



# COMMUNITY MENTAL HEALTH EVALUATION INITIATIVE

Multisite Study  
Data Collection Protocol  
Baseline and Follow-up Collection

Family Self-Help Initiative

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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 & Consulting 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 the family self-help project will be using to contribute to the consumer assessment portion of the common protocol.

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# CONSUMER ASSESSMENT - INSTRUCTIONS FOR ADMINISTRATION

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## 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.

A summary of measures completed by family members for the consumer assessment follows. A brief family member baseline form has been added to obtain basic descriptive information about the family members, including their relationship to their ill relative.

The assessment is 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.

A consistent approach in instrument administration will increase similarity in collected data across projects.

<b>Table 1</b> <b>Consumer Assessment Package</b>
<b>Status Measures (3 pages BL, 2 pg FU)</b> Baseline Information Health, Education & Legal Log Employment Log Residential Log Financial Log Hospitalization Log
<b>Service Use Logs</b> Psychiatrist Visits Log Non-psychiatrist Health Professional Visits Log Community Services and Support Programs Log Emergency Room Visits Log Prescribed Pscyhotropic Medication Log

## 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:

- Print clearly using **BLOCK** letters wherever word responses are requested.
- Try to leave **S P A C E** between letters.
- In marked print zones, print one character per box so that the characters do not touch the box's edges.
- Completely fill in all circles that require bubble-filled responses.
- Avoid using check-marks because the tails have a habit of entering spaces reserved for other variables.
- Use a **VERY** dark pencil (i.e. HB mechanical pencil) when filling out the forms.
- Erase completely and re-write whenever an item is amended.
- Never write anything but the answer in the data recognition zones (e.g. boxes, bubbles).
- 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 (i.e., boxes or circles).

## 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	=	Lorraine Ferris & Kenneth Shulman (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

The instruments are to be filled out through consultation with the family member who is participating in a family self-help initiative and the study. Throughout the manual, the ill relative is referred to as the "consumer".

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

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 interview is completed. For example, if the baseline interview 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

If a family member formally drops-out of the research study, complete the top of the *Health, Education and Legal Issues* log and return all STATUS forms to the Coordinating Centre. There should be no further follow-up.

If a family member drops out of the Family Self-Help Initiative program but does not formally leave the research study, follow-up data collection should be attempted by the research assistant.

If a family member is still in the study but cannot be located, complete the top of the *Health, Education and Legal Issues* form and return that form only to the Coordinating Centre.

#### CONFIDENTIALITY

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

Some of the questions in the interview are personal. It is important that the interviewer build a rapport with the family member, as well as remind the family member 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 family member's name to the Identification Number.

#### DATA QUALITY ASSURANCE

*Non response:* If the family member can answer a question with a reasonable estimation, record the answer. Only use the option "Unknown" when the family member does not have sufficient information to answer the question or prefers not to respond. Note any refusals on the form in a blank area.

*Reviewing assessments:* 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 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.

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## CMHEI SOCIO-DEMOGRAPHIC INFORMATION - FAMILY MEMBER

(Baseline STA 1/8; Follow-up STA 1/7)

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Most of the *Socio-Demographic Information - Family Member Form* is only completed during the first interview. It provides general descriptive information about the family member who is participating in the Family Self-Help Initiative and the study, and will be used to better understand participant outcomes. In addition, some baseline variables may have prognostic value. At follow-up these variables may measure changes in education, marital status etc.

ID:	Each family member should be assigned an identification number which is recorded at the top of each page of the form.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
LENGTH OF PROGRAM PARTICIPATION:	Indicate the number of months that the family member has been in the program. The family member's program participation begins when s/he attends his/her first Family Self-Help Initiative sponsored activity. If it has been less than a month since the family member attended his/her first Family Self-Help Initiative sponsored activity, enter "1" in the boxes.
GENDER:	Fill-in circle.
DATE OF BIRTH:	Print birth date in order of Month/Day/Year.
RACIAL BACKGROUND: (Baseline only)	Fill-in the answer the family member selects to describe his/her racial background. The family member's self classification, not the rater's opinion is of interest.
COUNTRY OF BIRTH: (Baseline only)	Indicate whether the family member is born in Canada.
<i>IF NOT CANADA:</i> RECORD COUNTRY & YEAR OF IMMIGRATION: (Baseline only)	If family member was not born in Canada, record: Country of birth in block letters; and Year in which family member immigrated.
EDUCATION:	Circle number that corresponds with years of education family

member completed (0-20+).

