room) and varying levels of support/enabling help.

*Boarding House*

Accommodates more than 4 people and meals are provided.

*Foster Home*

Similar to a boarding house but accommodates less than 5 people who live in a family-like setting. Residential homes for special care will fall either under boarding home or foster home depending on size.

*Rooming House*

Meals are not provided.

**See Appendix C for "Residential Log Decision Tree."**

# OF PEOPLE SHARING APT/HOUSE:  
**(Follow-up only)**

If Consumer lives in a private house/apartment, group home, indicate the number of people living under the same roof—include the consumer.

# OF PEOPLE LIVING UNDER

If Consumer lives in a boarding/foster home, or rooming house, indicate the number

THIS ROOF:  
(Follow-up only)

of people living under the same roof—include the consumer.

CONSUMER LIVED WITH FOR  
THE LONGEST PERIOD OF TIME  
DURING *THE PAST 9 MONTHS*:  
(Follow-up only)

Fill-in the circle next to the response that indicates who the consumer lived with during the past 9 months. There can be more than one circle filled. Living alone can only apply if the consumer is living in a private house/apartment, a rooming home or on the street and is living alone (i.e., not with room-mate). In all the other residential settings the consumer is living with non family persons.

SHARING A BEDROOM IN MAIN  
RESIDENTIAL SETTING: (Follow-  
up only)

Indicate whether the consumer was sharing their bedroom with someone other than their spouse/partner.

LEVEL OF STAFF SUPPORT IN  
MAIN RESIDENTIAL SETTING:  
(Follow-up only)

Indicate the level of staff support that was linked to the residential setting. Linked support refers to support which would not follow the consumer if he/she moved. Exclude support provided by family as this will be measured elsewhere. Indicate all that apply.

*None* No linked support

*On call*

Support is available to the residents of that household if a consumer or other individual makes a call to staff who can assist the residents.

*Regular visit*

Non-family individuals regularly visit the residents of that household to offer support.

*On-site*

There is at least one individual working at least one complete shift in the household where the consumer resides who offers support to the residents. Indicate the shifts that were covered by on-site staff—Nights only, Days only, 24 hours, etc.

CONSUMER PAID RENT IN MAIN  
RESIDENTIAL SETTING

Indicate whether the consumer paid rent for the residential form that best represents the consumer's residential circumstances during the past 9 months.

IF YES:  
MONTHLY RENT PAID

If the consumer paid rent for the residence that best represents the consumer's residential circumstances during the past 9 months, indicate the monthly amount. Include mortgage payments. If information is missing, fill in boxes with "9999".

RENT IS GEARED TO  
INCOME OR SUBSIDIZED

Indicate whether the cost of the consumer's rent was subsidized in the residence that best represents the consumer's residential circumstances (e.g., municipal non-profit housing agencies) during the past 9 months.

IS HOUSING PART OF A  
MENTAL HEALTH PROGRAM?  
(Baseline only)

Indicate whether consumer is living housing that is part of a mental health program (e.g. Homes for Special Care, Habitat, domiciliary hostels, co-ops)

DOES RENT INCLUDE BOARD?  
**(Follow-up 2 only)**

Please indicate if consumer's rent include board. *At Baseline or Followup 1, please note this information in the margin.*

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## CMHEI SERVICE/RESOURCE USE FORM

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The Service/Resource Use Form was developed to retrospectively collect information about the consumer's use of services and supports outside of the study program. The data gathered serves two purposes: (1) to track the use of services and supports and (2) to estimate expenditures associated with providing these services and supports. Because costs for services and supports vary by the types of resources used and by who is providing them, five forms were developed based on these variations. They are: (I) *psychiatrist visits*, (II) *physician (non-psychiatrist) and health professional visits*, (III) *community service and support program visits*, (IV) *emergency room visits*, and (V) *psychotropic medication use*.

Information about service and resource use will be gathered using a series of Service/Resource Use logs. The logs were designed based on Beecham and Knapp's (1992) Consumer Service Receipt Interview (CSRI) and Wolff, et al.'s (1995) societal costing instrument, and tested in a pilot study for clarity, comprehensiveness, and burden.

To the extent possible, information should be abstracted from the consumer's chart. If the chart is incomplete, questions should be directed to the consumer's worker. If the worker is unsure of some of the information, questions should be directed to the consumer.

To complete the forms, use the best source of information in the setting.

### I. PSYCHIATRIST VISITS LOG (SU 1/5)

EACH VISIT to a psychiatrist who is not a member of the case management team should be coded on a separate line. This information is to be collected for the 30 days prior to the interview.

- ID: Consumer's project identification.
- DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Phase for which the information is being collected.

In the last 30 days, did the consumer visit a psychiatrist? If the answer to this question is, "YES", this log should be completed.

- LOCATION: Indicate the location of the psychiatrist's office as "PROVINCIAL HOSPITAL" = Provincial Psychiatry Hospital or "ALL OTHER SITES". This distinction is important because doctors in provincial psychiatric hospitals are salaried rather than OHIP reimbursed.

PROVINCE IF NOT  
IN ONTARIO:

If the service was not received in Ontario, the two letter abbreviation of the province should be completed in block letters

*QB* Quebec  
*MA* Manitoba  
*SK* Saskatchewan  
*AB* Alberta  
*BC* British Columbia  
*NB* New Brunswick  
*NF* Newfoundland  
*NS* Nova Scotia  
*PE* Prince Edward Island  
*NW* Northwest Territories  
*YK* Yukon

GROUP, INDIVIDUAL  
OR FAMILY THERAPY:

Fill-in appropriate circle.

LENGTH OF VISIT:

Enter the number indicating the category that most closely describes the length of the consumer's visits in minutes. Length of visit should not include waiting time.

## II. NON-PSYCHIATRIST HEALTH PROFESSIONAL VISITS LOG (SU 2/5)

This section captures information on all visits to:

C non-psychiatrist physicians

C non-physician health professionals in an office based practice that is not part of a community or hospital program/clinic/agency. (i.e. WALK IN CLINIC?)

Exclude visits to health professionals who are members of the case management team. Non-physician health professionals include dentists, chiropractors, podiatrists, audiologists, optometrists, social workers, and psychologists. If the non-physician health professional is seen in a community or hospital program, the visit should be recorded on the *Community Service and Support Programs Log* under the program's name. This information is to be collected for the 30 days prior to the interview. Each line should be a summary of a visit type.

ID: Consumer's project identification (10 digits)

DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.

PERSON The rater code should be printed in the blocks provided.

COMPLETING FORM:

PERIOD IS: Indicates the phase for which the information is being collected.

In the past 30 days, did the consumer use visit a physician (non-psychiatrist) in any setting or other health professional in an office based practice? If the answer to this question is, "YES", this log should be completed. Each entry should summarize visits for one type of provider and care (e.g., optometrist and eye care).

TYPE: Type of visit. Enter a number from the list at the bottom of the log. If the general visit included a lab test, please indicate this as "type of visit". If there was a mental health reason, code this second. All other types should be coded according to greatest amount of time spent or the main reason for scheduling the appointment.

