

Mental Health Treatment Study

Supplemental Appendices

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Mental Health Treatment Study
Sponsored by the Social Security Administration



Supplemental Appendices

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Supplemental Appendices

Overview

This volume of the Mental Health Treatment Study (MHTS) Final Report includes the supplemental appendices to the study design chapter. These appendices include: (A) Study Implementation, (B) Screener, (C) Baseline Interview Questionnaire, (D) Treatment Group Quarterly Interview Questionnaire, (E) Control Group Quarterly Interview Questionnaire, and (F) Final FollowUp Interview Questionnaire.

The Study Implementation begins with descriptive information about the study sites and the staffing. Next, is a description of the implementation procedures for the various treatment components of the study and the quality assurance activities. Finally, there is a discussion on beneficiary withdrawals, administrative drops, and adverse events. Together, this information provides the implementation context of the MHTS.

The research assistant (RA) at each study site administered the questionnaires via a Computer-Assisted Personal Interview (CAPI) on laptop computers specifically programmed for interview administration. The programming included skip patterns, probes, and pre-fills where applicable. The RA conducted Screener and Baseline interviews at enrollment. The Quarterly interviews were conducted every three months. The Followup interview was conducted within one to two months of study exit. As RAs transitioned to new jobs, were on leave, or simply had too many interviews to complete, trained interviewers at Westat assisted with completing interviews.

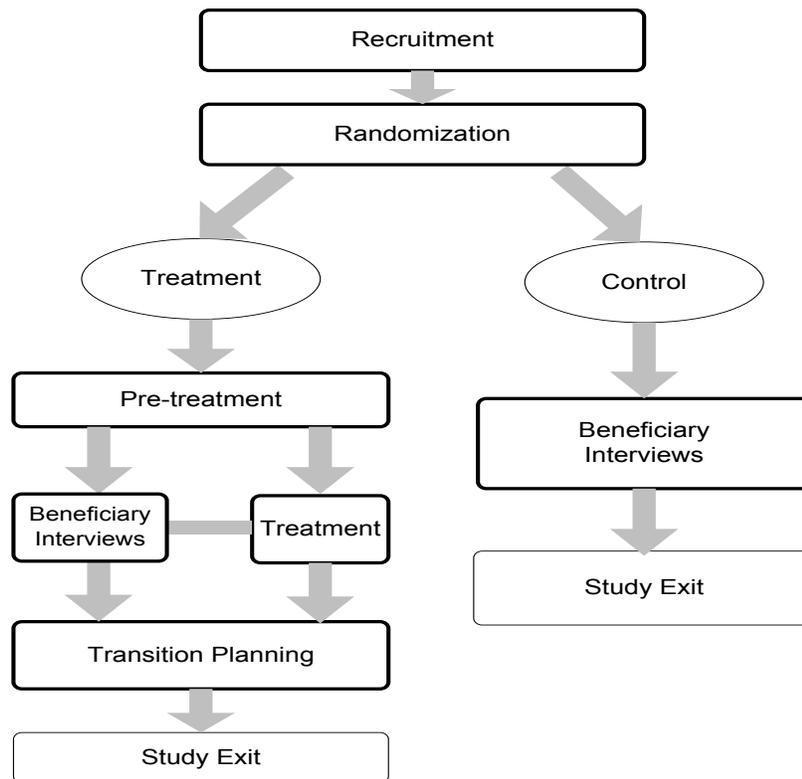
Supplemental Appendix A
MHTS Study Implementation

Overview of Implementation

Implementation of the Mental Health Treatment Study (MHTS) was a complex effort involving many components, procedures, and policies. Presented in subsequent sections is an overview of study site and implementation procedures, including procedures for recruitment, enrollment, and randomization; data collection interviews; pre-treatment activities; treatment activities, and transition planning activities. This appendix also includes a description of the quality assurance activities applicable to participants randomized into the treatment arm, and a brief discussion of beneficiary withdrawals, administrative drops, and adverse events.

Figure SA-1 presents an overview of the design and flow of the MHTS. Eligible Social Security Disability Insurance (SSDI) beneficiaries recruited into the study received a random assignment to either the treatment or control group after completing the Baseline interview. Participants assigned to the treatment group participated in a series of pre-treatment activities (including testing and service planning) and then received the intervention services and benefits. Throughout their 24-month tenure in the study, the research assistant (RA) (or in some cases a trained Westat interviewer) interviewed each enrollee (in the treatment and control groups) quarterly. Nearing the end of the 24 months treatment group participants participated in a lengthy transition process off the study. Lastly, both treatment and control group participants completed the final Followup interview.

Figure SA-1. Overview of MHTS design



Characteristics of the Study Sites and Staffing

Investigators chose the study sites primarily because they had the capability to deliver behavioral health services and IPS services to treatment group participants. However, to implement the MHTS treatment intervention fully, each study site needed to assign a dedicated Nurse Care Coordinator (NCC) and RA to fulfill crucial MHTS tasks. The NCC served in a dual role supporting both beneficiary treatment (particularly the SMM component) and the research (completing various reports). The RA served primarily in a research role on the study. The RA was responsible for recruitment, enrollment, completing the Quarterly interviews, and other research tasks. In addition to the NCC and RA, each site was required to have an adequate number of supported employment (SE) specialists available to handle a ratio of one specialist per 25 treatment group participants.

Characteristics of the MHTS Study Sites

The 23 MHTS study sites were primarily community mental health agencies. These agencies provide an array of mental health services to people with mental disabilities in the geographic area in which they live. They were typically not-for-profit agencies that received funding from state, federal, and private grants. They may also bill insurance (primarily Medicare or Medicaid) for services. The exact number and types of services provided vary by agency, but in general included services such as psychosocial therapy, substance abuse counseling, case management, housing services, benefits counseling, family services, financial planning and counseling, legal assistance, and crisis intervention.

Table SA-1 shows the key characteristics of the study sites, including number of locations, number of clients served, and the percentage of clients with affective disorders or schizophrenia. The majority of the study sites (17 of the 23 sites) had multiple locations, ranging from 2 to 30. The number of clients each agency served also varied, ranging from just under seven hundred to more than sixteen thousand clients. Across the study sites, the percentage of clients served, diagnosed with affective disorders, ranged from 17 to 80 percent, while the percentage of clients served diagnosed with schizophrenia or schizoaffective disorders ranged from 5 to 65 percent.

Table SA-1. Characteristics of MHTS study sites, including the number of locations, the number of clients served, and the percent of clients with psychiatric disorders

Site	Number of locations	Number of clients served	Percent of clients with psychiatric disorders	
			Affective	Schizophrenia/Schizoaffective
Adult & Child Mental Health Center, Inc.	5	1,398	55	25
Aiken Barnwell Mental Health Center	4	1,559	42	23
Boley Centers	30	1,500	30	50
Center for Health Care Services	17	16,053	36	13
Cobb/Douglas Community Services Board	22	10,000	50	20
Columbia River Mental Health Services	3	4,956	34	18
Community Connections	1	2,500	80	20
Denver Mental Health Center	6	4,152	60	40
Henderson Mental Health Center, Inc.	15	12,500	70	30
Human Service Center/Fayette Companies	4	1,490	50	50
LifeWorks, NW	23	10,359	26	10
Mental Health Center of Greater Manchester	20	3,408	60	15
Neighboring	1	2,100	65	15
Options for Southern Oregon, Inc.	10	878	41	22
Pathways to Housing	10	682	35	65
RISE, Inc.	20	3,408	17	21
South Middlesex Opportunity Council, Inc.	2	3,000	20	5
Southeast Mental Health Authority	1	950	40	25
Southwest Connecticut Mental Health System	3	2,333	32	43
St. Luke's House	2	1,200	40	30
The Thresholds (North and South study sites)		3,807	40	47
Wyandot Center for Community Behavioral Healthcare	2	4,500	70	16

Table SA-2 denotes the traditional services provided by the study sites. The majority of sites provided services such as supported employment, medication management, case management, diagnosis and assessment, housing services and assistance, psychosocial therapy, crisis intervention, substance abuse counseling, benefits counseling, and family services. Smaller numbers provided services related to financial planning and counseling, day treatment services, inpatient treatment, occupational therapy, and legal assistance.

Table SA-2. Number and percentage of MHTS study sites that provided various types of services

Services	MHTS study sites providing services	
	Number of sites	Percent of sites
Supported employment	23	100
Case management	21	91
Diagnosis and assessment	21	91
Housing services/assistance	21	91
Medication management	21	91
Crisis intervention	19	83
Psychosocial therapy	19	83
Substance abuse counseling	19	83
Benefits counseling	16	70
Family services	16	70
Other	9	39
Day treatment services	7	30
Financial planning/counseling	7	30
Inpatient treatment/care	6	26
Occupational therapy	4	17
Legal assistance	2	9

Table SA-3 lists more information about the patterns of services that the individual MHTS study sites provided.

Table SA-3. Services provided by MHTS study sites

Services	MHTS study sites																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Benefits counseling		X		X	X	X	X		X		X	X		X	X		X	X		X	X	X	X
Case management	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Crisis intervention	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X
Day treatment services	X											X	X		X	X	X	X					
Diagnosis and assessment	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Family services	X		X	X	X	X	X	X		X		X		X	X	X	X	X		X			X
Financial planning/counseling						X						X		X			X		X	X			X
Housing services/assistance	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X
Inpatient treatment/care			X				X					X		X		X					X		
Legal assistance														X						X			
Medication management	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Occupational therapy								X	X								X				X		
Psychosocial therapy	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X			X	X	X	X
Substance abuse counseling	X	X	X	X	X		X		X	X		X	X	X	X	X	X	X	X	X	X		X
Supported employment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other	X						X		X	X		X		X	X			X					X

Staffing the Study Sites

At each study site, an NCC was hired to enhance integration of services for participants. The NCCs had three primary roles: (1) to implement the systematic medication management (SMM) component of the treatment intervention (2) to monitor implementation of supported employment (SE) and other behavioral health (OBH) interventions by the rest of the beneficiary's provider team (both off-site and on-site), and (3) to promote integration of care among each beneficiary's providers. This latter function included physical health care providers. The NCC documented physical health conditions and the medication regimens the beneficiary was receiving for them. If clinically indicated the NCC would communicate with the physical health care provider to discuss a beneficiary's health status.

The core research staff positioned at each site consisted of an RA and NCC. The RA, with assistance from the NCC, conducted the recruitment activities, which included processing the release groups of potential study participants; presenting the study to potential participants, and coordinating information meetings. The RA was also responsible for collecting enrollment, baseline, quarterly, and followup data from participants via CAPI interviews. Finally, the RA assisted the NCC with various care coordination tasks such as transition planning and assistance with insurance coverage needs.

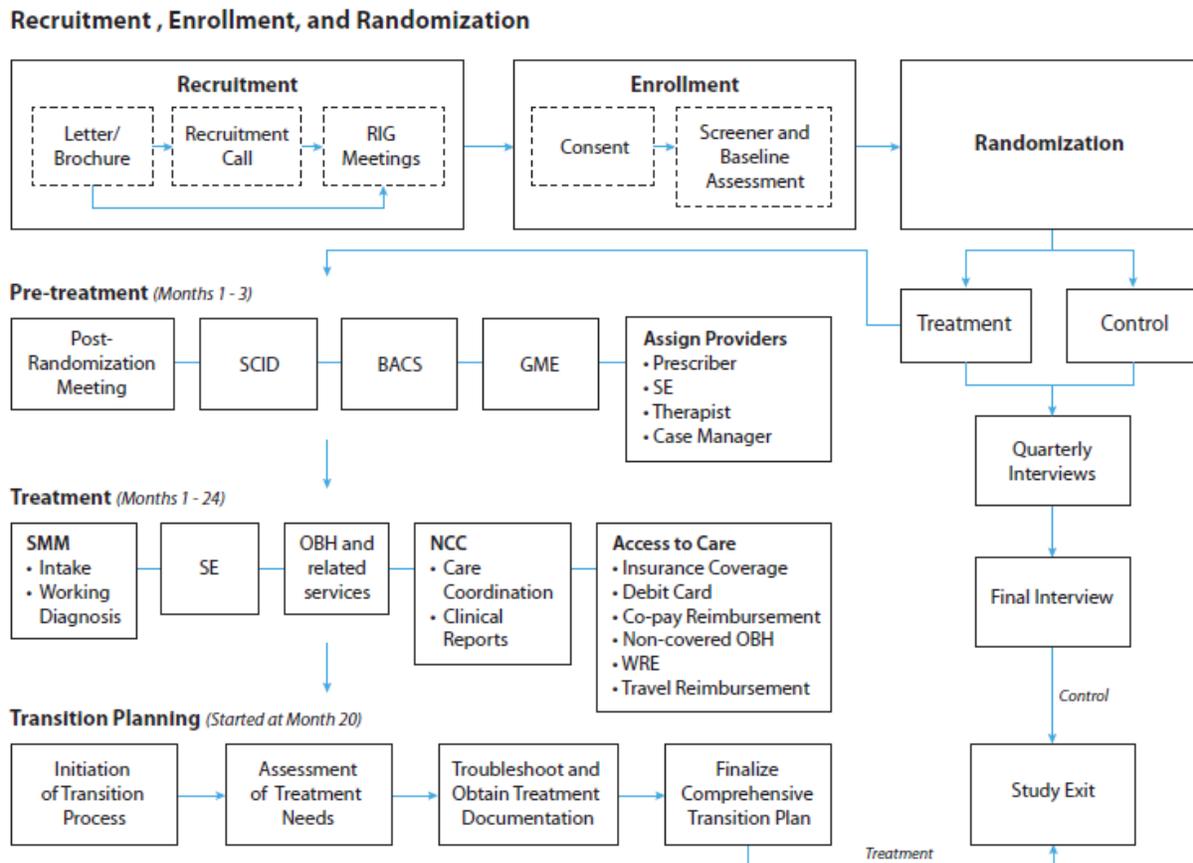
SE specialists worked with participants to provide vocational services and were an integral part of the beneficiary's overall provider team. The SE specialist was involved in all phases of employment services, such as engagement, vocational profiling, job search, job development, and individualized follow-up support. The SE specialists maintained relatively small caseloads—25 beneficiaries or fewer, sustaining fidelity requirements of the Individual Placement and Support (IPS) model of SE.

Overview of Implementation Procedures

Figure SA-2 shows the five main components associated with implementation of the MHTS: (1) recruitment, enrollment, and randomization; (2) participant interviews; (3) pre-treatment activities; (4) treatment activities; and (5) transition planning. It should be noted that participant interviews were applied to participants in both the treatment and control groups, while the remaining activities (i.e., pre-treatment, treatment, and transition planning) applied only to participants randomized to

the treatment group. Each of these sets of activities is described in greater detail in the following sections.

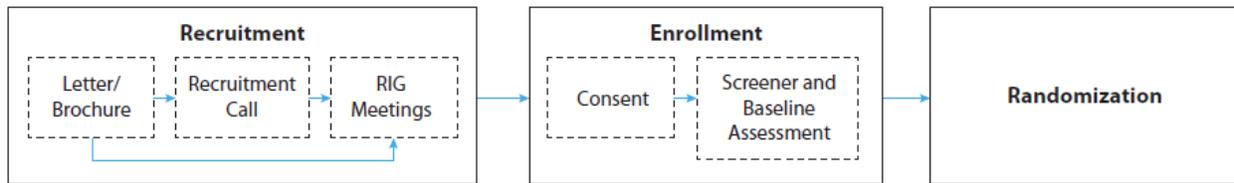
Figure SA-2. Overview of MHTS implementation procedures



Recruitment

The study recruitment activities included recruitment, enrollment, and randomization of participants to either the treatment group or the control group (Figure SA-3). The RA at each study site was the lead for conducting recruitment activities. She or he called upon assistance from the NCC, SE specialists, or other agency staff as indicated. The MHTS Recruitment and Enrollment manual (Milfort & Machado, 2006) provided RAs with detailed step-by-step procedures to recruit and enroll beneficiaries into the study. The following sections describe each aspect of the process.

Figure SA-3. MHTS recruitment, enrollment, and randomization

Recruitment , Enrollment, and Randomization

Letter/Brochure. The initial contact with eligible beneficiaries was an introductory letter sent via mail using the contact information provided by the Social Security Administration (SSA). The purpose of the letter was to introduce and explain the study and invite the SSDI beneficiary to attend a Recruitment Information Group (RIG) meeting. The RA mailed the introductory letter along with a study brochure and a return response card.

Recruitment Call. The RA called the beneficiary three to five days after the introductory mailing. Each RA used a recruitment call script as a guide for the phone conversation. The Recruitment and Enrollment Manual also provided tips on how RAs could encourage acceptances during the recruitment call. The information typically covered during the recruitment call included an introduction and brief overview of the purpose of the call; confirmation that the beneficiary received the introductory letter and brochure; an invitation to attend a RIG meeting and compilation of updated or additional contact information; confirmation of eligibility; and answers to general questions.

RIG Meetings. RAs conducted RIG meetings for potential study participants. This face-to-face forum permitted potential participants and their family members to learn detailed information about the study, ask questions, and make an informed choice about participation. Required topics covered during the RIG meetings were an overview of the MHTS; role of the RIG meeting; eligibility and who should participate; how to enroll; a definition of the treatment and control arms; what happens to participants assigned to the control group; what happens to participants assigned to the treatment group; research interviews and example interview questions; length of commitment to the study; confidentiality; and the voluntary nature of participation.

In many cases, the NCC or other site staff attended the meeting to address questions or present information about specific aspects of the study, such as the nature and components of SE. The RIG meeting ensured that beneficiaries fully understood the study, were aware of their rights as participants, and knowledgeable about the meaning of voluntary participation. Prospective study participants were required to attend at least two RIG meetings prior to enrollment. However, interested beneficiaries could attend one RIG meeting, and then attend a second individual meeting in lieu of a group meeting upon request. RAs used their discretion to determine what was appropriate for each beneficiary. In all cases, each potential enrollee listened to the recruitment presentation at least twice and on separate days. The purpose of this requirement was to ensure beneficiary understanding and commitment to the study and thus reduce early study withdrawals. Further details about the RIG meeting process were included in the Recruitment Information Group Meeting Manual (Becker, 2006) and the Recruitment and Enrollment Manual (Milfort & Machado, 2006).

Screener and consent. The RA was required to conduct a brief health and competency screening prior to enrolling an interested beneficiary. Once a beneficiary passed the screener, the RA required him or her to read (or have read to him or her) the content of each consent form and then sign each form. The Screener ensured that beneficiaries (1) were competent to give consent and understood the important elements of the study, (2) did not have any life-threatening physical health conditions that would prevent them from completing the study, and (3) confirmed their contact information. The RA advised any beneficiary who did not pass the competency screener that she or he was not eligible to enroll in the study at the present time. When applicable, the RA suggested that the candidate try to enroll at a later date. The assumption was that some of these individuals might be symptomatic at the time of the interview. For individuals who completed the study screener, the RA provided the study consent forms and witnessed the signing of the consents. There were three consent forms signed by each beneficiary, four for residents of Maryland. The consents addressed the following aspects of the study:

- **Study consent to participate.** This was a mandatory consent to participate in the study. In signing this form, the beneficiary agreed to participate in the study as a member of either the treatment or control group for the 24-month study period.
- **Consent for Release of Information from the SSA Administrative Files, SSA Form-3288.** This consent form was also required for participation in the study. In

signing this form, the beneficiary gave SSA permission to release administrative data in the beneficiary's SSA records.

- **Authorization and Request for Release of Medical Records.** This form was for participants randomized to the treatment group and was presented to the beneficiary after assignment to the treatment group. The form requested permission for the NCC to learn more about the beneficiary's medical history and determine from which providers medical records needed to be collected. The beneficiary then signed a separate Authorization and Request for Release of Medical Records form for each health care provider from providers that the NCC determined medical records should be collected.
- **Maryland Consent for Release of Earnings Information.** This form was optional for beneficiaries agreeing to participate in the study and who resided in the Bethesda, Maryland study site catchment area. In signing this form, the beneficiary gave permission for the study to obtain information about employment, earnings, and unemployment reports from the state of Maryland.

Baseline assessment. Once screening was completed and the required consent forms signed, the RA conducted the Baseline interview with the beneficiary using the CAPI laptop. The RA also administered the paper-and-pencil version of the Digit Symbol Test.

Randomization. At the end of each Baseline interview, the CAPI prompted the RA to access WesTrax, Westat's interactive voice response (IVR) system for randomizing study subjects. WesTrax allowed RAs to send and receive information from any touch-tone telephone, 24 hours a day, 7 days a week. These features were especially helpful to the study because the study sites were located in various time zones and RAs recruited potential study participants on evenings and weekends. Thus, the system allowed for more flexibility for site staff to schedule Baseline interviews with interested beneficiaries outside normal business hours. During this automated phone process, the RA entered a set of required information, including the SSDI beneficiary's study ID number (assigned during development of the catchment areas). WesTrax then provided a 5-digit randomization number as well as the assignment to either the treatment or control group of the study. The RA informed the beneficiary of the assignment and gave him or her the appropriate assignment letter.

Modifications to the recruitment process. The original design called for three thousand (3,000) SSDI beneficiaries to be enrolled into the study using the procedures described above. In 2007, the MHTS investigative team re-evaluated the recruitment strategies, as the number of beneficiaries enrolled in the study was not as high as anticipated and some study sites were rapidly depleting their catchment area lists. One step of the review process was to determine if a smaller participant sample

would still provide enough power to the analysis of the study results. To make this determination, senior MHTS investigators conducted a power analysis using different potential participant sample sizes. The findings from the power analysis indicated that reducing the sample from 3,000 beneficiaries to 2,000 beneficiaries would provide sufficient statistical power to detect anticipated differences in outcomes between the participants in the treatment and control groups. This re-evaluation also alerted study staff of the need to intensify the recruitment process. Accordingly the team made modifications to the recruitment process. The following points describe the specific changes made in the recruitment process:

- **Expedited activation of release groups.** The total number of release groups activated each week was increased from one (25 beneficiaries) to between two and four release groups, depending on the remaining beneficiary sample for the site and the number of RIG meetings being held by the RA.
- **Westat remote recruitment activities.** Starting in November 2007, Westat mailed recruitment letters on behalf of many sites. This resulted in up to 1,000 letters being mailed each week. The study team also trained several staff members from Westat's Telephone Research Center to assist with making recruitment calls. Management staff assigned each of the remote recruitment callers to one or more of the study sites where they spent the full day contacting beneficiaries in the release groups. RAs typically spent only ten to fifteen hours per week making recruitment calls.
- **Enhanced Westat support.** Westat study staff convened regular phone calls with the RAs to discuss recruitment and enrollment activities at each of the sites. Westat also established a web-based message board that allowed RAs to share helpful hints and strategies on an ongoing basis. In addition, the management staff conducted site visits to a number of sites to provide further support to RA recruitment efforts. Lastly, a number of RAs were partnered with other RAs to facilitate the sharing of successful recruitment strategies.
- **Site-specific strategies.** Some sites found that transportation costs were a barrier for beneficiaries to attend RIG meetings. As a result, some sites decided that they would cover transportation costs to and from RIG meetings.