**MARITAL STATUS:** Fill-in appropriate circle. Indicate current relevant situation (e.g., if divorced or separated and co-habiting with significant other - indicate the later). Married may include non-legal union.

**TOTAL HOUSEHOLD INCOME BEFORE TAXES** Indicate the category that best represents the family member's total household income before taxes, from all sources.

**CURRENTLY WORKING:** Fill-in appropriate circle.

**IF YES:**

**JOB STATUS:**

Indicate whether the work is:

*Full-Time*  $\geq$  24 hours per week

*Part-Time Regular* < 24 hours per week on a regular basis

*Part-Time Casual* < 24 hours per week on a sporadic basis.  
Usually it involves odd jobs in an irregular, informal work situation.

The activity could be paid or unpaid work.

**PAYMENT:**

Indicate whether jobs is for pay or voluntary.

**SELF-EMPLOYED:**

Indicate whether the family member is self-employed.

**CONSUMER NORMALLY LIVES FAMILY MEMBER:** Fill-in appropriate circle.

**IF NO:**

**LIVES IN SAME GENERAL AREA:**

Fill-in appropriate circle.

**FREQUENCY OF CONTACT WITH CONSUMER:**

Select the category that best describes how often the family member has contact with the consumer either in-person or over the phone.

**NUMBER OF CHILDREN:** Indicate the number of children the family member has. If none, fill boxes with "00".

**TOTAL NUMBER OF PEOPLE IN HOUSEHOLD:** Indicate the total number of people who live at least half time in the household. Include the family member in the tally.

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## CMHEI SOCIO-DEMOGRAPHIC INFORMATION - CONSUMER (I, II) (Baseline STA 2-3/8, Follow-up STA 2/7)

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Most *Socio-Demographic Information - Consumer Form* is only completed during the first interview. In contrast to the family baseline form, on this and subsequent forms the family member provides information about their ill relative. These data will be used to better understand outcomes. In addition, some baseline variables may have prognostic value. Some variables, collected at follow-up measure changes in demographic information such as marital status, education etc.

ID:	Family member's assigned project identification.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
CONSUMER GENDER:	Fill-in circle.
PREFERRED LANGUAGE ( <i>Code only one.</i> ) (Baseline only)	Indicate language consumer prefers to converse in. If "Other", print language in block letters in space provided.
RACIAL BACKGROUND: (Baseline only)	Fill-in the answer the family member selects to describe his/her ill relative's racial background. The family member's classification, not the rater's opinion is of interest.
COUNTRY OF BIRTH: (Baseline only)	Print answer in block letters.
<i>IF NOT CANADA:</i> YEAR OF IMMIGRATION: (Baseline only)	If the consumer was not born in Canada, print year in which consumer arrived.
CONSUMER DATE OF BIRTH:	Print consumer's birth date in order of Month/Day/Year.
CONSUMER EDUCATION:	Circle number that corresponds with years of education consumer completed (0-18+).
CONSUMER'S MARITAL STATUS:	Fill-in appropriate circle.
CONSUMER HAS LIVING	Fill-in appropriate circle.

PARENTS

**CONSUMER HAS LIVING BROTHERS AND SISTERS**

Fill-in appropriate circle.

*IF YES:*

NUMBER OF SIBLINGS:

Indicate number of brothers and sisters the consumer has.

NUMBER OF SIBLINGS LIVING IN GENERAL AREA OF CONSUMER:

Indicate the number of the consumer's brothers and sisters who live in the general area of the consumer.

**CONSUMER HAS CHILDREN:**

Fill-in appropriate circle. Include natural, adopted, step and foster children.

*IF YES:*

NUMBER OF CHILDREN:

Indicate the number of children the consumer has.

CHILDREN UNDER 18 YEARS:

Indicate the number of children less than 18 years of age.

**AGE AT FIRST PSYCHIATRIC HOSPITALIZATION:**  
(Baseline only)

Refers to consumer's 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.

**CONSUMER'S DIAGNOSES**

Given by licensed mental health professional—select one or more. Use most recent information available. PLEASE USE THE TABLE BELOW FOR CODING INFORMATION.