PROVIDER: Fill-in the appropriate circle next to the type of health professional the consumer was in contact with:

*Physician*

*Other* Dentists, chiropractors, podiatrists, audiologists, optometrists, social worker, psychologist, etc.

LOCATION: Indicate the location of the psychiatrist's office as "PROVINCIAL HOSPITAL" = Provincial Psychiatric Hospital or "ALL OTHER SITES". This distinction is important because doctors in provincial psychiatric hospitals are salaried rather than OHIP reimbursed.

PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in block letters

*QB* Quebec

*MA* Manitoba

*SK*Saskatchewan

*AB* Alberta

*BC* British Columbia

*NB* New Brunswick

*NF*Newfoundland

*NS*Nova Scotia

*PE* Prince Edward Island

*NW* Northwest Territories

*YK* Yukon

AVERAGE LENGTH OF VISIT: Fill-in the circle next to the category that most closely describes the average length of the consumer's visits in minutes. Length of visit should not include waiting time.

NUMBER OF VISITS: Enter the total number of visit type.

### III. COMMUNITY SERVICES AND SUPPORT PROGRAMS LOG (SU 3/5)

This log includes all services and supports not provided by a physician and not directly part of the case management study program. All visits to each program/agency/clinic used should be coded on a separate line. Information collected on this log should include visits to self-help groups and drop-in centres. It should also include visits to psychologists, social workers, nurses, optometrists, etc. who are providing services as staff members of a community or hospital program/agency/clinic. This data is to be collected for the 30 days prior to the interview.

- ID: Consumer's project identification.
- DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Indicate the phase for which the information is being collected.

Has the consumer used community services and support programs during the past 30 days prior to the interview? If the answer to this question is, "YES", this log should be completed.

- NAME OF PROGRAM/AGENCY: The full name of the program/agency/clinic where the service was provided should be recorded in block letters.
- CITY: Enter the first 6 letters **(if Follow-up)** of the city in which the program/agency is located in block letters.
- PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in block letters.
- QB Quebec,
  - MA Manitoba
  - SK Saskatchewan
  - AB Alberta
  - BC British Columbia
  - NB New Brunswick
  - NF Newfoundland
  - NS Nova Scotia
  - PE Prince Edward Island
  - NW Northwest Territories
  - YK Yukon

TYPE: Choose a number from the list at the bottom of the *Community Services and*

*Supports Log* pertaining to the type of service used. A brief description of each type follows:

- 1 *Social/recreational* (services associated with use of leisure time, development of social skills, use of community recreation programs, general social activities (e.g., drop-in facility, social club).
- 2 *Vocational/educational* (services associated with work training such as developing specific work skills, job-seeking skills or work habits, placing or maintaining consumer in work, volunteer or sheltered experiences.
- 3 *Crisis* (services dealing with crisis situations)
- 4 *Housing support* (services associated with locating, moving or maintaining housing)
- 5 *Medical/therapeutic* (counseling and medication management often offered in hospital outpatient/day patient service and community mental health centres.)
- 6 *Case management* (services that are planned, linked, and monitored by at least one case manager)
- 7 *Self-help* (programs run by participants for participants characterized by voluntary participation, reciprocity, mutual respect, sharing, collaboration and willingness to problem solve)
- 8 *Legal advocacy* (services related to the legal system)
- 9 *Other*

TOTAL NUMBER OF  
TIMES CONTACTED  
IN PAST 30 DAYS:

Total number of times consumer attended the service in the past 30 days. If the answer is unknown, enter '99' in the boxes. This number should be **equal to or greater than** the sum of the number of group and phone contacts.

NUMBER OF  
CONTACTS WHICH  
WERE IN A GROUP:

Record the number of the times the service was received in a group as opposed to individually in the past 30 days. This figure should be a subset of the TOTAL NUMBER OF CONTACTS. If the answer is unknown, enter "99" in the boxes.

NUMBER OF  
CONTACTS WHICH  
WERE ON THE PHONE:

Record the number of service contacts made over the phone (instead of face-to-face) in the past 30 days. This figure should be a subset of the TOTAL NUMBER OF CONTACTS. If the answer is unknown, enter "99" in the boxes.

TOTAL NUMBER OF  
WEEKS ATTENDED  
IN PAST 30 DAYS:

Total number of actual weeks in past 30 days during which consumer attended the particular type of service. If the answer is unknown, enter "9" in the box.

AVERAGE HOURS  
PER WEEK:

During the weeks that the consumer participated in the last month, enter the average number of hours per week that consumer received the service. Space is provided to record fractions of hours. For instance, if the consumer averaged 15 minutes per week, then "0.25" should be filled-in. If the answer is unknown, enter "99.99" in the boxes. Length of visit should not include waiting time. Note: If support is attached to the residential situation, it should not be coded here. The information will be recorded on the residential log. If

the support is delinked, make an entry on this log.

#### IV. EMERGENCY ROOM VISIT LOG (SU 4/5)

Each emergency room visit should be coded on a separate line. This information is to be collected for the 90 days prior to the interview.

ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Indicate the phase for which the information is being collected.

Has the consumer used emergency room services during the past 90 days prior to the interview? If the answer to this question is, "YES", this log should be completed.

HOSPITAL EMERGENCY ROOM: The first 15 letters of the hospital name where each of these episodes occurred should be recorded in block letters.

CITY: The first 6 letters of the city in which the hospital is located should be recorded in block letters.

PROVINCE IF NOT IN ONTARIO: If the service was not received in Ontario, the two letter abbreviation of the province should be completed in block letters

*QB* Quebec  
*MA* Manitoba  
*SK* Saskatchewan  
*AB* Alberta  
*BC* British Columbia  
*NB* New Brunswick  
*NF* Newfoundland  
*NS* Nova Scotia  
*PE* Prince Edward Island  
*NW* Northwest Territories  
*YK* Yukon

PURPOSE: Fill-in the circle(s) next to all the reasons that the consumer received treatment in the emergency room:  
*PSY* Psychiatric

SA Substance Abuse  
MED Medical  
OTH Other

STAYED OVERNIGHT IN A HOLDING BED: Indicate whether the emergency room episode led to an overnight stay in an ER holding bed.

ER VISIT LED TO A HOSPITAL ADMISSION: Indicate whether the emergency room episode led to a hospital admission in the past 3 months (90 days).

## V. PRESCRIBED PSYCHOTROPIC MEDICATION LOG (SU 5/5)

The purpose of this form is not to track medication compliance. It is to be used to calculate medication costs. Consequently, each **dispensed** (not prescribed) psychotropic medication (this includes those used for substance abuse treatment) should be coded on a separate line. This information is to be collected for the 30 days prior to the interview.

ID: Consumer's project identification.

DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.

PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.

PERIOD IS: Indicate the phase for which the information is being collected.

