

Measuring Psychosocial Rehabilitation Outcomes



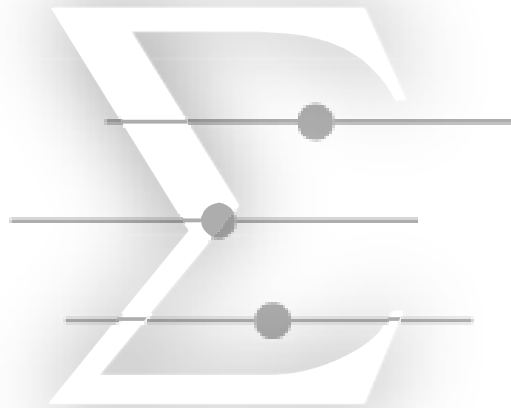
1995

Prepared by:

The Research Committee of the International Association of Psychosocial Rehabilitation Services

10025 Governor Warfield Parkway, #301
Columbia, MD 21044-3357
(410) 730-7190 Fax (410) 730-5965





For your Convenience...

We have included the following items as an addendum, (with line breaks) beginning on page 47 of this document:

- **Example Master List Confidential**
- **Baseline Demographics Domain Form**
- **Hospitalization Domain Form**
- **Residential Domain Form**
- **Employment Domain Form**
- **Education Domain Form**
- **Financial Domain Form**
- **Legal Domain Form**
- **Member Consumer Survey Form, Scoring Sheet, Example Score Analysis**

This Toolkit is one of a series of such kits commissioned by the Evaluation Center@HSRI. The Center is a grant program of the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The mission of the Evaluation Center is to provide technical assistance related to the evaluation of adult mental health system change.

The Center offers six programs all of which are designed to enhance evaluation capacity. *The programs are:* **the Consultation Program**, consultation tailored to the needs of individual projects; **the Topical Evaluation Networks**, which provide a forum for ongoing dialogue via electronic conferencing; **the Toolkit Program**, which provides evaluators with tested methodologies and instruments related to specific topics; **the Materials Program**, an evaluation materials program which supplies evaluators with original papers on selected topics and identifies relevant literature in the field; **the Mini Grant Program** that provides seed grants for significant evaluations in the area of adult mental health system change; and the Training Program designed to enhance the evaluation skills of producers and consumers of evaluations.

The Toolkits are designed to provide evaluators with complete descriptions of methodologies and instruments for use in evaluating specific topics. Based on information from a needs assessment study conducted by the Center and on feedback from evaluators in the fields, we have identified a number of important topics that evaluators are frequently interested in examining. Expert consultants have been engaged to review the background of these topics and to compile Toolkits that provide evaluators with state-of-the-art evaluation techniques to use in their own work.

The Evaluation Center@HSRI is also interested in supporting “electronic bulletin board user groups” for its Toolkits. These groups will provide a forum for Toolkit users to share their expertise and experiences with the Toolkits. If you would like to participate in an electronic user group, please contact the Evaluation Center@HSRI via e-mail at materials@tecathsri.org, or call the manager of the toolkits and materials program at 617-867-0426, x2510.

We hope that this Toolkit on Measuring Psychosocial Rehabilitation Outcomes will be helpful to those evaluators who are interested in assessing the impact of system changes on the life circumstances of persons with severe mental illness.

H. Stephen Leff, Ph.D.
Director

Virginia Mulkern, Ph.D.
Associate Director

Foreword

While psychosocial rehabilitation services have always been rooted in practical outcomes, we have not always measured the outcomes achieved by members in our programs. Over the last couple years, there have been many influences to heighten the importance of measuring outcomes. With changes in the health care environment, with the move to managed care in many jurisdictions, and with increased emphasis on consumer satisfaction with services and quality assurance—outcome measure have become increasingly important.

In 1994, the IAPSRs Public Policy Committee and the Research Committee agreed we needed to develop a set of core outcome indicators which all agencies in the field should be collecting. The characteristics that we were looking for in the development of the measures included:

1. Core measures that were simple, relatively easy to collect, and could be used with either paper and pencil collection or sophisticated MIS systems.
2. Outcome measurement could happen in multiple ways.
3. Measures should be rooted in the research, and be objective and measurable.
4. Measures should reflect useful outcomes for consumers, and be readily understood by everyone.
5. Minimal or no training should be necessary for the data to be collected.

This Toolkit is the result of that work and will provide an industry standard for the PSR community in developing outcome measure systems within agencies. Recognizing that every agency has different resources, needs and levels of sophistication, the recommendations are meant to be tailored to your agency. Some agencies will be able to collect all of the data recommended. Most will adopt a portion of the measures to use as a first step in developing outcome information.

IAPSRs and the field have been extraordinarily lucky to have a group of talented and dedicated researchers willing to collaborate on this project. On few occasions has such a brilliant group of researchers come together and volunteered their efforts to make

such a major contribution to a field. Special thanks go to Paul Arns, Ph.D. who coordinated the efforts of all the collaborators, a herculean effort. Thanks are also due to Judith Cook, Ph.D. and Laura Blankertz, Ph.D., the Chairs of our Research Committee.

The members of IAPSRs and the field of psychosocial rehabilitation are deeply indebted to each of the following researchers who contributed significantly to this project:

Paul Arns, Ph.D., Project Coordinator
Judith Cook, Ph.D. Research Committee Chair
Laura Blankertz, Ph.D. Research Committee Chair
Sara Asmussen, Ph.D.
Gary Bond, Ph.D.
Bob Gervey, Ph.D.
Hobie Hawthorne, Ph.D.
Caroline Kaufmann, Ph.D.
Susan McCarthy, Ph.D.
Carol Mowbray, Ph.D.
Sheree Neese-Todd
Bob Paulson, Ph.D.
Sally Rogers, Sc.D.
Michael Shafer, Ph.D.

Special thanks go to Steve Leff, Ph.D. and the staff of the Evaluation Center which have made the development of this project and the dissemination of the Toolkit possible.

Ruth A. Hughes, Ph.D.
Executive Director
International Association of
Psychosocial Rehabilitation Services

Table of Contents

I. Introduction

A. Overview and Organization	1
B. General Guidelines & Potential Uses	2
C. A Note on Baseline Data Collection	7
D. Creating a Master List	8

II. Definitions, Instruction & Examples

A. Baseline Demographics	10
B. Hospitalization Domain	14
C. Residential Domain	19
D. Employment Domain	22
E. Education Domain	28
F. Financial Domain	31
G. Legal Domain	33
H. Member/Consumer Survey	36
1. Scoring and Interpreting the Member Survey.....	38

III. Data Collection Forms & Member Survey

.....	48
-------	----

1 *Introduction*

***Definitions
Instruction,
2 & Examples***

***Data
Collection Forms
3 & Member Survey***

**A TOOLKIT FOR
MEASURING PSYCHOSOCIAL
REHABILITATION OUTCOMES**

I.

INTRODUCTION

Overview

This Toolkit was produced by members of the Research Committee of the International Association of Psychosocial Rehabilitation Services (IAPSRs) in cooperation with the Evaluation Center@HSRI. The measures proposed here have been developed to conform the following guidelines:

- **Multiple Domains**—It is recognized that psychosocial rehabilitation interventions target and impact a number of different areas of peoples' lives and that change in one domain (*e.g. vocation*) may or may not coincide with change in another (*e.g. hospitalizations*). Nonetheless, each domain is presented as a separate module and programs may choose to collect data on a subset of domains.
- **Simplicity**—The measures included here are intended to be accessible to and easily collected by any PSR agency, regardless of sophistication in program evaluation and research technology. Many can be converted into “headcounts” of program members' status on a particular outcome variable.
- **Face Validity**—The measures are intended to monitor outcomes that are relevant to psychosocial rehabilitation interventions and which are readily understood by non-researchers.

The intent behind this document is to provide psychosocial rehabilitation programs with the necessary guidelines and tools to **collect** reliable data. These data can help programs to accurately describe their members' characteristics and psychosocial status and to evaluate the effectiveness of their interventions. The Toolkit is an evolving document. Although relevant issues are discussed, it does not provide extensive instructions regarding the statistical analyses and interpretation of the data collected.