**TABLE 1. TABLE OF DIAGNOSES**

<b>Mood Disorders</b>	301.0	Paranoid personality dis.	293.9	Mental Disorder NOS
DEPRESSIVE DISORDERS	301.20	Schizoid personality dis.	<b>Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence</b>	
296.xx	301.22	Schizotypal personality dis.	299.xx	Developmental disorders
	301.4	Obsessive-Compulsive personality dis.	307.0, 307.9, 315.xx	Learning, motor skill and communication disorders
300.4	301.50	Histrionic personality dis.	307.2x	Tic disorders
	301.6	Dependent personality dis.	307.3	Stereotypic movement disorder
311	301.7	Antisocial personality dis.	307.5x	Eating disorders
Depressive Disorder NOS	301.81	Narcissistic personality dis.	307.6	Enuresis (not due to a general medical condition)
BIPOLAR DISORDERS	301.82	Avoidant personality dis.	307.7	Encopresis, without constipation and overflow incontinence
296.xx	301.83	Borderline personality dis.	309.21	Separation Anxiety Disorder
301.13	301.9	Personality disorder NOS	312.8	Conduct disorder
301.13	<b>Developmental Handicap</b>		312.9	Disruptive behavior disorder NOS
293.83	317, 318.x, 319		313.23	Selective Mutism
	Mild, moderate, severe, or profound mental retardation		313.89	Reactive attachment disorder of infancy or early childhood
<i>Record substance-induced mood disorders in Substance-Related category</i>	<b>Substance-Related Disorders</b>		313.81	Oppositional defiant disorder
<b>Anxiety Disorders</b>	291.xx, 292.xx	Disorders related to or induced by use of substances	313.9	Disorder of infancy, childhood/ adolescence NOS
293.89	303.00- 305.90	Substance-related intoxication, abuse or dependence	314.xx	Attention-deficit and disruptive behaviour disorders
		<i>Substances include alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine, sedative, hypnotic or anxiolytics, or other unknown substances.</i>	787.6	Encopresis, with constipation and overflow incontinence
300.00				
300.01				
300.02				
300.21				
300.22				
300.29				
300.23				
300.3				
300.81				
308.3				
<i>Code substance-induced anxiety disorders in Substance- Related category.</i>				
<b>Schizophrenia and Other Psychotic Disorders</b>	<b>Delirium, Dementia, Amnestic and Other Cognitive Disorders</b>			
293.xx	DELIRIUM			
295.xx	293.0	Delirium due to general medical condition		
.30	780.09	Delirium NOS		
.10	DEMENTIA			
.20	290.xx	Dementia of the Alzheimer's Type, Vascular Dementia, Creutzfeldt-Jakob Disease		
.90	294.1	Dementia due to medical disease		
.60	294.8	Dementia NOS		
295.40	AMNESTIC DISORDERS			
295.70	294.0	Amnestic Disorder due to general medical conditions		
297.1	294.8	Amnestic Disorder NOS		
297.3	OTHER COGNITIVE DISORDERS			
298.8	294.9	Cognitive Disorder NOS		
298.9	<b>Mental Disorders Due to a General Medical Condition Not Elsewhere Classified</b>			
<i>Code substance-induced psychotic disorders in Substance-Related category.</i>	293.89	Catatonic Disorder		
<b>Personality Disorders</b>	310.1	Personality change		

**MOST RESPONSIBLE JOB HELD:**

HAS CONSUMER  
EVER BEEN EMPLOYED:  
(Baseline only)

Fill-in circle. If consumer never held a job or answer is “Unknown”, skip to *HEALTH, EDUCATION AND LEGAL ISSUES LOG*.

STATUS OF JOB WITH  
HIGHEST LEVEL OF  
RESPONSIBILITY:  
(Code only one)  
(Baseline only)

Indicate whether the job with the highest responsibility was:  
*Full-Time*  $\geq$  24 hours per week  
*Part-Time Regular* < 24 hours per week on a regular basis  
*Part-Time Casual* < 24 hours per week on a sporadic basis. Usually it involves odd jobs in an irregular, informal work situation.

The activity could be paid or unpaid work.

