



AMHD

ADULT MENTAL HEALTH DIVISION

HAWAI'I DEPARTMENT OF HEALTH

QUALITY OF LIFE INTERVIEW–VERY BRIEF

ADMINISTRATION MANUAL¹

Technical Report 100325²

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¹ Copies of the forms (QOLI-Very Brief and Demographics at Admission) and manual can be downloaded from <http://amh.health.state.hi.us/Public/REP/EvaluationInstruments.htm>

² The administration manual was updated March 25, 2010. Thanks to Annette Crisanti, Ph.D. for co-authoring prior versions of this manual.

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Quality of Life Interview-Very Brief Administration Manual

I. Introduction and Manual Overview

The Quality of Life Interview-Very Brief (QOLI-VB) is a very important instrument used by the Adult Mental Health Division (AMHD) to collect data on consumers served by Community Mental Health Centers (CMHCs) and Purchase of Service Providers (POS). The manual provides instructions on completing the instrument and is intended to be used as a training manual for providers who are using the instrument for the first time and as a reference resource for providers who are familiar with the instrument.

The manual is divided into four sections. The first section is this introduction. The second section provides specific information relating to the correct completion of the form. Section III provides specific information on the questions on the QOLI-VB. The last section includes answers to commonly asked questions and contact information.

II. Completing the QOLI-VB: Administration Specifics

Who gets a QOLI-VB?

- The QOLI-VB must be completed for ALL consumers receiving services except for those in Crisis Mobile Outreach. For consumers in residential treatment program, the QOLI-VB must be completed by their assigned case managers.

When is the QOLI-VB Form Completed?

- The QOLI-VB must be completed on (1) admission, (2) every six months, and (3) at discharge. The time of administration must be identified on the instrument. **IMPORTANT:** For interviews conducted at admission, the reference period for those questions asking about “the last six months” is the six months PRIOR to enrollment into services.

What is the proper way to complete the data collection forms?

- The instrument is designed as an interview. The consumer should not be asked to fill it out independently. Clinician’s input and judgments should not be reflected in the ratings. The QOLI-VB is formatted so that the question and answer options can be clarified for the consumer as needed.

III. Administrating the QOLI-VB: Item by item overview

Following are specific information for each item on the QOLI-VB. Try to elicit responses for each question. “Don’t know” and “prefer not to answer” are options for some items. Use whichever is more appropriate. Refrain from giving these as options in the list of choices. Most importantly: **There are nine (9) questions that must be completed even if the consumer refuses to complete the QOLI.** Those questions are: (a) 10. Annual Income before taxes from all sources except food stamps; (b) 11. Do you currently receive the following? SSI, SSDI, General Assistance/Welfare, Medicaid, Medicare, None; (c) 15. Have you had any psychiatric hospitalizations anywhere in the last six months? (d) 16. Are you currently taking atypical psychotropic medications, such as Abilify, Clozaril, Zyprexa, Seroquel, Risperdal, or Geodon? (e) 18. What is your current living arrangement? (f) 20. Have you been homeless at any time in the last 6 months?; (g) 21. Are you receiving any rental subsidies? (h) 22. What is your current type of employment? And (i) 23. Are you in school?

Clinicians should know the answers to those 9 questions but if, for some reason, they don’t, then select Prefer Not to Answer.

Question #1: Life in General

- The important issue in this question is to make sure the consumer understands the points on the scale.

Question #2: Physical Health

- Physical health refers to how the consumer feels about his or her body’s health.
- Help to distinguish between mental and physical health if necessary (e.g., “you might feel you have poor physical health if your body often feels tired or sick”).
- It is important to record the consumers’ perception of their physical health, even if you know what the consumer’s physical health status is.

Question #3: Mental Health

- Mental health refers to how the consumer feels about his/her mind’s health.
- Help to distinguish between mental and physical health if necessary (e.g., “you might feel your mental health is poor if you feel sad all the time”).
- It is important to record the consumer’s perception of their mental health, even if you are aware of their mental health status.

Question #4: Overall Functioning

- If the consumer is not working or is not in school, have him/her respond to this question with respect to home and social settings.

Question #5: Criminal Justice Involvement – Arrested in the past six months

- Arrested means that the consumer was taken to jail and booked with an offense.
- If the consumer is uncertain whether or not the arrest was within the past 6 months, assist by giving anchor points in time (e.g., using months or holidays or significant points in consumer’s history).
- If unable to clarify if the consumer was arrested, but he or she was certain that he or she was taken to a holding cell, code this situation as “yes.”