Organization

The toolkit measures outcomes across a number of different domains or life areas. It is divided into three main sections: (I) ***Definitions and Instructions***—This section provides instructions for and examples of gathering domain-specific data on program members along with specific definitions of outcome variables for each domain. (II) The outcome variables are derived from information gathered on the ***Data Collection Forms*** and can subsequently be used by programs to provide descriptive and comparative analyses of program outcomes. These forms would typically be completed by a program staff member or case manager. (III) A third section is the ***Member Survey*** which is administered directly to program participants.

General Guidelines

An attempt has been made to allow programs flexibility with regard to frequency of data collection and the particulars of a research design (*see Potential Uses of the Toolkit*). Data forms are set up so that particular variables can be easily recorded or calculated.

Items should never be left blank. If the information required for an item is unavailable or is **Unknown**, it should be marked with a “U”. If an item is **Not Applicable**, it should be marked as “NA” (*e.g. a person is unemployed and, therefore, has no job start date*). Having a specific missing data code is preferable to leaving items blank. If items are simply left blank, one can not tell whether the information is unknown or whether a person completing the form just forgot to fill in that item. Be aware that, if the information collected is being stored and analyzed using computer database and

statistical software, appropriate codes for missing data may vary and missing data will need to be recoded appropriately at the time of data entry.

Data are collected on individuals in programs, with individual uniquely identified by an identification number (*see Creating a Master List*). A confidential list linking member names and unique ID numbers should be maintained and protected. ***Programs should be certain that data collection, management and reporting procedures are in accordance with local Institutional Review Board, Human Subjects, or other standard protecting the right of program members as study participants.,***

Potential Uses of the Toolkit

This toolkit has been designed to be used in a variety of ways according to the specific needs of a PSR agency, available resources for collecting and analyzing data, and the level of scientific rigor desired from the results. As with every research decision, this means that there will be some trade-offs. In this case, using the Toolkit in a less time- and labor-intensive manner will result in findings with less scientific rigor. That is, statements about causality and program impact may not be defensible when using less rigorous methods. Described below are four potential levels of Toolkit implementation, presented in order of increasing levels of sophistication, each of which fulfills a slightly different purpose.

At the first level, the Toolkit can be used for a one-time agency wide “snapshot” assessment. Here, the emphasis is on conducting the assessments for all members by capturing their status **once, at the time of assessment only**. Typically, this kind of

information is then summarized in a so-called “descriptive research report”. This level might be appropriate for an agency which has done no research and wishes to characterize its membership in order to prepare for a study, to engage in program planning, or to compare sub-programs. Such information might also be used to determine whether the agency’s membership reflects its target population, or to examine characteristics of members who subsequently “drop out” of the program. The limitation of a “snapshot” assessment is that it does not capture change, but simply shows the status of an agency’s membership at any one time. In other words, this kind of design will leave the agency unable to answer questions about whether or not its members improve over time. Thus, this kind of assessment would not be classified as evaluation or outcome, but as description. Nevertheless, it has some value when the alternative is no research at all.

At the second level, the assessments would be given at multiple time points separated by a fixed interval (*e.g. every 6 months*). At this second level of rigor, the emphasis is on accurately capturing members’ status **over time, at the point of interview only** (*i.e., not during the time interval between assessments*). This approach has the advantage of capturing changes in members’ outcomes, the hallmark effect one might expect to see after receipt of PSR services. It also allows for certain types of statistical tests, such as t-tests, and chi-square tests, that are not possible with a snapshot design. Moreover, because one is able to link changes in outcomes to individual members, it becomes possible to see which subgroups of members (*e.g. men/women, younger/older; minority/non-minority*) change more or less on certain outcomes. Thus, this design can be used for both program evaluation and other types of research. It should be noted that there are two primary variations of this type of design, the choice of which depends largely on the nature of the program being evaluated. Programs with a

relatively static enrollment may wish to collect baseline data at a given time point (*e.g. as in a snapshot assessment*), and then at a set interval thereafter (*e.g. each six months*). Thus, baseline data are collected on both enrolled and new program members and change over time is tracked for everyone. The limitation here is that one can not compare how members were doing **before** receiving PSR services to how they have done **since** receiving PSR services. If this approach is used, the evaluator may wish to control for length of time in the program when examining effects. The second variation, more easily implemented in programs with more turnover, involves conducting assessments on a unique schedule for each member, beginning at his or her time of program enrollment and then on a regular basis (*e.g. each 67 months*) thereafter. This variation will allow comparisons of member change before and since receiving PSR services.

The third level of rigor involves assessments in which information is **collected over time, including the time interval between assessments**. In addition to capturing the members' status at the time of assessment, this approach picks up any positive or negative outcome changes that occur over time between assessments. For example, rather than simply determining whether a member is employed at the time of assessment, an item is included which asks for the total number of paid positions the member held during the entire follow-up period. This approach is more rigorous because it allows for a more complete reconstruction of changes in a member's status over time. This sort of design should be the ultimate aim of every PSR program that is serious about tracking its outcomes to assess program effectiveness. The two variations in implementation strategy described in level 2 apply here (*i.e. conducting assessments on everyone simultaneously vs. on a time table determined by a member's enrollment*

date). It should be noted that certain sections (*e.g. Hospitalization, Legal*) and items of the toolkit are only relevant to this level of rigor. Throughout the toolkit, **ITEMS MARKED WITH AN ASTERIX (*) ARE THOSE WHICH REQUIRE BETWEEN ASSESSMENT (i.e. CONTINUOUS) STATUS MONITORING.** Evaluators using less rigorous levels should mark these items “NA” for “Not Applicable.”

A fourth and most labor intensive implementation of the toolkit involve using a **comparison or control group**. In this design, data are collected in a manner similar to that in level 2 or level 3 on clients receiving PSR services **and** simultaneously on persons who receive other services (*e.g. medications only*) or no services at all. This allows one to assess not only change over time resulting from participation in PSR services, but also to compare PSR outcomes to outcomes for individuals not receiving PSR services. The most rigorous variation of this level involves randomly assigning clients to the different (*PSR, non-PSR*) conditions. This tends to be relatively expensive, complicated research requiring substantial research expertise.

Each agency should read the toolkit carefully, and think about which level it wishes to aim for in its implementation. Those with severely limited resources may decide to opt for the first level, while those with more staff time and research expertise available may opt for levels 2 or 3. Those seeking extramural research funding may wish to consider level 4. Members’ willingness to be interviewed repeatedly should also be considered when deciding on the frequency of data collection. Agencies may also wish to collect data for different domains with different frequencies (*e.g. collecting data on Residential and Employment status each 3 months and Member Surveys each 6 months*). Finally, agencies should consider the capacity of their management information

system for data storage and analysis. Each agency will have to weigh these and other factors in deciding which way to use the Toolkit and all who are involved should have input into the decision-making process.

A Note on Baseline Data Collection

At the first time that you gather data, you should use both the Baseline Demographics, as well as any of the other domains which you have selected. At Level 1 or 2, this does not require any special instruction (*i.e. the pertinent time period being assessed is included in the instructions for relevant items*). If, however, you plan to use Level 3, which includes monitoring changes over time including status between assessment intervals, you will want to have baseline data on hospitalization, legal status, and other items with a (*) with which you can compare later assessments. It is suggested that you gather data covering at least the same length of time as your later assessments will cover. For example, if you plan to reassess after a six month interval, you will want to gather data on hospitalizations, legal status, number of jobs and educational activity during the preceding 6 month period. A true baseline involves the person's status prior to receiving services, so these instructions are especially important if you are conducting your first assessment when the person enrolls in the program.

For Levels 2, 3, and 4, it is also important to note the person's program status (**New, Renewed, Ongoing, Semi-Active, Inactive**) at each of the follow-up periods. These categories are defined in the Baseline Demographics section. You should also add at least 3 other categories: (a) **Dropout** for people who you have closed cases on due to a lack of participation, (b) **Moved** for members who left your area with a reasonable plan, and (c) **Graduate** for people on whom you have closed cases because they have

made sufficient gains and no longer need services. This becomes important in any longitudinal (*multiple time points*) design, as you will want to monitor program attrition. Recording this information might also help explain some of your findings (*e.g. Active members may show more improvement over time than Semi-Active members*).