Have psychiatric/substance abuse medications been dispensed to the consumer during the past 30 days prior to the interview? This includes psychotropic drug injections. If the answer to this question is, "YES", this log should be completed. The goal of this log is to gather information about use of prescription drugs for management of mental disorder/substance abuse. For this reason, analgesics are included in the listing of drug types. Please exclude drugs taken for management of other illnesses (e.g., HIV related). However, if you are unsure, include the drug on the forms. We can always remove drugs later if necessary. SEE APPENDIX D FOR DRUG LIST - PLEASE TRY TO USE THE GENERIC NAME.

PRESCRIPTION: Record the first 11 characters of the name of prescribed medication in block letters. See **Appendix D** for spelling of common prescription drug names.

TYPE: Choose a number from the list at the bottom of the page pertaining to the type of medication prescribed. Examples of each type follows:

- 1 *Sleeping pills or other sedatives* (i.e., Halcion, Dalmane)
- 2 *Anti-depressants or mood stabilizers* (i.e., Prozac, Elavil, Lithium)
- 3 *Tranquilizers* (i.e., Ativan, Valium)
- 4 *Analgesics or painkillers* (i.e., Demerol, Darvon)

- 5 *Anti-psychotics* (i.e., Haldol, Modecate)
- 6 *Substance Abuse treatment* (i.e., Methadone, Antabuse)
- 7 *Other*

Note: It may be difficult to obtain detailed information on medications. At the minimum, try to code the drug 'name', even if the details on dosage and frequency are not available.

If you (or the family member) are unsure of medication type, do not guess. Instead please code as missing.

|   |  |
|---|--|
| PRESCRIBED DOSE:  | Record the prescribed dose (preferably in milligrams and including <i>up to 3 decimal places (for Follow-up)</i> ). If the consumer is unable to provide a specific answer, information on the number of pills taken at one time is acceptable (including up to 1 decimal place). Note: Prescribed dose may vary (i.e., morning dosage differs from evening dosage). Report the average dose.                                    |
| FREQUENCY PER DAY:  | Record the total number of times during a 24 hour period that DOSE is taken. If the medication was an injection, do not complete this column. If the answer is unknown, enter "99" in the boxes. Note: How to code use of injections and PRNs: in column 4, indicate 98 if injection/not applicable, 97 if PRN/not applicable, and 99 when unknown. In column 5, record actual number of days on which the medication was taken. |
| NUMBER OF DAYS MEDICATION PRESCRIBED/TAKEN DURING THE LAST 30 DAYS: | Record the total number of days medication prescribed/taken in the past 30 days. If the answer is unknown, enter "99" in the boxes.  |

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**PROXY MEASURES:****ALCOHOL USE SCALE (AUS) (PX 1/6)****DRUG USE SCALE (DUS) (PX 2/6)**

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These scales monitor problems related to alcohol and drug use in individuals with severe mental illnesses. The scales are based on the effects of alcohol and drug abuse on the various facets of an individual's life.

In contrast to other instruments, the assessment period for these scales is the last 6 months. The scales should be completed by the research assistant in collaboration with the care provider, and consulting charts as necessary.

Study raters will be trained to complete three brief scales related to substance use. The Alcohol Use Scale (AUS) and the Drug Abuse Scale (DUS) are single item scales that rate the consumer's substance use/dependency. Both scales are consistent with DSM-III-R criteria and have been found to have a sensitivity of 94 percent and specificity of 100 percent when used by case managers following mentally ill patients being served in the community (Drake, et al., 1989; Drake, et al., 1990).

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**SUBSTANCE ABUSE TREATMENT SCALE (PX 3/6)**

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The Substance Abuse Treatment Scale assists clinicians to detect the stage of recovery of individuals with substance abuse problems and severe mental illness. During instrument development it was determined that recovery from substance abuse could be divided into 8 distinct stages, each defined by behavioural criteria: pre-engagement, engagement, early persuasion, late persuasion, early active treatment, late active treatment, relapse prevention, and in remission or recovery.

The Substance Abuse Treatment Scale (SATS) assesses the stage of recovery for individuals with substance abuse problems. The SATS has been shown to have high inter-rater reliability with test-retest, clinician/clinician, and clinician/researcher reliabilities ranging from .89 to .93 as well as good convergence with alcohol and drug use (.70) and discriminant validity using the global assessment scale (.13) (Drake, et al., 1995).

In contrast to other instruments, the assessment period for this scale is the last 6 months.

If the consumer scores less than 3 on the Alcohol Use Scale or the Drug Use Scale, fill in "not applicable" in the appropriate column. If the consumer scores 3 or more on the AUS or DUS, select the treatment stage that best corresponds to the consumer's situation during the last 6 months.

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## MULTNOMAH COMMUNITY ABILITY SCALE (MCAS) (PX 4/6)

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The Multnomah Community Ability Scale is intended to measure the degree to which severe mental illness interferes with psychosocial functioning. Indicators are grouped into four general categories - Interference with Functioning, Adjustment to Living, Social Competence and Behavioural Problems. Psychosocial functioning will be assessed using the Multnomah Community Ability Scale (MCAS). Reliability and validity data for this scale were evaluated on over 300 patients with severe and persistent mental illness in both urban and rural settings (Barker, et al., 1994a; Barker et al., 1994b). The MCAS has been shown to have good inter-rater and test-retest reliability as well as good criterion and discriminant validity. This 17-item tool produces four subscale scores and a total. The four subscales measure interference with functioning, adjustment to living, social competence and behavioural problems. Each item is rated on a 5-point scale and norms for age groups and genders are provided. Trained raters will use chart and provider data to complete the MCAS. As with the BPRS, we will monitor inter-rater reliability during the course of the study by having all raters periodically rate taped interviews. Weighted kappa scores will be calculated.

For the 9 and 18 month follow-up assessments, the MCAS should be completed by the research assistant primarily through a review of the consumer's chart and meeting with his/her case manager. At baseline, it may be more difficult to access a provider and the research assistant may need to interview the consumer in order to make the ratings.

For items 1-13, rate the consumer based on the last 3 months. For the Behavioural Problems category (items 14 to 17), base the ratings on the consumer's functioning over the last 9 months.

### **SECTION ONE: INTERFERENCE WITH FUNCTIONING**

#### **Question 1-Physical Health**

Remember that a health condition is not the same as a health impairment. Some examples are that a controlled seizure condition would be scored 4, and a poorly controlled or uncontrolled condition would be scored lower, depending on severity and lack of control. Do not include disabilities caused by the psychiatric condition. This item is intended to score physical health impairment caused by chronic health problems and/or severe acute illness.

- 1=Extreme physical health impairment (physical health condition always impairs daily activity)
- 2=Marked physical health impairment (physical health condition frequently impairs daily activity)
- 3=Moderate physical health impairment (physical health condition sometimes impairs daily activity)
- 4=Slight physical health impairment (physical health condition that occasionally impairs daily activity)
- 5=No health impairment

#### **Question 2-Intellectual Functioning**

Estimate the consumer's intellectual functioning based on available information such as behavioural cues and the level of education completed.