Question #6: Criminal Justice Involvement - Incarceration

- Help the consumer clarify whether he/she spent the night in jail.
- If unsure whether the night spent in jail was within the past 6 months assist by giving anchor points in time (e.g., using months or holidays or significant points in consumer’s history).
- If the consumer cannot remember when he/she was arrested and when he/she was released, but is clear that he/she was arrested in the evening and released in the morning, code this situation as “yes.”
- If the consumer only remembers that he/she was in jail and is completely unclear about how much time was spent and what time of day, code this as “no.”

Question #7: Victimization – Violent Crime

- If the consumer is unclear on the definition of a violent crime, help the consumer understand in terms he/she will understand. For example, explain that violent crimes involve force or threat of force, such as robbery and aggravated assault.

Question #8: Victimization – Nonviolent Crime

- If the consumer is unclear on the definition of a nonviolent crime, help the consumer understand in terms he/she will understand. For example, explain that nonviolent crimes are usually crimes involving property, such as burglary, theft and motor vehicle theft.

Question #9: Money to Cover Food, Clothing, Housing, Traveling, and Social Activities

- This is the consumer’s perception of whether they had enough money to cover the items, regardless of whether or not the consumer actually purchased or wanted to purchase the items/services during this period of time.

Question #10: Annual Income [MUST BE COMPLETED]

- This includes income from various sources, including:
 - Paid employment

- Social Welfare benefits – state or county (general welfare/public aid), TANF (Temporary Aid to Needy Families)
- Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)
- VA or other armed services disability benefits
- VA or other armed services pension, Social Security Retirement Benefits (SSA)
- Retirement pension, benefits, investment or savings income (only if consumer receives regular payments)
- Alimony and child support
- Financial support from mate, partner, family or friends
- Illegal source of income.

Question # 11: Financial Assistance [MUST BE COMPLETED]

- This is the first question that has a “Check All That Apply.”
 - SSI=Social Security Income
 - SSDI=Social Security Disability Income.

Question #12: Social Support – Contact with Family through Phone or Email

- If the consumer has no family, check “no family.” Then Question 13 will be automatically checked as no family as well. Go to Question 14.
- Family member or relative means blood relations and relatives by marriage or *hanai*; NOT boyfriends or girlfriends.
- If the consumer needs help, try to help the consumer concentrate on a “typical week” or “typical month” to help focus on a meaningful time period. Often getting more concrete with actual examples can help the consumer pinpoint the correct response.
- If the consumer lives with relatives, and never telephones/email any other relatives (or does not have any other relatives) code “not at all.”
- If the consumer does not own or have access to a telephone/computer, and thus does not communicate with family via telephone or email, code “not at all.”
- This question includes contact through email.

In terms of frequency, use the following guidelines:

- “at least once a day” = once a day up to several times everyday
- “at least once a week” = from once a week up to 6 times a week (if 7 times a week or more, then rate ‘at least once a day’)
- “at least once a month” = from once a month up to 3 times a month (if 4 times a month, then rate ‘at least once a week’)
- “less than once a month” = every other month or less (if once a month, then rate ‘at least once a month’)
- “not at all” = never.

Question #13: Social Support – Contact with Family in Person

- If the consumer lives with family, then rate the frequency that the consumer has face-to-face contact with live-in family as appropriate (i.e., most will be rated “at least once a day”).

In terms of frequency, use the following guidelines:

- “at least once a day” = once a day up to several times everyday
- “at least once a week” = from once a week up to 6 times a week (if 7 times a week or more, then rate ‘at least once a day’)
- “at least once a month” = from once a month up to 3 times a month (if 4 times a month, then rate ‘at least once a week’)
- “less than once a month” = every other month or less (if once a month, then rate ‘at least once a month’)
- “not at all” = never.

Question #14: Social Support – Contact with Non-Family Member(s)

In terms of frequency, use the following guidelines:

- “at least once a day” = once a day up to several times everyday
- “at least once a week” = from once a week up to 6 times a week (if 7 times a week or more, then rate ‘at least once a day’)
- “at least once a month” = from once a month up to 3 times a month (if 4 times a month, then rate ‘at least once a week’)
- “less than once a month” = every other month or less (if once a month, then rate “at least once a month”)
- “not at all” = never.

Question #15: Psychiatric Hospitalization [MUST BE COMPLETED]

- Psychiatric hospitalization applies to any psychiatric inpatient stay anywhere in the world for at least 24 hours.