HOURLY WAGE/  
ANNUAL SALARY:  
(Baseline only)

The highest hourly wage or annual salary of the job with the highest level of responsibility that the consumer held to date. If “volunteer”, leave the wage boxes blank. If information is missing, fill hourly wage boxes with “99999”.

PAYMENT:  
(Baseline only)

Indicate whether job was for pay or voluntary.

JOB SUPPORT:  
(Baseline only)

Categorize level of job support using the following definitions:

*Sheltered Workshop*

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.

*Other Supported Approach*

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)

*Independent*

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:  
(Baseline only)

Select category which best represents number of months the most responsible job was held.

YEAR MOST  
RESPONSIBLE JOB HELD:  
(Baseline only)

Indicate the most recent year in which the consumer held the job with the highest level of responsibility. If information is missing, fill boxes with “9999”.

EMPLOYED IN A  
CONSUMER SURVIVOR  
INITIATIVE (CSI):  
(Baseline only)

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 FOR LIST OF CSI initiative funded by the province.**

SELF-EMPLOYED:  
(Baseline only)

Indicate whether the consumer was self-employed in the job with the highest level of responsibility.

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## CMHEI HEALTH, EDUCATION, AND LEGAL LOG (BL: STA 4/8, FU: STA 3/7)

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

- ID: Family member's project identification.
- DATE: The date form completed (mm/dd/yy).
- 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 this page only to the Coordinating Centre. The other blank pages do not need to be handed-in. See Data Collection Timeline section (page 5) for follow-up guidelines.

### HEALTH AND 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 behavioral problems. Circle only one answer

CONSUMER HAS A  
PRIMARY WORKER: Indicate whether the consumer sees a primary therapist, case manager or social worker for his/her mental illness.

*IF YES:*  
FREQUENCY THAT  
CONSUMER MEETS  
WITH WORKER: Ask the family member to estimate the frequency of contacts, on average, between the consumer and his/her worker.  
Choose from the following:

<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 his/her psychiatrist/primary worker
<i>Unknown</i>	

PRESCRIBED  
PSYCHOTHERAPEUTIC  
MEDICATIONS: Indicate whether the consumer has been prescribed psychotherapeutic medications in the last 9 months.

*IF YES:*  
PSYCHOTHERAPEUTIC  
MEDICATION  
COMPLIANCE:

Estimate how often 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:*  
MOST RECENT  
INSTITUTION:

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

*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 not fitting a description 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

HAS CONSUMER BEEN

Indicate whether the consumer has been arrested at any time

ARRESTED:	in the last 9 months.
<i>IF YES:</i> TOTAL ARRESTS:	Total number of arrests in the last 9 months. Do not include contacts which resulted in involuntary or emergency treatment for mental health.
HAS CONSUMER SPENT ANY NIGHTS IN JAIL:	Indicate whether the consumer has spent any nights in jail during the last 9 months.
<i>IF YES:</i> PRISON/JAIL NIGHTS:	Total number of nights spent in prison or jail during the last 9 months. If information is missing, fill-in boxes with "99".
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 <i>LAST 9 MONTHS:</i>	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".
IS CONSUMER ON PROBATION/PAROLE:	Indicate whether consumer has been on probation or parole at any time during the last 9 months.
<i>IF YES:</i> NUMBER OF TIMES ON PROBATION/PAROLE:	Total number of times consumer was on probation/parole during the last 9 months. If information is missing, fill-in boxes with "99".
PROBATION/PAROLE EPISODES FOR OFFENCES IN <i>LAST 9 MONTHS:</i>	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 if missing, fill-in boxes with "99".
HAS CONSUMER BEEN 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).
<i>IF YES:</i> NUMBER OF TIMES VIOLENTLY VICTIMIZED:	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".
HAS CONSUMER BEEN	Indicate whether consumer was a victim of a non-violent

OTHERWISE VICTIMIZED: 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".

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## CMHEI EMPLOYMENT LOG (BL: STA 5/8, FU: STA 4/7)

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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:	Family member’s project identification.
DATE:	The date form completed (mm/dd/yy).
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: (Code only one)	Indicate whether the work is: <i>Full-Time</i> $\geq$ 24 hours per week <i>Part-Time Regular</i> < 24 hours per week on a regular basis <i>Part-Time Casual</i> < 24 hours per week on a sporadic basis. Usually it involves odd jobs in an irregular, informal work situation. The activity could be paid or unpaid work.
PAYMENT:	Indicate whether jobs was for pay or voluntary.
<i>IF PAID</i> : HOURLY WAGE:	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, select level of support category:

*Sheltered Workshop*

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.