- 1 = Extremely low intellectual functioning
- 2 = Moderately low intellectual functioning
- 3 = Low intellectual functioning (likely to have received some form of special education)
- 4 = Slightly low intellectual functioning (likely to have completed some regular high school)

- 5 = Normal or above level of intellectual functioning (likely to have finished high school or beyond)

### Question 3-Thought Process

Rate the item by how impaired the consumer's thought processes are by symptoms such as hallucinations, delusions, tangentiality, loose associations, response latencies incoherence, etc. Rate the consumer's presentation, whether on or off medication.

- 1 = Extremely impaired thought processes (largely incoherent in communication)
- 2 = Markedly impaired thought processes (more incoherent than coherent in communication)
- 3 = Moderately impaired thought processes (more coherent than incoherent in communication)
- 4 = Slightly impaired thought processes (few instances of incoherence or illogical thinking)
- 5 = No impairment, normal thought processes

### Question 4-Mood Abnormality

Base rating on the range, intensity and appropriateness of emotion.

- 1 = Extremely abnormal mood (presence of severe depression, mania, extreme mood swings or inappropriate mood)
- 2 = Markedly abnormal mood (inadequate range, intensity, and appropriateness of emotion most of the time)
- 3 = Moderately abnormal mood (mix of adequate and inadequate range, intensity, and appropriateness of emotion over time)
- 4 = Slightly abnormal mood (adequate range, intensity, and/or appropriateness of emotion most of the time)
- 5 = No impairment, normal mood

### Question 5-Response to Stress and Anxiety

The consumer's response to work, living situation including being homeless, interpersonal conflict, new social demands, etc. may reveal an impaired response to normal stressors. Impairment could be due to inappropriate responses to stressful events or difficulty in handling anxiety as evidenced by agitation, perseveration, inability to problem solve, etc. A consumer may become hostile or aggressive, self-destructive, antisocial, or have outward manifestations of poor coping. A consumer may also withdraw or actively isolate him/herself. Pay special attention to the quieter manifestations which may be less obvious or socially troublesome but are still dysfunctional for the consumer.

- 1 = Extremely impaired response (severely dysfunctional response to stress)
- 2 = Markedly impaired response (very dysfunctional response to stress)
- 3 = Moderately impaired response (somewhat dysfunctional response to stress)
- 4 = Slightly impaired response (minor difficulties encountered in response to stress)
- 5 = Normal response

## SECTION TWO: ADJUSTMENT TO LIVING

### Question 6-Ability to Manage Money

If there is no indication that the consumer has any trouble managing money, assume that s/he manages it successfully. If the consumer only manages a slight amount of money because most of it is managed by someone else, rate 3 or below. If the consumer only manages a slight amount of the money s/he could have, rate lower; if s/he is managing a small amount because that is all that is left over after rent and food payments, rate somewhat higher. Rate what consumers ARE doing, not what they MIGHT do if they had a chance. If a consumer is not managing money, s/he cannot be scored higher than a 1 or 2. Ratings can be made for hospitalized consumers.

- 1 = Almost never manages money successfully (spends without planning or someone else manages his/her money)

- 2 = Seldom manages money successfully (spends money most of the time without planning or someone else manages most of his/her money)
- 3 = Sometimes manages money successfully (demonstrates ability to spend money in a planned way occasionally)
- 4 = Manages money successfully a fair amount of the time (manages most of his/her money and spends it carefully much of the time)
- 5 = Almost always manages money successfully (manages all of his/her money and spends it carefully most of the time)

### Question 7-Independence in Daily Life

Living independently in the community would generally rate a 4 or 5. In contrast, living in a structured residential setting or hospital (where other individuals have responsibility for the person's daily needs) would generally merit a rating of 3 or less. Homeless persons should be rated on their degree of success in meeting basic needs such as obtaining regular nutrition, dressing appropriately, taking care of personal hygiene etc. However, an individual who is homeless should not be rated higher than 3.

- 1 = Almost never performs independently (unable to meet basic needs anytime)
- 2 = Often does not perform independently (frequently unable to meet basic needs)
- 3 = Sometimes performs independently (able to meet basic needs some of the time)
- 4 = Often performs independently (frequently able to meet basic needs)
- 5 = Almost always performs independently (able to meet basic needs most of the time)

### Question 8- Acceptance of Illness

Some insight into or verbal admission of the consumer's mental illness is necessary for a high rating. You may wish to ask the consumer about this issue prior to making the rating.

Insight, not compliance, is being measured. Issues of medication compliance and compliance with treatment are rated in items 14 and 15 and should not be considered in this question.

- 1 = Almost never accepts illness (no insight or admission of having a mental illness)
- 2 = Infrequently accepts illness (minimum insight or admission of having a mental illness)
- 3 = Sometimes accepts illness (some insight or admission of having a mental illness)
- 4 = Accepts illness a fair amount of the time (admits to having a mental illness more often than not)
- 5 = Almost always accepts illness (admits to having a mental illness most of the time)

## SECTION THREE: SOCIAL COMPETENCE

### Question 9-Social Acceptability

Consider physical appearance, behaviour in public situations, and reports from others. If appearance and behaviour motivate others to cross to the opposite side of the street, a low rating is required. Consumers with bipolar disorders tend to be rated as 3 because of their changeable or contrasting behaviours. Responses of the general public are relevant here, rather than a negative peer group who may encourage or reinforce socially unacceptable behaviours.

- 1 = Very negative (others always wary of consumer)
- 2 = Fairly negative (others usually wary of consumer, few slightly acceptable behaviours)
- 3 = Mixed, mildly negative to mildly positive
- 4 = Fairly positive (usually received as acceptable by others)
- 5 = Very positive (always received as acceptable by others)

### Question 10-Social Interest

In this question, do NOT consider the *quality or acceptability or success* of the social contact. This item is a measure of the frequency of social interest shown by the consumer without judging appropriateness. Social interest would be demonstrated if

the consumer went to a coffee shop seeking conversation, regardless of whether s/he was successful.

- 1 = Very infrequently (socially isolated with no or very little social contact)
- 2 = Fairly infrequently (mostly alone with a few instances of social contact)
- 3 = Occasionally (initiates contact weekly)
- 4 = Fairly frequently (initiates contact more than once per week)
- 5 = Very frequently (initiates contact daily)

### Question 11-Social Effectiveness

This item reflects the effectiveness of the consumer's social interactions. "Effective" refers to how successfully and appropriately the consumer behaves in social settings (e.g., how well minimizes interpersonal friction, achieves personal goals in a socially acceptable manner, relates to others).

Behaviour which is aggressive, intrusive, inappropriate, illegal, immoral or ridiculous, etc. causes the item to be rated low.