Participant Interview Procedures

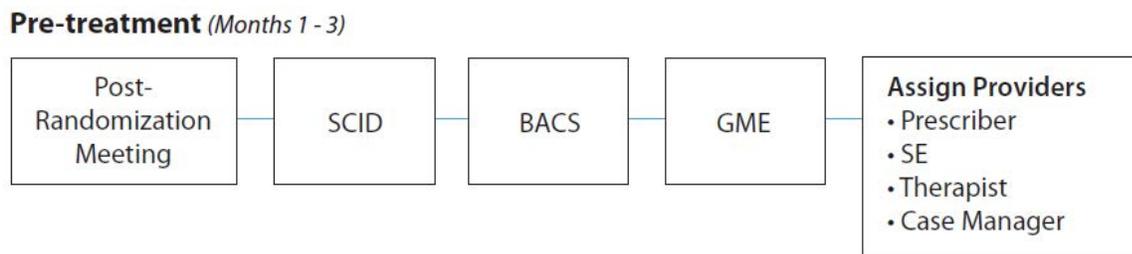
Study participants in both the treatment and control groups completed nine Quarterly interviews throughout their tenure in the study, which included the Baseline and Followup interviews. The treatment group completed these interviews as a part of their regular participation in the study. Participants in the control group, however, received a cash incentive of \$20 after completing the

Baseline interview and \$10 after completing each subsequent post-baseline interview. RAs conducted these interviews in person and by telephone throughout the course of the study. The RAs conducted many of the interviews with treatment group participants in-person because they were at the study site to receive services on a regular basis. Conversely, the RAs completed most control group participant interviews by telephone.

Pre-Treatment Activities

Following recruitment, participants randomized to the treatment group engaged in several pre-treatment activities. The information gathered during this portion of the study assisted in the development of an individualized treatment plan for each beneficiary. Figure SA-4 provides an overview of the pre-treatment elements of the intervention.

Figure SA-4. Pre-treatment activities for treatment group participants



Post-Randomization Meeting. Following completion of the randomization process, the RA conducted a post-randomization meeting to prepare the beneficiary for various aspects of the intervention. First, the RA worked with the beneficiary to identify a pharmacy that was convenient for the beneficiary and could provide prescriptions (if needed) during the beneficiary's 24 months of participation in the study. The RA also obtained contact information for the beneficiary's providers and documented it. Last, the RA administered an Insurance Questionnaire to document the type of insurance coverage, policy numbers, and the effective policy dates. The RA then faxed a copy of the Insurance Questionnaire along with copies of all insurance cards to a Westat Insurance Planner (WIP) who reviewed and verified insurance information. If the WIP determined that the beneficiary needed supplemental insurance coverage, she took the appropriate actions. Chapter 7 of the MHTS Final Report, Health Benefits Plan, details these actions.

Structured Clinical Interview for DSM-IV (SCID) Axis I Disorders. The SCID was a required pre-treatment measure for treatment group participants. Trained clinicians generally completed SCIDs within one month of randomization. The majority of MHTS sites had one or more trained SCID clinicians on staff or under contract with local providers. To ensure high quality and reliable SCID examinations, the investigative team brought the site SCID clinicians to Westat for refresher training, and then required them to submit three audio-recorded copies of their SCID interviews to a highly trained SCID supervisor for review. The supervisor determined whether a SCID clinician needed more reviews on a case-by-case basis. The RA recorded the SCID results in the SMS.

Brief Assessment of Cognition in Schizophrenia (BACS). The RA administered the BACS to treatment participants typically within one month after randomization. After completing the BACS, the RA recorded the results in the SMS. The BACS provided insight into the cognitive functioning level of the beneficiary at the onset of study participation.

General Medical Exam (GME). The GME included a review of the beneficiary's recent and past health history and a brief physical examination. Medical clearance to determine ability to seek employment was a requirement for MHTS participation. If a beneficiary had a physical examination within six months prior to enrollment, the NCC accepted those findings. In all other cases, the NCC assisted the beneficiary in scheduling an appointment with the beneficiary's physician to complete the GME. The NCC recorded all GME results in the SMS.

Provider assignment. The NCC worked with treatment group participants to match them with health providers for the duration of the study. Most MHTS study sites had a team of on-site providers who were available to study participants. About half of the participants elected to continue seeing their current behavioral health providers (outside the study site) in addition to receiving some services from on-site providers. The process for assigning providers varied from site to site and was based on participant need and site resources. To the extent possible and as needed, the NCC matched treatment group participants with the following providers:

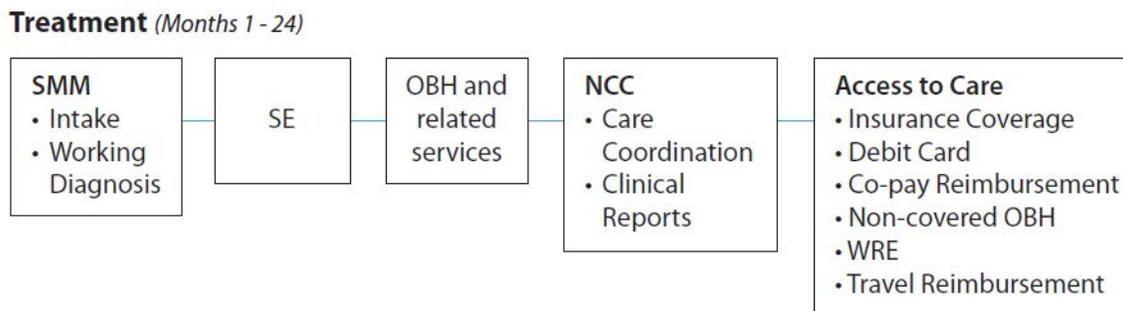
- **Prescriber:** The NCC recorded the beneficiary's current prescriber's name and contact information, which authorized them as an approved MHTS provider.

- **Supported employment (SE) specialist:** The study site clinical team assigned each beneficiary to an SE specialist. The SE specialist provided SE services according to the IPS model.
- **Therapist:** The NCC coordinated with the site clinical staff any therapist assignment (such as a psychotherapist, counselor, etc.) for a beneficiary. If a beneficiary preferred to stay with his or her current therapist, the NCC contacted the provider and established a relationship. The NCC approved the provider as an “approved MHTS provider” only after getting sign-off from the site’s clinical staff. It was the NCCs role to facilitate communication between existing and new providers as necessary.
- **Case Manager:** The clinical team recommended case management services based on evaluated need. The NCC worked with the clinical team to ensure that when indicated these services were in place. Case managers provided a wide range of services ranging from therapy, to transporter, to an assistant in obtaining community resources (e.g. housing, medical, legal, etc.).

Treatment Activities

It was the goal of the MHTS to ensure access to evidence-based mental health treatments and services to participants assigned to the treatment group, as well as integration of all mental health services and employment supports. The treatments and services offered to participants were not unique to the MHTS, and as might be expected, varied across participants (depending on their health status and conditions) and across sites (depending on their practices and standards of care). Figure SA-5 shows the elements of the treatment and services delivered as part of the MHTS intervention.

Figure SA-5. Treatment activities for treatment group participants



Systematic medication management (SMM). If it was determined that the beneficiary required behavioral health medications, a key evidence-based element of treatment was SMM. The NCC was

responsible for meeting with the beneficiary to monitor symptoms and side effects, share this information with the beneficiary's prescriber, and record medication treatments and changes. The SMM experts trained NCCs on the SMM treatment component and provided each with an SMM manual for reference throughout the study (Miller & Moore, 2006).

Soon after enrollment, the NCC scheduled an initial visit with the beneficiary to complete the SMM Intake Form. The NCC shared the information with the prescriber and clinical team members, which formed the basis for the development of an individualized treatment plan. During the course of the two-year enrollment period, the NCC contacted both the prescriber and beneficiary prior to each prescriber visit or every three months (whichever occurred most frequently) in order to track the beneficiary's medication use. Prior to each prescriber visit, the NCC documented treatment-related issues that occurred in the period since the last prescriber visit. This documentation included reporting symptom rating scale results, identified stressors, and medications side effects. The NCC submitted this information to the prescriber and documented findings in the SMS. These interactions provided the prescriber with guidelines and recommendations for the systematic use of appropriate medications. In making recommendations, the NCC relied on established medication management guidelines and tools for treatment of schizophrenia, bipolar disorder, and major depressive disorder such as those developed by the American Psychiatric Association, the Expert Consensus series, and the Texas Medication Algorithm Project.

The beneficiary's provider team developed an individualized treatment plan and working diagnosis for each beneficiary from the MHTS SCID, GME, and the diagnostic information collected in the SMM Intake Form. There were times when the diagnosis produced by the SCID, off-site prescriber, or medical records were not in agreement with one another. This was particularly noteworthy when the parties had access to different or limited diagnostic information and treatment history. In these cases, the treatment team utilized the working diagnosis to plan treatment. As beneficiaries progressed in the study and as new diagnostic information emerged, the treatment team reassessed the diagnosis. The NCC recorded any new working diagnosis and shared this information with all individuals involved in the beneficiary's care. The individualized treatment plan was then modified, if necessary, to reflect the beneficiary's needs.

Supported employment (SE) services. Immediately following enrollment, beneficiaries were offered an appointment with an SE specialist to begin working on career and employment goals. Each MHTS study site designated SE staff (SE specialists, SE supervisors, etc.) to work with study participants. At some sites, SE staff worked exclusively with study participants, while at other sites SE staff worked with both regular clients of the agency in addition to MHTS participants. Common SE services included vocational profiling, assistance in a job search, job development, interviewing skill development, resume writing, benefits counseling, and individualized follow-up support.

Other behavioral health (OBH) and related services. The study offered a number of OBH and related services to study participants. If the services were not available on-site, the NCC coordinated the beneficiary's receipt of these services off-site. These services included psychosocial services, medical services, substance abuse services, housing services, legal services, family counseling, financial services, and case management. The NCC recorded the need for and use of these services by participants throughout the study.

Nurse care coordination. The NCC facilitated high-quality services by collecting information from the beneficiary, monitoring actual services received, and consulting with the treatment team to improve quality. At least once every three months or when the beneficiary met with his or her prescriber, the NCC completed an NCC Clinical Report. The NCC Clinical Report captured participant level of engagement with SMM, medication use, and clinical rating scales. The NCC sent this information to the prescriber for review. The prescriber, in turn, sent the NCC feedback and an update of interventions (by way of a Prescriber Report) after seeing the beneficiary. The Prescriber Report detailed the medications prescribed by type, dose, frequency, and rationale. The prescriber also provided instructions for any prescriptive or therapeutic changes. Most times the prescriber provided summary data of his/her mental status assessment inclusive of information about side effects from any of the beneficiary's medications and the date and time of the next scheduled beneficiary appointment.

Access to care through financial support. A key component of the intervention was the provision of financial support to gain access to needed care. As part of access to care, the MHTS paid each treatment group participant's portion of his or her monthly health insurance premium. The vast majority of study participants had Medicare, Medicaid, private insurance, military, or some

form of state-provided insurance. MHTS participants often were not the primary planholder when covered by a private insurance plan. In some instances a beneficiary had multiple types of insurance. Consequently, the Hay Group, an actuarial firm subcontracted by Westat, conducted an analysis to establish the insurance premium payment criteria. If a beneficiary was underinsured, or uninsured altogether, it was a responsibility of the MHTS to obtain coverage whenever possible. While very few beneficiaries were uninsured, a number of beneficiaries were underinsured. In many cases, beneficiaries did not have Medicare Part B, which provides coverage for non-hospital services, such as office visits and lab services. More commonly, underinsured beneficiaries did not have Part D, which provides coverage for prescription drugs. In these cases, the WIP worked with the beneficiary to identify and obtain the missing insurance plan. In cases where the timing for enrollment in a Part B or Part D plan was not possible, the study absorbed the cost of these services until such time that the beneficiary met plan eligibility. Westat paid all insurance premiums.

Each beneficiary also received an MHTS debit card. Hirsch Financial Services (HFS) administered the cards. HFS preloaded the debit card with a specified dollar amount set for use at any authorized pharmacy for payment of behavioral health prescription medications. Each beneficiary signed a MHTS Debit Card Use Agreement that outlined guidelines for the appropriate use of the card.

The MHTS also reimbursed participants for out-of-pocket expenses associated with all approved behavioral health services, meaning that any behavioral health service indicated in the beneficiary's individualized treatment plan and communicated by the MHTS treatment team to the NCC was reimbursed. The study reimbursed the beneficiary or provider, as appropriate. When a beneficiary was charged more for a service than Medicare allowed (i.e., the maximum allowable charge), the study reimbursed the beneficiary or provider the Medicare-allowed amount only. If the MHTS treatment team referred a beneficiary to a provider that was off-site, the NCC confirmed that the provider accepted Medicare assignment to ensure that the beneficiary would not incur out-of-pocket expenses that were ineligible for MHTS reimbursement when obtaining services.

Occasionally, insurance plans did not cover evidence-based treatments and services that were part of the beneficiary's individualized treatment plan. On other occasions, providers did not accept a beneficiary's insurance plan or charged more than the allowable Medicare reimbursement limit. These non-covered OBH and related services required special approval by MHTS management staff

(director of operations or the Westat co-principal investigator). To ensure equitable application of such requests, the investigators established a written policy and procedure which delineated the limitations of these requests and defined the application and approval process to be followed. Types of special treatment approval requests by a site's treatment team included evidenced-based therapy for a specific behavioral health treatment or provider not covered by insurance (e.g., light box therapy for seasonal affective disorder or dialectical behavior therapy, etc.).

The study also covered essential work-related expenses (EWRE), defined as costs considered to be essential to the beneficiary finding or maintaining employment. EWRE reimbursements were intended to be a one-time expense and low-cost. Sites submitted these special requests only after exhausting all other possible options. The investigative team established a similar policy application and approval process as with the non-covered OBH and related services expenses. Examples of approved requests included:

1. Short-term education or training (e.g., one or two day refresher course, Microsoft office courses security guard training, etc);
2. Licensing or application fees (e.g., state licensure fees, driver's license renewal, application fees, background check, and fingerprinting fees);
3. Clothing or footwear (e.g., required uniform for a job or special shoes);
4. Computer software, tools, or equipment to start a new business;
5. Dental care (including tooth extractions, exams, and dentures); and
6. Other healthcare (including an eye exam or eyeglasses) when lack of such care would prohibit employment.

For some study participants, transportation to and from medical or behavioral health services was a covered service through Medicaid or another third party payment mechanism. There were a number of treatment participants not on Medicaid, however, for whom travel was a barrier. In these cases, the MHTS reimbursed travel expenses. The investigative team cautioned MHTS study site staff to use discretion in identifying which participants should be reimbursed for such travel costs. The site was required to itemize the transportation costs incurred by beneficiary and by reimbursement type (e.g., bus passes, mileage, etc.).

Transition Planning

A key component of the MHTS treatment intervention was transition planning in the final four months of the beneficiary's participation in the study. With the broad range of service enrichments afforded participants in the treatment group, SSA and the Westat Institutional Review Board (IRB) required development of a comprehensive strategic plan for each beneficiary for purposes of transitioning him or her from the study. Many of the service enrichments provided participants proved to be critical to their physical and mental health improvement. Maintaining these improvements could prove costly to beneficiaries, as they might not have been able to afford continued services at the level provided. Further, an abrupt halt to effective services could result in a decline in health status. Thus, the study required a comprehensive transition plan for each participant in the treatment group to ensure the continuity of service and care.

The investigative team recognized transition planning would require several months to coordinate and finalize and that site staff would need ongoing access to centralized clinical and technical support. Thus, a Westat Transition Planning Team was formed to support site staff. Given the expense of medication therapy, the impact of insurance coverage gap¹ and the dearth of patient assistance programs available to individuals with insurance coverage², the transition planning process placed special emphasis on medications and insurance coverage after transition. The NCC at each site took the lead in working with the Westat Transition Team, on-site providers, local community agencies and resources, and special programs (such as patient assistance programs) to ensure continuity of care after treatment group participants transitioned from the study. To assist the NCC, the Westat Transition Team conducted ongoing training forums and provided a Transition Procedures Manual (Reidy & Azrin, 2008).

The transition planning process included a series of inter-related activities (Figure SA-6). As participants approached their 20th month in the study, the NCC and the beneficiary's provider team began working together to create a comprehensive transition plan. The primary goal of the transition plan was to maximize the potential for the beneficiary to maintain all positive employment, behavioral health, and other positive outcomes by ensuring continued access to care and services.

¹ Medicare Part D "Donut Hole."

² Beneficiaries with Medicare Part D insurance in the "Donut Hole" have greater difficulty receiving support from patient assistance programs.

Figure SA-6. Transition planning process

Transition Planning (Started at Month 20)

Initiation of the Transition Process. The transition process began with Westat sending out two notification letters to treatment group participants upon their reaching the 20th month of study participation. The Transition Notification Letter sent to the beneficiary described the impact on their treatment-related benefits once they transitioned out of the study. The Transition Planning Letter detailed the beneficiary’s current insurance coverage and cost and coverage options after transition from the study.

During this phase, the NCC began to investigate service availability, both within and outside the study site. Each study site maintained unique admission and treatment eligibility standards for continuation of treatment within its own program based on funding availability and restrictions. In addition, in response to local and national economic problems during the study period, multiple study sites experienced shifts in the services they offered. Thus, it was not always an option to have the beneficiary continue services at the study site. In such cases, NCCs had to make referrals to an alternate provider. The NCC with the assistance of the site RA and the investigative team assimilated information about service costs, insurance requirements, client fee schedules, and categories of mental health services provided by local agencies. Once the information was gathered, the NCC scheduled an initial planning meeting with the beneficiary.

Assessment of treatment needs. The NCC conferred with the beneficiary’s provider team to begin the planning process. The first step was to assess the continuing treatment needs of the beneficiary. In addition, the NCC reviewed historical medical and behavioral health data, performed new behavioral assessments to determine the current mental health status of the beneficiary, and spoke with the beneficiary about his or her willingness to engage in various recommended mental health or employment services. Once this assessment was completed, the NCC documented the information in the SMS.

Troubleshoot and obtain treatment documentation. Following establishment of the assessment of need, the NCC obtained required discharge plan information from each of the beneficiary's providers. The discharge plan summarized the scope and frequency of care received, assessed the need for continued care, and confirmed whether the services would continue or terminate upon transition from the study. If care was to continue, the plan specified if the service would transfer to a new provider or remain with the same provider. When services were to be transferred to a new provider, the NCC ensured that there was an identified provider, a start date for the service (preferably prior to transition), and contact information for the provider. When NCCs experienced obstacles, they used the supports and resources provided by the investigative team. There was no guarantee that the NCC could find solutions for all impediments to care access. However, NCCs explored all avenues to resolve obstacles and in consultation with the beneficiary secured the best options, which ensured that at minimum a beneficiary suffered no loss of service because of study participation.

Finalize comprehensive transition plan. In the final weeks of transition planning, the NCC collated, reviewed, and documented all treatment information gathered and discussed in the prior four months, and developed a comprehensive transition plan. The comprehensive transition plan consisted of:

1. The *Comprehensive Transition Plan Coversheet*, which listed the services that the beneficiary received while enrolled in the study and whether the beneficiary would continue to receive the service from the current service provider, be referred to a new service provider, or stop receiving the service;
2. The *Insurance Discharge Sheet*, which provided a summary of the beneficiary's insurance coverage and what the beneficiary would do with his or her insurance coverage upon transition;
3. The *Discharge Summary Sheets*, which summarized the transition plan for any service on the coversheet where it was indicated that planning was needed;
4. The *SMM Comprehensive Treatment Review*, which provided a record of medications prescribed, both past and present, as well as a 2-year comprehensive overview of the beneficiary's participation in the SMM component of the MHTS; and
5. The *SMM Transition Current Course of Illness*, which provided a summary of the beneficiary's status at the time of transition, including a comprehensive description of the course of

psychotropic medication care, responses to that care, and scales used to assess treatment effectiveness.

To finalize the comprehensive transition plan, the NCC met with the beneficiary and reviewed each document. After reviewing the plan with the beneficiary, the NCC made any mutually agreeable adjustments. The NCC gave the beneficiary a copy the final comprehensive transition plan for his/her records.

Quality Assurance Procedures

Successful implementation of the MHTS required oversight of the day-to-day operations at the 23 study sites. To achieve this, the investigative team built into various components of the study automated monitoring measures and reports. These web-based reports, which were issue-specific (e.g. debit card monitoring, SMM, transition monitoring, SE activity reports, etc.), provided ongoing data about the occurrence and frequency of intervention activities at all 23 sites. These reports, as well as routine phone contacts between site staff and members of the research team, periodic on-site fidelity visits conducted by the QMPDs (for the assessment of SE and OBH and related services), Drs. Miller and Moore (for assessment of SMM service delivery), and Westat's Operations staff (for the assessment of program costs associated with service delivery), ensured the adherence to cost effective, high-quality, evidence-based practice for study participants.

Quality assurance (QA) for SE and OBH and related services. The investigative team implemented QA procedures to ensure the quality of the SE and OBH and related services that the treatment group received while enrolled in the study. The three Quality Management Program Directors (QMPDs) played a key role to implementing these quality assurance procedures. Each QMPD worked closely with the NCCs, the RAs, and the SE specialists at their designated site. The QMPDs held a weekly teleconference with each NCC to discuss service access and integration issues. In addition, they visited each study site periodically to conduct on-site monitoring and provide technical support. The QMPDs also provided consultation on special cases as needed.

The NCC conducted beneficiary-level quality control activities through the SE/OBH Quality Management (QM) template. The QM template collected data on the receipt of SE services, level of engagement, face-to-face contacts, benefits counseling, and OBH and related services (such as

psychosocial, general medical, medication, substance use, family intervention services, social functioning services, housing services, financial assistance, case management, and legal services) during the three-month reporting period. The NCC collected this data at months 3, 6, 12, 18, and 24 of participation.