Creating a Master List

In order to help protect the confidentiality of your members and to prepare data for entry into a database and subsequent analysis, it is useful to develop a Master List. A Master List is a document which links members' names to a unique identifying number (*Unique ID*). It is also a good way to monitor the collection of data over time. That is, it can serve as a checklist indicating that data collection forms and surveys have been received on particular program members. To maximize protection of members' confidentiality, a Master List should be kept in a secure place, with access limited to as few people as necessary. You may wish to have a single person maintain the Master List, collect all completed forms and surveys, and enter the Unique ID on each page (*pages can accidentally become separated*). The person should then indicate, on the Master List, that the data have been received and remove members' names from the completed forms. A Master List for a program conducting a level 2 or 3 evaluation (*with the follow-up schedule determined by enrollment dates*) might look like this: (*next page*)

EXAMPLE: *Master List Confidential*

Follow-up Status Codes:

1=New 2=Renewed 3=Ongoing

4=Semi-Active 5=Inactive 6=Dropout 7=Moved 8=Graduate

Member Name (Last, First)	Unique ID	Baseline Date	Baseline Survey rec'd	6-month Follow- up Date	6-month F-up Status	Data Forms rec'd	Survey rec'd
SMITH, JOE	0001	1/15/94	✓	7/15/94	3	✓	✓
JOHNSON, SUE	0002	1/23/94	REFUSED	7/23/94	3	✓	✓
ALLEN, TOM	0003	2/1/94	✓	8/1/94	6	NO	NO

In this example, the “data monitor” assigned each member a unique ID and entered the Baseline date after receiving the data forms. Baseline Member Surveys were checked off if received. A 6-month Follow-up Date was calculated based on the Baseline Date. Note that there was no 6-month Follow-up for “Tom” because he dropped out of the program and could not be found.

II.

DEFINITIONS & INSTRUCTIONS

Baseline Demographics

BASELINE DEMOGRAPHIC VARIABLES have a number of uses. First, they provide general descriptive information about the group which is receiving Psychosocial Rehabilitation Services. This allows individuals reviewing program evaluation data to better understand the generalizability of the outcome data being reported. In addition, some baseline variables may have prognostic value. That is, they may predict (*imperfectly*) the degree to which a person is likely to show positive outcomes in particular domains. It is important to note that baseline demographic variables are only one part of baseline data collection. It is at least as important to collect baseline scores on all other domains described in this toolkit (*e.g., work status at program entry*). Included here are a minimal set of baseline demographic variables.

MEMBER STATUS AT BASELINE (*Item B1*): Reflects different phases in receiving services, record members' baseline program status.

(1) **New** = Began receiving services within the last 30 days.

(2) **Renewed** = Began receiving services within last 30 days after an inactive period.

(3) **Ongoing** = Has received services regularly (≥ 3 *contacts/month*) for ≥ 2 months.

(4) **Semi-Active** = Has received services irregularly (< 3 *contacts/month*) for ≥ 2 months.

(5) **Inactive** = has not received any services for at least 1 month.

BASELINE AGE = Difference between BASELINE DATE (B2) AND DATE OF BIRTH (B3). Generally reported in years.

TIME IN PROGRAM = Difference between DATE OF PROGRAM ENROLLMENT (b4) and BASELINE DATE (B2). Depending on the program, reported in days, months, or years.

GENDER (B5) = Recorded as 0 (female) or 1 (male).

RACE/ETHNICITY (B6) = Coded as a category (1 - 7).

EDUCATION (B7) = Code years of education completed (0 - 20). Can also be recorded into categories (*e.g. Less than high school, high school grad., some college, college grad., some graduate school and beyond*).

MARITAL STATUS (B8) = Coded as a category (1 - 6).

AGE AT FIRST HOSPITALIZATION (B9) = Refers to psychiatric hospitalizations and recorded in years of age.

PSYCHIATRIC DIAGNOSES (B10 & B11) = Record DSM-IV numerical code. Be sure to include any current substance use related disorder. Within each Axis, list in order of primacy/focus of treatment.

EXAMPLE: Baseline Demographics

B1. **Member status at baseline:** ----- B1. 1
(1=New 2=Renewed
3=Ongoing 4=Semi-Active 5=Inactive)

B2. **Date baseline completed:** ----- B2. 1/15/94
mo day yr

B3. **Date of birth:** ----- B3. 6/14/68
mo day yr

B4. **Date of program enrollment:** ----- B4. 1/12/94
mo day yr

B5. **Gender:** ----- B5. 1
(0 = Female; 1 = Male)

B6. **Primary racial/ethnic identification:** ----- B6. 2
1 = Whit (Non-Hispanic) 5 = Native American
2 = Black (Non-Hispanic) 6 = Pacific Islander
3 = Latino/Hispanic (Any) 7 = Other (Specify): _____
4 = Asian/Asian-American

B7. **Education** (circle highest grade completed and enter # at right) ----- B7. 13
0 1 2 3 4 5 6 7 8 9 10 11
12/GED
13 14 15
16/College Grad
17 18 19 20+

B8. **Marital Status:** ----- B8. 1
1 = Single, Never Married
2 = Married
3 = Cohabiting with Significant Other
4 = Separated
5 = Divorced
6 = Widowed

B9. Age at first psychiatric hospitalization: ----- B9. 19
years of age

B10. Current DSM-IV Axis I Diagnoses: ----- B10a. 295 30
SCHIZOPHRENIA, PARANOID
ALCOHOL ABUSE ----- B10b. 305 00

B11. Current DSM-IV Axis II Diagnoses: ----- B11a. NA
NONE ----- B11b. NA

Hospitalization Domain

(requires continuous status monitoring)

HOSPITALIZATION is generally the most expensive level of care. Accordingly, information about hospitalization and re-hospitalization is considered to be an important variable. This information is useful in several ways. Previous hospital episodes provide important baseline information that can help describe particular client groups. Previous episodes of hospitalization are also considered to increase the risk for subsequent hospitalizations. These are called risk variables, and can sometimes be useful in predicting how frequently or whether a particular group may require hospitalization. Also, hospital admission that occur during or after treatment are used as an outcome variable. Comparison of hospital admissions before and after treatment is used as one of the methods to document change. While this change cannot be conclusively attributed to program effects, it does offer a reasonable approach to outcome/program evaluation short of conducting more scientifically rigorous and very expensive research. This approach is being used extensively in outcome studies and offers good utility for quality monitoring and improvement efforts and may help satisfy managed care requirements.

Each hospitalization during the period in question should be coded on a separate line. The hospital name, address, type, legal status at admission, admission and discharge dates and the length of stay are recorded. Included below are instructions for collecting the information and an explanation of the specific variables in the hospital domain. It is recommended that you collect BASELINE hospitalization data for at least 12 months preceding a member's enrollment in the PSR program.

Collection of Hospitalization Data

Careful documentation of the following will provide useful data on hospitalization. This information can be collected much more easily at baseline if it is routinely requested as part of the admission process. The referral source can often be helpful in the collection of baseline hospitalization data.

1. At the top of the form indicate if the data being collected are for a baseline or a follow-up period. Also fill in the beginning and end dates for the period in question.
2. During the same period, where and how many times was the member admitted to a psychiatric hospital? Under the columns labeled "HOSPITAL" and "ADDRESS" on the enclosed form, record the name and address of the hospital program where each of these episodes occurred.
3. In the next column labeled "TYPE", record the type of hospital using the following codes: "P" for psychiatric hospital, "S" for substance related hospital episodes, and "M" for medical (*non-psychiatric*) hospital episodes. The term "psychiatric hospital" in this case refers to any psychiatric hospital including: state hospitals, county hospitals, private hospitals, and veteran's hospitals. Drug/alcohol detoxification should be coded "S".
4. For each psychiatric hospital episode, determine if the individual was admitted voluntarily or involuntarily and record in the column labeled "VOL". Use "V" to represent voluntary admissions and "I" to represent involuntary admissions.
5. Determine the admission and discharge dates for each of these episodes. This information is recorded under the columns labeled "ADMIT" and "DISCH".
6. The actual number of days between admission and discharge is recorded in the column label "LOS" (*Length of Stay*). This can be done by counting the number of days from the admission date until the discharge date. If you use this method, be sure not to count both the day of admission and the day of discharge.