*Other Supported Approach*

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)

*Independent*

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.

**SELF-EMPLOYED:**

Indicate whether the consumer was self-employed.

**EMPLOYED IN A  
CONSUMER SURVIVOR  
INITIATIVE (CSI):**

A consumer survivor initiative is defined as an organization operated for and controlled and staffed by people who have used the mental health system.

**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 (BL: STA 6/8, FU: STA 5/7)

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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:	Family member's project identification.
DATE:	The date form completed (mm/dd/yy).
PERSON COMPLETING FORM:	The rater code should be printed in the blocks provided.
PERIOD IS:	Phase for which the information is being collected.
REGULAR SOURCE OF INCOME/BENEFITS DURING THE <i>LAST 9 MONTHS</i>	Indicate whether the consumer had any regular sources of income/benefits during the past 9 months. If the answer is "No" or "Unknown", go to <i>Hospitalization Log</i> .
TOTAL MONTHLY INCOME/BENEFITS DURING THE <i>LAST 9 MONTHS</i>	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: <i>General Welfare</i> will become <i>Ontario Works</i> . <i>Family Benefits Allowance</i> Will become <i>Ontario Disability Support Program</i> . <i>Disability Income</i> Includes income from GAINS-D and CPP Disability. <i>Gross Earnings (Self)</i> Include all earned income. <i>Pensions/Insurance</i> Includes income from workman's compensation, Old Age Supplement (OAS), GIS, SPA, and Employment Insurance <i>Contributions from Family (Includes Spouse/Partner)</i> Support for living expenses (e.g., rent, food, utilities, medical expenses, and allowance) <i>Other Income</i>

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 (FU2 only)**

Indicate if consumer was on ODB at any point in the last nine months.

**PUBLIC Trustee (FU2 only)**

Indicate if consumer had a public trustee at any point in the last nine months.

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## CMHEI HOSPITALIZATION LOG (BL: STA 7/8, FU: STA 6/7)

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

- ID: Family member's project identification.
- DATE: The date form completed (mm/dd/yy).
- PERSON COMPLETING FORM: The rater code should be printed in the blocks provided.
- PERIOD IS: Phase for which the information is being collected.

Has the consumer had any hospital stays during the past 9 months? If the answer is, "Yes", the *Hospitalization Log* should be completed. If the answer is, "No" or "Unknown", go to the *Residential Log*.

FACILITY: For each episode, the first 12 letters of the name of the facility should be recorded 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 circles for all the reasons that describe why the consumer was hospitalized:

*PSY* Psychiatric  
*SA* Substance Abuse Treatment  
*DETOX* Detoxication (if *FU1*, *FU2*)  
*MED* Medical

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)
- GHI* 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)
- Other* Non-hospital, e.g. community detox. centre or Gerstein Centre

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

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

Brockville Psychiatric Hospital, Brockville  
 Hamilton Psychiatric Hospital, Hamilton  
 Kingston Psychiatric Hospital, Kingston  
 Lakehead Psychiatric Hospital, Thunder Bay  
 London Psychiatric Hospital, London  
 North Bay Psychiatric Hospital, North Bay  
 Penetanguishene Mental Health Centre, Penetanguishene  
 St. Thomas Psychiatric Hospital, St. Thomas  
 Queen Street Mental Health Centre, Toronto (divested in March, 1998, now a division of Centre for Addiction and Mental Health)  
 Whitby Psychiatric Hospital, Whitby

**LIST OF ONTARIO SPECIALTY HOSPITALS**

Clarke Division of Centre for Addiction and Mental Health (formerly Clarke Institute of Psychiatry), Toronto  
 Homewood Health Centre, Guelph  
 Royal Ottawa Health Care Group, Ottawa  
 Sudbury Algoma Hospital, Sudbury