The QMPDs conducted an annual fidelity site visit to each study site and assessed the quality of implementation of the SE program, as compared to standards for evidence-based IPS. Site visit activities included interviews with staff and observation of SE unit and interdisciplinary clinical team meetings. QMPDs also shadowed SE specialists as they met with employers in the community, and reviewed a sample of participant files. Immediately following the visit, the QMPDs completed the IPS Fidelity Scale (Appendix 5A) and gave recommendations for areas of improvement when indicated.

Quality assurance (QA) for SMM. Drs Miller and Moore from the University of Texas Health Science Center at San Antonio were key to implementing SMM QA procedures. Their role was to provide recommendations and upon request consult with prescribers. They worked closely with the NCC at each study site throughout the course of the study via conference calls and periodic site visits to monitor activities.

The SMM QA procedures required two primary activities by site staff. First, the NCC completed a SMM Quality Management template for each beneficiary, every three months after SMM intake. The template was a reflection of information gleaned from chart reviews and NCC assessments to determine if there were current problems with SMM engagement, symptom management, medication side effects, medication adherence, or physical problems related to medications (e.g., weight gain). Second, the RA completed the SMM QA template every 6 months during the study, focusing on a 10 percent sample of the completed SMM participant charts. The QA provided results of a review of the completed SMM participant charts. The QA assessment recorded the extent of accessible and accurate summary of illness and medication history, current comprehensive medication documentation, treatment plans for all psychiatric diagnoses and conditions, treatment outcomes, monitoring of medication side effects, medication changes, prescriber visits, treatment of refractory patients, patient involvement in treatment plans, and medication adherence.

Quality assurance (QA) for transition planning. NCCs completed transition plans for participants in the treatment group before they exited the MHTS. The investigative team designed QA procedures to ensure the timeliness and quality of transition planning.

First, the Westat Transition Planning Team selected two completed transition plans for audit each week. The team randomly selected these plans from the group of transition plans completed the prior month. Reviewers used a standardized form to ensure that they addressed each component of the transition plan. Reviewers sent the QMPDs the selected transition plans to solicit any additional input they might have. The reviewer, in consultation with the QMPD, followed up with the site NCC on any issues or concerns noted during the transition plan audit. Such corrective intervention aided in the improvement and comprehensiveness of subsequent plans from the sites.

Second, a staff member of the Westat Transition Team selected and contacted a sample of treatment group participants to obtain their perceptions of the transition planning process and their transition outcomes. Two beneficiaries at each site were randomly selected for the audit from a pool of participants who transitioned from the MHTS within the previous 60 days and had actively participated in the transition planning process (i.e., met with the NCC and engaged in a transition planning meeting). The staff member contacted each beneficiary via telephone to administer the audit interview. The objectives of the beneficiary transition planning audit were to: (1) determine whether the transition planning process was proceeding as intended and producing the desired outcomes, and (2) identify any quality improvement actions needed to improve the transition planning process and beneficiary outcomes.

Debit card monitoring. MHTS participants in the treatment group received a debit card to cover the out-of-pocket costs for prescriptions for behavioral health conditions. The purpose of the debit card was to minimize out-of-pocket expenses for beneficiaries and increase their access to care. Each debit card worked only at stores with pharmacies. However, with the advent of more general-purpose stores and markets providing pharmacy services, the opportunity for broader card use presented the need for more stringent monitoring. Staff monitored debit card usage by: (1) establishing individualized debit card limits, (2) reviewing the Debit Card Transaction Monitoring Report, (3) reviewing the HFS Debit Card Utilization Report, (4) conducting monthly audits, (5)

investigating debit card irregularities, and (6) responding to detected debit card misuse, including card cancellation.

Other quality assurance (QA) activities. In addition to the quality assurance procedures outlined above, other quality assurance activities included site staff trainings, regularly scheduled conference calls with site staff throughout the course of the study, development of procedure manuals and protocols, and the provision of a direct contact line with the investigative team for participants experiencing any difficulties or having unresolved concerns about the treatment interventions.

Administrative Drops, Voluntary Beneficiary Withdrawals, and Adverse Events

The study had a number of safeguards built into it to ensure protection of beneficiaries who elected to give their time in the furtherance of this important policy research effort. These safeguards included the exclusion criteria (discussed earlier in this chapter), the GME, which was required of participants assigned to the treatment intervention, and the established requirements for reporting adverse events. Any one of these safeguards could result in a beneficiary leaving the study earlier than anticipated. This section presents a brief overview of the types of circumstances that led to such unanticipated events. The three areas discussed include voluntary beneficiary withdrawals, administrative drops, and adverse event reporting.

Voluntary beneficiary withdrawal. Participants in either the treatment group or the control group were entitled to withdraw voluntarily from the study at any time. For participants in the treatment group, however, withdrawing from the study meant termination of all study benefits. To ensure that no harm to a beneficiary resulted from the termination of his or her benefits, the investigative team implemented a withdrawal protocol. First, the RA met with the beneficiary to discuss the implications of withdrawing from the MHTS and advised the beneficiary to consider fully the decision for a two-week period. During the two-week period, the RA discussed the potential withdrawal with the beneficiary's treatment team and the investigative team to ensure that the beneficiary was competent to withdraw and to discuss any potential implications. After the two-week period, the RA met again with the beneficiary to review the implications of withdrawing and any other issues noted by the treatment team and the investigative team. If the treatment team members (in consultation with the Westat investigators), deemed that the beneficiary was competent

and wanted to withdraw, the RA had the beneficiary review and sign a study withdrawal form. If a treatment participant was not competent to understand the consequences of withdrawal, or was in clinical crisis such that withdrawal or loss of insurance might constitute a serious harm, the RA delayed processing the withdrawal request until such time that the beneficiary was competent and not at risk. The site research team and SE staff did not engage the beneficiary in any study intervention activities during this period.

The withdrawal protocol applied to participants in the treatment group only. Participants in the control group who elected to withdraw simply met with the RA to review and sign a control group MHTS Withdrawal Form.

Administrative drop. Administrative drops also applied to treatment group participants only and involved ceasing the study obligation to provide the intervention—specifically, payments for health insurance and other study benefits. The study staff administratively dropped beneficiaries for a variety of reasons. The majority of these drops occurred because of the safeguard that required all participants randomized to the treatment group to receive a GME. In most cases, the GME confirmed that the beneficiary could physically pursue employment. However, in eight cases the beneficiary failed the GME—i.e., the physician indicated on the GME form that the beneficiary was not able to engage in work-related activities. When a beneficiary failed the GME, he or she became ineligible for the study. In these cases, the site immediately informed the investigative team of the situation. The NCC followed up with the GME physician to confirm the results of the GME. If the GME physician confirmed that the beneficiary had a condition that precluded pursuit of employment, the NCC met with the beneficiary and informed him or her of the outcome, and Westat mailed a certified letter to the beneficiary informing the beneficiary that he or she was not eligible to continue in the study due to the GME findings. Consistent with the IRB-approved study procedures, study benefits ceased at that time. Other participants assigned to the treatment group elected not to obtain their GME. After numerous and unsuccessful attempts to encourage and support these beneficiaries obtain a valid GME, they were treated as if they had failed the GME. As with the failed GME group, Westat sent a certified letter to these beneficiaries informing them that they were no longer eligible for the study and their benefits ceased.

There were other causes resulting in administratively dropping a beneficiary. These situations were always logistical and pertained to the inability of the study to deliver the treatment intervention due to individual circumstances. For instance, in one case the beneficiary moved out of the country. In another case, the beneficiary had a legal guardian. These were exceptional situations.

Adverse events and incidents. As required by the IRB, study staff reported all adverse events and unanticipated problems to the MHTS IRB Administrator. All study staff received copies of the standardized Adverse Event and Incident Reporting Form. Problems reported using this form included beneficiary death, hospitalization, adverse reaction to medications or other study treatment, or other unexpected events potentially related to the study that placed study participants or staff at risk for harm. The MHTS IRB Administrator reviewed each report and determined if the event required reporting to the IRB for further action and review. In any case, the MHTS IRB Administrator annually reported all events to the MHTS IRB and all study site IRBs.

Supplemental Appendix B

MHTS CAPI Screener

SCREENER

A. COMPETENCY SCREENER

A-1. First, I need to briefly explain {again} a few things about the study. I will then ask you some questions to be sure you understand it. The interview includes questions about your previous work history; your health now; and any health care services you might use. Can you repeat the topics to me so that I can confirm you know what this interview is about?

- LISTS ALL..... 1
- LISTS ANY 2..... 2
- LISTS ONLY 1..... 3
- INCORRECT ANSWER(S)..... 4

IF A-1 = 3, 4, OR 8 THEN REPEAT A-1.
 IF A-1 = 3, 4, OR 8 A SECOND TIME, THEN END SCREENER.
 OTHERWISE, CONTINUE WITH A-2.

A-2. Now, I need to remind you that your participation in this study is fully voluntary. You can decide to participate or not. Also, you can refuse to answer any questions during the interview or stop at any time if the questions make you uncomfortable.

When I say your participation is fully voluntary, what does that mean to you?

[INTERVIEWER: IF RESPONDENT SAYS "It is voluntary," THEN PROBE FOR AN EXPLANATION. AN ACCURATE ANSWER IS: "It is my choice whether or not to participate; I don't have to do this (participate); I can do this (interview) if I want"; ETC.]

- ACCURATE ANSWER..... 1
- INACCURATE ANSWER 2

A-3. All information you provide today will be kept confidential and used only for research purposes. Nobody other than members of the research team will have access to the information we get from you.

When I say that all information will be kept confidential, what does that mean to you?

[INTERVIEWER: IF RESPONDENT SAYS "It is confidential," THEN PROBE FOR AN EXPLANATION. AN ACCURATE ANSWER IS: "It will be secret; Only authorized (some) people will see what I said; What I say will be (kept) private; It will only be used for research"; ETC.]

- ACCURATE ANSWER..... 1
- INACCURATE ANSWER 2

IF RESPONDENT CORRECTLY DEFINES VOLUNTARY AND
 CONFIDENTIAL (A-2 = 1 AND A-3 = 1), THEN CONTINUE WITH NEXT SECTION.
 OTHERWISE, END SCREENER.

B. COMORBID CONDITIONS SCREENER

The next few questions ask about any physical health conditions you may have that may prevent you from working at a job or business.

B-1. Do you have any diseases, disorders, or physical impairments that would prevent you from working, receiving supported employment services, or participating in any other study activities?

- YES 1
- NO 2 (C-1)
- MAYBE 3

B-2. Tell me what that disease, disorder, or physical impairment is. Anything else?

- TERMINAL CANCER 1 (END SCREENER)
- HIV/AIDS 2 (END SCREENER)
- END STAGE RENAL DISEASE..... 3 (END SCREENER)
- OTHER (SPECIFY) _____ 4

C. BENEFICIARY CONTACT INFORMATION

C-1. Are you still at (the current address as indicated on RIS)?

- YES 1 (C-3)
- NO 2

C-2. What is your current address?

STREET ADDRESS

CITY

STATE

ZIP CODE

C-3. Is there a telephone number other than (the one indicated on the RIS) where we can reach you?

- YES 1
- NO 2 (C-5)

C-4. What is that number?

|_|_|-|_|_|-|_|_|_|_|
TELEPHONE NUMBER

C-5. Are you planning to move in the next 3 months?

YES 1
NO 2 (C-10)

C-6. What will your new address be?

STREET ADDRESS

CITY

STATE

ZIP CODE

C-7. When will you move to this new address?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR

C-8. Will you keep the same telephone number?

YES 1 (C-10)
NO 2

C-9. What will your new telephone number be?

|_|_|-|_|_|-|_|_|_|_|
TELEPHONE NUMBER

C-10. We'd like the names, addresses and phone numbers of two people who will know where you are if we have trouble contacting you during this study. We will not contact these people except to have them help us locate you to speak with you again, should that be necessary. If we do contact them, we will not discuss any of your personal information with them.

CONTACT 1 NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

|_|_|_|-|_|_|_|-|_|_|_|_|

TELEPHONE NUMBER

CONTACT 2 NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

|_|_|_|-|_|_|_|-|_|_|_|_|

TELEPHONE NUMBER

C-11. [INTERVIEWER: ASK RESPONDENT TO SIGN CONSENT AND RECORD RESPONSE.]

RESPONDENT SIGNED CONSENT 1 (BEGIN BASELINE)

RESPONDENT DID NOT SIGN CONSENT 2

END SCREENER. Unfortunately you are not eligible to participate in our study at this time. Thank you for your interest.

Supplemental Appendix C
MHTS Baseline Questionnaire

DEMOGRAPHICS (DM)

First, I would like to begin by asking you some questions about yourself.

DM-1. What is your date of birth?

□□ / □□ / □□□□

DM-2. [INTERVIEWER: CODE GENDER.]

- MALE 1
- FEMALE 2

DM-3. Are you of Hispanic, Latino, or Spanish origin?

- YES 1
- NO 2

DM-4. What race do you consider yourself to be? Please select one or more of the following categories:

[INTERVIEWER: SELECT ALL THAT APPLY.]

- White, 1
- Black or African-American, 2
- Asian, 3
- American Indian or Alaskan Native, or..... 4
- Native Hawaiian or Pacific Islander? 5
- OTHER (SPECIFY) _____ 91

DM-5. What languages do you usually speak?

- English only, 1
- Spanish only, 2
- Both English and Spanish, 3
- Both English and some other language, or 4
- Some other language only? (SPECIFY) _____ 91

DM-6. What is your marital status?

- Never married, 1
- Married, 2
- Living as married, 3
- Separated, 4
- Divorced, or 5
- Widowed? 6

DM-7. What is the highest grade in school that you completed?

NO FORMAL SCHOOLING	11
SOME ELEMENTARY SCHOOLING	12
COMPLETED 8 TH GRADE	13
SOME HIGH SCHOOL	14
COMPLETED HIGH SCHOOL OR GED	15
SOME COLLEGE OR TECHNICAL SCHOOL	16
COMPLETED ASSOCIATE'S DEGREE	17
COMPLETED BACHELOR'S DEGREE	18
SOME GRADUATE SCHOOL	19
COMPLETED MASTER'S DEGREE	20
COMPLETED DOCTORAL DEGREE	21
OTHER (SPECIFY) _____	91

DM-8. Describe who you have been living with during the past 30 days.

LIVING ALONE	1
LIVING WITH SPOUSE/SIGNIFICANT OTHER ONLY	2
LIVING WITH CHILDREN ONLY	3
LIVING WITH SPOUSE/SIGNIFICANT OTHER AND CHILDREN.....	4
LIVING WITH PARENTS	5
LIVING WITH OTHER RELATIVES (OTHER THAN SPOUSE, CHILDREN, OR PARENTS)	6
LIVING WITH FRIENDS	7
LIVING WITH OTHER NON-RELATED ADULTS (NOT NECESSARILY FRIENDS)	8
OTHER (SPECIFY) _____	91

DM-9. Which of following best describes where you have been living during the past 30 days? Would you say...

At one address in an apartment or house,	1
At more than one address in apartments or houses, ..	2
In a homeless shelter or homeless with no particular address, or.....	3 (DM-17)
Some other place? (SPECIFY) _____	91

IF RESPONDENT LIVES ALONE, WITH FRIENDS, WITH OTHER NON-RELATED ADULTS, OR OTHER (DM-8 = 1, 7, 8, OR 91), CONTINUE WITH DM-10.

IF RESPONDENT LIVES WITH SPOUSE ONLY (DM-8 = 2), GO TO DM-17.

ELSE, GO TO DM-14.

DM-10. In this place where you live, do you receive visits from a case manager or some other person from a city or state agency?

YES 1
NO 2

DM-11. Are there staff from a mental health agency or other city or state agency who are living at the residence?

YES 1
NO 2

DM-12. Are your meals prepared by residential staff employed by a mental health center or other city or state agency?

YES 1
NO 2

IF RESPONDENT RECEIVES VISITS FROM A CASE MANAGER, STAFF FROM A MENTAL HEALTH AGENCY LIVE AT THE RESIDENCE, OR MEALS ARE PREPARED BY STAFF (DM-10 = 1 OR DM-11 = 1 OR DM-12 = 1), CONTINUE WITH DM-13. OTHERWISE, GO TO BOX DM-1.

DM-13. Are there other people living in the apartment or house who receive help from the same agency as you?

YES 1
NO 2

BOX DM-1
IF RESPONDENT LIVES ALONE (DM-8 = 1), THEN GO TO DM-17.

DM-14. How many adults age 18 or over lived with you for most of the past 30 days?

___ ADULTS

IF NO ADULTS LIVE WITH RESPONDENT (DM-14 = 0), THEN GO TO DM-16.

DM-15. Of these adults, how many are dependent on you for support?

___ DEPENDENT ADULTS

DM-16. How many children under the age of 18 lived with you for most of the past 30 days?

|_| CHILDREN

DM-17. In the past three months, how many days have you been...

Living in a shelter or on the street? |_|_|

In jail or a correctional facility? |_|_|

WORK HISTORY AND INCOME (WI)

A. WORK HISTORY

Now I'd like to ask you some questions about your work history.

WI-1. Have you ever worked at a job or business for pay?

YES	1
NO	2 (WI-22)

WI-2. Have you worked at a job or business for pay in the past 2 years?

YES	1
NO	2 (WI-22)

WI-3. Are you currently working at a job or business for pay?

YES	1
NO	2

Now, I am going to ask some questions about your work history in the past 2 years starting with your {current/ most recent} job. If you {have/had} more than one job in the same time period, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. You should include part-time and full-time jobs, but only include jobs or positions you have held for pay.

ASK WI-4 TO WI-14 FOR EACH JOB HELD IN PAST TWO YEARS.

WI-4. What {is/was} your job title?/ What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

NAME OF JOB/JOB TITLE

WI-5. What month and year did you begin that job?

_ _ / _ _ _ _
MONTH YEAR

WI-6. What month and year did that job end?

____ / _____
MONTH YEAR

CURRENTLY WORKING MAIN JOB 95
CURRENTLY WORKING SECOND JOB 96

WI-6a. What {are/were} your main activities or duties on this job?

JOB DUTIES

WI-6b. What {is/was} the name of the organization or company you {work/worked} for?

NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95

WI-6c. What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

TYPE OF BUSINESS

WI-7. What {is/was} your hourly wage?

\$_____.____ HOURLY WAGE

WI-8. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of items that you {produce/produced}?

YES 1
NO 2
CASUAL LABOR/SELF-EMPLOYED 3

WI-9. Now I want to know who {writes/wrote} your paycheck or {pays/paid} your wages. Which of the following best describes who {writes/wrote} your paycheck or {pays/paid} your wages for this job? Would you say...

The employer, 1
A mental health or rehabilitation agency, or..... 2
CASUAL LABOR/SELF-EMPLOYED 3
Someone else? (SPECIFY) _____ 91

WI-10. Is any person who {supervises/supervised} your work an employee of a mental health or rehabilitation agency?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

WI-11. Is this job reserved only for people who get services from a mental health or rehabilitation agency?

- YES 1 (WI-13)
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

WI-12. So this job could have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

WI-13. {Does/Did} this job have a time limit to it? That is, {is/was} it only temporary?

- YES 1
- NO 2 (NEXT JOB OR BOX WI-1)
- CASUAL LABOR/SELF-EMPLOYED 3 (NEXT JOB OR BOX WI-1)

WI-14. Describe what is meant by it being "time limited." {Is/Was} this a seasonal job or a transitional job of some kind?

- SEASONAL JOB 1
- TRANSITIONAL JOB 2
- OTHER JOB (SPECIFY) _____ 91

BOX WI-1

ASK INTRO TO WI-15 TO WI-21 ABOUT THE MOST RECENT OR CURRENT JOB HELD AND THE LONGEST JOB HELD. ASK ABOUT MOST RECENT OR CURRENT JOB FIRST AND THEN ASK ABOUT THE LONGEST JOB.

Now, I am going to ask you some additional questions about your {longest} job(s). You said you {work/worked} {as (a/an) (JOB TITLE IN WI-4)} from {MONTH AND YEAR STARTED IN WI-5} to {MONTH AND YEAR STOPPED IN WI-6/the present}.

WI-15. {Are/Were} you self-employed?

- YES 1
- NO 2

WI-16. How many hours per day {do/did} you usually work at this job?

HOURS

WI-17. How many days per week {do/did} you usually work at this job?

DAYS

WI-18. How many weeks per month {do/did} you usually work at this job?

WEEKS

WI-19. How many months per year {do/did} you usually work at this job?

MONTHS

WI-20. About how much {do/did} you earn at this job?

\$ UNIT³

³ UNIT	
EVERY HOUR	10
EVERY DAY.....	11
EVERY WEEK	12
EVERY TWO WEEKS	13
TWICE A MONTH	14
EVERY MONTH.....	15
EVERY QUARTER.....	16
EVERY YEAR	17
OTHER (SPECIFY)_____	91

WI-21. Is that before taxes and other deductions {are/were} taken out or after taxes and other deductions {are/were} taken out?

- BEFORE TAXES 1
- AFTER TAXES 2

WI-22. Have you worked at a volunteer job in the past month?

- YES 1
- NO 2

IF RESPONDENT IS CURRENTLY WORKING (WI-3 = 1) THEN GO TO WI-24.

WI-23. Which of the following best describes your current work status? Would you say...

- Have a job but currently not at work (for instance on a leave of absence or suspended), 1
- Looking for work, 2
- Keeping house or caregiving, 3
- Going to school, 4
- Doing volunteer work, 5
- In vocational training, 6
- Retired, 7
- Unable to work, or 8
- Something else? (SPECIFY) _____ 91

B. CURRENT INCOME SOURCES

WI-24. Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential.