Question #16: Current use of Atypical Psychotropic Medications [MUST BE COMPLETED]

The following list of atypical psychotropic medications are those that are typically prescribed for the treatment of schizophrenia and currently include:

- Abilify (Aripiprazole – by Otsuka/Bristol Myers Squibb)
- Clozapine (Clorazil – by Novartis)
- Olanzapine (Zyprexa/Zydis – by Eli Lilly)
- Quetiapine (Seroquel – by AstraZeneca)
- Risperidone (Risperdal – by Janssen)
- Ziprasidone (Geodon – by Pfizer).

Question #17: Medication Side Effects

- Effects from any medications – both for psychiatric and physical disabilities.

Question #18: Current living arrangement [MUST BE COMPLETED]

- Have the consumer name the type of living situation he/she lives in.
- If the consumer is unsure, read the options to him/her:
- Some of the living arrangements are define below:
- “Homelessness” is defined as those who are sleeping in shelters or in places not meant for human habitation such as beaches, cars, parks, sidewalks, or abandoned buildings. Such person who spends a short time (30 consecutive days or less) in a hospital or other institutions will be considered homeless upon discharge from the facility if no subsequent residences have been identified. For someone living in a transitional shelter, please select “Homeless-Sheltered.” If the person is at risk of being homeless, but is not currently homeless, select “no.”
- “Homeless/sheltered” = A transitional or temporary shelter that is run by a human services agency. Table 1 provides a list of the most common shelters for each county:
- “Homeless-Not sheltered” = beaches, cars, parks, sidewalks, tents, abandoned buildings, or any other places not meant for human habitation.
- If consumer is currently in hospital and this hospitalization has lasted less than 3 months, then code the living situation just prior to hospitalization. If hospitalization has been for 3 months or more, code “hospital.”

Table 1: Common Shelters on Each County

O'ahu	Alternative Structures International, Ohana Ola Kahumana, Catholic Charities Community & Immigrant Services (Maili Land Transitional Shelter), Hale Kipa (Transitional Living Program, Youth Outreach), Holo Loa'a (Weinberg Village Waimanalo), Homeless Solution (Kulaokahua), Homeless Solutions (Kokea Family Shelter, Loliana Family Shelter, Nakolea, Vancouver House), IHS [Institute for Human Services: Ka'aahi Shelter (for women-&-children), Sumner Street Shelter (for men), Mental Health Kokua (Safe Haven), Salvation Army Family Treatment Services.
Hawai'i	Catholic Charities Community & Immigrant Services (Ka Hale O Kawaihae Transitional Housing), Child & Family Services (Hale Ohana Domestic Abuse Shelter), East Hawaii Coalition for the Homeless (Kiheipua Emergency Shelter and Kiheipua Transitional Shelter), Turning Point for Families (West Hawaii Spouse Abuse Shelter).
Kaua'i	Kauai Economic Opportunity (Lihue Court Townhouses, Komohana Group Home, Pa'a Hana Group Home)
Maui	Maui Economic Concerns of the Community Ka Hale A Ke Ola Homeless Resource Center (Emergency Shelter, Transitional Shelter), Women Helping Women (Hale Lokomaikai Emergency Shelter, Transitional Project)

Question #18a: Additional Information on Those Living Independently

- Only answer question 19a if Independent Living was selected on Question 19.
- In situations in which consumers are sometimes alone and sometimes with someone, let the consumer's perception determine the most appropriate response.
- Living alone with pet also should be determined by consumer's perception (for example a pet could include a gold fish, or a wild cat that is being fed regularly).

Question #19: Feelings of Safety in Living Arrangement

- This is the consumer's perception of safety regardless of whether the consumer is or is not actually safe in their environment.

Question #20: Homelessness Past Six Months [MUST BE COMPLETED]

- "Homelessness" includes "Homeless-Sheltered," and "Transitional Shelter." If consumer was homeless at any point during the past 6 months, even if it is only for one night, select "yes". Important Reminder: For interviews conducted at intake, the reference period for those questions asking about "the last six months" is the six months PRIOR to enrollment into services.

Question #21: Rental Subsidies [MUST BE COMPLETED]

- Select all that apply.
- If no, leave blank.