Verification of Hospitalization Data

If hospitalization data are based primarily on the client's self-report, have the client sign a release of information form for each facility mentioned. Then send a copy of the medical release form to each hospital requesting admission and discharge dates for each episode, and whether the admission was voluntary or involuntary. The medical release form should be accompanied by a brief letter of request and a copy of the informed consent form signed by the client. While the requirement to validate hospitalization data may seem onerous, it is quite important. Self-reported hospitalization data are often inaccurate. You may also, with permission, wish to consult with family members or others who know the client well. In order to have valid information on this important variable, it is necessary to verify the episodes.

Variables in the Hospitalization Domain

DAYS IN PERIOD (H1) = Total number of days from the period start date to the end date.

EPISODES (H2) = Count of the number of separate times a client was admitted to an inpatient facility. The TYPE of hospital into which a client is admitted is also important. Hospitalization can occur in three general categories: psychiatric, medical, and chemical dependency/substance abuse. Depending on what you are interested in evaluating you may wish to treat these different types of hospitalizations separately. For example, if you are interested in whether the PSR program decreases the number of hospitalizations related to the members' psychiatric and substance abuse problems you may wish to exclude medical hospitalizations from your calculations of EPISODES, TOTAL LOS, NUMBER VOLUNTARY, and COMMUNITY TENURE.

NUMBER VOLUNTARY (H3) = Total the number of hospitalizations coded as **Voluntary**.

TOTAL LENGTH OF STAY (LOS) (H4) = Total number of days in the LOS column.

COMMUNITY TENURE (H5) = The number of days spent in the community outside of an inpatient facility. This number is derived by subtracting the sum of LOS (H4) from the number of days in the period (H1). Community tenure is generally a better measure than episodes for tracking outcome. Episodes can be deceiving. For example, "Joe" may have only 1 hospitalization during a 12-month period, but lasted 70 days. "Mary", on the other hand may have 2 5-day hospitalizations during the same period. Thus, although Joe had half as many hospital episodes, Mary's community tenure ($365 - 10 = 355$) is much higher than Joe's ($365 - 70 = 295$). Community tenure is also more sensitive to change. A person may have the same number of hospital episodes during the baseline and follow-up period, but far fewer total LOS days, therefore improvement in terms of community tenure.

EXAMPLE: Hospitalization Domain

Circle whether period is: BASELINE FOLLOW-UP

Period 1/15/93 Period 1/15/94 H1. DAYS IN PERIOD: 365
 Start Date: mo day yr End Date: mo day yr

HOSPITAL	ADDRESS	Type P,S,M	VOL I,V	Admit Date	Disch Date	LOS days
HARBOR HOSP.	1600 MAIN ST BIG CITY, CA 11211	P	I	3/11/93	3/14/93	3
ST MARY'S	450 10 TH AVE. BIG CITY, CA 11213	S	V	4/12/93	4/16/93	4
COUNTY GEN'L	422 BALL ST BIG CITY, CA 11712	P	I	9/11/93	9/17/93	16
HARBOR HOSP.	1600 MAIN ST BIG CITY, CA 11211	P	V	12/26/93	1/5/94	10

H2. EPISODES: 4 H3. NUMBER VOLUNTARY: 2 H4. TOTAL LOS: 33

H5. COMMUNITY TENURE = H1 - H4 = 365 - 33 = 332

**Domain requires continuous status monitoring*

Residential Domain

The **CURRENT RESIDENTIAL STATUS** (RS1) variable is based on the underlying dimensions of consumer self-care and level of responsibility for independent living. Living situations in which the consumer has the most responsibility for maintaining their living status without help are considered “higher” and are presented first. A value is attached to each general class of living situations with higher levels having higher values. *Note the importance of the underlying dimension of consumer responsibility in arriving at a ranked score.* For example, a consumer who lives with a family member (*e.g., spouse, parent, adult child*) might be considered independent (*score = 7*) if he or she truly shares equally in or maintains primary responsibility for the dwelling. On the other hand, the consumer may be considered to be in a Supervised Non-Facility (*score = 5*) if the family member is primarily responsible for maintaining the residence. The current living situation is recorded at Baseline and, for levels 2, 3, and 4, at a predetermined time following baseline data collection (*e.g., every six months*) and serve as a cross sectional sampling of consumers’ residential status. A second question asks whether the current living situation is temporary or transitional (*e.g., a person happens to be undergoing a brief hospitalization at the time of data collection*). **TEMPORARY** (RS2) housing is defined as a setting which the individual has been at for **less than 1 month and is like to leave in less than 1 month**. If a setting is “temporary” by this definition, questions ask for the **PRIOR LIVING STATUS** (RS3) and **PLANNED LIVING STATUS** (RS4) which is rated using the ranked score from the residential settings scale.

Residential Status Codes (RS1, RS3, RS4)

- (7) **Independent** = Consumer lives in a house, apartment, or similar setting. If consumer lives alone, s/he has and handles primary responsibilities for residential maintenance (*e.g., upkeep, cooking, finances*). If the dwelling is shared with others, consumer shares equally in these responsibilities. No regular visits from professionals or family are required to monitor/maintain the residential environment.
- (6) **Assisted/Supported** = Consumer lives in a house, apartment, or similar setting and may live alone or with others. The consumer has considerably responsibility for residential maintenance, but received periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities.
- (5) **Supervised Non-Facility** = Consumer lives in a house, apartment, or similar setting with other persons. Consumers may have some secondary responsibility for residential maintenance and self-care, but not primary or overall responsibilities. Supervision is relatively continuous, but without in-house clinical staff.
- (4) **Supervised Facility** = Consumer lives in a multi-bed, but non-institutional facility with other consumers. Professionals hold primary responsibility for residential maintenance and provide clinical supervision for consumer self-care. Supervision is present, in some form 24 hours/day. Includes mental health group homes, board-and-care, etc.
- (3) **Treatment Institutions** = Facility staffed 24 hours /day with clinical treatment provided along with substantial assistance with self-care. The resident is generally unable to leave without approval or escort.
- (2) **Homeless** = Shelter, mission, flophouse, as well as literally “on the streets”.
- (1) **Correctional Facility** = Any jail or prison.

EXAMPLE: Residential Domain

RS1. What code best represents the consumer's CURRENT residential status? RS1. 5

RS2. Is this a TEMPORARY or TRANSITIONAL situation? ----- RS2. 0
(0 = No; 1 = Yes)
(Has been there <30 days and will be elsewhere within 30 days)

If Yes,

RS3. What code represents his/her PRIOR residential status? ----- RS3. NA

RS4. What code represents his/her PLANNED residential status? - RS4. NA

Residential CODES:

- 7 = Independent
- 6 = Assisted/Supported
- 5 = Supervised Non-Facility
- 4 = Supervised Facility
- 3 = Treatment Institutions
- 2 = Homeless
- 1 = Correctional Facility

Employment Domain

EMPLOYMENT variables assess the current employment status and conditions of participants. These data can be used to assess the level of employment within and among psychosocial rehabilitation agencies, the types of employment achieved among a membership, and the specific characteristics of these jobs with regard to compensation, job title, and benefits.

Variables in the Employment Domain

***TOTAL PAID JOBS SINCE** (*beginning of current assessment period*) (E1) = Total number of instances of remunerative activity by the participant. May include hourly employment, self-employment, commission work, piece rate, or any other transaction in which the participant is compensated in money for the performance of a specific task or series of tasks. **REQUIRES CONTINUOUS STATUS MONITORING.*

CURRENTLY WORKING (E2) = Individual is currently engaged in any type of productive work activity (*i.e., E7 below is coded as anything other than "1"*).

CURRENT WEEKLY HOURS (E3) For the seven-day period immediately preceding the interview date, the total number of hours the member engaged in remunerative activity.

CURRENT SALARY (E4) = If the member is not paid on an hourly basis (*e.g., commission*) estimate an hourly rate by dividing total pre-tax earnings by hours worked in the last week. If the individual is working in an unpaid (*e.g., volunteer*) position, SALARY is \$0.00.

CURRENT START DATE (E5) = The first date of employment of current job. If individual currently holds more than one job, enter the date the member began

their highest level (see E7) job. If jobs are at the same level, enter the earliest date.

CURRENT BENEFITS (E6) = Indicate if the member is receiving health insurance coverage from work:.