- 1 = Very ineffectively (many negative behaviours listed above are shown)
- 2 = Ineffectively (some negative behaviours listed above are shown)
- 3 = Mixed or dubious effectiveness (sometimes effective, sometimes not because of some of above behaviours)
- 4 = Effectively (negative behaviours listed above shown infrequently, usually effective in interpersonal situations)
- 5 = Very effectively (no negative behaviours)

### Question 12-Social Network

A support network can consist of family, friends, acquaintances, professionals, co-workers, etc. This item is trying to rate the number of groups represented in the network and is not concerned with social acceptability of the sources.

- 1 = Very limited network: (nobody)
- 2 = Limited network: (one of family member or service provider or friend)
- 3 = Moderately extensive network: (two of family member or service provider or friend)
- 4 = Extensive network: (three of family member or service provider or friend)
- 5 = Very extensive network: (all of the above and then some)

### Question 13-Meaningful Activity

This item rates the frequency with which the consumer is engaged in activities that are meaningful to him/her. Activities can be done individually (ie., reading a book, sewing) or with others (ie., going to work, playing a sport). For situations such as watching TV or sitting in a bar, the guideline is whether the consumer is involved in the situation rather than withdrawn. The difference between 1 and 2 is the difference between "nothing and something". A social component is needed to elevate the rating to a 4 or 5.

- 1 = Almost never involved ("doing nothing")
- 2 = Seldom involved (doing "something" but not very much)
- 3 = Sometimes involved
- 4 = Often involved (includes some social activity)
- 5 = Almost always involved (includes some social activity)

## SECTION FOUR: BEHAVIOURAL PROBLEMS

*Note: Ignore the instructions to rate the patient's current behavior. Proceed as usual with the 9 month indication.*

Rate items 14-17 based on the PAST 9 MONTHS:

### **Question 14-Medication Compliance**

Individuals who have not been prescribed medications during the past nine months because they have not been engaged with any providers or programs should be rated as 1.

In cases where individuals have been prescribed more than one medication, rate their compliance with each medication and then average the ratings.

- 1 = Almost never complies (refuses to follow any medication regimen or is disengaged)
- 2 = Infrequently complies (fails to follow a medication regimen most of the time)
- 3 = Sometimes complies (pattern of medication compliance and non-compliance)
- 4 = Usually complies (follows a medication regimen most of the time)
- 5 = Almost always complies

### **Question 15-Cooperation with Treatment Providers**

Individuals who have not been engaged with any treatment providers or programs in the last nine months should be rated 1. If individuals are involved with more than one provider/program, rate their cooperation with each one and then average the ratings. If a consumer keeps appointments but is not involved or is non-compliant with treatment efforts, rate 2. The modal rating for consumers with several involuntary commitments in a defined period of time who are placed in a high intensity community service program is 2.

- 1 = Almost never cooperates (refuses treatment almost always or is disengaged)
- 2 = Infrequently cooperates (refuses treatment much of the time)
- 3 = Sometimes cooperates (occasionally agrees to treatment)
- 4 = Usually cooperates (agrees to treatment most of the time)
- 5 = Almost always cooperates (agrees to treatment almost always)

### **Question 16-Alcohol & Drug Abuse**

The term "abuse" means the extent to which alcohol and/or drug use interfere with the consumer's functioning. Drugs considered in this item are any substances that are not part of the medical treatment plan (e.g. street drugs, abuse of prescription medications). This rating should be based on the provider or rater's judgement (ie., "index of suspicion") as well as information from other sources (ie., urine test, consumer report).

- 1 = Frequently abuses (severe interference with functioning)
- 2 = Often abuses (moderate interference with functioning)
- 3 = Sometimes abuses (some interference with functioning noted)
- 4 = Infrequently abuses (minimal interference with functioning noted)
- 5 = Almost never abuses (no interference with functioning noted)

### **Question 17-Impulse Control**

This item refers to the frequency of the consumer's episodes of extreme acting out. "Acting out" refers to behaviours such as temper outbursts, spending sprees, aggressive action, suicidal gestures, inappropriate sexual acts, stabbing, setting fires, breaking windows, etc.

- 1 = Frequently acts out (very often engages in behaviors such as mentioned above)
- 2 = Acts out fairly often (acts that are less severe, consistent or frequent, or acts that were provoked, or threats or intimidation without violence)
- 3 = Sometimes acts out (less frequent acting out, or more mild instances)
- 4 = Infrequently acts out (one or two minor lapses of impulse control during the past 9 months)
- 5 = Almost never acts out (lack of any noteworthy incidents during past 9 months)

**Scoring:** Add the scores for each question for the section score, and add the section scores for the total scores. Do not

assign a point count for any “don’t know”s used. Instead, prorate the section score (which will therefor prorate the section score) by 1) adding the scores for the items scored, 2) dividing by the number of items scores and 3) multiplying that figure by the number of items in the section.

For example, if there are three items, one is scored 4, the second is scored 3 and the third is not score, that is marked “don’t know”, 1) add the two score, which equals 7, 2) divide 7 by 2 (the number of items scored) which equals 3.5 and 3) multiply 3.5 by 3 which gives 10.5 as a section score. If you wish to round, by convention, round down to nearest whole number.

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## SELF REPORT SCALES:

**SOCIAL SUPPORT (Baseline SR 2/5: Follow-up SR 1/4), EMPOWERMENT (Baseline SR 3/5; Follow-up SR 2/4), QUALITY OF LIFE (Baseline SR 4/5: Follow-up SR 3/4), SYMPTOM DISTRESS (Baseline SR 5/5: Follow-up SR 4/4)**

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### *Guidelines for Administration*

Hand the appropriate answer key card to the subject. Read the instructions at the top of the form. Once you are sure the respondent understands the instructions, record his/her answer to each item you read. After the instrument is completed, retrieve the answer key card before the next one is handed out.

### *Interviewing Tips*

- C Read the questions as they are, do not improvise and change the wording of the questions.
- C If there are 2 positive answers in a scale (e.g., somewhat pleased and very pleased) and the subject responds "yeah" to "are you pleased with your life", clarify with the subject whether they mean "somewhat pleased" or "very pleased". Do not make assumptions regarding the subject's responses.
- C If you are unsure about how to record an answer provided by the subject, write as much detail as possible in the margin of the questionnaire, and bring it to the attention of the data coordinator. Record your decision regarding coding of the ambiguous response so that it can be shared with the other interviewers on the project and with the other projects during the quarterly meetings.
- C While the instruments often have a "refused" or "not applicable" response category, make every effort to obtain a response.

At the top of every form, complete the following:

- ID: Consumer's project identification.
- DATE: The date form completed (mm/dd/yy). If possible, write the date in full (i.e. November 25, 1999) above the field.
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Indicate the phase for which the information is being collected.

## **Social Support**

The first 6 items are taken from Cutrona and Russell's (1987) Social Provision Scale. Items are rated on a 4-point scale from "strongly agree" to "strongly disagree". This part of the instrument taps into the consumers perception of the availability of social support. Questions from Humphreys and Nokes (1997) are also added to measure the friendship networks of consumers. Additional questions were added to have an indication of the closeness between the consumers and their families and care providers.

For social networks: rate the number of different groups represented, not the number of individuals.