**LIST OF ONTARIO SCHEDULE 1 HOSPITALS**

Ajax and Pickering General Hospital, Ajax  
 Alexandra Marine and General Hospital, Goderich  
 Baycrest Hospital, Toronto  
 Belleville General Hospital, Belleville  
 Brantford General Hospital, Brantford  
 Centenary Health Centre, Scarborough  
 Children's Hospital of Eastern Ontario, Ottawa  
 Cornwall General, Cornwall  
 Credit Valley Hospital, Mississauga  
 Etobicoke General Hospital, Rexdale  
 Grand River Hospital Corporation, Kitchener  
 Greater Niagara General Hospital, Niagara Falls  
 Grey Bruce Regional Health Centre, Owen Sound  
 Hamilton Health Sciences Corporation, Hamilton  
 Hospital for Sick Children, Toronto

Hospital Montfort, Ottawa  
 Hotel Dieu Hospital, Kingston  
 Hotel Dieu of Grace Hospital, Windsor  
 Humber Memorial Hospital, Weston  
**I**nstitute of Psychotherapy Ltd., Kingston  
**J**oseph Brant Memorial Hospital, Burlington  
**L**ake of the Woods District Hospital, Kenora  
 London Health Sciences Centre, London  
**M**arkham Stouffville Hospital, Markham  
 Mississauga Hospital, Mississauga  
 Mount Sinai Hospital, Toronto  
**N**orth York Branson Hospital, Toronto  
 North York General Hospital, Willowdale  
**O**akville Trafalgar Memorial Hospital, Oakville  
 Orillia Soldiers' Memorial Hospital, Orillia  
 Oshawa General Hospital, Oshawa  
 Ottawa Civic Hospital, Ottawa  
 Ottawa General Hospital, Ottawa  
**P**eel Memorial Hospital, Brampton  
 Pembroke General Hospital, Pembroke  
 Peterborough Civic Hospital, Peterborough  
 Plummer Memorial Public Hospital, Sault Ste Marie  
 Public General Hospital, Chatham  
**Q**ueensway-Carleton Hospital, Ottawa  
 Queensway General Hospital, Etobicoke  
**S**t. Catharines General Hospital, St. Catharines  
 St. Joseph's Health Centre, Sudbury  
 St. Joseph's Health Centre, London  
 St. Joseph's Health Services Association of London Corp.,  
 London  
 St. Joseph's Hospital, Hamilton  
 Salvation Army Grace General, Scarborough  
 Sarnia General Hospital, Sarnia  
 Scarborough General Hospital, Scarborough  
 Sunnybrook Health Centre, Toronto  
 Stratford General Hospital, Stratford  
**T**hunder Bay Regional Hospital, Thunder Bay  
 Timmins and District Hospital, Timmins  
 Toronto East General and Orthopedic Hospital, Toronto  
 Toronto Hospital, Toronto  
**W**elland County General Hospital  
 Wellesley Central Hospital, Toronto  
 Windsor Western Hospital, Windsor  
 Woodstock General Hospital, Woodstock  
**Y**ork Central Hospital, Richmond Hill  
 York County Hospital, Newmarket

**VOLUNTARY OR**

**Involuntary includes formal patients committed under the**

**INVOLUNTARY:** 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 facility 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 the facility 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".

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## CMHEI RESIDENTIAL LOG (BL: STA 8/8, FU: STA 7/7)

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ID: Family member's project identification.

DATE: The date form completed (mm/dd/yy).

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

PERIOD IS: 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 roommate). In all the other residential settings the consumer is living with non family persons.

CONSUMER'S CURRENT RESIDENTIAL SETTING  
(Code only one):

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.

*Group Home/Co-op*

Operated by an agency, includes 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. Note: Residential homes for special care (HSCs) fall either under boarding home or foster home depending on size.

*Rooming House*

Meals are not provided.

# 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 THIS ROOF (Follow-up only):

If Consumer lives in a boarding/foster home, or rooming

house, indicate the number of people living under the same roof—include the consumer.

SHARING A BEDROOM:

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

LEVEL OF STAFF  
SUPPORT:

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.

*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 shift that is covered by the on-site staff—Nights only, Days only, 24 hours, etc.

SHARING A BEDROOM:  
(Follow-up only)

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

LEVEL OF STAFF  
SUPPORT: (Follow-up only)

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.

*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 shift that is covered by the on-site staff—Nights only, Days only, 24 hours, etc.

**CONSUMER PAYS RENT**

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.

***IF YES:***

**AMOUNT PAID**

If the consumer pays rent, indicate the monthly amount. If information is missing, fill-in boxes with "9999".