0 = No 1 = Yes, health insurance provided

CURRENT JOB STATUS (E7) = Using the listing below, enter the number corresponding to employment status of the member at the present time. If more than one job, use the highest level.

Current Job Status Codes (E7)

- (11) Independent Competitive Employment** = The individual found the job on his or her own with no help from the agency. If there was minor help obtaining the job (e.g., *constructing a resume*), no support has been received since and no additional supports will be provided.
- (10) Assisted Competitive Model** = This is a permanent position model. The support received is provided off site. This support includes support groups, resume writing, practicing interviewing techniques, etc. After the individual has gained employment, he or she can still receive any support necessary to remain on the job. This would include help maintaining benefits (*particularly Medicaid for uninsured jobs*), housing, relief of stress, feedback about difficulties on the job, etc. The employer may or may not know the person is in a rehabilitation program, the decision to disclose is left to the consumer. Agency staff are not involved in the hiring, firing, or training of the person.
- (9) Job Coach Model** = These placements are permanent positions which were developed through an agency. The employer is aware that the person is from a rehabilitation facility and staff (*job coaches or placement specialists*) are on site during the training phase, thus, most of the other staff know the individual is from a rehabilitation facility. Following training, staff may or may not keep in contact with the employer for a certain amount of time to ascertain that everything is going smoothly. The consumer continues to have access to the staff and other supports of the agency.

- (8) **Transitional Employment Model** = These are temporary positions, usually only part time. Staff from the agency decide which consumer fills the job and trains the individual. The placement belongs to the agency. The consumer completes the normal personnel procedures that anyone else applying for the job would complete. There may or may not be an official interview (*staff still have the final decision about who gets the job—this is just good experience for the consumer*). These placements MUST pay at least minimum wage and are located in normal places of business. The consumer is paid by the employer and taxes are taken out. Most agencies provide fill-ins and consumers usually have the opportunity to try more than one TE.
- (7) **Agency Paid Transitional Employment Model** = This model differs in that consumers are paid by the agency rather than the employer. Taxes may or may not be taken out.
- (6) **In-House Transitional Employment Model** = The difference in this model is that the placements are located within the agency and not in the community.
- (5) **Work Crew Model** = These placements involve a group of consumers working with staff support. The group is paid as a whole and then the agency divides the money in order to pay the individual consumers.
- (4) **Sporadic or Casual Employment** (*e.g., Odd Jobs*) = Within the last week, the consumer engaged in work activity for which he/she received some payment (*e.g., yard work*), but this is an irregular, informal work situation. There is no formal application or hiring process, payment is generally “under the table”.
- (3) **Sheltered Workshops** = Sheltered workshops are groups of members who work together in an isolated setting where there is limited chance for interactions with non-handicapped individuals. Many times the wages are below minimum wage and the workshop is located in the agency itself.
- (2) **Non-Paid Work Experience** = The consumer is actively and regularly engaged in work activity for which he/she receives no monetary compensation.
- (1) **No Employment of Any Kind** = No work-type activities are engaged in.

It is important to note that the hierarchy of employment options presented above is somewhat arbitrary. Though an attempt was made to rank other employment options from the most to the least independent (*considering the literature on employment outcomes, and factors such as minimum wage, integration, permanency of the job*), there is not complete agreement in the field of psychosocial rehabilitation about the discreet or hierarchical nature of these employment options. Individual client goals and values also factor into these employment options; independent employment may not be the goal for every client.

Nonetheless, many psychosocial rehabilitation programs have as their mission to increase the employment independence of their clients. Thus, the hierarchy presented below will allow programs to describe the employment options that their clients are engaged in at any given point in time, as well as to assess any movement into more independent options over time.

Data should be collected using the options described above ranging from Independent Competitive Employment (11) to No Employment of Any Kind (1). Then the data can be collapsed if desired. Programs can use either collapsed or uncollapsed options to describe the percentages of persons in these categories at any one point in time, or to describe percentages of clients moving to other employment options over time. Two possible collapsed options are presented, though others may be used.

Some Possibilities for Collapsing Categories

It is not uncommon in the literature on employment outcomes to see the following categories collapsed:

<i>Independent Competitive Employment</i>	
<i>Assisted Competitive Model</i>	(6)
<hr/>	
<i>Job Coach Model</i>	
<i>Transitional Employment Model</i>	(5)
<hr/>	
<i>Agency Paid Transitional Employment Model</i>	
<i>In-House Transitional Employment Model</i>	
<i>Work-Crew Model</i>	(4)
<hr/>	
<i>Sporadic or Casual Employment (Odd Jobs)</i>	(3)
<hr/>	
<i>Sheltered Workshop</i>	
<i>Non-Paid Work Experience</i>	(2)
<hr/>	
<i>No Employment of Any Kind</i>	(1)
<hr/>	

The numbers at the far right indicate the value that the employment option can be re-coded to. However, note that as long as you collect the data using the 11 options described, you may collapse them in ways that are more relevant to your program needs.

A less complicated ranking might be used as follows:

<i>Independent Competitive Employment</i>	
<i>Assisted Competitive Model</i>	
<i>Job Coach Model</i>	
<i>Transitional Employment Model</i>	(4)
<hr/>	
<i>Agency Paid Transitional Employment Model</i>	
<i>In-House Transitional Employment Model</i>	
<i>Work-Crew Model</i>	(3)
<hr/>	
<i>Sporadic or Casual Employment</i>	
<i>Sheltered Workshop</i>	
<i>Non-Paid Work Experience</i>	(2)
<hr/>	
<i>No Employment of Any Kind</i>	(1)
<hr/>	

Education Domain

EDUCATION variables assess current educational activity of members.

* **BEEN STUDENT SINCE** (*beginning of current assessment period*) (ED1) =
Indicate if the member has engaged in any formal program of educational activity since the date of interest. **REQUIRES CONTINUOUS STATUS MONITORING.*

CURRENT STUDENT (ED2) = Indicate if the client has been enrolled in any educational program during the **past week**.

CURRENT INSTITUTION OF ENROLLMENT (ED3) = Identify the type of instructional program/institution at which the member is currently enrolled. Codes are categorical: no assumption is made about the value/ordering of settings. Use the following codes and definitions:

Institutional Codes

- (1) **GED** = Enrollment in graduate equivalency diploma program of instruction.
- (2) **Secondary (high school)** = Registered as a student of grades 9-12.
- (3) **Adult education** = Enrollment in a formal course offered by the local adult education unit. Such course must not accrue academic credit.
- (4) **Community College** = Enrollment at a community/junior college where the terminal degree is an Associate's.
- (5) **Vocational/Technical Center** = Enrollment in a local vocational/technical training center where academic credit is accrued.
- (6) **Trade School** = Enrollment in a program of study resulting in a certificate of completion. Instruction is focused on a unique skill or craft (*e.g., pipefitting, hairdressing, etc.*)

(7) Four-Year College/University = Enrollment at a public or private post-secondary educational institution where the terminal degree may be a Bachelor's, Master's, or Doctorate.

(8) Other = Enrollment/participation in any other program of study not fitting one of the descriptions above.

CURRENT CREDIT ENROLLMENT (ED4) = Credit/classroom hours per week.

CURRENT START DATE (ED5) = Date at which current course began. If multiple courses are currently being attended, enter the start date of the **earliest current course**.

EXAMPLE: *Education Domain*

*ED1. **Been student since** (1 / 1 5 / 9 4): ----- *ED1. 1
(0 = No; 1 = Yes)

ED2. **Current student** (past week): ----- ED2. 0
(0 = No; 1 = Yes)

IF YES,

ED3. **Current Institution of enrollment:** ----- ED3. NA

Institution Codes:

1 = GED

2 = Secondary (High School)

3 = Adult Education

4 = Community College

5 = Vocational/Technical Center

6 = Trade School

7 = Four-Year College/University

8 = Other

ED4. **Current credit enrollment:** ----- ED4. NA

*ED5. **Current start date:** ----- ED5. NA
mo day yr

**Item requires continuous status monitoring.*

Financial Domain

FINANCIAL variables assess the sources and levels of income for program members. Programs may wish to pay particular attention to particular methods of summing income based on their mission. For example, employment programs may be especially interested in **EARNINGS** (F4), while case management programs may be interested in whether they are successful at helping clients obtain government **ENTITLEMENTS** (F2) and **BENEFITS** (F3). **TOTAL INCOME** (F7) provides a reasonable objective measure of clients' well-being in the Financial Domain.