**Data Collection:** Hand the answer key card to the subject. Read the instructions at the top of the form. Record their answer to each of the items you read. Do not give the option to respondents of answer "not applicable" or "refused".

**Scoring : Cutrona and Russell -** Sum questions q1, q4, q5, q8 and the reverse of q2, q3 q6, q7 to get total score (that is recode 4 to 1, 3 to 2, 2 to 3 and 1 to 4). A higher score refers to better support. Note missing value label. This contains additional items not in the original scale - to test psychometrics. Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.

## **Empowerment**

The empowerment scale is a combination of the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) and items from the Rogers et al. (Date) information in MSHIP Empowerment Scale. Items which scored greater than 0.60 on the two of the subscales: power/powerlessness, and community activism and autonomy in the Rogers et al. instrument were selected and included in the empowerment scale of this study. A self report empowerment measure combines the Rosenberg (1965) Self-Esteem Scale and the power/powerlessness, community activism autonomy subscales of the Making Decisions scale (Rogers, et al., 1994). All items are rated on a 4 point scale.

**Data Collection Procedures :** Hand the answer key card to the subject. Read the instructions at the top of the form. Once you are sure the respondent understands the instructions, record their answer to each of the items you read.

**Scoring for the RSE:** Reverse the scores of em15, em18, em19, em21, em22 Sum these items all well as the values of em14, em16, em17, em20, em23. See the codebook for values. Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing. Scores range from 10 (highest self esteem) to 40 (lowest self esteem).

Also one can score this 10-item scale using a six item Guttman scale. First, reverse the scores for the negatively worded RSE questions (#15, 18, 19, 21, and 22). The first item of the Guttman scales includes question 14, 15, 16 and received a positive score if 2 or 3 of its questions were answered positively (values of 1,2). Question 17 and 18 and also question 22 and 23 were aggregated into two other items that were scored positively, if both questions in the item has positive answers. Questions 19, 20 and 21 counted individually formed the final three items.

**For scoring the Rogers (tentatively) :** Reverse the scores of em2, em4, em6, em7, em10, em11 and em12. Sum these items all well as the values of em1, em3, em5, em8 em9, and em13, em23, em20, em17, em16. See the codebook for values. These 13 items do not comprise the entire scale nor specific subscales - we will test psychometrics at a later date. Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.

## **Quality of Life (QOL)**

This measure includes 11 items from the Lehman Quality of Life Interview -Brief Version (Lehman, 1997) which has been widely used in the mental health field. Domains include overall quality of life, housing, safety and daily activities. Each item is scored on a 7 point *delighted-terrible* scale.

If the consumer is in hospital during the assessment, the quality of life questions are not really relevant. We suggest that if the consumer has been in hospital less than three weeks, ask him/her to answer the questions for his living situation prior to hospitalization. If the consumer has been in hospital for over three weeks, use "NA".

**Scoring: See codebook for values. Use the mean score across at 11 QOL items. Prorate the MEAN by adding the scores for the items scored, dividing by the number of items scores. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.**

## **Symptom Distress Scale (SDS)**

Symptom distress and intensity will be evaluated using the self report *Symptom Distress Scale* ('SDS', MHSIP Task Force on Consumer-Oriented Mental Health Report Card). The SDS is a self-report instrument intended to measure the level of distress caused by severity of psychiatric symptoms on functioning. This 15 item scale consists of the Symptom Checklist (SCL-10; Nguyen, et al., 1983) and five additional items from the anxiety dimension of the SCL-90 (Derogatis & Cleary, 1977). Each item of the scale is scored on a five-point scale of distress ranging from "not at all" (0) to "extremely" (4).. Although psychometric information is not yet available on the SDS, the SCL-10 has demonstrated adequate internal consistency and discriminant validity with the Beck Depression Inventory (Beck, 1967) and all but two Minnesota Multiphasic Personality Inventory (MMPI; Wiggins, 1966) scales (Brophy, et al., 1988). The SDS is currently part of the MHSIP Consumer-Oriented Report Card which has been implemented in a number of states in the U.S. (Task Force on a Consumer-Oriented Mental Health Report Card, 1996). The SDS has been endorsed by the Ohio Outcomes Task Force.

This instrument measures the respondent's symptoms and their intensity. This tool is not a diagnostic instrument, it is mostly used for research purposes for the initial evaluation of the symptom level of consumers or to measure their progress during the program.

**Data Collection Procedures:** Hand the answer key card to the subject. Read the instructions at the top of the form. Once you are sure the respondent understands the instructions, record their answer to each of the items you read. You may wish to remind them that you are inquiring about their feeling during the past 7 days partway through the list.

**Scoring for SDS: . Recode all variables (1=0, 2=1, 3=2, 4=3, 5=4, 6= missing). The total score is obtained by summing across all 15 items . Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.**

**Scoring for SCL-10 separately: Recode variables bsi4, bsi7, bsi8, bsi9, bsi10, bsi11, bsi12, bsi13, bsi14 and bsi15 (1=0, 2=1, 3=2, 4=3, 5=4, 6= missing). The total score is obtained by summing the recoded variables. Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.**

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## SATISFACTION WITH PROGRAM (SAT 1/1)

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**This scale is modified from on the Ohio and MHSIP. This form is only completed at the follow-up interviews - 9 and 18 months. These questions measure the clients satisfaction with his/ her experiences with their program involvement.** There are seven questions - please fill the circle appropriate for each

4 = not at all

3 = some of the time

2 = quite often

1 = all of the time

5 = N/A (Enter N/A with the program does not apply to such questions.)

As well there are 3 open ended questions. Please WRITE CLEARLY. If you need more room, please complete the questions on the back of the page.

**Data Collection Procedures:** Hand the extra-copy of the questionnaire to the subject, so that he/she may follow the answer key. Read the instructions at the top of the questionnaire. Record the answers provided by the respondent.

**Scoring: Reverse scores (4=1. 3=2. 2=3. 1=4). This is to ensure that a large score indicates high satisfaction. The total score is comprised of the sum of the 7 questions. Not tested psychometrically. Do not assign a point count for any missing values or N/A used. Instead, prorate the total by adding the scores for the items scored, dividing by the number of items scores and multiplying that figure by the number of items in the section. This should be done in the case where there is no more than 75% missing or NA. Otherwise if more than 75% is missing, the total score shall be missing.**

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## BRIEF PSYCHIATRIC RATING SCALE (BPRS)

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The Brief Psychiatric Symptom Scale (BPRS) evaluates a range of psychiatry outcomes in outcomes research. This instrument is complete by referring to many sources: client interview, charts, and care providers. Raters administering this scale should have participated in formal training and demonstrated consistency with experienced raters in making ratings. The Brief Psychiatric Symptom Scale (BPRS) (Overall and Gorham, 1988) provides a proxy assessment of symptoms, and is one of the most widely used outcome measures in clinical trials with psychiatric patients (Miller & Faustman, 1996). Each item is rated on a 7 point scale from Not Present to Extremely Severe. Items include not only ratings of anxiety, depression and hostility but also symptoms that might be expected with a diagnosis of schizophrenia, including positive (eg., hallucinatory behaviour and suspiciousness, unusual thought content) and negative (eg., blunted affect, emotional withdrawal) symptoms. A trained rater will administer the BPRS during a semi-structured interview with the consumer. To ensure that inter-rater reliability remains adequate during the course of the study, raters across all projects will periodically rate taped interviews and weighted kappa scores will be calculated.