- a. Any earned income or money from all paid employment, including tips or commissions. Please tell me the take home amount..... \$|_|_|,|_|_|_|.|_|_|
- b. Social Security Disability Income \$|_|_|,|_|_|_|.|_|_|
- c. Social Security Retirement or Survivors Benefits..... \$|_|_|,|_|_|_|.|_|_|
- d. Supplemental Security Income (SSI) \$|_|_|,|_|_|_|.|_|_|
- e. VA or other armed services disability benefits \$|_|_|,|_|_|_|.|_|_|
- f. Other state or county social welfare benefits such as general assistance or public aid \$|_|_|,|_|_|_|.|_|_|
- g. Food stamps or assistance from the Temporary Assistance for Needy Families (TANF) program \$|_|_|,|_|_|_|.|_|_|
- h. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal \$|_|_|,|_|_|_|.|_|_|
- i. Unemployment compensation \$|_|_|,|_|_|_|.|_|_|

- j. Retirement, pension (including military), investing, or savings income that you receive regular payments from \$|_|_|,|_|_|_|_|. |_|_|
- k. Alimony and child support..... \$|_|_|,|_|_|_|_|. |_|_|
- l. Money from family members including gifts, loans, or bill payments..... \$|_|_|,|_|_|_|_|. |_|_|

WI-25. Sometimes people’s income is increased through other sources that are not reported to the government. The kinds of things I’m referring to include money received by doing odd jobs such as babysitting or yard work, helping in a business, or doing work “under the table.” Did you receive any income this way last month that you have not already told me about? Remember, what you tell me is strictly confidential. I cannot share this information with anyone, no matter what the reason.

- YES 1
- NO 2 (BOX WI-2)

WI-26. How much did you receive that you have not already told me about?

\$|_|_|,|_|_|_|_|. |_|_|

BOX WI-2

IF RESPONDENT LIVES WITH OTHER ADULTS IN A NON-SUPERVISED SETTING
 {(DM-8 = 2, 3, 4, 5, OR 6) OR [(DM-8 = 7 OR 8) AND DM-11 = 2 AND DM-12 = 2 AND DM-13 = 2]},
 THEN ASK WI-27. OTHERWISE, GO TO NEXT SECTION.

WI-27. About how much was your total household income last month? Household income means the total amount of money that everyone in your household, *including yourself*, received during the past month.

\$|_|_|,|_|_|_|_|. |_|_|

HEALTH STATUS (HS)
SF-12

The next few questions ask about your health and how well you are able to do your usual activities. First I will ask about your health now. Please try to answer the question as accurately as you can.

HS-1. In general, would you say your health is...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

Now, I'm going to ask about activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

HS-3. Does your health now limit you in climbing several flights of stairs? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

The next two questions ask about your physical health and your daily activities.

HS-4. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-5. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

Now I will ask about any emotional problems and your daily activities.

HS-6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-7. During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

- Not at all, 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

HS-9. During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-10. During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

**ALCOHOL AND SUBSTANCE USE (AS)
ADDICTION SEVERITY INDEX**

The next set of questions are about how frequently you drink alcoholic beverages or use drugs. Remember that your answers are strictly confidential.

ASK AS-2 THROUGH AS-5 IMMEDIATELY AFTER A 'YES' RESPONSE FOR EACH SUB-ITEM IN AS-1. (EXAMPLE: ASK AS-1A. IF 'YES' THEN ASK AS-2A, AS-3A, ETC. GO BACK TO AS-1B AND IF 'YES' THEN ASK AS-2B, AS-3B, ETC.)

AS-1. Have you ever used {INSERT SUBSTANCE}?

	<u>YES</u>	<u>NO</u>
a. Any alcohol at all?.....	1	2
b. Alcohol to the point where you felt the effects of it, for example you felt like you got "a buzz," were "high," or drunk?	1	2
c. Marijuana? (This includes pot, reefer, hashish, cannabis.)	1	2
d. Heroin? (This includes smack, horse, tar.)	1	2
e. Non-prescription methadone? (This includes Dolophine and LAAM.)	1	2
f. Other opiates or analgesics? (This includes morphine, dreamer junk, Demerol, Darvon, Darvocet, Codeine, school boy, Percodan, Dilaudid, Talwin, OxyContin.) .	1	2
g. Barbiturates? (This includes Seconal, reds, red devis, Nembutal, Tuninal or rainbows, phenobarbital yellow jackets, purple hearts.)	1	2
h. Sedatives, benzodiazepines, tranquilizers, or hypnotics? (This includes Valium, Librium, Xanax, Halcion, Klonipin.)	1	2
i. Cocaine, crack, or coca leaves?	1	2
j. Methamphetamines, amphetamines, or stimulants? (This includes Ecstasy, uppers, bennies, meth, speed, speedball, dexies, pep pill, crank, crystal, monster pep pill, black beauties, ice, batu.)	1	2
k. Hallucinogens? (This includes LSD, acid, purple haze, mescaline, mesc, cactus, PCP, angel dust, mushrooms, peyote.)	1	2
l. Inhalants? (This includes nitrous oxide, whippets, glue, amyl nitrate, mush, lockerroom, poppers, snappers, gasoline, paint, nail polish remover.)	1	2
m. More than one substance per day, including alcohol?	1	2

IF RESPONDENT HAS NEVER USED ANY SUBSTANCE (ALL AS-1 = 2), THEN GO TO AS-25.

AS-2. How many years of your life have you regularly used {INSERT SUBSTANCE}?

[INTERVIEWER: PROBE IF NECESSARY: "By regularly, I mean three or more times per week."]

___ YEARS

AS-3. In the past 30 days, how many days have you used {INSERT SUBSTANCE}?

___ DAYS

ONLY ASK AS-4 AND AS-5 FOR MARIJUANA (AS-1C = 1); OTHER OPIATES OR ANALGESICS (AS-1F = 1); BARBITURATES (AS-1G = 1); SEDATIVES, TRANQUILIZERS, OR HYPNOTICS (AS-1H = 1); AND METHAMPHETAMINES, AMPHETAMINES, OR STIMULANTS (AS-1J = 1).

HOWEVER, IF NO SUBSTANCE USE IN PAST 30 DAYS (AS-3 = 0), THEN GO TO NEXT ITEM IN AS-1 OR AS-6.

AS-4. Was this prescribed for you?

YES 1
NO 2 (NEXT ITEM IN AS-1 OR AS-6)

AS-5. How many days in the past 30 did you take at least one extra dose of {INSERT SUBSTANCE}?

___ DAYS

AS-6. Out of all the drugs I just mentioned, which substance is the major problem for you?

NO MAJOR PROBLEM	10
ALCOHOL	11
MARIJUANA	12
HEROIN	13
METHADONE	14
OTHER OPIATES/ANALGESICS	15
BARBITUATES	16
SEDATIVES/BENZODIAZEPINES/HYPNOTICS/ TRANQUILIZERS	17
COCAINE/CRACK	18
METHAMPHETAMINES/AMPHETAMINES/ STIMULANTS	19
HALLUCINOGENS	20
INHALANTS	21
MAJOR PROBLEM WITH ALCOHOL AND ONE OR MORE DRUGS (SPECIFY) _____	91
MAJOR PROBLEM WITH MORE THAN ONE DRUG (SPECIFY) _____	92

IF NO MAJOR ALCOHOL OR SUBSTANCE ABUSE PROBLEM (AS-6 = 10), THEN GO TO AS-9.

AS-7. How long was your last period of voluntary abstinence from this major substance?

[INTERVIEWER: PROBE IF NECESSARY: "Have you ever stopped using this substance for over a month? When was the last time you stopped using this substance for over a month? Did you stay clean on your own, or were you in some sort of a controlled environment at the time? How long did that period of abstinence last?"

[INTERVIEWER: CODE '00' IF RESPONDENT HAS NEVER BEEN ABSTINENT.]

<input type="text"/> <input type="text"/> NUMBER	
MONTHS	1
YEARS	2

IF NEVER BEEN ABSTINENT (AS-7 = 00), THEN GO TO AS-9.

AS-8. How many months ago did this abstinence end?

[INTERVIEWER: CODE '00' IF RESPONDENT IS STILL ABSTINENT.]

<input type="text"/> <input type="text"/> NUMBER	
MONTHS	1
YEARS	2

AS-9. In the past 30 days have you injected drugs?

YES	1
NO	2

IF RESPONDENT HAS NEVER USED ANY ALCOHOL AT ALL (AS-1a = 2), THEN GO TO BOX AS-1.

AS-10. How many times have you had alcohol DT's?

[INTERVIEWER: STATE IF NECESSARY: "DT's occur 24 to 48 hours after a person's last drink. They consist of tremors or shaking and delirium or severe disorientation. They are often accompanied by fever. There are sometimes, but not always, hallucinations. True DT's are usually so severe that they require some type of medical care or outside intervention."]

NUMBER OF TIMES

BOX AS-1

IF RESPONDENT HAS NEVER USED ANY DRUGS AT ALL (ALL AS-1c THROUGH AS-1m = 2),
THEN GO TO BOX AS-2.

AS-11. How many times have you overdosed on drugs?

NUMBER OF TIMES

BOX AS-2

IF RESPONDENT HAS NEVER USED ANY ALCOHOL AT ALL (AS-1a = 2), THEN GO TO BOX AS-3.

AS-12. How many times in your life have you been treated for alcohol abuse?

NUMBER OF TIMES

IF NEVER BEEN TREATED FOR ALCOHOL ABUSE (AS-12 = 0), THEN GO TO AS-14.

AS-13. How many of those treatments involved a detox with no follow-up?

|_| | NUMBER OF DETOX TREATMENTS

BOX AS-3
IF RESPONDENT HAS NEVER USED ANY DRUGS AT ALL (ALL AS-1c THROUGH AS-1m = 2),
THEN GO TO BOX AS-4.

AS-14. How many times in your life have you been treated for drug abuse?

|_| | NUMBER OF TIMES

IF NEVER BEEN TREATED FOR DRUG ABUSE (AS-14 = 0), THEN GO TO AS-16.

AS-15. How many of those treatments involved a detox with no follow-up?

|_| | NUMBER OF DETOX TREATMENTS

BOX AS-4
IF RESPONDENT HAS NOT USED ALCOHOL IN PAST 30 DAYS (AS-3a = 0),
THEN GO TO BOX AS-5.

AS-16. How much have you spent on alcohol in the past 30 days?

\$|_|_|_|_| . |_|_|

BOX AS-5
IF RESPONDENT HAS NOT USED DRUGS IN PAST 30 DAYS (ALL AS-3c THROUGH AS-3m = 0),
THEN GO TO AS-18.

AS-17. How much have you spent on drugs in the past 30 days?

\$|_|_|_|_| . |_|_|

AS-18. How many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?

||| NUMBER OF DAYS

IF RESPONDENT HAS NEVER USED ANY ALCOHOL AT ALL (AS-1a = 2), THEN GO TO BOX AS-6.

AS-19. How many days in the past 30 days have you experienced alcohol problems?

||| NUMBER OF DAYS

BOX AS-6
IF RESPONDENT HAS NEVER USED ANY DRUGS AT ALL (ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-7.

AS-20. How many days in the past 30 days have you experienced drug problems?

||| NUMBER OF DAYS

BOX AS-7
IF RESPONDENT HAS NEVER USED ANY ALCOHOL AT ALL (AS-1a = 2), THEN GO TO BOX AS-8.

AS-21. How troubled or bothered have you been in the past 30 days by alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-8
IF RESPONDENT HAS NEVER USED ANY DRUGS AT ALL (ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-9.

AS-22. How troubled or bothered have you been in the past 30 days by drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-9

IF RESPONDENT HAS NEVER USED ANY ALCOHOL AT ALL (AS-1a = 2), THEN GO TO BOX AS-10.

AS-23. How important to you now is treatment for these alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-10

IF RESPONDENT HAS NEVER USED ANY DRUGS AT ALL (ALL AS-1c THROUGH AS-1m = 2), THEN GO TO AS-25.

AS-24. How important to you now is treatment for these drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

AS-25. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S MISREPRESENTATION?]

- YES 1
- NO 2

AS-26. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S INABILITY TO UNDERSTAND THE QUESTIONS?]

- YES 1
- NO 2

ATTITUDES TOWARD WORK (AT)

AT-1. Would you like to have a {different} paying job now in the community?

YES 1
NO 2 (AT-6)

AT-2. What job would you like to have? Any others?

[INTERVIEWER: PROBE FOR TYPE OF JOB TO GET A GOOD UNDERSTANDING OF WHAT IT IS THE RESPONDENT ACTUALLY WANTS TO DO. SETTING AND JOB DESCRIPTION WOULD BE IMPORTANT INFORMATION. FOR EXAMPLE, STREET MUSICIAN MAY BE VERY DIFFERENT FROM A CONCERT PIANIST.]

[INTERVIEWER: RECORD UP TO THREE JOB PREFERENCES.]

FIRST JOB PREFERENCE

SECOND JOB PREFERENCE

THIRD JOB PREFERENCE

AT-3. How many hours a week would you like to work?

[_][_] HOURS

AT-4. How many days a week would you like to work?

[_] DAYS

AT-5. How much would you like to be paid an hour?

\$_[][][] . [][] HOURLY WAGE

I'd like to ask you a few questions about your basic understanding of Social Security benefits.

AT-6. Fear of losing benefits is common among most beneficiaries. Please tell me whether you agree or disagree with these statements about Social Security benefits.

	<u>DISAGREE</u>	<u>NOT SURE</u>	<u>AGREE</u>
a. As soon as people start working they stop getting their benefit checks.	1	2	3
b. I can make more money just collecting my benefit checks than I can if I go to work while on benefits.	1	2	3
c. I can make money at a job and still collect my benefit checks.	1	2	3
d. As soon as people start working they lose their medical coverage.	1	2	3
e. Unless a job offers coverage of mental health and prescriptions, I can't afford to take it.	1	2	3
f. If I go to work, get off of benefits and get sick right away, I'll have a hard time getting back on benefits.	1	2	3
g. I can't afford to get training to help me get a better job.	1	2	3
h. If I knew that I wouldn't lose all of my benefits, I would try to get a job or get a better job.	1	2	3

HEALTH CARE COVERAGE AND SERVICE UTILIZATION (HC)

A. HEALTH CARE COVERAGE

Now I'd like to ask you some questions about health insurance.

HC-1. Do you have health insurance coverage now?

[INTERVIEWER: PROBE IF NECESSARY: "For instance, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?"]

YES 1 (HC-3)
NO 2

HC-2. So, you are uninsured, is that correct?

[INTERVIEWER: PROBE IF NECESSARY: "This means no Medicaid coverage or any other government sponsored health insurance coverage."]

YES 1 (HC-15)
NO 2

HC-3. Are you covered by Medicare?

[INTERVIEWER: PROBE IF NECESSARY: "Medicare is the health insurance plan for people 65 and older or for people with certain disabilities."]

YES 1
NO 2 (HC-7)

HC-4. Are you enrolled in Part B of Medicare which provides coverage for doctor and clinic visits, laboratories, and other nonhospital services?

YES 1
NO 2

HC-5. Are you enrolled in Part D of Medicare which provides coverage for prescription medications?

YES 1
NO 2

HC-6. Are you covered by Medicare supplemental insurance or Medigap?

[INTERVIEWER: PROBE IF NECESSARY: "These policies are designed to cover the costs of health care that are not covered by Medicare."]

YES 1
NO 2

HC-7. Are you covered by any private health insurance plan (excluding Medigap plans), such as health insurance that you obtain through an employer, through COBRA, through a family member, or buy personally?

YES, EMPLOYER 1
YES, COBRA OR BOUGHT PERSONALLY 2
YES, THROUGH A FAMILY MEMBER 3
NO 4 (HC-9)
YES, SOME OTHER PRIVATE SOURCE (SPECIFY) _____ 91

HC-8. Does this plan pay for some part of your prescription medications?

YES 1
NO 2

HC-9. Are you covered by Medicaid?

[INTERVIEWER: PROBE IF NECESSARY: "Medicaid is the government assistance program that helps pay for health care."]

YES 1
NO 2

HC-10. {INSERT STATE SCHIP PROGRAM } is a government assistance program that helps pay for health care for children in this state. Sometimes this program helps pay for health care for parents too. Are you covered by {INSERT STATE SCHIP PROGRAM}?

YES 1
NO 2

HC-11. Are you covered by a military health insurance plan such as CHAMPUS, CHAMP-VA, or TRICARE?

YES 1
NO 2

HC-12. Do you have state, county or any other government health insurance coverage through some other source that I have not mentioned?

YES (SPECIFY) _____ 1
NO 2 (HC-14)

HC-13. Does this plan pay for some part of your prescription medications?

YES 1
NO 2

HC-14. Do you receive medications or get help in paying for medications from any other programs?

[INTERVIEWER: PROBE IF NECESSARY: "Programs such as State Pharmacy Assistance Program, Pharmaceutical Companies."]

YES (SPECIFY) _____ 1
NO 2

HC-15. Do you get free or subsidized health care services directly from any other program?

[INTERVIEWER: PROBE IF NECESSARY: "Programs such as State and local government programs, VA, Indian Health Service (IHS), or another program I have not mentioned."]

YES (SPECIFY) _____ 1
NO 2 (BOX HC-1)

HC-16. Does this program also provide prescription medications?

YES 1
NO 2

BOX HC-1

IF RESPONDENT IS UNINSURED (HC-2 = 1), THEN CONTINUE WITH HC-17.
OTHERWISE, GO TO HC-19.

HC-17. In the past, have you ever had health insurance?

YES 1
NO 2 (HC-19)

HC-18. When did you become uninsured? Would you say...

- Within the past six months, 1
- Within the past year, 2
- Within the past 2 years, 3
- Within the past 5 years, or 4
- More than 5 years ago? 5

B. HEALTH CARE SERVICE UTILIZATION

HC-19. During the **past 6 months**, did you receive any care in an emergency room?

- YES 1
- NO 2 (HC-27)

ITEM HC-20 WAS DELETED.

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards over the **past 6 months**.

ASK HC-21 TO HC-26 ABOUT EACH EMERGENCY ROOM VISIT IN PAST SIX MONTHS.

HC-21. When did you go on your most recent visit?/When did you go before that?

[INTERVIEWER: ASK RESPONDENT ABOUT PREVIOUS EMERGENCY ROOM VISITS BY READING THE DATE AND NAME OF THE LAST EMERGENCY ROOM VISIT ENTERED. VISITS MUST BE SINCE DATE OF LAST INTERVIEW.]

 |_|_| - |_|_|_|_|
MONTH YEAR

HC-22. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF EMERGENCY ROOM

HC-23. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-21) AND NAME OF PLACE (RESPONSE TO HC-22) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-24. Were you admitted to the hospital following this emergency room visit?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-21) AND NAME OF PLACE (RESPONSE TO HC-22) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- YES 1
- NO 2 (NEXT VISIT OR HC-27)

HC-25. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-21) AND NAME OF PLACE (RESPONSE TO HC-22) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-26. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-21) AND NAME OF PLACE (RESPONSE TO HC-22) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ NIGHTS

HC-27. During the **past 12 months**, have you stayed overnight in a hospital other than the ones you mentioned in the previous questions?

YES 1
NO 2 (HC-33)

ITEM HC-28 WAS DELETED.

I'd like to get more information about your hospital stays over the **past 12 months** other than the ones you mentioned earlier. Let's begin with the most recent time you were in the hospital and work backwards over the past year.

ASK HC-29 TO HC-32 ABOUT EACH HOSPITAL VISIT IN PAST 12 MONTHS.

HC-29. When did you stay in the hospital?/When did you stay before that?

____ - _____
MONTH YEAR

HC-30. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF HOSPITAL

HC-31. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-29) AND NAME OF PLACE (RESPONSE TO HC-30) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

A physical problem, 1
A mental health problem, 2
An alcohol problem, 3
A drug problem, or 4
Some other problem? (SPECIFY) _____ 91

HC-32. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-29) AND NAME OF PLACE (RESPONSE TO HC-30) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

||| NIGHTS

HC-33. Other than a hospital or emergency room, did you receive help for a psychiatric emergency or crisis from some other source in the **past 6 months**? This includes help from a mobile treatment or outreach team, crisis center, psychiatric stabilization program, peer crisis support, or other program providing psychiatric crisis care.

YES 1
NO 2 (HC-39)

ASK HC-34 TO HC-38 ABOUT EACH PSYCHIATRIC EMERGENCY CENTER VISIT IN PAST 6 MONTHS.

HC-34. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF PSYCHIATRIC EMERGENCY CENTER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS VISIT FROM ANY OTHER VISIT. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF PSYCHIATRIC EMERGENCY CENTER

HC-35. How many times in the past 6 months did you receive services at {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER}?

||| TIMES

HC-36. When you went to {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1

PROVIDER 2

PROVIDER 3

ASK HC-37 AND HC-38 ABOUT EACH PROVIDER NAMED IN HC-36.

HC-37. How many times in the past 6 months did you see {INSERT NAME OF PROVIDER IN HC-36}?

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-34) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

[_][_] TIMES

HC-38. Did {INSERT NAME OF PROVIDER IN HC-36}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-34) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 5

HC-39. Other than your hospital stays or emergency room visits, did you go to another clinic or mental health provider during the **past 3 months**?

YES 1

NO 2 (HC-46)

I'd like to know more about these visits. Let's begin with the most recent time you went to another clinic or mental health provider and work backwards over the **past 3 months**.

ASK HC-40 TO HC-45 ABOUT EACH CLINIC OR MENTAL HEALTH PROVIDER VISIT IN PAST 3 MONTHS.

HC-40. Where did you go?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF CLINIC OR MENTAL HEALTH PROVIDER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS CLINIC FROM ANY OTHER CLINIC. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF CLINIC OR MENTAL HEALTH PROVIDER

HC-41. Please tell us all the reasons for your visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-40) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-42. How many times in the past 3 months did you receive services at this particular place?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-40) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

TIMES

HC-43. When you went to {INSERT NAME OF CLINIC OR MENTAL HEALTH PROVIDER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1

PROVIDER 2

PROVIDER 3

ASK HC-44 AND HC-45 ABOUT EACH PROVIDER NAMED IN HC-43.

HC-44. How many times in the past 3 months did you see {INSERT NAME OF PROVIDER IN HC-43}?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-40) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

TIMES

HC-45. Did {INSERT NAME OF PROVIDER IN HC-43}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-40) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 5

HC-46. Are you currently taking any prescription medications?

- YES 1
- NO 2 (NEXT SECTION)

HC-47. It would be helpful if I could look at any medicine bottles, containers, or bags that you have so that I can spell the name correctly and enter the strength of the medicine.

[INTERVIEWER: ENTER ALL MEDICINES. CHECK MEDICINE BOTTLE FOR SPELLING. BE SURE TO RECORD THE STRENGTH OF THE MEDICINE IN ADDITION TO THE NAME. ENTER NAME, STRENGTH AMOUNT, AND STRENGTH UNIT IN SEPARATE FIELDS..]