**RENT IS GEARED TO INCOME OR SUBSIDIZED**

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.

**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? (FU2 only)**

Please indicate if consumer's rent include board.

**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:**

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.

**# 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 THIS ROOF (Follow-up only):**

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

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

mate). In all the other residential settings the consumer is living with non family persons.

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. 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**

Indicate whether consumer is living housing that is part of a

**MENTAL HEALTH PROGRAM? (Baseline only)**

mental health program (e.g. Homes for Special Care, Habitat, domiciliary hostels, co-ops)

**DOES RENT INCLUDE BOARD? (FU2 only)**

Please indicate if consumer's rent include board.

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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*.

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

EACH VISIT to a psychiatrist should be coded on a separate line. This information is to be collected for the 30 days prior to the interview.

ID:	Family member's project identification.
DATE:	The date form completed (mm/dd/yy).
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 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 <i>QB</i> Quebec <i>MA</i> Manitoba <i>SK</i> Saskatchewan <i>AB</i> Alberta <i>BC</i> British Columbia <i>NB</i> New Brunswick <i>NF</i> Newfoundland <i>NS</i> 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:

- non-psychiatrist physicians
- non-physician health professionals in an office based practice that is not part of a community or hospital program/clinic/agency.

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: Family member's project identification.

DATE: The date form completed (mm/dd/yy).

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 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.

**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 health professional’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. 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: Family member's project identification.

DATE: The date form completed (mm/dd/yy).

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

PERIOD IS: 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 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 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 FOR THE WEEKS ATTENDED:

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.

#### 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:** Family member's project identification.

**DATE:** The date form completed (mm/dd/yy).

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

**PERIOD IS:** 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.

#### IV. 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 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:** Family member's project identification.

**DATE:** The date form completed (mm/dd/yy).

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

**PERIOD IS:** 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 form. We can always remove drugs later if necessary.

**PRESCRIPTION:** Record the first 11 characters of the prescribed medication in block letters.

**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.

**PRESCRIBED DOSE:**

Record the prescribed dose (preferably in milligrams up to 3 decimal places). If the consumer is unable to provide a specific answer, information on the number of pills taken at one time is acceptable (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 WAS  
PRESCRIBED/TAKEN  
DURING THE *LAST 30*  
DAYS:**

Record the total number of days medication was prescribed/taken in the past 30 days. If the answer is unknown, enter "99" in the boxes.

## Appendix A - Overview of Measures in Consumer Assessment

### *Socio-Demographic Data and Status Measures:*

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.

### *Resource Use Logs*

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.

## Appendix B - 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: Misisauga, 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 NETWOR: 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