Variables in the Financial Domain

TYPE 7 AMOUNT OF INCOME/BENEFITS (*ITEMS F1A - F1J*) = Record monthly income from all sources, entitlements, earnings, etc. If the client had no earnings from a source, \$0 should be entered (*rather than left blank*).

ENTITLEMENT INCOME (F2) = F1A + F1B.

WELFARE BENEFITS (F3) = F1C + F1E.

EARNINGS (*from employment*) (F4) = F1D.

OTHER BENEFITS (F5) = F1E + F1G + F1H.

OTHER INCOME (F6) = F1I + F1J.

TOTAL INCOME (F7) = Sum of F1A through F1J.

EXAMPLE: *Financial Domain*

Type of Income/Benefits	Amount Rec'd in Past Month
<i>(Code \$0 if no income from a source)</i>	
F1A. SSI Government Check -----	F1A. \$ <u> 674 </u>
F1B. SSDI Government Check -----	F1B. \$ <u> 0 </u>
F1C. Welfare Benefits (AFDC, General Relief) -----	F1C. \$ <u> 0 </u>
F1D. Earnings -----	F1D. \$ <u> 180 </u>
F1E. Veteran's Benefits -----	F1E. \$ <u> 0 </u>
F1F. Food Stamps -----	F1F. \$ <u> 0 </u>
F1G. Workman's Compensation, Unemployment Compensation	F1G. \$ <u> 0 </u>
F1H. Rent Supplements -----	F1H. \$ <u> 20 </u>
F1I. Allowance/Income from Parents/Guardian -----	F1I. \$ <u> 0 </u>
F1J. Other Income, not Earnings or Benefits ----- <i>(e.g., alimony child support, retirement)</i> <i>(specify: _____)</i>	F1J. \$ <u> 0 </u>
F2. Total Past Month, All Entitlements (SSDI, SSD) [A+B] —	F2. \$ <u> 674 </u>
F3. Total Past Month, Welfare Benefits [C+F] -----	F3. \$ <u> 0 </u>
F4. Total Past Month, Earnings [D] -----	F4. \$ <u> 180 </u>
F5. Total Past Month, Other Benefits [E+G+H] -----	F5. \$ <u> 0 </u>
F6. Total Past Month, Other Income [I+J] -----	F6. \$ <u> 20 </u>
F7. Total Past Month, All Income and Benefits [A+B+C+D+E+F+G+H+I+J] -----	F7. \$ <u> 874 </u>

Legal Domain

(requires continuous status monitoring)

It may be necessary to talk with or consult multiple sources to obtain an accurate counts for the following variables. If it appears difficult to get accurate data, you may wish to dichotomize (*divide into two discrete categories*) the variables for analysis ($0 = \text{Never}$; $1 = \text{Ever}$) which may result in more accurate data across members. Dichotomizing variables can also be useful for calculating “headcounts” across a program (*e.g., “X members (Y%) were victims of at least 1 violent crime during the follow-up period”*). It is useful to write the month representing the beginning of the data collection period (*e.g., a 6-month follow-up completed at the end of November = $11 - 6 = 5 = \text{“since May”}$*).

Although there are other areas of legal involvement in which program members may be faced (*e.g., conservatorship, guardianship, payeeship, child custody*), it is less clear how these would be treated as outcome variables. Moreover, there is considerable variability from State to State regarding both the terms and legal definitions of these situations. For these reasons, no attempt has been made to include them in this Toolkit.

Variables in the Legal Domain

TOTAL ARRESTS (L1) = Total number of arrests over the follow-up period. Do not include contacts solely related to involuntary or emergency treatment for mental health.

PRISON/JAIL NIGHTS (L2) = Total number of nights spent in prison or jail during the data collection period.

PRISON/JAIL EPISODES (L3) = Total number of **separate** occasions in which the individual was confined in prison or jail during the data collection period.

PROBATION/PAROLE INVOLVEMENT (L4) = Whether member was **Ever** (*score = 1*) or **Never** (*score = 0*) on probation or parole during the data collection period.

VIOLENT VICTIMIZATION (L5) = Total number of times member was a victim of a violent crime (*assault, robbery, rape*) during the data collection period.

OTHER VICTIMIZATION (L6) = Total number of times member was a victim of a non-violent crime (*e.g., theft*) during the data collection period.

TOTAL VICTIMIZATION L7 + l6. Can also be recoded (*0 = Never; 1 = Ever*) and used for program “headcounts”.

EXAMPLE: *Legal Domain*

- L1. **Total arrests since** (1 / 15 / 94): _____ L1. 1
(0 = Never)
- L2. **Prison/Jail nights since** ("): _____ L2. 2
(0 = Never)
- L3. **Prison/Jail episodes since** ("): _____ L3. 1
(0 = Never)
- L4. **Has member been on parole/probation since** (1 / 15 / 94): _____ L4. 0
(0 = Never; 1 = Yes)
- L5. **Violent victimization since** (1 / 15 / 94): _____ L5. 1
(0 = Never)
- L6. **Other victimization since** ("): _____ L6. 3
(0 = Never)
- L7. **Total victimization = L5 + L6** _____ L7. 4
(0 = Never)

**Domain requires continuous status monitoring.*

Instructions for the Member/Consumer Survey

The purpose of the **MEMBER SURVEY** is twofold: 1) to assess the perspective of the participants in your program towards your program and their own well-being; and 2) to get consumers involved in data collection. Therefore, this survey is designed for ease of administration and scoring. The way in which it is administered will vary based on the way your program operates and the abilities of the particular individual completing the survey.

A Cautionary Note

This scale attempts to measure the perspective of program members in a number of areas which are relevant to the goals of psychosocial rehabilitation programs. However, it has not yet undergone the rigorous psychometric tests required to fully establish its reliability and validity. While such work is underway, there are numerous existing scales and questionnaires which can be used to assess subjective quality of life, empowerment, mastery, and program satisfaction. The Toolkit's Member Survey is not meant to discourage programs from using other scales which may be available to them.

Administering the Survey

Surveys can be administered in group settings or individually. Most people will be able to read the questions and complete the information on their own. Even when people are able to complete the survey on their own, someone should be available to answer questions, clarify wording, and explain the response scale. There should be a quiet place, with a writing area, in which individuals can complete the survey. For those

individuals who may have trouble concentrating or cannot read English, someone can read the survey to the person.

You may or may not want to make responses to this survey strictly anonymous. The advantage of anonymity to this is that you may get more honest answers. Knowing that someone else is going to read the responses may change how people answer questions. In other words, they may be more likely to respond how they think other people would want them to respond. The disadvantages are that you cannot correlate these responses to the other data collected in this toolkit and it further limits your ability to assess change over time. For example, you will not know if the responses you received at time two are from the same people who responded at time one and therefore, these two measurements cannot be compared. You would only want to use a strictly anonymous measure if you are using the Level One “snapshot” assessment and are not planning to look at relationships between subjective outcomes and other parts of the Toolkit. For Levels 2, 3, or 4 you will have to have names or some form of identification. Having a single person collect all the surveys and remove names after assigning a unique ID number, and informing members that their individual responses will be kept confidential, can help minimize any response bias while still retaining the ability to compare survey responses to other data (*over time and across domains*) on the individual.

Most places find it useful to administer the survey several times over the course of a week. In this way you can make sure that you get the most participation possible. If you only administer the survey once, many people will not be able to complete it.

You may also want to make the survey available for completion during “odd” hours your program is open: weekends, evenings, holidays, etc.

Variables on the Member Survey

A scoring sheet is included in this packet along with an example of how the scoring works. If you are scoring the survey forms manually, you should use a separate score sheet for each person who completes a survey (*this step may be unnecessary when using computer software for data management and analysis*). The first thing you will notice on the scoring sheet is that the survey is divided into four areas. These areas are: 1) subjective quality of life, 2) empowerment, 3) mastery, and 4) program satisfaction. Each of these four areas consists of five questions. If you look on the scoring sheet you will notice that the numbers are not in order. This is because on the actual survey, the questions were mixed up. This is a normal research procedure, but you must group the appropriate questions together in order to interpret the results.