[PROGRAMMER: USE THREE SEPARATE FIELDS FOR MEDICINE NAME, STRENGTH AMOUNT, AND STRENGTH UNIT. USE LOOK-UP TABLE FOR MEDICINE NAME AND STRENGTH UNIT AS SPECIFIED BELOW. STRENGTH AMOUNT SHOULD BE AN OPEN-ENDED NUMERIC FIELD.]

LOOK-UP TABLE FOR MEDICINE NAME:

Abilify
 Amitriptyline
 Amoxapine
 Anafranil
 Aripiprazole
 Asendin
 Bupropion sustained release
 Carbamazepine/Carbamazepine extended release
 Celexa
 Citalopram
 Clomipramine
 Clozapine
 Clozaril
 Cymbalta
 Depakene/Depakote/Depakote ER
 Desipramine
 Divalproex sodium
 Doxepin
 Duloxetine
 Effexor XR
 Elavil
 Equetro
 Escitalopram
 Eskalith CR
 Extended release
 Fluoxetine
 Fluphenazine/Fluphenazine IM Inj./Fluphenazine decanoate
 Geodon
 Haldol/Haldol IM/Haldol-D
 Haloperidol/Haloperidol IM Inj./Haloperidol decanoate
 Imipramine
 Lamictal
 Lamotrigine
 Lexapro
 Lithium carbonate
 Lithium citrate
 Lithobid
 Loxapine/Loxapine IM
 Loxitane/Loxitane IM

- Mirtazapine
- Molindone
- Norpramin
- Nortriptyline
- Olanzapine
- Olanzapine and Fluoxetine
- Orap
- Oxcarbazepine
- Pamelor
- Paroxetine
- Paxil
- Perphenazine
- Prolixin/Prolixin IM/Prolixin-D
- Protriptyline
- Prozac
- Quetiapine
- Remeron
- Risperdal/Risperdal Consta
- Risperidone/Risperidone long-acting injection
- Seroquel
- Sertraline
- Sinequan
- Symbyax
- Tegretol
- Tofranil
- Topamax
- Topiramate
- Trilafon
- Trileptal
- Valproate
- Venlafaxine extended release
- Vivactil
- Wellbutrin SR/XL
- Ziprasidone
- Zoloft
- Zyprexa
- OTHER (SPECIFY)

RESPONSE OPTIONS FOR STRENGTH UNIT:

- MICROGRAMS (mcg, mc) 1
- MILLIGRAMS (mg) 2
- GRAINS (gr) 3
- MILLIEQUIVALENTS (meq) 4
- GRAMS (g, gm) 5
- PERCENT (%) 6
- INTERNATIONAL UNITS (IU) 7
- UNITS (U) 8
- COMPOUND/MORE THAN ONE MEDICINE COMBINED 9
- OTHER (SPECIFY) _____ 91

QUALITY OF LIFE (QL)

This is called the Delighted-Terrible Scale. The scale goes from terrible, which has the lowest ranking of 1, to delighted, which has the highest ranking of 7. There are also points 2 through 6 with descriptions below them.

[INTERVIEWER: READ POINTS ON THE SCALE.]

We'll use this scale to help you tell me how you feel about different things in your life. All you have to do is point to the label on the scale that best describes how you feel. For example, if I ask "how do you feel about chocolate ice cream" and you are someone who loves chocolate ice cream, you might point to 'delighted.' On the other hand, if you hate chocolate ice cream, you might point to 'terrible.' If you feel equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Let's begin. The first question is a very general one.

QL-1. How do you feel about your life in general?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

Now I want to ask about the vocational services you are getting.

QL-2. How do you feel about the vocational services you were getting before enrolling in this study?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

DIGIT SYMBOL TEST (DS)

[INTERVIEWER: ADMINISTER THE PAPER-PENCIL DIGIT SYMBOL TEST. SCORE THE TEST AFTER YOU HAVE FINISHED INTERVIEWING THE BENEFICIARY AND RECORD THE SCORE IN THE SMS.]

RANDOMIZATION (RM)

We are finished with the interview. Now I will find out if you will be randomized to the treatment group or the control group. This will only take a few minutes.

[INTERVIEWER: CALL WESTRAX (1-888-657-8820) LINE TO FIND OUT THE RANDOMIZATION ASSIGNMENT FOR THIS BENEFICIARY. YOU WILL NEED TO ENTER THE BENEFICIARY’S STUDY ID NUMBER.]

STUDY ID NUMBER: {DISPLAY STUDY ID NUMBER}

RM-1. [INTERVIEWER: ENTER RANDOMIZATION NUMBER.]

|_|_|_|_| RANDOMIZATION NUMBER

RM-2. [INTERVIEWER: ENTER THE TREATMENT ARM THE BENEFICIARY HAS BEEN RANDOMIZED TO.]

TREATMENT ARM 1.....	1
CONTROL ARM 2	2 (RM-4)

RM-3. [INTERVIEWER: THIS BENEFICIARY IS IN THE TREATMENT GROUP. COMPLETE THE INSURANCE QUESTIONNAIRE FOR THIS BENEFICIARY.]

NOTE THE INSURANCE STATUS DISPLAYED BELOW FOR THIS BENEFICIARY AND FILL OUT THAT SECTION OF THE INSURANCE QUESTIONNAIRE.]

HEALTH INSURANCE STATUS: {IF HC-2 = 1 DISPLAY “BENEFICIARY HAS NO HEALTH INSURANCE”.

IF HC-3 = 1 AND HC-7 ≠ 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 ≠ 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MEDICARE ONLY”.

IF HC-3 ≠ 1 AND HC-7 ≠ 1 AND (HC-9 = 1 OR HC-10 = 1) AND HC-11 ≠ 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MEDICAID ONLY”.

IF HC-3 = 1 AND HC-7 ≠ 1 AND (HC-9 = 1 OR HC-10 = 1) AND HC-11 ≠ 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MEDICARE AND MEDICAID ”.

IF HC-3 ≠ 1 AND HC-7 = 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 ≠ 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS PRIVATE INSURANCE ONLY”.

IF HC-3 = 1 AND HC-7 = 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 ≠ 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MEDICARE AND PRIVATE INSURANCE”.

IF HC-3 ≠ 1 AND HC-7 ≠ 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 = 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MILITARY HEALTH INSURANCE ONLY ”.

IF HC-3 = 1 AND HC-7 ≠ 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 = 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS MEDICARE AND MILITARY HEALTH INSURANCE”.

IF HC-3 ≠ 1 AND HC-7 = 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 = 1 AND HC-12 ≠ 1 DISPLAY “BENEFICIARY HAS PRIVATE INSURANCE AND MILITARY HEALTH INSURANCE”.

IF HC-3 ≠ 1 AND HC-7 ≠ 1 AND HC-9 ≠ 1 AND HC-10 ≠ 1 AND HC-11 ≠ 1 AND HC-12 = 1 DISPLAY “BENEFICIARY HAS STATE, COUNTY, OR OTHER GOVERNMENT HEALTH INSURANCE”.

FOR ANY OTHER COMBINATION (INCLUDING DKs OR RFs) DISPLAY “UNSURE OF INSURANCE STATUS. FILL OUT THE INSURANCE STATUS UNKNOWN SECTION OF THE INSURANCE QUESTIONNAIRE.”

END INTERVIEW.

RM-4. [INTERVIEWER: THIS BENEFICIARY IS IN THE CONTROL GROUP. PAY THE BENEFICIARY \$20 FOR COMPLETING THE BASELINE INTERVIEW AND HAVE HIM/HER SIGN THE CONTROL GROUP RECEIPT LOG.]

Supplemental Appendix D

MHTS Quarterly Questionnaire for Treatment Group

CONTACT INFORMATION AND DEMOGRAPHICS (DM)

DM-1. Are you still at (the current address as indicated on RIS)?

YES 1 (DM-3)
NO 2

DM-2. What is your current address?

STREET ADDRESS

CITY

STATE

ZIP CODE

DM-3. Is there a telephone number other than (the one indicated on the RIS) where we can reach you?

YES 1
NO 2 (DM-5)

DM-4. What is that number?

□□□□ - □□□□ - □□□□
TELEPHONE NUMBER

DM-5. Are you planning to move in the next 3 months?

YES 1
NO 2 (DM-10)

DM-6. What will your new address be?

STREET ADDRESS

CITY

STATE

ZIP CODE

DM-7. When will you move to this new address?

/ /
 MONTH DAY YEAR

DM-8. Will you keep the same telephone number?

- YES 1 (DM-10)
- NO 2

DM-9. What will your new telephone number be?

- -
 TELEPHONE NUMBER

Next, I will re-ask you some questions about yourself.

DM-10. What is your marital status?

- Never married, 1
- Married, 2
- Living as married, 3
- Separated, 4
- Divorced, or 5
- Widowed? 6

DM-11. What is the highest grade in school that you completed?

- NO FORMAL SCHOOLING 11
- SOME ELEMENTARY SCHOOLING 12
- COMPLETED 8TH GRADE 13
- SOME HIGH SCHOOL 14
- COMPLETED HIGH SCHOOL OR GED 15
- SOME COLLEGE OR TECHNICAL SCHOOL 16
- COMPLETED ASSOCIATE'S DEGREE 17
- COMPLETED BACHELOR'S DEGREE 18
- SOME GRADUATE SCHOOL 19
- COMPLETED MASTER'S DEGREE 20
- COMPLETED DOCTORAL DEGREE 21
- OTHER (SPECIFY) _____ 91

DM-12. Describe who you have been living with during the past 30 days.

[INTERVIEWER: CODE ALL THAT APPLY.]

- LIVING ALONE 1
- LIVING WITH SPOUSE/SIGNIFICANT OTHER ONLY 2
- LIVING WITH CHILDREN ONLY 3
- LIVING WITH SPOUSE/SIGNIFICANT OTHER
AND CHILDREN..... 4
- LIVING WITH PARENTS 5
- LIVING WITH OTHER RELATIVES (OTHER THAN
SPOUSE, CHILDREN, OR PARENTS) 6
- LIVING WITH FRIENDS 7
- LIVING WITH OTHER NON-RELATED ADULTS
(NOT NECESSARILY FRIENDS) 8
- OTHER (SPECIFY) _____ 9

DM-13. Which of following best describes where you have been living during the past 30 days? Would you say...

- At one address in an apartment or house, 1
- At more than one address in apartments or houses, .. 2
- In a homeless shelter or homeless with no
particular address, or..... 3 (DM-21)
- Some other place? (SPECIFY) _____ 4

IF RESPONDENT LIVES ALONE, WITH FRIENDS, WITH OTHER NON-RELATED ADULTS, OR OTHER
(DM-12 = 1, 7, 8, OR 9), CONTINUE WITH DM-14.

IF RESPONDENT LIVES WITH SPOUSE ONLY (DM-12 = 2), GO TO DM-21.

ELSE, GO TO DM-18.

DM-14. In this place where you live, do you receive visits from a case manager or some other person from a city or state agency?

- YES 1
- NO 2

DM-15. Are there staff from a mental health agency or other city or state agency who are living at the residence?

- YES 1
- NO 2

DM-16. Are your meals prepared by residential staff employed by a mental health center or other city or state agency?

YES 1
NO 2

IF RESPONDENT RECEIVES VISITS FROM A CASE MANAGER, STAFF FROM A MENTAL HEALTH AGENCY LIVE AT THE RESIDENCE, OR MEALS ARE PREPARED BY STAFF (DM-14 = 1 OR DM-15 = 1 OR DM-16 = 1), CONTINUE WITH DM-17. OTHERWISE, GO TO BOX DM-1.

DM-17. Are there other people living in the apartment or house who receive help from the same agency as you?

YES 1
NO 2

BOX DM-1
IF RESPONDENT LIVES ALONE (DM-12 = 1), THEN GO TO DM-21.

DM-18. How many adults age 18 or over lived with you for most of the past 30 days?

|_|_| ADULTS

IF NO ADULTS LIVE WITH RESPONDENT (DM-18 = 0), THEN GO TO DM-20.

DM-19. Of these adults, how many are dependent on you for support?

|_|_| DEPENDENT ADULTS

DM-20. How many children under the age of 18 lived with you for most of the past 30 days?

|_|_| CHILDREN

DM-21. In the past three months, how many days have you been...

Living in a shelter or on the street? |_|_|
In jail or a correctional facility? |_|_|

**HEALTH STATUS (HS)
SF-12**

The next few questions ask about your health and how well you are able to do your usual activities. First I will ask about your health now. Please try to answer the question as accurately as you can.

HS-1. In general, would you say your health is...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

Now, I'm going to ask about activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

HS-3. Does your health now limit you in climbing several flights of stairs? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

The next two questions ask about your physical health and your daily activities.

HS-4. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-5. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

Now I will ask about any emotional problems and your daily activities.

HS-6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-7. During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

- Not at all, 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

HS-9. During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-10. During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

**ALCOHOL AND SUBSTANCE USE (AS)
ADDICTION SEVERITY INDEX**

The next set of questions are about how frequently you drink alcoholic beverages or use drugs. Remember that your answers are strictly confidential.

ASK AS-2 AND AS-3 IMMEDIATELY AFTER A 'YES' RESPONSE FOR EACH SUB-ITEM IN AS-1. (EXAMPLE: ASK AS-1A. IF 'YES' THEN ASK AS-2A, AS-3A, ETC. GO BACK TO AS-1B AND IF 'YES' THEN ASK AS-2B, AS-3B, ETC.)

AS-1. In the past 30 days, how many days have you used {INSERT SUBSTANCE}...

- a. Any alcohol at all?.....
- b. Alcohol to the point where you felt the effects of it, for example you felt like you got "a buzz," were "high," or drunk?
- c. Marijuana? (This includes pot, reefer, hashish, cannabis.)
- d. Heroin? (This includes smack, horse, tar.)
- e. Non-prescription methadone? (This includes Dolophine and LAAM.)
- f. Other opiates or analgesics? (This includes morphine, dreamer junk, Demerol, Darvon, Darvocet, Codeine, school boy, Percodan, Dilaudid, Talwin, OxyContin.) .
- g. Barbiturates? (This includes Seconal, reds, red devis, Nembutal, Tuninal or rainbows, phenobarbital yellow jackets, purple hearts.)
- h. Sedatives, benzodiazepines, tranquilizers, or hypnotics? (This includes Valium, Librium, Xanax, Halcion, Klonopin.)
- i. Cocaine, crack, or coca leaves?
- j. Methamphetamines, amphetamines, or stimulants? (This includes Ecstasy, uppers, bennies, meth, speed, speedball, dexies, pep pill, crank, crystal, monster pep pill, black beauties, ice, batu.)
- l. Hallucinogens? (This includes LSD, acid, purple haze, mescaline, mesc, cactus, PCP, angel dust, mushrooms, peyote.)
- l. Inhalants? (This includes nitrous oxide, whippets, glue, amyl nitrate, mush, lockerroom, poppers, snappers, gasoline, paint, nail polish remover.)
- m. More than one substance per day, including alcohol?

IF RESPONDENT HAS NOT USED ANY SUBSTANCES IN PAST 30 DAYS (ALL AS-1 = 2), THEN GO TO AS-23.

ONLY ASK AS-2 AND AS-3 FOR MARIJUANA (AS-1C = 1); OTHER OPIATES OR ANALGESICS (AS-1F = 1); BARBITURATES (AS-1G = 1); SEDATIVES, TRANQUILIZERS, OR HYPNOTICS (AS-1H = 1); AND METHAMPHETAMINES, AMPHETAMINES, OR STIMULANTS (AS-1J = 1).

HOWEVER, IF NO SUBSTANCE USE IN PAST 30 DAYS (AS-1 = 0), THEN GO TO NEXT ITEM IN AS-1 OR AS-4.

AS-2. Was this prescribed for you?

- YES 1
- NO 2 (NEXT ITEM IN AS-1 OR AS-4)

AS-3. How many days in the past 30 did you take at least one extra dose of {INSERT SUBSTANCE}?

DAYS

AS-4. Out of all the drugs I just mentioned, which substance is the major problem for you?

- NO MAJOR PROBLEM 0
- ALCOHOL 1
- MARIJUANA 2
- HEROIN 3
- METHADONE 4
- OTHER OPIATES/ANALGESICS 5
- BARBITURATES 6
- SEDATIVES/BENZODIAZEPINES/HYPNOTICS/
TRANQUILIZERS 7
- COCAINE/CRACK 8
- METHAMPHETAMINES/AMPHETAMINES/
STIMULANTS 9
- HALLUCINOGENS 10
- INHALANTS 11
- MAJOR PROBLEM WITH ALCOHOL AND ONE
OR MORE DRUGS (SPECIFY) _____ 12
- MAJOR PROBLEM WITH MORE THAN ONE
DRUG (SPECIFY) _____ 13

IF NO MAJOR ALCOHOL OR SUBSTANCE ABUSE PROBLEM (AS-4 = 0), THEN GO TO AS-7.

AS-5. How long was your last period of voluntary abstinence from this major substance?

[INTERVIEWER: PROBE IF NECESSARY: "Have you ever stopped using this substance for over a month? When was the last time you stopped using this substance for over a month? Did you stay clean on your own, or were you in some sort of a controlled environment at the time? How long did that period of abstinence last?"

[INTERVIEWER: CODE '00' IF RESPONDENT HAS NEVER BEEN ABSTINENT.]

__ NUMBER

MONTHS 1
YEARS 2

IF NEVER BEEN ABSTINENT (AS-5 = 00), THEN GO TO AS-7.

AS-6. How many months ago did this abstinence end?

[INTERVIEWER: CODE '00' IF RESPONDENT IS STILL ABSTINENT.]

__ NUMBER

MONTHS 1
YEARS 2

AS-7. In the past 30 days have you injected drugs?

YES 1
NO 2

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2), THEN GO TO BOX AS-1.

AS-8. How many times have you had alcohol DT's in the past 30 days?

[INTERVIEWER: STATE IF NECESSARY: "DT's occur 24 to 48 hours after a person's last drink. They consist of tremors or shaking and delirium or severe disorientation. They are often accompanied by fever. There are sometimes, but not always, hallucinations. True DT's are usually so severe that they require some type of medical care or outside intervention."]

__ NUMBER OF TIMES

BOX AS-1

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-2.

AS-9. How many times have you overdosed on drugs in the past 30 days?

|_|_| NUMBER OF TIMES

BOX AS-2

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2),
THEN GO TO BOX AS-3.

AS-10. How many times have you been treated for alcohol abuse in the past 30 days?

|_|_| NUMBER OF TIMES

IF NEVER BEEN TREATED FOR ALCOHOL ABUSE (AS-10 = 0), THEN GO TO AS-12.

AS-11. How many of those treatments involved a detox with no follow-up?

|_|_| NUMBER OF DETOX TREATMENTS

BOX AS-3

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-4.

AS-12. How many times have you been treated for drug abuse in the past 30 days?

|_|_| NUMBER OF TIMES

IF NEVER BEEN TREATED FOR DRUG ABUSE (AS-12 = 0), THEN GO TO AS-14.

AS-13. How many of those treatments involved a detox with no follow-up?

____ NUMBER OF DETOX TREATMENTS

BOX AS-4
IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2),
THEN GO TO BOX AS-5.

AS-14. How much have you spent on alcohol in the past 30 days?

\$____.____

BOX AS-5
IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO AS-16.

AS-15. How much have you spent on drugs in the past 30 days?

\$____.____

AS-16. How many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?

____ NUMBER OF DAYS

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2),
THEN GO TO BOX AS-6.

AS-17. How many days in the past 30 days have you experienced alcohol problems?

____ NUMBER OF DAYS

BOX AS-6
IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-7.

AS-18. How many days in the past 30 days have you experienced drug problems?

□□ NUMBER OF DAYS

BOX AS-7
IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2),
THEN GO TO BOX AS-8.

AS-19. How troubled or bothered have you been in the past 30 days by alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-8
IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO BOX AS-9.

AS-20. How troubled or bothered have you been in the past 30 days by drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-9
IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 2),
THEN GO TO BOX AS-10.

AS-21. How important to you now is treatment for these alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-10

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 2), THEN GO TO AS-23.

AS-22. How important to you now is treatment for these drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

AS-23. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S MISREPRESENTATION?]

- YES 1
- NO 2

AS-24. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S INABILITY TO UNDERSTAND THE QUESTIONS?]

- YES 1
- NO 2

EMPLOYMENT OUTCOMES AND CURRENT INCOME (EO)

A. EMPLOYMENT OUTCOMES

Now I'd like to ask you some questions about your work experience since the last time we talked}. That would be the time period from {INSERT DATE FROM LAST INTERVIEW} to today.

EO-1. Have you had a job since {INSERT DATE FROM LAST INTERVIEW}?

YES 1 (EO-3)
NO 2

EO-2. Have you filled out a job application or spoken with a prospective employer since {INSERT DATE FROM LAST INTERVIEW}?

YES 1
NO 2

GO TO EO-30.

EO-3. How many jobs have you had since {INSERT DATE FROM LAST INTERVIEW}? Please count all jobs you have held for pay. Remember that all of your responses are strictly confidential.

|_|_|
NUMBER OF JOBS

EO-4. Are you currently working at a job or business for pay?

YES 1
NO 2

Now, I am going to ask some questions about any and all jobs you've held for pay since {INSERT DATE FROM LAST INTERVIEW} starting with your {current/ most recent} job. If you {have/had} more than one job, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. Again, remember that I am interested in **all** of the jobs you've had since {INSERT DATE FROM LAST INTERVIEW}, and I cannot share this information with SSA under any circumstances.

ASK EO-5 TO EO-16 FOR EACH JOB HELD IN PAST THREE MONTHS/SINCE LAST INTERVIEW.

EO-5. What {is/was} your job title?/ What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

NAME OF JOB/JOB TITLE

EO-6. What month and year did you begin that job?

___ / ____
MONTH YEAR

EO-7. What month and year did that job end?

___ / ____
MONTH YEAR

CURRENTLY WORKING 95

EO-8. What {are/were} your main activities or duties on this job?

JOB DUTIES

EO-8a. What {is/was} the name of the organization or company you {work/worked} for?

NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95

EO-8b. What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

TYPE OF BUSINESS

EO-9. What {is/was} your hourly wage?

\$_ ____ . ____ HOURLY WAGE

EO-10. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of times that you {produce/produced}?

- YES 1 (EO-11)
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

EO-11. Now I want to know who {writes/wrote} your paycheck or {pays/paid} your wages. Which of the following best describes who {writes/wrote} your paycheck or {pays/paid} your wages for this job? Would you say...