Ongoing monitoring by each project research team is necessary to maintain consistency among raters in how forms are completed. The Coordinating Centre will work with individual projects to develop training and monitoring approaches.

Resources for raters include:

- Ventura, J., et al. (1993). Manual for the Expanded Brief Psychiatric Rating Scale. International Journal of Methods in Psychiatric Research.*
- Texas State Department of Mental Health BPRS Training Tapes (1998).*

The Ottawa project will use the 18-item BPRS, while the Toronto and Kingston projects will use the 24-item BPRS.

**Data Collection:** Completion of the BPRS is based on an interview that follows the general format of a clinical interview conducted during routine assessment and treatment of patient. In this case the BPRS should be completed at the end of the assessment battery with the consumer. At this point, the skilled interviewer should be able to complete some of the questions on the BPRS and ask the consumer others in order to accurately complete the instrument. Thus, the completion of the BPRS relies on a combination of the self-report of the patient and the observations of the clinician. Should not be applied to a lifetime measure, there needs to be a specific time frame, normally one week.

**Scoring:** Factor clusters should be conducted if any of the items on the BPRS are to be merged, otherwise, these items should be analyzed individually. To date, total score obtained by summing all items. Missing values or N/A are not included in the total.

## **Appendix A - List of Consumer Survivor Initiatives in Ontario**

### **ONTARIO**

MOOD DISORDERS ASSOCIATION OF ONTARIO ,Toronto, ON  
ONTARIO COUNCIL OF ALTERNATIVE BUSINESSES, Toronto, ON  
RAGING SPOON (RESTAURANT) Toronto, ON

#### **METRO TORONTO**

A WAY EXPRESS COURIER Toronto, ON  
BREAKAWAY SURVIVORS Toronto, ON  
CHINESE & S.E. ASIAN CONSUMERS/SURVIVORS SELF-HELP CENTER OF METRO TORONTO Toronto, ON  
FRESH START CLEANING AND MAINTENANCE Toronto, ON

#### **CENTRAL WEST**

CAMBRIDGE ACTIVE SELF HELP, (C.A.S.H.): Cambridge, ON  
DEPRESSIVE AND MANIC DEPRESSIVE ASSOCIATION OF WATERLOO: Waterloo, ON  
MENTAL HEALTH RIGHTS COALITION: Hamilton, ON  
MUTUAL AID WITH PSYCHIATRIC SURVIVORS (M.A.P.S.) ORANGEVILLE OFFICE: Orangeville, ON  
QUICK BITE SPECIALIZED CATERING: Brantford, ON  
WATERLOO REGION SELF-HELP: Kitchener, ON  
CONSUMER/SURVIVOR INITIATIVE OF NIAGAR: Welland, ON  
RAINBOW CERAMIC AND GIFTS: Hamilton, ON  
LABYRINTH WELLAND OFFICE: St. Catherines, ON  
HALDIMAND-NORFOLK RESOURCE CENTRE: Simcoe, ON  
T.E.A.C.H.: Milton, ON  
INNOVATIVE ENTERPRISES: St. Catherines, ON

#### **CENTRAL EAST**

UNITED SURVIVOR: Oshawa, ON  
SURVIVORS PSYCHIATRIC ADVOCACY NETWORK (S.P.A.N.): Lindsay, ON  
MENTAL HEALTH CONSUMER SURVIVOR PROJECT FOR SIMCOE COUNTY: Collingwood, ON  
THE LANCE KRASMAN MEMORIAL CENTRE FOR COMMUNITY MENTAL HEALT: Richmond Hill, ON  
EDEN PLACE: Missisauga, ON  
CONSUMER/SURVIVOR NETWORK OF VICTORIA, PETERBOROUGH, NORTHUMBERLAND & HALIBURTON : Peterborough, ON  
SELF-HELP RESOURCE INITIATIVE SIMCOE COUNT: Collingwood, ON  
CONSUMER SUPPORT SERVICE OF DURHA: Oshawa, ON  
MY FRIEND'S PLACE: Alliston, ON

#### **NORTH EAST**

PEOPLE FOR EQUAL PARTNERSHIP (PEP): North Bay, ON  
TIMMINS CONSUMER SURVIVORS NETWORK : Timmins, ON  
SUDBURY MENTAL HEALTH SURVIVORS: Sudbury, ON  
ALGOMA DISTRICT CONSUMER/SURVIVOR NETWORK: Sault Ste. Marie, ON  
MUSKOKA/PARRY SOUND COUNCIL OF CONSUMER/SURVIVOR AND FAMILY INITIATIVE: Bala, ON  
NORTHERN STAR CONSUMER/SURVIVOR AND FAMILY NETWORK: New Liskard, ON

#### **NORTH WEST**

PEOPLE ADVOCATING FOR CHANGE THROUGH EMPOWERMENT (P.A.C.E.: Thunder Bay, ON  
SUNSET COUNTRY PSYCHIATRIC SURVIVOR: Dryden, ON  
MENTAL ILLNESS SUPPORT NETWORK: Geraldton, ON  
CAN-HELP: Fort Frances, ON

#### **SOUTH WEST**

PSYCHIATRIC SURVIVORS NETWORK OF ELGIN COUNT: St. Thomas, ON  
SELF HELP NETWORK OF OXFORD COUNT: Woodstock, ON  
TEN FRIENDS DINE: Windsor, ON  
CHATHAM KENT CONSUMER/SURVIVOR NETWORK INC: Chatam, ON  
CAN-VOIC: London, ON  
PHOENIX SURVIVORS PERTH COUNT: Stratford, ON  
C-SAW (WITH GARDEN DELIGHT JUICE BAR: Windsor, ON  
GREY BRUCE REGIONAL CONSUMER/SURVIVOR COUNCIL: Owen Sound, ON  
CONSUMER/SURVIVOR ASSOCIATION OF LAMBTO: Sarnia, ON  
CONSUMER INITIATIVE PROJECT OF HURO: Stratford, ON

### **EAST**

MENTAL HEALTH SUPPORT PROJECT OF LANARK, LEEDS AND GRENVILLE PERTH, ON  
C.H.A.R.M: Brockville, ON  
PSYCHIATRIC SURVIVORS OF OTTAWA (PSO) Ottawa, ON  
PSYCHIATRIC SURVIVORS OF KINGSTON (PSOK: Kingston, ON  
A.P.P.L.E. Ottawa, ON  
HASTINGS AND PRINCE EDWARD COUNTY NETWORK: Belleville, ON  
MENTAL HEALTH SUPPORT NETWORK OF EASTERN ONTARIO: Cornwall, ON  
CONSUMER OPERATOR DEVELOPMENT ENTERPRISE (CODE) Pembroke, ON  
LES ATELIERS DE L'ELAN: Vanier, ON  
DEPRESSION MANIC DEPRESSION MUTUAL SUPPORT GROUP - NATIONAL CAPITAL: Ottawa, ON  
S.H.A.R.E. RESOURCE CENTRE: Pembroke, ON