SUBJECTIVE QUALITY OF LIFE = S2 + S6 + S11 + S13 + S19.

Assesses the member’s overall perception of well-being.

EMPOWERMENT = S4 + S7 + S12 + S15 + S17.

Assess the member’s sense of his or her rights and opportunities to control his/her life and services received.

MASTERY = S1 + S8 + S9 + S16 + S18

Assesses the member’s beliefs regarding how much he/she is able to control and influence his/her life.

PROGRAM SATISFACTION = S3 + S5 + S10 + S14 + S20

Assesses the member’s level of satisfaction with the program.

Using the Scoring Sheet

Take a completed survey and copy the “score” from the completed survey to the scoring sheet. If you look at the scoring sheet, the first question about Quality of Life is #S2. Looking at the Example, we see that the person responded “1-Strongly Disagree” to this question. On the Example Scoring Sheet, a “1” is placed in the first blank. The second question about Quality of Life is #S6. On #S6 the person responded “3-Agree”. On the Example Scoring Sheet a “3” is placed in the second blank. The next questions for the Subjective Quality of Life variable are #S11 (*2-Disagree*), #S13 (*1-Strongly Disagree*), and #S19 (*2-Disagree*). These scores are also copied to the Example Scoring Sheet.

Once this is completed for the entire survey, the total for each variable is computed. For the Subjective Quality of Life variable the total score is a “9” which is then divided by the number of questions the person answered for an average score of 1.8, which is placed in the space on the right hand side of the form. This procedure is completed for each variable. By the end of the calculations you will have four numbers for each person. These four numbers are then totaled and divided by 4 (*total number of variables*).

EXAMPLE: *Member Consumer Survey*

In order to get information about how people are feeling in a variety of areas, we are asking that you complete the following survey. All information will remain confidential. If you need help reading the statements, please feel free to ask for help.

Each statement is followed by four options. **Please circle the response which most closely represents how you feel.** Thank you for your time.

S1. **If I were given the opportunity I am sure I could work.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S2. **Overall, I am satisfied with my life.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S3. **Overall, I am satisfied with the program.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S4. **I feel I have the right to approve all services I receive.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S5. **The services offered at this program are relevant to my needs.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S6. **Overall, I have a good relationship with members of my family.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S7. **I know who to go to when I am not receiving good service.**

1	(2)	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S8. **I can do just about anything I set my mind to.**

1	(2)	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S9. **I can change many of the important things in my life.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

I'M NOT SURE ABOUT THIS ONE

S10. **The staff here are interested in my moving on to better things.**

1	2	3	(4)
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S11. **I am happy with my current living situation.**

1	(2)	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S12. **I have a lot of choice about how I spend my free time.**

1	2	(3)	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S13. **I have an active social life.**

(1)	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S14. **I would recommend this program to other people needing services.**

1	2	(3)	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S15. **My opinions and ideas count in the development of my rehabilitation plan.**

1	2	3	(4)
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S16. **What happens to me in the future mostly depends on me.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S17. **I believe that together with others I can influence the mental health social service system.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S18. **I am inclined to think I am a success.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S19. **I am in good physical health.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S20. **I want to remain in this program for the time being.**

1	2	3	4
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

***EXAMPLE: Scoring Sheet for
Member Survey for Individual Respondent***

Subjective Quality of Life

	<u>Score</u>
<u>Questions:</u>	
S2	<u>1</u>
S6	<u>3</u>
S11	<u>2</u>
S13	<u>1</u>
S19	<u>2</u>
TOTAL	<u>9</u> / <u>5</u> (number of questions answered) = <u>1,8</u>

Empowerment

	<u>Score</u>
<u>Questions:</u>	
S4	<u>3</u>
S7	<u>2</u>
S12	<u>3</u>
S15	<u>4</u>
S17	<u>2</u>
TOTAL	<u>14</u> / <u>5</u> (number of questions answered) = <u>2,8</u>

Mastery

	<u>Score</u>
<u>Questions:</u> S1	<u>4</u>
S8	<u>2</u>
S9	<u> </u> → MISSING, ITEM SKIPPED
S16	<u>1</u>
S18	<u>1</u>
TOTAL	<u>8</u> / <u>4</u> (number of questions answered) = <u>2,0</u>

Program Satisfaction

	<u>Score</u>
<u>Questions:</u> S3	<u>3</u>
S5	<u>3</u>
S10	<u>4</u>
S14	<u>3</u>
S20	<u>4</u>
TOTAL	<u>17</u> / <u>5</u> (number of questions answered) = <u>3,4</u>

TOTAL SCORE ----- 10,0 / 4 = 2,5

Complete this procedure for each respondent. This will give you a “score” for each individual for the total survey and for each variable. You can calculate the responses for your agency in two different ways. The first is an overall score. To do obtain an overall score for your agency, add the total score for each **person** (*2.5 on the Example Scoring Sheet*) and divide that number by the number of **people** who completed the survey. This will result in an overall score; however, it is only possible to get a general understanding of what this score means. The higher the score the better the subjective quality of life, empowerment, mastery, and program satisfaction.

In order to get a more complete understanding, you can add the scores and obtain a separate score for each variable. This would be more useful in determining the reasons for a score. This is done is by adding the subscores for each variable for each person and then dividing this total by the total number of people who completed the survey.

EXAMPLE: of Score Analysis

For Total Score

Variable Scores

Respondent	Total Score	Resp.	SQOL	Emp	Mast	Prog
0001	<u>2,5</u>	0001	<u>1,8</u>	<u>2,8</u>	<u>2,0</u>	<u>3,4</u>
0002	<u>2,6</u>	0002	<u>1,8</u>	<u>3,2</u>	<u>1,6</u>	<u>3,6</u>
0003	<u>2,5</u>	0003	<u>1,6</u>	<u>3,8</u>	<u>1,2</u>	<u>3,2</u>
0004	<u>4,0</u>	0004	<u>4,0</u>	<u>4,0</u>	<u>4,0</u>	<u>4,0</u>
0005	<u>2,5</u>	0005	<u>1,6</u>	<u>3,2</u>	<u>1,8</u>	<u>3,5</u>
0006	<u>2,6</u>	0006	<u>1,8</u>	<u>3,5</u>	<u>1,6</u>	<u>3,5</u>
0007	<u>1,0</u>	0007	<u>1,0</u>	<u>1,0</u>	<u>1,0</u>	<u>1,0</u>
Overall		Total	<u>13,6</u>	<u>21,5</u>	<u>13,2</u>	<u>22,2</u>
Average: / =	<u>17,7 / 7 = 2,5</u>					each/7
		Average=	<u>1,9</u>	<u>3,1</u>	<u>1,9</u>	<u>3,2</u>

As you can see from this example, it appears from the overall score that the responses are average; however, once the variable scores are calculated it is possible to tell where the “problem” areas are within the variables. Notice that the overall score the agency is 2.5, falling between “Agree” and “Disagree”, telling you little about your agency. By calculating the averages for each variable, it becomes obvious that while the respondents like the program and feel empowered, they are not satisfied with their subjective quality of life, nor their ability to master their environment. This information might be used to convince administrators or funding sources that your agency needs to develop a housing program or start self-esteem groups.

III.