- The employer, 1
- A mental health or rehabilitation agency, or..... 2
- CASUAL LABOR/SELF-EMPLOYED 3
- Someone else? (SPECIFY) _____ 91

EO-12. {Is/Was} any person who {supervises/supervised} your work an employee of a mental health or rehabilitation agency?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

EO-13. {Is/Was} this job reserved only for people who get services from a mental health or rehabilitation agency?

- YES 1 (EO-15)
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

EO-14. So this job could have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

EO-15. {Does/Did} this job have a time limit to it? That is, {is/was} it only temporary?

- YES 1
- NO 2 (NEXT JOB OR EO-17)
- CASUAL LABOR/SELF-EMPLOYED 3 (NEXT JOB OR EO-17)

EO-16. Describe what is meant by it being "time limited." {Is/Was} this a seasonal job or a transitional job of some kind?

- SEASONAL JOB 1
- TRANSITIONAL JOB 2
- OTHER JOB (SPECIFY) _____ 3

EO-17. What was your main job since {INSERT DATE FROM LAST INTERVIEW}? Your main job is the job at which you worked the longest or worked the most hours.

[INTERVIEWER: SELECT THE MAIN JOB FROM LIST OF ALL JOBS IN PAST 3 MONTHS.]

NAME OF MAIN JOB/JOB TITLE

Now, I am going to ask you some additional questions about your main job, that is your job as (a/an) {INSERT JOB TITLE FROM EO-17}.

EO-18. Did anyone help you get this job?

- YES 1
- NO 2 (EO-20)

EO-19. Who helped you? Was it...

- Someone from {INSERT NAME OF MHTS SITE}, 1
- Someone from another vocational program
(SPECIFY), or _____ 2
- Someone else? (SPECIFY) _____ 3

EO-20. How many hours per day {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM EO-17}?

|_|_|
HOURS

EO-21. How many days per week {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM EO-17}?

|_|
DAYS

EO-22. How many weeks per month {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM EO-17}?

|_|
WEEKS

EO-26. We would like to know how you {feel/felt} about your job as (a/an) {INSERT JOB TITLE FROM EO-17}. I am going to read you a series of statements about that job. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strong disagree.

[INTERVIEWER: SHOW EO CARD.]

	<u>STRONGLY AGREE</u>	<u>SOMEWHAT AGREE</u>	<u>SOMEWHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
a. I feel good about this job.	1	2	3	4
b. This job is worthwhile.	1	2	3	4
c. The working conditions are good.	1	2	3	4
d. I have a fairly good chance for promotion in this job.	1	2	3	4
e. This is a dead-end job.	1	2	3	4
f. My co-workers help me to like this job more.	1	2	3	4
g. I am happy with the amount this job pays.	1	2	3	4
h. The vacation time and other benefits on this job are okay.	1	2	3	4
i. I need more money than this job pays.	1	2	3	4
j. This job does not provide the medical coverage I need.	1	2	3	4
k. My supervisor is fair.	1	2	3	4
l. My supervisor is hard to please.	1	2	3	4
m. My supervisor praises me when I do my job well.	1	2	3	4
n. My supervisor is difficult to get along with.	1	2	3	4
o. My supervisor recognizes my efforts.	1	2	3	4
p. My co-workers are easy to get along with.	1	2	3	4
q. My co-workers are lazy.	1	2	3	4
r. My co-workers are unpleasant.	1	2	3	4
s. My co-workers don't like me.	1	2	3	4
t. I want to quit this job.	1	2	3	4
u. I often feel tense on the job.	1	2	3	4
v. I don't know what's expected of me on this job.	1	2	3	4
w. I feel physically worn out at the end of the day.	1	2	3	4

ITEM EO-27 WAS DELETED.

EO-28. What was the main reason this job ended?

- QUIT 1
- FIRED 2
- LAID OFF 3
- TIME LIMITED JOB SUCH AS SEASONAL OR
TEMPORARY JOB 4
- REASSIGNED TO ANOTHER JOB 5
- OTHER (SPECIFY) _____ 6

EO-29. What could have made this a better job experience for you? Would you say...

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. A more flexible schedule?..... | 1 | 2 |
| b. Additional supports from mental health or
vocational staff?..... | 1 | 2 |
| c. Changes in your work space or work setting? | 1 | 2 |
| d. More time off? | 1 | 2 |
| e. Anything else? (SPECIFY) _____ | 1 | 2 |

EO-30. Would you like to have a {different} paying job now in the community?

- YES 1
- NO 2

B. CURRENT INCOME SOURCES

EO-31. Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential.

- a. Any earned income or money from all paid employment, including tips or commissions. Please tell me the take home amount..... \$|_|_|,|_|_|.|_|_|
- b. Social Security Disability Income \$|_|_|,|_|_|.|_|_|
- c. Social Security Retirement or Survivors Benefits..... \$|_|_|,|_|_|.|_|_|
- d. Supplemental Security Income (SSI)..... \$|_|_|,|_|_|.|_|_|
- e. VA or other armed services disability benefits \$|_|_|,|_|_|.|_|_|
- f. Other state or county social welfare benefits such as general assistance or public aid \$|_|_|,|_|_|.|_|_|
- g. Food stamps or assistance from the Temporary Assistance for Needy Families (TANF) program \$|_|_|,|_|_|.|_|_|
- h. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal \$|_|_|,|_|_|.|_|_|
- i. Unemployment compensation \$|_|_|,|_|_|.|_|_|
- j. Retirement, pension (including military), investing, or savings income that you receive regular payments from \$|_|_|,|_|_|.|_|_|
- k. Alimony and child support..... \$|_|_|,|_|_|.|_|_|
- l. Money from family members including gifts, loans, or bill payments..... \$|_|_|,|_|_|.|_|_|

EO-32. Sometimes people’s income is increased through other sources that are not reported to the government. The kinds of things I’m referring to include money received by doing odd jobs such as babysitting or yard work, helping in a business, or doing work “under the table.” Did you receive any income this way last month that you have not already told me about? Remember, what you tell me is strictly confidential. I cannot share this information with anyone, no matter what the reason.

YES 1
NO 2 (BOX EO-1)

EO-33. How much did you receive that you have not already told me about?

\$|_|_|.|_|_|_|.|_|_|

BOX EO-1

IF RESPONDENT LIVES WITH OTHER ADULTS IN A NON-SUPERVISED SETTING
{(DM-12 = 2, 3, 4, 5, OR 6) OR [(DM-12 = 7 OR 8) AND DM-11 = 15 AND DM-16 = 2 AND DM-17 = 2]},

THEN ASK EO-34. OTHERWISE, GO TO NEXT SECTION.

EO-34. About how much was your total household income last month? Household income means the total amount of money that everyone in your household, *including yourself*, received during the past month.

\$|_|_|.|_|_|_|.|_|_|

HEALTH CARE SERVICE UTILIZATION (HC)

HC-1. Since {INSERT DATE FROM LAST INTERVIEW}, did you receive any care in an emergency room?

- YES 1
- NO 2 (HC-9)

ITEM HC-2 WAS DELETED.

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK HC-3 TO HC-8 ABOUT EACH EMERGENCY ROOM VISIT SINCE DATE OF LAST INTERVIEW.

HC-3. When did you go on your most recent visit?/When did you go before that?

[INTERVIEWER: ASK RESPONDENT ABOUT PREVIOUS EMERGENCY ROOM VISITS BY READING THE DATE AND NAME OF THE LAST EMERGENCY ROOM VISIT ENTERED. VISITS MUST BE WITHIN THE LAST SIX MONTHS.]

__-__-____
MONTH YEAR

HC-4. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF EMERGENCY ROOM

HC-5. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-6. Were you admitted to the hospital following this emergency room visit?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- YES 1
- NO 2 (NEXT VISIT OR HC-9)

HC-7. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-8. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

NIGHTS

HC-9. Since {INSERT DATE FROM LAST INTERVIEW}, have you stayed overnight in a hospital (other than the ones you mentioned in the previous questions)?

- YES 1
- NO 2 (HC-15)

ITEM HC-10 WAS DELETED.

I would like to get more information about your hospital stays since {INSERT DATE FROM LAST INTERVIEW}. Let's begin with the most recent time you were in the hospital and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK HC-11 TO HC-14 ABOUT EACH HOSPITAL VISIT SINCE DATE OF LAST INTERVIEW.

HC-11. When did you stay in the hospital?/When did you stay before that?

__ - ____
MONTH YEAR

HC-12. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF HOSPITAL

HC-13. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-11) AND NAME OF PLACE (RESPONSE TO HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-14. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-11) AND NAME OF PLACE (RESPONSE TO HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

__ NIGHTS

HC-15. {Other than a hospital or emergency room, did/Did} you receive help for a psychiatric emergency or crisis from some other source since {INSERT DATE FROM LAST INTERVIEW}? This includes help from a mobile treatment or outreach team, crisis center, psychiatric stabilization program, peer crisis support, or other program providing psychiatric crisis care.

- YES 1
- NO 2 (HC-21)

ASK HC-16 TO HC-20 ABOUT EACH PSYCHIATRIC EMERGENCY CENTER VISIT IN PAST THREE MONTHS.

HC-16. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF PSYCHIATRIC EMERGENCY CENTER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS VISIT FROM ANY OTHER VISIT. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF PSYCHIATRIC EMERGENCY CENTER

HC-17. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER}?

[_][_] TIMES

HC-18. When you went to {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1

PROVIDER 2

PROVIDER 3

ASK HC-19 AND HC-20 ABOUT EACH PROVIDER NAMED IN HC-18.

HC-19. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN HC-18}?

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-16) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

[_][_] TIMES

HC-20. Did {INSERT NAME OF PROVIDER IN HC-18}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-16) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

HC-21. {Other than your hospital stays, emergency room visits, and visits for psychiatric crises that you have already mentioned, did/Did} you go to another clinic or mental health provider since {INSERT DATE FROM LAST INTERVIEW}?

- YES 1
- NO 2 (HC-29)

HC-22. How many times since {INSERT DATE FROM LAST INTERVIEW} did you go to another clinic or mental health provider?

TIMES

ASK HC-23 TO HC-27 ABOUT EACH CLINIC OR MENTAL HEALTH PROVIDER VISIT IN PAST THREE MONTHS.

HC-23. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF CLINIC OR MENTAL HEALTH PROVIDER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS CLINIC FROM ANY OTHER CLINIC. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF CLINIC OR MENTAL HEALTH PROVIDER

HC-24. Please tell us all the reasons for your visit. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-25. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at this particular place?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

__ __ TIMES

HC-26. When you went to {INSERT NAME OF CLINIC OR MENTAL HEALTH PROVIDER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

- _____
PROVIDER 1
- _____
PROVIDER 2
- _____
PROVIDER 3

ASK HC-27 AND HC-28 ABOUT EACH PROVIDER NAMED IN HC-26.

HC-27. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN HC-26}?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

__ __ TIMES

HC-28. Did {INSERT NAME OF PROVIDER IN HC-26}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

HC-29. Are you currently taking any prescription medications for an emotional or mental problem, or a problem with your nerves?

- YES 1
- NO 2 (NEXT SECTION)

QUALITY OF LIFE (QL)

This is called the Delighted-Terrible Scale. The scale goes from terrible, which has the lowest ranking of 1, to delighted, which has the highest ranking of 7. There are also points 2 through 6 with descriptions below them.

[INTERVIEWER: READ POINTS ON THE SCALE.]

We'll use this scale to help you tell me how you feel about different things in your life. All you have to do is point to the label on the scale that best describes how you feel. For example, if I ask "how do you feel about chocolate ice cream" and you are someone who loves chocolate ice cream, you might point to 'delighted.' On the other hand, if you hate chocolate ice cream, you might point to 'terrible.' If you feel equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Let's begin. The first question is a very general one.

QL-1. How do you feel about your life in general?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

Now I want to ask about the vocational services you are getting.

QL-2. How do you feel about the vocational services you are receiving at {INSERT NAME OF MHTS SITE}?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

Supplemental Appendix E

MHTS Quarterly Questionnaire for Control Group

CONTROL GROUP QUARTERLY INTERVIEW QUESTIONNAIRE (CQ)

A. BENEFICIARY CONTACT INFORMATION

CQ-1. Are you still at (the current address as indicated on RIS)?

YES 1 (CQ-3)
NO 2

CQ-2. What is your current address?

STREET ADDRESS
CITY
STATE
ZIP CODE

CQ-3. Is there a telephone number other than (the one indicated on the RIS) where we can reach you?

YES 1
NO 2 (CQ-5)

CQ-4. What is that number?

TELEPHONE NUMBER

CQ-5. Are you planning to move in the next 3 months?

YES 1
NO 2 (CQ-10)

CQ-6. What will your new address be?

STREET ADDRESS
CITY
STATE
ZIP CODE

CQ-7. When will you move to this new address?

____/____/____
MONTH DAY YEAR

CQ-8. Will you keep the same telephone number?

YES 1 (CQ-10)
NO 2

CQ-9. What will your new telephone number be?

____-____-____
TELEPHONE NUMBER

B. EMPLOYMENT OUTCOMES

Now I'd like to ask you some questions about your work experience since the last time we talked. That would be the time period from {INSERT DATE FROM LAST INTERVIEW} to today.

CQ-10. Have you had a job since {INSERT DATE FROM LAST INTERVIEW}?

YES 1 (CQ-12)
NO 2

CQ-11. Have you filled out a job application or spoken with a prospective employer since {INSERT DATE FROM LAST INTERVIEW}?

YES 1
NO 2

GO TO CQ-35.

CQ-12. How many jobs have you had since {INSERT DATE FROM LAST INTERVIEW}? Please count all jobs you have held for pay. Remember that all of your responses are strictly confidential.

____ NUMBER OF JOBS

CQ-13. Are you currently working at a job or business for pay?

YES 1
NO 2

Now, I am going to ask some questions about any and all jobs you've held for pay since {INSERT DATE FROM LAST INTERVIEW} starting with your {current/ most recent} job. If you {have/had} more than one job, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. Again, remember that I am interested in **all** of the jobs you've had since {INSERT DATE FROM LAST INTERVIEW}, and I cannot share this information with SSA under any circumstances.

ASK CQ-14 TO CQ-25 FOR EACH JOB HELD IN PAST THREE MONTHS.

CQ-14. What {is/was} your job title?/ What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

NAME OF JOB/JOB TITLE

CQ-16. What month and year did you begin that job?

____/_____
MONTH YEAR

CQ-17. What month and year did that job end?

____/_____
MONTH YEAR

CURRENTLY WORKING 95

CQ-17a. What {are/were} your main activities or duties on this job?

JOB DUTIES

CQ-17b. What {is/was} the name of the organization or company you {work/worked} for?

NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95

CQ-17c. What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

TYPE OF BUSINESS

CQ-18. What {is/was} your hourly wage?

\$|_|_|_|_|_|_|_|_|_|_| HOURLY WAGE

CQ-19. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of times that you {produce/produced}?

- YES 1 (CQ-20)
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

CQ-20. Now I want to know who {writes/wrote} your paycheck or {pays/paid} your wages. Which of the following best describes who {writes/wrote} your paycheck or {pays/paid} your wages for this job? Would you say...

- The employer, 1
- A mental health or rehabilitation agency, or..... 2
- CASUAL LABOR/SELF-EMPLOYED 3
- Someone else? (SPECIFY) _____ 91

CQ-21. {Is/Was} any person who {supervises/supervised} your work an employee of a mental health or rehabilitation agency?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

CQ-22. {Is/Was} this job reserved only for people who get services from a mental health or rehabilitation agency?

- YES 1 (CQ-24)
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

CQ-23. So this job could have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

CQ-24. {Does/Did} this job have a time limit to it? That is, {is/was} it only temporary?

- YES 1
- NO 2 (NEXT JOB OR CQ-26)
- CASUAL LABOR/SELF-EMPLOYED 3 (NEXT JOB OR CQ-26)

CQ-25. Describe what is meant by it being "time limited." {Is/Was} this a seasonal job or a transitional job of some kind?

- SEASONAL JOB 1
- TRANSITIONAL JOB 2
- OTHER JOB (SPECIFY) _____ 3

CQ-26. What was your main job since {INSERT DATE FROM LAST INTERVIEW}? Your main job is the job at which you worked the longest or worked the most hours.

[INTERVIEWER: SELECT THE MAIN JOB FROM LIST OF ALL JOBS SINCE DATE OF LAST INTERVIEW.]

 NAME OF MAIN JOB/JOB TITLE

Now, I am going to ask you some additional questions about your main job, that is your job as (a/an) {INSERT JOB TITLE FROM CQ-26}.

CQ-27. How many hours per day {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM CQ-26}?

HOURS

CQ-28. How many days per week {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM CQ-26}?

DAYS

CQ-29. How many weeks per month {do/did} you usually work as (a/an) {INSERT JOB TITLE FROM CQ-26}?

WEEKS

CQ-30. About how much {do/did} you earn at this job before taxes and other deductions?

\$ UNIT⁵

-
- ⁵UNIT
- EVERY HOUR 10
 - EVERY DAY 11
 - EVERY WEEK 12
 - EVERY TWO WEEKS 13
 - TWICE A MONTH 14
 - EVERY MONTH 15
 - EVERY QUARTER 16
 - EVERY YEAR 17
 - OTHER (SPECIFY) _____ 91

CQ-31. Is that before taxes and other deductions {are/were} taken out or after taxes and other deductions {are/were} taken out?

BEFORE TAXES 1
 AFTER TAXES 2

CQ-32. {Are/Were} the following benefits available to you at your job as (a/an) {INSERT JOB TITLE FROM CQ-26}?

	<u>YES</u>	<u>NO</u>
a. Medical insurance?.....	1	2
b. Vacation leave?.....	1	2
c. Sick leave?	1	2
d. Any other benefits? (SPECIFY) _____	1	2

ITEM CQ-33 WAS DELETED.

CQ-34. What was the main reason this job ended?

QUIT 1
 FIRED 2
 LAID OFF 3
 TIME LIMITED JOB SUCH AS SEASONAL OR
 TEMPORARY JOB 4
 REASSIGNED TO ANOTHER JOB 5
 OTHER (SPECIFY) _____ 6

CQ-34a. Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential.

a. Any earned income or money from all paid employment, including tips or commissions. Please tell me the take home amount.....	\$ _ _ , _ _ . _ _
b. Social Security Disability Income.....	\$ _ _ , _ _ . _ _
c. Social Security Retirement or Survivors Benefits.....	\$ _ _ , _ _ . _ _
d. Supplemental Security Income (SSI).....	\$ _ _ , _ _ . _ _
e. VA or other armed services disability benefits.....	\$ _ _ , _ _ . _ _
f. Other state or county social welfare benefits such as general assistance or public aid	\$ _ _ , _ _ . _ _
g. Food stamps or assistance from the Temporary Assistance for Needy Families (TANF) program	\$ _ _ , _ _ . _ _
h. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal.....	\$ _ _ , _ _ . _ _
i. Unemployment compensation	\$ _ _ , _ _ . _ _
j. Retirement, pension (including military), investing, or savings income that you receive regular payments from	\$ _ _ , _ _ . _ _
k. Alimony and child support.....	\$ _ _ , _ _ . _ _
l. Money from family members including gifts, loans, or bill payments.....	\$ _ _ , _ _ . _ _

C. HEALTH CARE SERVICES

CQ-40. Since {INSERT DATE FROM LAST INTERVIEW}, did you receive any care in an emergency room?

- YES 1
- NO 2 (CQ-47)

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK CQ-41 TO CQ-46 ABOUT EACH EMERGENCY ROOM VISIT SINCE DATE OF LAST INTERVIEW.

CQ-41. When did you go on your most recent visit?/When did you go before that?

[INTERVIEWER: ASK RESPONDENT ABOUT PREVIOUS EMERGENCY ROOM VISITS BY READING THE DATE AND NAME OF THE LAST EMERGENCY ROOM VISIT ENTERED. VISITS MUST BE WITHIN THE LAST SIX MONTHS.]

|_|_| - |_|_|_|_|
 MONTH YEAR

CQ-42. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF EMERGENCY ROOM

CQ-43. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-41) AND NAME OF PLACE (RESPONSE TO CQ-42) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

CQ-44. Were you admitted to the hospital following this emergency room visit?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-41) AND NAME OF PLACE (RESPONSE TO CQ-42) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- YES 1
- NO 2 (NEXT VISIT OR CQ-47)

CQ-45. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-41) AND NAME OF PLACE (RESPONSE TO CQ-42) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

CQ-46. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-41) AND NAME OF PLACE (RESPONSE TO CQ-42) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ NIGHTS

CQ-47. Since {INSERT DATE FROM LAST INTERVIEW}, have you stayed overnight in a hospital (other than the ones you mentioned in the previous questions)?

- YES 1
- NO 2 (CQ-52)

I would like to get more information about your hospital stays since {INSERT DATE FROM LAST INTERVIEW}. Let's begin with the most recent time you were in the hospital and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK CQ-48 TO CQ-51 ABOUT EACH HOSPITAL VISIT SINCE DATE OF LAST INTERVIEW.

CQ-48. When did you stay in the hospital?/When did you stay before that?

___ - ____
MONTH YEAR

CQ-49. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF HOSPITAL

CQ-50. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-48) AND NAME OF PLACE (RESPONSE TO CQ-49) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

CQ-51. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO CQ-48) AND NAME OF PLACE (RESPONSE TO CQ-49) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ NIGHTS

CQ-52. {Other than a hospital or emergency room, did/Did} you receive help for a psychiatric emergency or crisis from some other source since {INSERT DATE FROM LAST INTERVIEW}? This includes help from a mobile treatment or outreach team, crisis center, psychiatric stabilization program, peer crisis support, or other program providing psychiatric crisis care.

- YES 1
- NO 2 (CQ-58)

ASK CQ-53 TO CQ-57 ABOUT EACH PSYCHIATRIC EMERGENCY CENTER VISIT IN PAST THREE MONTHS.

CQ-53. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF PSYCHIATRIC EMERGENCY CENTER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS VISIT FROM ANY OTHER VISIT. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF PSYCHIATRIC EMERGENCY CENTER

CQ-54. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER}?

[_ _] TIMES

CQ-55. When you went to {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1

PROVIDER 2

PROVIDER 3

ASK CQ-56 AND CQ-57 ABOUT EACH PROVIDER NAMED IN CQ-55.

CQ-56. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN CQ-55}?