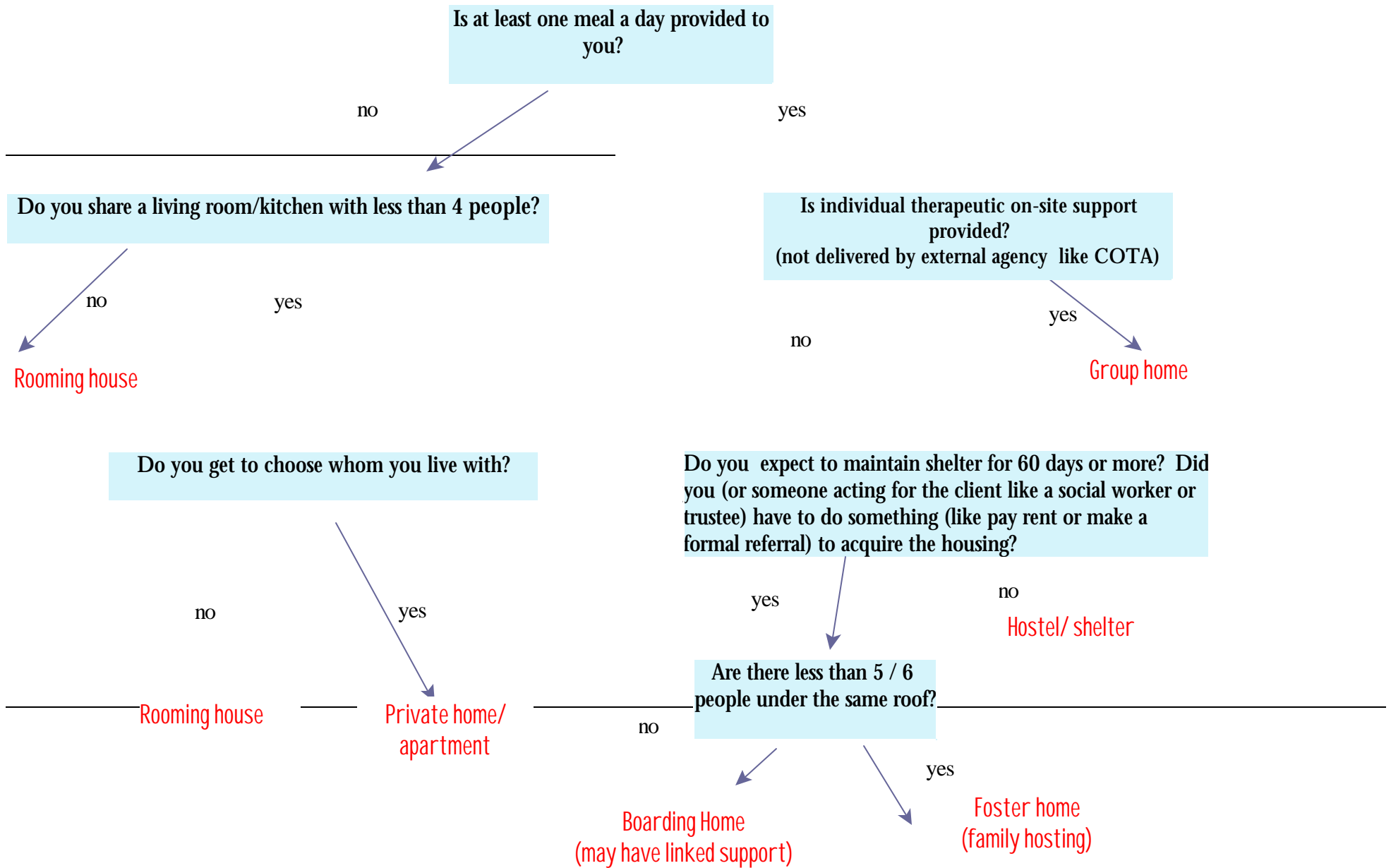
### **REGIONAL NETWORKS**

CENTRAL WEST REGIONAL MENTAL HEALTH AND WELLNESS NETWORK: Kitchener, ON  
EASTERN REGIONAL NETWORK (ERN): Brockville, ON  
SOUTH WESTERN ALLIANCE NETWORK (SWAN): Dutton, ON

### **OTHER CONSUMER/SURVIVOR DRIVEN ORGANIZATIONS**

ABEL ENTERPRISES: Simcoe, ON  
SOUND TIMES: Toronto, ON

**Appendix B - Decision Tree for the CMHEI Residential Log**  
 (There will always be exceptions, please use flexibility/ judgement)



## Appendix C - Prescription Drug Names (Generic)

|                |                     |                 |
|----------------|---------------------|-----------------|
| A              | fluphenazine        | prinivil        |
| alluopurinol   | fluphenthixol       | procyclidine    |
| alprazolam     | fluvoxamine         | propranolol     |
| altac          | G                   | provera         |
| amexepine      | glyburide           | prozac          |
| amitriptyline  | H                   | Q               |
| antabuse       | halcion             | quetiapine      |
| artane         | haldol              | R               |
| asendin        | haloperidol         | restoril        |
| ativan         | K                   | risperdal       |
| axid           | kenadrin            | risperidone     |
| B              | klonopin            | S               |
| benztropine    | L                   | serax           |
| biaxin         | lithium             | seroquel        |
| bromazepam     | lopressor           | sertraline      |
| bupropion      | lorazepam           | serzone         |
| C              | loxapine            | stelazine       |
| carbamazepine  | luvox               | T               |
| chlonzepam     | M                   | tegretol        |
| chlorpromazine | maneux              | temazepam       |
| clozapine      | medroxyprogesterone | thorazine       |
| cogentin       | mellaril            | trazodone       |
| colace         | moclobemide         | trifluoperazine |
| combivent      | monopa              | trihexyphenidyl |
| cylert         | N                   | V               |
| D              | nardil              | valium          |
| demerol        | nefazodone          | valporic acid   |
| desipramine    | O                   | venlafaxine     |
| desyrel        | olanzapine          | ventolin        |
| dexedrine      | orap                | W               |
| diazepam       | oxazepam            | wellbutrin      |
| dilantin       | oxybutynin          |                 |
| divalproex     | paroxetine          | X               |
| docusate       | P                   | xanax           |
| doxepin        | paroxetine          | Z               |
| E              | paxil               | zidovudine      |
| effexor        | perphenazine        | zoloft          |
| F              | perphenazine        | zyprexa         |
| fluanxol       | phenelzine          |                 |
| fluoxetine     | pimozide            |                 |

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