Question #22: Employment - Type [MUST BE COMPLETED]

- Select all that apply.
- If consumer is currently unemployed but was previously employed, select: “Not in the labor force.”
- Select “Other” if occupation is not listed.
- Select “None” if consumer had no occupation in the last 6 months.
- Select “Unknown” if adequate information cannot be obtained.
- Select “Prefer not to answer” if consumer prefers not to indicate his/her occupation.
- “Employed – No Support” = Competitive employment (either full-time or part-time). Working in a PAID position. This does not include volunteer work. “No support” refers to being employed without the aid of supported employment programs.
- “Supported Employment” = “Supported Employment” works with employers to create a real job in the community paying a competitive wage with staff support on the job, including intensive on-the-job skill training, job-related social skills training, frequent follow-up services in order to reinforce and stabilize the job placement, facilitation of natural supports at the work site and other discrete services as necessary. Supports should be adequate to allow an individual or a group of consumers to work a minimum of 15 hours per week and earn at least a minimum wage in the private sector or in consumer-run businesses or enclaves. The intensity of service varies as a function of the hours of work prescribed, and may be supported by vocational rehabilitation (VR) funding on a limited-time basis.
- “Supported Employment/Micro Enterprise” = Supported Employment/Micro-Enterprise Development helps consumers reduce their business learning curve and increase their chances of success by providing services such as training and consulting to consumers who want to be self-employed or small business owners. These services are usually provided by a community-based nonprofit agency or other organization and are funded through partnerships with government agencies, foundations, private industry and philanthropic individuals. Microloan or DVR funds help with startup or expansion, and are necessary since traditional financing is difficult to obtain for startup and developing small businesses. Micro-enterprises typically require \$50,000 or less in capital funding and 5 or fewer employees. Activities can range from food production to child care. Common service-based micro-enterprises are catering, tax preparation, day care, specialty food production, clothing design and janitorial services.
- “Consumer Operated Business” (COB) = In a COB, consumers constitute the majority (at least 51%) of the board or group which decides all policies and procedures. With limited exceptions, staff consists of consumers who are hired by and operate the consumer operated

business. Consumers have control of the operating budget. Role opportunities for participants may include board and leadership positions, volunteer jobs, and paid staff positions. The type of business activity varies, but often involves provision of mental health and related services. Examples include residential COB programs based on the Fairweather Lodge model and a local COB, United Self-Help, which provides a range of advocacy/outreach and mental health support services.

- “Transitional Employment” = Transitional Employment Programs are offered through Clubhouse services and are designed to provide employment experiences that prepare individuals for competitive employment.
- “Sheltered Workshop” = Sheltered workshops are operated as not-for-profit programs for the purpose of carrying out rehabilitation for workers with disabilities. Sheltered workshops provide individuals with remunerative employment or other forms of occupational rehabilitation, usually of an educational or therapeutic nature. Sheltered workshops typically offer jobs to members of the physically or developmentally disabled and/or institutionalized population at sub-minimum wage pay. Examples include vocational programs at Hawaii State Hospital and Lanakila Crafts.
- “Not in the labor force” = Persons who are not employed or actively looking for employment. This category includes persons who are retired, plus others such as homemakers, students, volunteers, disabled, etc. (Note: If in Sheltered Workshop, please select Sheltered Workshop).

Question #22a: Reasons for Unemployment

- Check all that apply
- Have consumer select all the reasons why they are not employed:
- If consumer is “disabled – unable to work,” “retired,” “homemaker,” or “student” then select “other” and make sure you filled out “Not in the labor force” for question 23.
- This question should also be asked to consumers not in the labor force.

Question # 22b: Length of Employment at the Same Job

- Select one.

Question #22c: Hours of Employment

- Type number of hours worked-per/week in box.
- If consumer does not work regular hours, ask for the most recent average number of hours per week.

Question #23: Educational Involvement [MUST BE COMPLETED]

- full time = currently enrolled in 3-4 classes or is currently attending class over 4 hours/day for 5 days/week

- part time = attending class less than full time amount

IV. Frequent Questions About the QOLI-VB

How often does the QOLI-VB need to be administered?

The QOLI-VB must be completed on intake, every six months, and discharge. Select the time of administration on the AVATAR screen or ACCESS Database (which is completed prior to entering the QOLI-VB). For interviews conducted at Intake, the reference period for those questions asking about “the last six months” is the six months prior to enrollment into services.

How are the data collected being used by the AMHD?

The data are used for a variety of reports to the courts, to the legislature, to Division Administration, and to the federal government as a condition of block grant funds that go to fund the State Council, administrative, and POS services.

Who do I call if I have questions about the administration of the instruments or the manual?

For the QOLI-VB: Call Philippe L. Gross, Ph.D., Telephone, 808-586-4492,
Email: philippe.gross@doh.hawaii.gov

Who do I call if I have questions about uploading data?

For help with uploading data entered in the ACCESS database to the AMHD through Sharepoint: Call John Jansen. Telephone, 808-236-8393, Email:
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