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO CQ-53) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

[_ _] TIMES

CQ-57. Did {INSERT NAME OF PROVIDER IN CQ-55}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO CQ-53) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

CQ-58. {Other than your hospital stays, emergency room visits, and visits for psychiatric crises that you have already mentioned, did/Did} you go to another clinic or mental health provider since {INSERT DATE FROM LAST INTERVIEW}?

- YES 1
- NO 2 (CQ-66)

CQ-59. How many times since {INSERT DATE FROM LAST INTERVIEW} did you go to another clinic or mental health provider?

TIMES

ASK CQ-60 TO CQ-64 ABOUT EACH CLINIC OR MENTAL HEALTH PROVIDER VISIT IN PAST THREE MONTHS.

CQ-60. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF CLINIC OR MENTAL HEALTH PROVIDER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS CLINIC FROM ANY OTHER CLINIC. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF CLINIC OR MENTAL HEALTH PROVIDER

CQ-61. Please tell us all the reasons for your visit. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO CQ-60) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

CQ-62. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at this particular place?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO CQ-60) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ TIMES

CQ-63. When you went to {INSERT NAME OF CLINIC OR MENTAL HEALTH PROVIDER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

- _____
PROVIDER 1
- _____
PROVIDER 2
- _____
PROVIDER 3

ASK CQ-64 AND CQ-65 ABOUT EACH PROVIDER NAMED IN CQ-63.

CQ-64. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN CQ-63}?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO CQ-60) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ TIMES

CQ-65. Did {INSERT NAME OF PROVIDER IN CQ-63}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO CQ-60) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

CQ-66. Are you currently taking any prescription medications for an emotional or mental problem, or a problem with your nerves?

- YES 1
- NO 2

Supplemental Appendix F
MHTS Final Followup Questionnaire

CONTACT INFORMATION AND DEMOGRAPHICS (DM)

DM-1. Are you still at (the current address as indicated on RIS)?

YES 1 (DM-3)
NO 2

DM-2. What is your current address?

STREET ADDRESS

CITY

STATE

ZIP CODE

DM-3. Is there a telephone number other than (the one indicated on the RIS) where we can reach you?

YES 1
NO 2 (DM-5)

DM-4. What is that number?

□□□□ - □□□□ - □□□□
TELEPHONE NUMBER

DM-5. Are you planning to move in the next 3 months?

YES 1
NO 2 (DM-9a)

DM-6. What will your new address be?

STREET ADDRESS

CITY

STATE

ZIP CODE

DM-7. When will you move to this new address?

____ / ____ / _____
MONTH DAY YEAR

DM-8. Will you keep the same telephone number?

YES 1 (DM-9a)
NO 2

DM-9. What will your new telephone number be?

____ - ____ - _____
TELEPHONE NUMBER

[PROGRAMMER: ADD IN ITEM CO-10 FROM BASELINE INTERVIEW].

DM-9a. We'd like the names, addresses and phone numbers of two people who will know where you are if we need to contact you in the future and have trouble locating you. We will not contact these people except to have them help us locate you to speak with you again, should that be necessary. If we do contact them, we will not discuss any of your personal information with them.

CONTACT 1 NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

____ - ____ - _____
TELEPHONE NUMBER

CONTACT 2 NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

____ - ____ - _____
TELEPHONE NUMBER

Next, I will re-ask you some questions about yourself.

DM-10. What is your marital status?

Never married,	1
Married,	2
Living as married,	3
Separated,	4
Divorced, or	5
Widowed?.....	6

DM-11. What is the highest grade in school that you completed?

NO FORMAL SCHOOLING	11
SOME ELEMENTARY SCHOOLING	12
COMPLETED 8 TH GRADE	13
SOME HIGH SCHOOL	14
COMPLETED HIGH SCHOOL OR GED	15
SOME COLLEGE OR TECHNICAL SCHOOL	16
COMPLETED ASSOCIATE'S DEGREE	17
COMPLETED BACHELOR'S DEGREE	18
SOME GRADUATE SCHOOL	19
COMPLETED MASTER'S DEGREE	20
COMPLETED DOCTORAL DEGREE	21
OTHER (SPECIFY) _____	91

DM-12. Describe who you have been living with during the past 30 days.

[INTERVIEWER: CODE ALL THAT APPLY.]

LIVING ALONE	1
LIVING WITH SPOUSE/SIGNIFICANT OTHER ONLY	2
LIVING WITH CHILDREN ONLY	3
LIVING WITH SPOUSE/SIGNIFICANT OTHER AND CHILDREN.....	4
LIVING WITH PARENTS	5
LIVING WITH OTHER RELATIVES (OTHER THAN SPOUSE, CHILDREN, OR PARENTS)	6
LIVING WITH FRIENDS	7
LIVING WITH OTHER NON-RELATED ADULTS (NOT NECESSARILY FRIENDS)	8
OTHER (SPECIFY) _____	9

DM-13. Which of following best describes where you have been living during the past 30 days? Would you say...

- At one address in an apartment or house, 1
- At more than one address in apartments or houses, .. 2
- In a homeless shelter or homeless with no particular address, or 3 (DM-21)
- Some other place? (SPECIFY) _____ 4

IF RESPONDENT LIVES ALONE, WITH FRIENDS, WITH OTHER NON-RELATED ADULTS, OR OTHER (DM-12 = 1, 7, 8, OR 9), CONTINUE WITH DM-14.

IF RESPONDENT LIVES WITH SPOUSE ONLY (DM-12 = 2), GO TO DM-21.

ELSE, GO TO DM-18.

DM-14. In this place where you live, do you receive visits from a case manager or some other person from a city or state agency?

- YES 1
- NO 2

DM-15. Are there staff from a mental health agency or other city or state agency who are living at the residence?

- YES 1
- NO 2

DM-16. Are your meals prepared by residential staff employed by a mental health center or other city or state agency?

- YES 1
- NO 2

IF RESPONDENT RECEIVES VISITS FROM A CASE MANAGER, STAFF FROM A MENTAL HEALTH AGENCY LIVE AT THE RESIDENCE, OR MEALS ARE PREPARED BY STAFF (DM-14 = 1 OR DM-15 = 1 OR DM-16 = 1), CONTINUE WITH DM-17. OTHERWISE, GO TO BOX DM-1.

DM-17. Are there other people living in the apartment or house who receive help from the same agency as you?

- YES 1
- NO 2

BOX DM-1

IF RESPONDENT LIVES ALONE (DM-12 = 1), THEN GO TO DM-21.

DM-18. How many adults age 18 or over lived with you for most of the past 30 days?

ADULTS

IF NO ADULTS LIVE WITH RESPONDENT (DM-18 = 0), THEN GO TO DM-20.

DM-19. Of these adults, how many are dependent on you for support?

DEPENDENT ADULTS

DM-20. How many children under the age of 18 lived with you for most of the past 30 days?

CHILDREN

DM-21. In the past three months, how many days have you been...

- Living in a shelter or on the street?
- In jail or a correctional facility?

**HEALTH STATUS (HS)
SF-12**

The next few questions ask about your health and how well you are able to do your usual activities. First I will ask about your health now. Please try to answer the question as accurately as you can.

HS-1. In general, would you say your health is...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

Now, I'm going to ask about activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

HS-2. Does your health now limit you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

HS-3. Does your health now limit you in climbing several flights of stairs? Does it limit you...

- A lot, 1
- A little, or 2
- Not at all? 3

The next two questions ask about your physical health and your daily activities.

HS-4. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-5. During the past 4 weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

Now I will ask about any emotional problems and your daily activities.

HS-6. During the past 4 weeks, how much of the time have you accomplished less than you would have liked to as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-7. During the past 4 weeks, how much of the time did you not do work or other activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-8. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere.

- Not at all, 1
- A little bit, 2
- Moderately, 3
- Quite a bit, or 4
- Extremely? 5

These next questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give me the one answer that comes closest to the way you have been feeling.

HS-9. During the past 4 weeks, how much of the time have you felt calm and peaceful? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-10. During the past 4 weeks, how much of the time did you have a lot of energy? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-11. During the past 4 weeks, how much of the time have you felt downhearted and depressed? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

HS-12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends or relatives? Would you say...

[INTERVIEWER: SHOW HS CARD.]

- All of the time, 1
- Most of the time, 2
- Some of the time, 3
- A little of the time, or 4
- None of the time? 5

**ALCOHOL AND SUBSTANCE USE (AS)
ADDICTION SEVERITY INDEX**

The next set of questions are about how frequently you drink alcoholic beverages or use drugs. Remember that your answers are strictly confidential.

ASK AS-2 AND AS-3 IMMEDIATELY AFTER A 'YES' RESPONSE FOR EACH SUB-ITEM IN AS-1. (EXAMPLE: ASK AS-1A. IF 'YES' THEN ASK AS-2A, AS-3A, ETC. GO BACK TO AS-1B AND IF 'YES' THEN ASK AS-2B, AS-3B, ETC.)

AS-1. In the past 30 days, how many days have you used {INSERT SUBSTANCE}...

- a. Any alcohol at all?.....
- b. Alcohol to the point where you felt the effects of it, for example you felt like you got "a buzz," were "high," or drunk?
- c. Marijuana? (This includes pot, reefer, hashish, cannabis.)
- d. Heroin? (This includes smack, horse, tar.)
- e. Non-prescription methadone? (This includes Dolophine and LAAM.)
- f. Other opiates or analgesics? (This includes morphine, dreamer junk, Demerol, Darvon, Darvocet, Codeine, school boy, Percodan, Dilaudid, Talwin, OxyContin.) .
- g. Barbiturates? (This includes Seconal, reds, red devis, Nembutal, Tuninal or rainbows, phenobarbital yellow jackets, purple hearts.)
- h. Sedatives, benzodiazepines, tranquilizers, or hypnotics? (This includes Valium, Librium, Xanax, Halcion, Klonopin.)
- i. Cocaine, crack, or coca leaves?
- j. Methamphetamines, amphetamines, or stimulants? (This includes Ecstasy, uppers, bennies, meth, speed, speedball, dexies, pep pill, crank, crystal, monster pep pill, black beauties, ice, batu.)
- m. Hallucinogens? (This includes LSD, acid, purple haze, mescaline, mesc, cactus, PCP, angel dust, mushrooms, peyote.)
- l. Inhalants? (This includes nitrous oxide, whippets, glue, amyl nitrate, mush, lockerroom, poppers, snappers, gasoline, paint, nail polish remover.)
- m. More than one substance per day, including alcohol?

IF RESPONDENT HAS NOT USED ANY SUBSTANCES IN PAST 30 DAYS (ALL AS-1 = 0),
THEN GO TO AS-23.

ONLY ASK AS-2 AND AS-3 FOR MARIJUANA (AS-1C = 1); OTHER OPIATES OR ANALGESICS
(AS-1F = 1); BARBITURATES (AS-1G = 1); SEDATIVES, TRANQUILIZERS, OR HYPNOTICS
(AS-1H = 1); AND METHAMPHETAMINES, AMPHETAMINES, OR STIMULANTS (AS-1J = 1).

HOWEVER, IF NO SUBSTANCE USE IN PAST 30 DAYS (AS-1 = 0),
THEN GO TO NEXT ITEM IN AS-1 OR AS-4.

AS-2. Was this prescribed for you?

- YES 1
- NO 2 (NEXT ITEM IN AS-1 OR AS-4)

AS-3. How many days in the past 30 did you take at least one extra dose of {INSERT SUBSTANCE}?

DAYS

AS-4. Out of all the drugs I just mentioned, which substance is the major problem for you?

- NO MAJOR PROBLEM 0
- ALCOHOL 1
- MARIJUANA 2
- HEROIN 3
- METHADONE 4
- OTHER OPIATES/ANALGESICS 5
- BARBITURATES 6
- SEDATIVES/BENZODIAZEPINES/HYPNOTICS/
TRANQUILIZERS 7
- COCAINE/CRACK 8
- METHAMPHETAMINES/AMPHETAMINES/
STIMULANTS 9
- HALLUCINOGENS 10
- INHALANTS 11
- MAJOR PROBLEM WITH ALCOHOL AND ONE
OR MORE DRUGS (SPECIFY) _____ 12
- MAJOR PROBLEM WITH MORE THAN ONE
DRUG (SPECIFY) _____ 13

IF NO MAJOR ALCOHOL OR SUBSTANCE ABUSE PROBLEM (AS-4 = 0),
THEN GO TO AS-7.

AS-5. How long was your last period of voluntary abstinence from this major substance?

[INTERVIEWER: PROBE IF NECESSARY: "Have you ever stopped using this substance for over a month? When was the last time you stopped using this substance for over a month? Did you stay clean on your own, or were you in some sort of a controlled environment at the time? How long did that period of abstinence last?"

[INTERVIEWER: CODE '00' IF RESPONDENT HAS NEVER BEEN ABSTINENT.]

__ NUMBER

MONTHS 1
YEARS 2

IF NEVER BEEN ABSTINENT (AS-5 = 00), THEN GO TO AS-7.

AS-6. How many months ago did this abstinence end?

[INTERVIEWER: CODE '00' IF RESPONDENT IS STILL ABSTINENT.]

__ NUMBER

MONTHS 1
YEARS 2

AS-7. In the past 30 days have you injected drugs?

YES 1
NO 2

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0), THEN GO TO BOX AS-1.

AS-8. How many times have you had alcohol DT's in the past 30 days?

[INTERVIEWER: STATE IF NECESSARY: "DT's occur 24 to 48 hours after a person's last drink. They consist of tremors or shaking and delirium or severe disorientation. They are often accompanied by fever. There are sometimes, but not always, hallucinations. True DT's are usually so severe that they require some type of medical care or outside intervention."]

__ NUMBER OF TIMES

BOX AS-1

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO BOX AS-2.

AS-9. How many times have you overdosed on drugs in the past 30 days?

|_|_| NUMBER OF TIMES

BOX AS-2

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0),
THEN GO TO BOX AS-3.

AS-10. How many times have you been treated for alcohol abuse in the past 30 days?

|_|_| NUMBER OF TIMES

IF NEVER BEEN TREATED FOR ALCOHOL ABUSE (AS-10 = 0), THEN GO TO AS-12.

AS-11. How many of those treatments involved a detox with no follow-up?

|_|_| NUMBER OF DETOX TREATMENTS

BOX AS-3

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO BOX AS-4.

AS-12. How many times have you been treated for drug abuse in the past 30 days?

|_|_| NUMBER OF TIMES

IF NEVER BEEN TREATED FOR DRUG ABUSE (AS-12 = 0), THEN GO TO AS-14.

AS-13. How many of those treatments involved a detox with no follow-up?

|_| NUMBER OF DETOX TREATMENTS

BOX AS-4
IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0),
THEN GO TO BOX AS-5.

AS-14. How much have you spent on alcohol in the past 30 days?

\$_|_|_|_| . |_|_|

BOX AS-5
IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO AS-16.

AS-15. How much have you spent on drugs in the past 30 days?

\$_|_|_|_| . |_|_|

AS-16. How many days in the past 30 days have you been treated in an outpatient setting or attended self-help groups like AA or NA?

|_| NUMBER OF DAYS

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0),
THEN GO TO BOX AS-6.

AS-17. How many days in the past 30 days have you experienced alcohol problems?

|_| NUMBER OF DAYS

BOX AS-6

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO BOX AS-7.

AS-18. How many days in the past 30 days have you experienced drug problems?

|_|_| NUMBER OF DAYS

BOX AS-7

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0),
THEN GO TO BOX AS-8.

AS-19. How troubled or bothered have you been in the past 30 days by alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-8

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO BOX AS-9.

AS-20. How troubled or bothered have you been in the past 30 days by drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-9

IF RESPONDENT HAS NOT USED ANY ALCOHOL AT ALL IN PAST 30 DAYS (AS-1a = 0),
THEN GO TO BOX AS-10.

AS-21. How important to you now is treatment for these alcohol problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

BOX AS-10

IF RESPONDENT HAS NOT USED ANY DRUGS AT ALL IN PAST 30 DAYS
(ALL AS-1c THROUGH AS-1m = 0), THEN GO TO AS-23.

AS-22. How important to you now is treatment for these drug problems? Would you say...

- Not at all, 1
- Slightly, 2
- Moderately, 3
- Considerably, or..... 4
- Extremely? 5

AS-23. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S MISREPRESENTATION?]

- YES 1
- NO 2

AS-24. [INTERVIEWER: IS THE INFORMATION COLLECTED ON ALCOHOL AND DRUG USE SIGNIFICANTLY DISTORTED BY THE RESPONDENT'S INABILITY TO UNDERSTAND THE QUESTIONS?]

- YES 1
- NO 2

EMPLOYMENT OUTCOMES AND CURRENT INCOME (EO)

A. EMPLOYMENT OUTCOMES

Now I'd like to ask you some questions about your work experience since the last time we talked}. That would be the time period from {INSERT DATE FROM LAST INTERVIEW} to today.

EO-1. Have you had a job since {INSERT DATE FROM LAST INTERVIEW}?

YES	1 (EO-3)
NO	2

EO-2. Have you filled out a job application or spoken with a prospective employer since {INSERT DATE FROM LAST INTERVIEW}?

YES	1
NO	2

GO TO EO-30.

EO-3. How many jobs have you had since {INSERT DATE FROM LAST INTERVIEW}? Please count all jobs you have held for pay. Remember that all of your responses are strictly confidential.

□□
NUMBER OF JOBS

EO-4. Are you currently working at a job or business for pay?

YES	1
NO	2

Now, I am going to ask some questions about any and all jobs you've held for pay since {INSERT DATE FROM LAST INTERVIEW} starting with your {current/ most recent} job. If you {have/had} more than one job, tell me about the main job first. Also, if you have held more than one position within the same company, you should tell me about those positions as separate jobs. Again, remember that I am interested in **all** of the jobs you've had since {INSERT DATE FROM LAST INTERVIEW}, and I cannot share this information with SSA under any circumstances.

ASK EO-5 TO EO-16 FOR EACH JOB HELD IN PAST THREE MONTHS/SINCE LAST INTERVIEW.

EO-5. What {is/was} your job title?/ What job did you do before that?

[INTERVIEWER: PLEASE MAKE SURE EACH JOB TITLE IS UNIQUE.]

NAME OF JOB/JOB TITLE

EO-6. What month and year did you begin that job?

____ / _____
MONTH YEAR

EO-7. What month and year did that job end?

____ / _____
MONTH YEAR

CURRENTLY WORKING 95

EO-7a. How many hours per day {do/did} you usually work at that job?

HOURS

EO-7b. How many days per week {do/did} you usually work at that job?

DAYS

EO-7c. How many weeks per month {do/did} you usually work at that job?

WEEKS

EO-8. What {are/were} your main activities or duties on this job?

JOB DUTIES

EO-8a. What {is/was} the name of the organization or company you {work/worked} for?

NAME OF ORGANIZATION/COMPANY

CASUAL LABOR/SELF-EMPLOYED 95

EO-8b. What type of business {is/was} it, that is what type of product {is/was} made or what type of service {is/was} provided?

TYPE OF BUSINESS

EO-9. What {is/was} your hourly wage?

\$|_|_|_|_|.|_|_| HOURLY WAGE

EO-10. Is it possible that you {are/were} paid a piece rate? That is, your pay {is/was} not based on an hourly rate but on the number of times that you {produce/produced}?

YES 1 (EO-11)

NO 2

CASUAL LABOR/SELF-EMPLOYED 3

EO-11. Now I want to know who {writes/wrote} your paycheck or {pays/paid} your wages. Which of the following best describes who {writes/wrote} your paycheck or {pays/paid} your wages for this job? Would you say...

The employer, 1

A mental health or rehabilitation agency, or..... 2

CASUAL LABOR/SELF-EMPLOYED 3

Someone else? (SPECIFY) _____ 91

EO-12. {Is/Was} any person who {supervises/supervised} your work an employee of a mental health or rehabilitation agency?

YES 1

NO 2

CASUAL LABOR/SELF-EMPLOYED 3

EO-13. {Is/Was} this job reserved only for people who get services from a mental health or rehabilitation agency?

YES 1 (EO-15)

NO 2

CASUAL LABOR/SELF-EMPLOYED 3

EO-14. So this job could have been taken by anybody who applied for it and was qualified, including someone who does not have a disability?

- YES 1
- NO 2
- CASUAL LABOR/SELF-EMPLOYED 3

EO-15. {Does/Did} this job have a time limit to it? That is, {is/was} it only temporary?

- YES 1
- NO 2 (NEXT JOB OR EO-17)
- CASUAL LABOR/SELF-EMPLOYED 3 (NEXT JOB OR EO-17)

EO-16. Describe what is meant by it being "time limited." {Is/Was} this a seasonal job or a transitional job of some kind?

- SEASONAL JOB 1
- TRANSITIONAL JOB 2
- OTHER JOB (SPECIFY) _____ 3

EO-17. What was your main job since {INSERT DATE FROM LAST INTERVIEW}? Your main job is the job at which you worked the longest or worked the most hours.

[INTERVIEWER: SELECT THE MAIN JOB FROM LIST OF ALL JOBS IN PAST 3 MONTHS.]

NAME OF MAIN JOB/JOB TITLE

Now, I am going to ask you some additional questions about your main job, that is your job as (a/an) {INSERT JOB TITLE FROM EO-17}.

EO-18. Did anyone help you get this job?

- YES 1
- NO 2 (EO-19a)

EO-19. Who helped you? Was it...

- Someone from {INSERT NAME OF MHTS SITE}, 1
- Someone from another vocational program
(SPECIFY), or _____ 2
- Someone else? (SPECIFY) _____ 3

EO-19a. {Are you working/Did you work} full-time or part-time as (a/an) {INSERT JOB TITLE FROM EO-17}?

- FULL-TIME 1
- PART-TIME 2

ITEMS EO-20 THROUGH EO-22 WERE DELETED.

EO-23. About how much {do/did} you earn at this job?

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| UNIT⁶

EO-24. Is that before taxes and other deductions {are/were} taken out or after taxes and other deductions {are/were} taken out?

- BEFORE TAXES 1
- AFTER TAXES 2

EO-25. {Are/Were} the following benefits available to you at your job as (a/an) {INSERT JOB TITLE FROM EO-17}?

	<u>YES</u>	<u>NO</u>
a. Medical insurance?	1	2
b. Vacation leave?	1	2
c. Sick leave?	1	2
d. Any other benefits? (SPECIFY) _____	1	2

<u>⁶UNIT</u>	
EVERY HOUR	10
EVERY DAY.....	11
EVERY WEEK	12
EVERY TWO WEEKS.....	13
TWICE A MONTH.....	14
EVERY MONTH.....	15
EVERY QUARTER.....	16
EVERY YEAR	17
OTHER (SPECIFY)_____	91
CWSSpecifyUnitPayEarnedOther	
"CWSSpecified Other Unit of Pay Earned"	

EO-26. We would like to know how you {feel/felt} about your job as (a/an) {INSERT JOB TITLE FROM EO-17}. I am going to read you a series of statements about that job. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

[INTERVIEWER: SHOW EO CARD.]