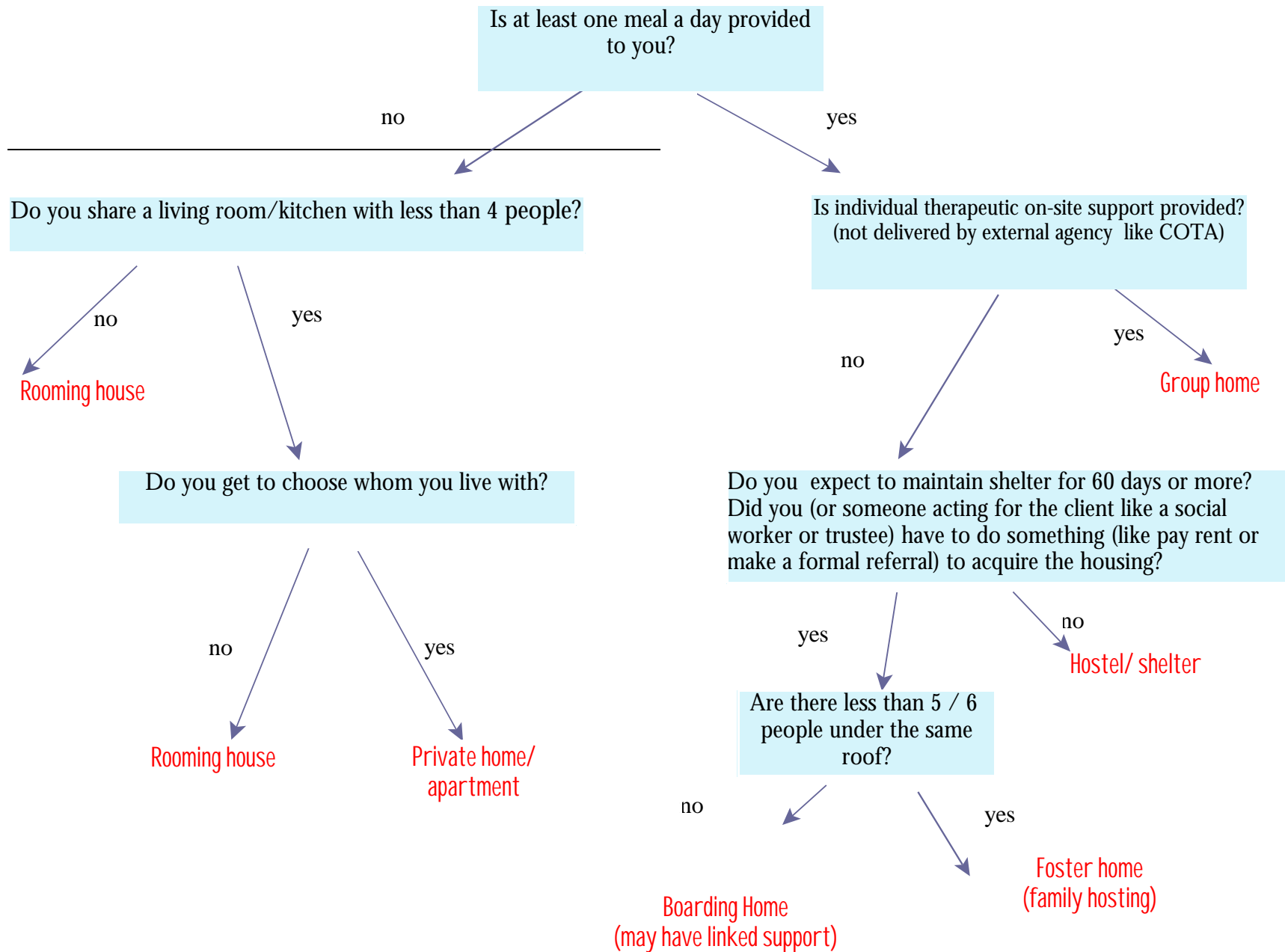
**REGIONAL NETWORKS**

CENTRAL WEST REGIONAL MENTAL HEALTH AND WELNESS 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 C - Decision Tree for the CMHEI Residential Log  
 (There will always be exceptions, please use flexibility/ judgement)



## Appendix D - Prescription Drug List

### **A**

alluopurinol  
alprazolam  
altac  
amexepine  
amitriptyline  
antabuse  
artane  
asendin  
ativan  
axid

### **B**

benztropine  
biaxin  
bromazepam  
bupropion

### **C**

carbamazepine  
chlonazepam  
chlorpromazine  
clozapine  
cogentin  
colace  
combivent  
cylert

### **D**

demerol  
desipramine  
desyrel  
dexedrine  
diazepam  
dilantin  
divalproex  
docusate  
doxepin

### **E**

effexor

### **F**

fluanxol  
fluoxetine

fluphenazine  
fluphenthixol  
fluvoxamine

### **G**

glyburide

### **H**

halcion  
haldol  
haloperidol

### **K**

kenadrin  
klonopin

### **L**

lithium  
lopressor  
lorazepam  
loxapine  
luvox

### **M**

maneux  
medroxyprogesterone  
mellaril  
moclobemide  
monopa

### **N**

nardil  
nefazodone

### **O**

olanzapine  
orap  
oxazepam  
oxybutynin  
paroxetine

### **P**

paroxetine  
paxil  
perphenazine  
perphenazine  
phenelzine  
pimozide

prinivil  
procyclidine  
propranolol  
provera  
prozac

### **Q**

quetiapine

### **R**

restoril  
risperdal  
risperidone

### **S**

serax  
seroquel  
sertraline  
serzone  
stelazine

### **T**

tegretol  
temazepam  
thorazine  
trazodone  
trifluoperazine  
trihexyphenidyl

### **V**

valium  
valporic acid  
venlafaxine  
ventolin

### **W**

wellbutrin

### **X**

xanax

### **Z**

zidovudine  
zoloft  
zyprexa

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