DATA COLLECTION FORMS & MEMBER SURVEY

Unique ID: _____

Person Completing Form: _____

Baseline Demographics

B1. **Member status at baseline:** ----- **B1.** _____
(1=New 2=Renewed
3=Ongoing 4=Semi-Active 5=Inactive)

B2. **Date baseline completed:** ----- **B2.** ____/____/____
mo day yr

B3. **Date of birth:** ----- **B3.** ____/____/____
mo day yr

B4. **Date of program enrollment:** ----- **B4.** ____/____/____
mo day yr

B5. **Gender:** ----- **B5.** _____
(0 = Female; 1 = Male)

B6. **Primary racial/ethnic identification:** ----- **B6.** _____
1 = *Whit (Non-Hispanic)* 5 = *Native American*
2 = *Black (Non-Hispanic)* 6 = *Pacific Islander*
3 = *Latino/Hispanic (Any)* 7 = *Other (Specify):* _____
4 = *Asian/Asian-American*

B7. **Education** (circle highest grade completed and enter # at right) ----- **B7.** _____
0 1 2 3 4 5 6 7 8 9 10 11
12/GED
13 14 15
16/College Grad
17 18 19 20+

B8. **Marital Status:** ----- **B8.** _____
1 = *Single, Never Married*
2 = *Married*
3 = *Cohabiting with Significant Other*
4 = *Separated*
5 = *Divorced*
6 = *Widowed*

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Person Completing Form: _____

B9. Age at first psychiatric hospitalization: ----- B9. _____
years of age

B10. Current DSM-IV Axis I Diagnoses: ----- B10a. _____ . _____

----- B10b. _____ . _____

B11. Current DSM-IV Axis II Diagnoses: ----- B11a. _____ . _____

----- B11b. _____ . _____

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Person Completing Form: _____

Date Completed: ____/____/____ (mo/day/year)

Residential Domain

RS1. What code best represents the consumer's CURRENT residential status? RS1. _____

RS2. Is this a TEMPORARY or TRANSITIONAL situation? ----- RS2. _____

(0 = No; 1 = Yes)

(Has been there <30 days and will be elsewhere within 30 days)

If Yes,

RS3. What code represents his/her PRIOR residential status? ----- RS3. _____

RS4. What code represents his/her PLANNED residential status? -- RS4. _____

Residential CODES:

7 = Independent

6 = Assisted/Supported

5 = Supervised Non-Facility

4 = Supervised Facility

3 = Treatment Institutions

2 = Homeless

1 = Correctional Facility

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Person Completing Form: _____

Date Completed: ____/____/____ (mo/day/year)

Employment Domain

*E1. Total Paid Jobs Since (_____): _____ *E1. _____

E2. Currently Working ----- E2. _____
(0 = No; 1 = Yes)

E3. Current Hours per Week: ----- E3. _____

E4. Current Hourly Salary: ----- E4. \$ _____

*E5. Current Start Date: ----- *E5. ____/____/____
mo day yr

E6. Current Benefits: ----- E6. _____
(0 = No; 1 = Yes, health insurance provided)

E7. Current Job Status: ----- E7. _____

Job CODES:

- 11 = Independent Competitive Employment
- 10 = Assisted Competitive Model
- 9 = Job Coach Model
- 8 = Transitional Employment Model
- 7 = Agency Paid Transitional Employment Model
- 6 = In-house Transitional Employment Model
- 5 = Work-Crew Model
- 4 = Sporadic or Casual Employment (Odd Jobs)
- 3 = Sheltered Workshop
- 2 = Non-Paid Work Experience
- 1 = No Employment of Any Kind

**Item requires continuous status monitoring.*

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Person Completing Form: _____

Date Completed: ____/____/____ (mo/day/year)

Education Domain

*ED1. **Been student since** (_____): _____ *ED1. _____
(0 = No; 1 = Yes)

ED2. **Current student** (past week): _____ ED2. _____
(0 = No; 1 = Yes)

IF YES,

ED3. **Current Institution of enrollment:** ----- ED3. _____

Institution Codes:

1 = GED

2 = Secondary (High School)

3 = Adult Education

4 = Community College

5 = Vocational/Technical Center

6 = Trade School

7 = Four-Year College/University

8 = Other

ED4. **Current credit enrollment:** ----- ED4. _____

*ED5. **Current start date:** ----- ED5. ____/____/____
mo day yr

**Item requires continuous status monitoring.*

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Person Completing Form: _____

Date Completed: ____/____/____ (mo/day/year)

Financial Domain

Type of Income/Benefits	Amount Rec'd in Past Month
-------------------------	-------------------------------

(Code \$0 if no income from a source)

F1A. **SSI Government Check** ----- F1A. \$ _____

F1B. **SSDI Government Check** ----- F1B. \$ _____

F1C. **Welfare Benefits** (AFDC, General Relief) ----- F1C. \$ _____

F1D. **Earnings** ----- F1D. \$ _____

F1E. **Veteran's Benefits** ----- F1E. \$ _____

F1F. **Food Stamps** ----- F1F. \$ _____

F1G. **Workman's Compensation, Unemployment Compensation** F1G. \$ _____

F1H. **Rent Supplements** ----- F1H. \$ _____

F1I. **Allowance/Income from Parents/Guardian** ----- F1I. \$ _____

F1J. **Other Income, not Earnings or Benefits** ----- F1J. \$ _____
(e.g., alimony child support, retirement)

(specify: _____)

F2. **Total Past Month, All Entitlements** (SSDI, SSI) [A+B] ----- F2. \$ _____

F3. **Total Past Month, Welfare Benefits** [C+F] ----- F3. \$ _____

F4. **Total Past Month, Earnings** [D] ----- F4. \$ _____

F5. **Total Past Month, Other Benefits** [E+G+H] ----- F5. \$ _____

F6. **Total Past Month, Other Income** [I+J] ----- F6. \$ _____

F7. **Total Past Month, All Income and Benefits**
[A+B+C+D+E+F+G+H+I+J] ----- F7. \$ _____

Consumer Name: _____ *(remove after entering Unique ID)*

Unique ID: _____

Person Completing Form: _____

Date Completed: ____/____/____ (mo/day/year)

Legal Domain

- L1. **Total arrests since** (): _____ **L1.** _____
(0 = Never)
- L2. **Prison/Jail nights since** (): _____ **L2.** _____
(0 = Never)
- L3. **Prison/Jail episodes since** (): _____ **L3.** _____
(0 = Never)
- L4. **Has member been on parole/probation since** (): _____ **L4.** _____
(0 = Never; 1 = Yes)
- L5. **Violent victimization since** (): _____ **L5.** _____
(0 = Never)
- L6. **Other victimization since** (): _____ **L6.** _____
(0 = Never)
- L7. **Total victimization = L5 + L6** _____ **L7.** _____
(0 = Never)

**Domain requires continuous status monitoring.*

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Date Completed: ____/____/____ (mo/day/year)

Member Consumer Survey

In order to get information about how people are feeling in a variety of areas, we are asking that you complete the following survey. All information will remain confidential.

If you need help reading the statements, please feel free to ask for help.

Each statement is followed by four options. **Please circle the response which most closely represents how you feel.** Thank you for your time.

S1. **If I were given the opportunity I am sure I could work.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S2. **Overall, I am satisfied with my life.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S3. **Overall, I am satisfied with the program.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S4. **I feel I have the right to approve all services I receive.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S5. **The services offered at this program are relevant to my needs.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S6. **Overall, I have a good relationship with members of my family.**

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Date Completed: ____/____/____ (mo/day/year)

S7. I know who to go to when I am not receiving good service.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S8. I can do just about anything I set my mind to.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S9. I can change many of the important things in my life.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S10. The staff here are interested in my moving on to better things.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S11. I am happy with my current living situation.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S12. I have a lot of choice about how I spend my free time.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S13. I have an active social life.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S14. I would recommend this program to other people needing services.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S15. My opinions and ideas count in the development of my rehabilitation plan.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Date Completed: ____/____/____ (mo/day/year)

S16. What happens to me in the future mostly depends on me.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S17. I believe that together with others I can influence the mental health social service system.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S18. I am inclined to think I am a success.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S19. I am in good physical health.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

S20. I want to remain in this program for the time being.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Date Completed: ____/____/____ (mo/day/year)

Scoring Sheet for Member Survey for Individual Respondent

Subjective Quality of Life

Score

Questions: S2 _____

S6 _____

S11 _____

S13 _____

S19 _____

TOTAL _____/_____ (number of questions answered) = _____

Empowerment

Score

Questions: S4 _____

S7 _____

S12 _____

S15 _____

S17 _____

TOTAL _____/_____ (number of questions answered) = _____

Consumer Name: _____ (remove after entering Unique ID)

Unique ID: _____

Date Completed: ____/____/____ (mo/day/year)

Mastery

Score

Questions: S1 _____

S8 _____

S9 _____

S16 _____

S18 _____

TOTAL ____/____ (number of questions answered) = ____

Program Satisfaction

Score

Questions: S3 _____

S5 _____

S10 _____

S14 _____

S20 _____

TOTAL ____/____ (number of questions answered) = ____

TOTAL SCORE ----- _____

Consumer Name: _____ (remove after entering Unique ID)