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. I feel good about this job.	1	2	3	4
b. This job is worthwhile.	1	2	3	4
c. The working conditions are good.	1	2	3	4
d. I have a fairly good chance for promotion in this job.	1	2	3	4
e. This is a dead-end job.	1	2	3	4
f. My co-workers help me to like this job more.	1	2	3	4
g. I am happy with the amount this job pays.	1	2	3	4
h. The vacation time and other benefits on this job are okay.	1	2	3	4
i. I need more money than this job pays.	1	2	3	4
j. This job does not provide the medical coverage I need.	1	2	3	4
k. My supervisor is fair.	1	2	3	4
l. My supervisor is hard to please.	1	2	3	4
m. My supervisor praises me when I do my job well.	1	2	3	4
n. My supervisor is difficult to get along with.	1	2	3	4
o. My supervisor recognizes my efforts.	1	2	3	4
p. My co-workers are easy to get along with.	1	2	3	4
q. My co-workers are lazy.	1	2	3	4
r. My co-workers are unpleasant.	1	2	3	4
s. My co-workers don't like me.	1	2	3	4
t. I want to quit this job.	1	2	3	4
u. I often feel tense on the job.	1	2	3	4
v. I don't know what's expected of me on this job.	1	2	3	4
w. I feel physically worn out at the end of the day.	1	2	3	4

ITEM EO-27 WAS DELETED.

EO-28. What was the main reason this job ended?

- QUIT 1
- FIRED 2
- LAI D OFF 3
- TIME LIMITED JOB SUCH AS SEASONAL OR
TEMPORARY JOB 4
- REASSIGNED TO ANOTHER JOB 5
- OTHER (SPECIFY) _____ 6

EO-29. What could have made this a better job experience for you? Would you say...

	<u>YES</u>	<u>NO</u>
a. A more flexible schedule?.....	1	2
b. Additional supports from mental health or vocational staff?.....	1	2
c. Changes in your work space or work setting?	1	2
d. More time off?	1	2
e. Anything else? (SPECIFY) _____	1	2

EO-30. Would you like to have a {different} paying job now in the community?

YES	1
NO	2

ONLY ASK EO-30a IF WORKING PART-TIME AT MAIN JOB (EO-19a = 2).

EO-30a. People have many reasons for not working full-time. Why {are you not working/did you not work} full-time?

COULDN'T FIND FULL-TIME JOB	1
TOO SICK TO WORK FULL-TIME	2
DON'T WANT TO WORK MORE	3
OTHER DEMANDS ON TIME (i.e., PETS, CHILD)	4
MAKE ENOUGH MONEY WORKING PART-TIME.....	5
OTHER (SPECIFY) _____	91

B. CURRENT INCOME SOURCES

EO-31. Please tell me how much money you received from the following sources during the past month. Remember, everything you tell me is strictly confidential.

a. Any earned income or money from all paid employment, including tips or commissions. Please tell me the take home amount.....	\$ _ _ , _ _ . _ _
b. Social Security Disability Income	\$ _ _ , _ _ . _ _
c. Social Security Retirement or Survivors Benefits.....	\$ _ _ , _ _ . _ _
d. Supplemental Security Income (SSI)	\$ _ _ , _ _ . _ _
e. VA or other armed services disability benefits	\$ _ _ , _ _ . _ _
f. Other state or county social welfare benefits such as general assistance or public aid	\$ _ _ , _ _ . _ _
g. Food stamps or assistance from the Temporary Assistance for Needy Families (TANF) program	\$ _ _ , _ _ . _ _
h. Vocational program such as Vocational Rehabilitation, the Job Training Partnership Act, or Easter Seal	\$ _ _ , _ _ . _ _
i. Unemployment compensation	\$ _ _ , _ _ . _ _

- j. Retirement, pension (including military), investing, or savings income that you receive regular payments from \$|_|_|,|_|_|_|_|. |_|_|
- k. Alimony and child support..... \$|_|_|,|_|_|_|_|. |_|_|
- l. Money from family members including gifts, loans, or bill payments..... \$|_|_|,|_|_|_|_|. |_|_|

EO-32. Sometimes people’s income is increased through other sources that are not reported to the government. The kinds of things I’m referring to include money received by doing odd jobs such as babysitting or yard work, helping in a business, or doing work “under the table.” Did you receive any income this way last month that you have not already told me about? Remember, what you tell me is strictly confidential. I cannot share this information with anyone, no matter what the reason.

- YES 1
- NO 2 (BOX EO-1)

EO-33. How much did you receive that you have not already told me about?

\$|_|_|,|_|_|_|_|. |_|_|

BOX EO-1

IF RESPONDENT LIVES WITH OTHER ADULTS IN A NON-SUPERVISED SETTING
 {(DM-12 = 2, 3, 4, 5, OR 6) OR [(DM-12 = 7 OR 8) AND DM-14 = 2 AND DM-15 = 2 AND DM-16 = 2]},

THEN ASK EO-34. OTHERWISE, GO TO INTRO TO EO-35.

EO-34. About how much was your total household income last month? Household income means the total amount of money that everyone in your household, *including yourself*, received during the past month.

\$|_|_|,|_|_|_|_|. |_|_|

I'd like to ask you a few questions about your basic understanding of Social Security benefits.

EO-35. Fear of losing benefits is common among most beneficiaries. Please tell me whether you agree or disagree with these statements about Social Security benefits.

	<u>DISAGREE</u>	<u>NOT SURE</u>	<u>AGREE</u>
a. As soon as people start working they stop getting their benefit checks.	1	2	3
b. I can make more money just collecting my benefit checks than I can if I go to work while on benefits.	1	2	3
c. I can make money at a job and still collect my benefit checks.	1	2	3
d. As soon as people start working they lose their medical coverage.	1	2	3
e. Unless a job offers coverage of mental health and prescriptions, I can't afford to take it.	1	2	3
f. If I go to work, get off of benefits and get sick right away, I'll have a hard time getting back on benefits.	1	2	3
g. I can't afford to get training to help me get a better job.	1	2	3
h. If I knew that I wouldn't lose all of my benefits, I would try to get a job or get a better job.	1	2	3
i. If I go to work, the Social Security Administration might think I'm really not sick and that I can work.	1	2	3

ONLY ASK CQ-38 AND CQ-39 FOR BENEFICIARIES IN THE CONTROL GROUP.

CQ-38. Did you receive any employment, vocational, job skills, or job finding services since {INSERT DATE FROM LAST INTERVIEW}?

- YES 1
- NO 2 (NEXT SECTION)

CQ-39. Tell me about those services.

[INTERVIEWER: CODE ALL THAT APPLY.]

- SUPPORTED EMPLOYMENT 1
- JOB FINDING SERVICES 2
- JOB SKILLS TRAINING 3
- VOCATIONAL REHABILITATION 4
- PREVOCATIONAL WORK CREW 5
- OTHER EMPLOYMENT OR VOCATIONAL SERVICES 6

HEALTH CARE SERVICE UTILIZATION (HC)

ONLY ASK HC-1 THROUGH HC-18 FOR BENEFICIARIES IN THE CONTROL GROUP.

A. HEALTH CARE COVERAGE

Now I'd like to ask you some questions about health insurance.

HC-1. Do you have health insurance coverage now?

[INTERVIEWER: PROBE IF NECESSARY: "For instance, are you covered by a plan that someone else in your family has, or through a health plan your employer provides, or Medicare, Medicaid, or a plan you bought on your own?"]

YES	1 (HC-3)
NO	2

HC-2. So, you are uninsured, is that correct?

[INTERVIEWER: PROBE IF NECESSARY: "This means no Medicaid coverage or any other government sponsored health insurance coverage."]

YES	1 (HC-15)
NO	2

HC-3. Are you covered by Medicare?

[INTERVIEWER: PROBE IF NECESSARY: "Medicare is the health insurance plan for people 65 and older or for people with certain disabilities."]

YES	1
NO	2 (HC-7)

HC-4. Are you enrolled in **Part B** of Medicare which provides coverage for doctor and clinic visits, laboratories, and other nonhospital services?

YES	1
NO	2

HC-5. Are you enrolled in **Part D** of Medicare which provides coverage for prescription medications?

YES	1
NO	2

HC-6. Are you covered by Medicare supplemental insurance or Medigap?

[INTERVIEWER: PROBE IF NECESSARY: "These policies are designed to cover the costs of health care that are not covered by Medicare."]

YES 1
 NO 2

HC-7. Are you covered by any private health insurance plan (excluding Medigap plans), such as health insurance that you obtain through an employer, through COBRA, through a family member, or buy personally?

YES, EMPLOYER 1
 YES, COBRA OR BOUGHT PERSONALLY 2
 YES, THROUGH A FAMILY MEMBER 3
 NO 4 (HC-9)
 YES, SOME OTHER PRIVATE
 SOURCE (SPECIFY) _____ 91

HC-8. Does this plan pay for some part of your prescription medications?

YES 1
 NO 2

HC-9. Are you covered by Medicaid?

[INTERVIEWER: PROBE IF NECESSARY: "Medicaid is the government assistance program that helps pay for health care."]

YES 1
 NO 2

HC-10. {INSERT STATE SCHIP PROGRAM } is a government assistance program that helps pay for health care for children in this state. Sometimes this program helps pay for health care for parents too. Are you covered by {INSERT STATE SCHIP PROGRAM}?

YES 1
 NO 2

HC-11. Are you covered by a military health insurance plan such as CHAMPUS, CHAMP-VA, or TRICARE?

YES 1
 NO 2

HC-12. Do you have state, county or any other government health insurance coverage through some other source that I have not mentioned?

YES (SPECIFY) _____ 1
NO 2 (HC-14)

HC-13. Does this plan pay for some part of your prescription medications?

YES 1
NO 2

HC-14. Do you receive medications or get help in paying for medications from any other programs?

[INTERVIEWER: PROBE IF NECESSARY: "Programs such as State Pharmacy Assistance Program, Pharmaceutical Companies."]

YES (SPECIFY) _____ 1
NO 2

HC-15. Do you get free or subsidized health care services directly from any other program?

[INTERVIEWER: PROBE IF NECESSARY: "Programs such as State and local government programs, VA, Indian Health Service (IHS), or another program I have not mentioned."]

YES (SPECIFY) _____ 1
NO 2 (BOX HC-1)

HC-16. Does this program also provide prescription medications?

YES 1
NO 2

BOX HC-1

IF RESPONDENT IS UNINSURED (HC-2 = 1), THEN CONTINUE WITH HC-17.
OTHERWISE, GO TO SECTION B.

HC-17. In the past, have you ever had health insurance?

YES 1
NO 2 (HC-19)

HC-18. When did you become uninsured? Would you say...

- Within the past six months, 1
- Within the past year, 2
- Within the past 2 years, 3
- Within the past 5 years, or 4
- More than 5 years ago? 5

B. HEALTH CARE SERVICE UTILIZATION

HC-1. Since {INSERT DATE FROM LAST INTERVIEW}, did you receive any care in an emergency room?

- YES 1
- NO 2 (HC-9)

ITEM HC-2 WAS DELETED.

I would like to get more information about your emergency room visits. Let's begin with the most recent time you visited an emergency room and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK HC-3 TO HC-8 ABOUT EACH EMERGENCY ROOM VISIT SINCE DATE OF LAST INTERVIEW.

HC-3. When did you go on your most recent visit?/When did you go before that?

[INTERVIEWER: ASK RESPONDENT ABOUT PREVIOUS EMERGENCY ROOM VISITS BY READING THE DATE AND NAME OF THE LAST EMERGENCY ROOM VISIT ENTERED. VISITS MUST BE WITHIN THE LAST SIX MONTHS.]

|_|_| - |_|_|_|
MONTH YEAR

HC-4. Where did you go?

[INTERVIEWER: ENTER NAME OF EMERGENCY ROOM. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF EMERGENCY ROOM

HC-5. There may be more than one reason for this visit. Please tell us all the reasons for this visit. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-6. Were you admitted to the hospital following this emergency room visit?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- YES 1
- NO 2 (NEXT VISIT OR HC-9)

HC-7. There may be more than one reason why you were admitted to the hospital following this emergency room visit. Please tell us all the reasons for this admission into the hospital. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-8. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-3) AND NAME OF PLACE (RESPONSE TO HC-4) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ NIGHTS

HC-9. Since {INSERT DATE FROM LAST INTERVIEW}, have you stayed overnight in a hospital (other than the ones you mentioned in the previous questions)?

- YES 1
- NO 2 (HC-15)

ITEM HC-10 WAS DELETED.

I would like to get more information about your hospital stays since {INSERT DATE FROM LAST INTERVIEW}. Let's begin with the most recent time you were in the hospital and work backwards since {INSERT DATE FROM LAST INTERVIEW}.

ASK HC-11 TO HC-14 ABOUT EACH HOSPITAL VISIT SINCE DATE OF LAST INTERVIEW.

HC-11. When did you stay in the hospital?/When did you stay before that?

-
 MONTH YEAR

HC-12. Where did you stay?

[INTERVIEWER: ENTER NAME OF HOSPITAL. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF HOSPITAL

HC-13. There may be more than one reason for this hospital stay. Please tell us all the reasons for your admission. Was it for...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-11) AND NAME OF PLACE (RESPONSE TO HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-14. How many nights did you stay in the hospital?

[PROGRAMMER: DISPLAY DATE (RESPONSE TO HC-11) AND NAME OF PLACE (RESPONSE TO HC-12) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

||| NIGHTS

HC-15. {Other than a hospital or emergency room, did/Did} you receive help for a psychiatric emergency or crisis from some other source since {INSERT DATE FROM LAST INTERVIEW}? This includes help from a mobile treatment or outreach team, crisis center, psychiatric stabilization program, peer crisis support, or other program providing psychiatric crisis care.

YES 1
NO 2 (HC-21)

ASK HC-16 TO HC-20 ABOUT EACH PSYCHIATRIC EMERGENCY CENTER VISIT IN PAST THREE MONTHS.

HC-16. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF PSYCHIATRIC EMERGENCY CENTER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS VISIT FROM ANY OTHER VISIT. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF PSYCHIATRIC EMERGENCY CENTER

HC-17. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER}?

||| TIMES

HC-18. When you went to {INSERT NAME OF PSYCHIATRIC EMERGENCY CENTER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1
PROVIDER 2
PROVIDER 3

ASK HC-19 AND HC-20 ABOUT EACH PROVIDER NAMED IN HC-18.

HC-19. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN HC-18}?

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-16) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

[_ _] TIMES

HC-20. Did {INSERT NAME OF PROVIDER IN HC-18}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CENTER (RESPONSE TO HC-16) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

HC-21. {Other than your hospital stays, emergency room visits, and visits for psychiatric crises that you have already mentioned, did/Did} you go to another clinic or mental health provider since {INSERT DATE FROM LAST INTERVIEW}?

- YES 1
- NO 2 (HC-29)

HC-22. How many times since {INSERT DATE FROM LAST INTERVIEW} did you go to another clinic or mental health provider?

___ TIMES

ASK HC-23 TO HC-27 ABOUT EACH CLINIC OR MENTAL HEALTH PROVIDER VISIT IN PAST THREE MONTHS.

HC-23. Where did you go on your most recent visit?/Where did you go before that?

[INTERVIEWER: ENTER NAME OF CLINIC OR MENTAL HEALTH PROVIDER. IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS CLINIC FROM ANY OTHER CLINIC. ENTER THE WORD "DELETE" TO INDICATE THIS ENTRY IS AN ERROR.]

NAME OF CLINIC OR MENTAL HEALTH PROVIDER

HC-24. Please tell us all the reasons for your visit. Was it for a...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- A physical problem, 1
- A mental health problem, 2
- An alcohol problem, 3
- A drug problem, or 4
- Some other problem? (SPECIFY) _____ 91

HC-25. How many times since {INSERT DATE FROM LAST INTERVIEW} did you receive services at this particular place?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

___ TIMES

HC-26. When you went to {INSERT NAME OF CLINIC OR MENTAL HEALTH PROVIDER} who did you see? Anyone else?

[INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE NAME OR REFUSES TO GIVE IT, PLEASE ENTER A DESCRIPTION THAT WILL UNIQUELY IDENTIFY THIS PROVIDER FROM ANY OTHER PROVIDER.]

PROVIDER 1
PROVIDER 2
PROVIDER 3

ASK HC-27 AND HC-28 ABOUT EACH PROVIDER NAMED IN HC-26.

HC-27. How many times since {INSERT DATE FROM LAST INTERVIEW} did you see {INSERT NAME OF PROVIDER IN HC-26}?

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

||| TIMES

HC-28. Did {INSERT NAME OF PROVIDER IN HC-26}...

[INTERVIEWER: SELECT ALL THAT APPLY.]

[PROGRAMMER: DISPLAY NAME OF CLINIC (RESPONSE TO HC-23) IN BRACKETS AND ALL CAPS TO ORIENT INTERVIEWER AND RESPONDENT.]

- Write a prescription for you or consult with you on medication, 1
- Provide you with some kind of mental health counseling, 2
- Provide you with some kind of vocational counseling, 3
- Provide you with some kind of spiritual or religious counseling, 4
- Provide you with some kind of peer support? 91

HC-29. Are you currently taking any prescription medications for an emotional or mental problem, or a problem with your nerves?

YES 1
 NO 2 (NEXT SECTION)

HC-30. How often do you use your psychiatric medications as prescribed by the doctor or as directed on the label? Would you say...

- Most of the time, and by that I mean at least 80% of the time, 1
- Some of the time, and by that I mean 50% to 80% of the time, or 2
- Less than half the time, which means less than 50% of the time? 3

HC-31. Do you have all of the information you need about your psychiatric medications? Would you say...

- Yes, I have all of the information I need, or 1
- No, I do not have enough information?..... 2

HC-32. In general, how do you feel about taking psychiatric medications? Would you say...

- Positive, 1
- Negative, or 2
- Neither one? 3

QUALITY OF LIFE (QL)

This is called the Delighted-Terrible Scale. The scale goes from terrible, which has the lowest ranking of 1, to delighted, which has the highest ranking of 7. There are also points 2 through 6 with descriptions below them.

[INTERVIEWER: READ POINTS ON THE SCALE.]

We'll use this scale to help you tell me how you feel about different things in your life. All you have to do is point to the label on the scale that best describes how you feel. For example, if I ask "how do you feel about chocolate ice cream" and you are someone who loves chocolate ice cream, you might point to 'delighted.' On the other hand, if you hate chocolate ice cream, you might point to 'terrible.' If you feel equally satisfied and dissatisfied with chocolate ice cream, then you would point to the middle of the scale.

Let's begin. The first question is a very general one.

QL-1. How do you feel about your life in general?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

ONLY ASK QL-2 THROUGH QL-6 FOR BENEFICIARIES IN THE TREATMENT GROUP.

Now I want to ask about the vocational services you were getting.

QL-2. How do you feel about the vocational services you received at {INSERT NAME OF MHTS SITE}?

[INTERVIEWER: SHOW QL CARD.]

TERRIBLE	1
UNHAPPY	2
MOSTLY DISSATISFIED	3
MIXED	4
MOSTLY SATISFIED	5
PLEASED	6
DELIGHTED	7

QL-3. How do you feel about the assistance you received from the Nurse Care Coordinator at {INSERT NAME OF MHTS SITE}?

[INTERVIEWER: PROBE IF NECESSARY: "By Nurse Care Coordinator, I mean (INSERT NAME OF NURSE CARE COORDINATOR AT YOUR SITE).

[INTERVIEWER: SHOW QL CARD.]

- TERRIBLE 1
- UNHAPPY 2
- MOSTLY DISSATISFIED 3
- MIXED 4
- MOSTLY SATISFIED 5
- PLEASED 6
- DELIGHTED 7

QL-4. How do you feel about the systematic medication management services you received at {INSERT NAME OF MHTS SITE}?

[INTERVIEWER: PROBE IF NECESSARY: "By systematic medication management, I mean the help you received from your prescriber and the Nurse Care Coordinator to help you manage your medications.

[INTERVIEWER: SHOW QL CARD.]

- TERRIBLE 1
- UNHAPPY 2
- MOSTLY DISSATISFIED 3
- MIXED 4
- MOSTLY SATISFIED 5
- PLEASED 6
- DELIGHTED 7

QL-5. How do you feel about any other behavioral health services that you received at {INSERT NAME OF MHTS SITE}?

[INTERVIEWER: PROBE IF NECESSARY: "By other behavioral health services, I mean any help you may have received with case management, substance use, housing, family or social intervention, or help with financial or legal problems.

[INTERVIEWER: SHOW QL CARD.]

- TERRIBLE 1
- UNHAPPY 2
- MOSTLY DISSATISFIED 3
- MIXED 4
- MOSTLY SATISFIED 5
- PLEASED 6
- DELIGHTED 7

QL-6. Now I'd like to ask you a few additional questions about the services you received at {INSERT NAME OF MHTS SITE}. I am going to read you a series of statements about your experience with {INSERT NAME OF MHTS SITE}. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

[INTERVIEWER: SHOW EO CARD.]

	<u>STRONGLY AGREE</u>	<u>SOMEWHAT AGREE</u>	<u>SOMEWHAT DISAGREE</u>	<u>STRONGLY DISAGREE</u>
a. No child care services were offered.	1	2	3	4
b. {INSERT NAME OF MHTS SITE} did not help me with transportation.	1	2	3	4
c. {INSERT NAME OF MHTS SITE} had limited job opportunities	1	2	3	4
d. The enrollment process at {INSERT NAME OF MHTS SITE} was complicated.....	1	2	3	4
e. It felt like there wasn't anybody else like me at {INSERT NAME OF MHTS SITE}.	1	2	3	4
f. The options offered by {INSERT NAME OF MHTS SITE} to help me with my mental illness were limited.	1	2	3	4
g. I need more help to get ready to go back to work.	1	2	3	4
h. I did not want to tell any employers about my mental illness so I did not have a job coach with me at my job.....	1	2	3	4
i. I did not want any help from {INSERT NAME OF MHTS SITE} with my mental illness. I just wanted help finding a job.	1	2	3	4