TRANSITION PLANNING PROCESS

Questions 1, 2, and 3 should be completed at the initial interview only. Please refer to Follow-Up Survey versions if conducting 11-month or 24-month follow-along interviews.

1. A discharge or transition plan is used to decide what services and supports a person needs to move. Did you know that you have a discharge/transition plan for moving from _____ Adult Care Home/State Hospital?
   - ❒ Yes
   - ❒ No
   - ❒ Unsure
   - ❒ No Response

2. Have you been participating as much as you like in the conversations about your moving to another place and about the services you will need?
   - ❒ Yes
   - ❒ No
   - ❒ Unsure
   - ❒ No Response

   If the answer to the question above is No or Unsure: What has kept you from being able to participate as much as you like in conversations about your move and the services you will need?

3. As you plan for your move, do you feel that your likes and dislikes and the things that are important to you are being considered (included)?
   - ❒ Yes
   - ❒ No
   - ❒ Unsure
   - ❒ No Response

   If the answer to the question above is No or Unsure: What makes you feel that your preferences are not being considered or included?

COMMUNITY, HOUSING, AND PERSONAL CONTROL

4. How do you usually spend your day? (SELECT ALL THAT APPLY)
   - ❒ Work in the community
   - ❒ Odd jobs
   - ❒ Volunteer
   - ❒ School
   - ❒ Watching TV
   - ❒ Listening to music
   - ❒ Reading/writing
   - ❒ Computer activities
   - ❒ Cleaning/cooking
   - ❒ Socializing/visiting
   - ❒ Treatment groups
   - ❒ Going into town/community (for example, store, appointments, etc.)
   - ❒ Physical activity/exercise
   - ❒ Doing nothing/sitting around/resting/sleeping
   - ❒ Unsure
   - ❒ No Response
   - ❒ Other, please specify_____

5. Are you satisfied with the way you spend your day?

   ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

6. Do you feel like you have enough to do?

   ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

7. Who decides how you spend your free time (when you are not working, in school, or at the day program)?
   - ❒ I do
   - ❒ Someone helps me decide
   - ❒ Someone else decides
   - ❒ Unsure
   - ❒ No response

8. If you work, who chose or picked the place where you work?
   - ❒ Does not apply. I do not work in the community
   - ❒ I chose where to work
   - ❒ I had some input into the decision
   - ❒ Someone else chose for me
   - ❒ Unsure
   - ❒ No response

9. Do you feel safe where you live?

   ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

10. Are you ever afraid or scared when you are at home?

    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

11. Do you go out in your community to do things when you want or choose?

    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

12. ***If the answer to the question above is No or Sometimes:*** Why? What keeps you from going out into the community when you want or choose? (SELECT ALL THAT APPLY)
    - ❒ Lack of transportation
    - ❒ Have to schedule or make plans too far in advance
    - ❒ Money/financial issues
    - ❒ Health or physical reasons (for example, don't feel well enough, don't have the physical assistance I need to do the activities I want)
    - ❒ Social reasons (for example, no one to go with)
    - ❒ Don't know about places to go or things to do in my community
    - ❒ Don't feel comfortable (for example, worried I might have a bad experience)
    - ❒ Unsure
    - ❒ Does not apply. I go out into the community to do things when I choose.
    - ❒ Other, please specify_____

13. Do you miss appointments or events or have to change your plans because you cannot get around easily?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

14. Do you have access to your money when you want or need it?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

    If the answer to the question above is Sometimes or No: Why don't you have access to your money?

15. Can you go to bed when you want?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

    If the answer to the question above is Sometimes or No: Why can't you go to bed when you want?

16. Can you eat when you want?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

    If the answer to the question above is Sometimes or No: Why can't you eat when you want?

17. Are there any activities that you CAN'T do when YOU want to do them?
❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

If the answer to the question above is Yes or Sometimes: What things can't you do when you want, and why?

18. Please say whether you are satisfied or dissatisfied with each of the following items in your area:
(PLEASE SELECT ONE ANSWER FOR EACH ROW)

	Satisfied	Dissatisfied	No opinion	No response
a) Shopping	❒	❒	❒	❒
b) Transportation	❒	❒	❒	❒
c) Church/House of faith	❒	❒	❒	❒
d) Parks and open space	❒	❒	❒	❒
e) Leisure, entertainment, and recreation (*movie theatre, bowling alley, etc.)*	❒	❒	❒	❒
f) Healthcare (*doctor's office, pharmacy, etc.*)	❒	❒	❒	❒
g) Your home's location	❒	❒	❒	❒
h) Your home's maintenance	❒	❒	❒	❒
i) Your neighbors	❒	❒	❒	❒
j) Your landlord	❒	❒	❒	❒

19. What would you change about your current living situation?

PERSONAL DEVELOPMENT, WELL-BEING, AND SERVICES

20. Do you have someone you like to talk to when you feel sad, angry, upset, or lonely?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

21. Have you felt lonely during the past week?
    ❒ Yes, most of the time
    ❒ Sometimes or occasionally
    ❒ No
    ❒ Unsure
    ❒ No response

22. During the past 30 days (month), did not feeling well keep you from doing your usual activities (self-care, work, recreation, etc.)?
    ❒ Yes, fairly often
    ❒ Sometimes or occasionally
    ❒ No
    ❒ Unsure
    ❒ No response

23. In the past 30 days (month), did you get to visit or talk with family and/or friends who support your recovery?
    ❒ Yes, as much as I wanted
    ❒ Some, but not as much as I wanted
    ❒ No, not at all
    ❒ Unsure
    ❒ No Response

24. Do your family or friends help you become the person you want to be?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

25. Do you feel hopeful about your goals and plans for the future?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

26. Since you've lived here, have you needed to go to the doctor for an unexpected reason?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

27. Do you ever go without taking your medicine when you need it?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

28. ***If the answer to the question above is Yes:*** Why? (SELECT ALL THAT APPLY)
    ❒ Can't get to the pharmacy ❒ Cost of medicine
    ❒ Side effects of the medicine ❒ Unsure
    ❒ Forget to take medicine ❒ Does not apply. I take my medication as needed.
    ❒ Don't feel like taking it ❒ Other_____

29. Since you've lived here, have you gotten all of the medical care or physical health services you needed? (*Examples include doctor's visit, pharmacy services/medications, physical therapy, etc.*)

❒ Yes ❒ No ❒ Unsure ❒ No Response

If the answer to the question above is No: Why? What services didn't you get, and what were the reasons?

30. Since you've lived here, have you gotten all of the mental health or behavioral health services you needed? (*Examples include ACTT or Community Support Team services, medication management, psychiatrist, therapist, counselor, alcohol or drug treatment.*)

❒ Yes ❒ No ❒ Unsure ❒ No Response

If the answer to the question above is No: Why? What services didn't you get, and what were the reasons?

31. What other services or supports, if any, do you need that you do not currently get? (SELECT ALL THAT APPLY)

❒ Transportation (e.g., my own transportation, help getting access or using public transportation, etc.)
❒ See my medical doctor more often
❒ Talking to a support person who has been through a similar recovery path (peer support services)
❒ Help with my medications (for example, picking up prescriptions, reminders to take my medications, someone to give me my medication, etc.)
❒ Help with my medical needs at home (for example, monitoring my blood pressure or blood sugar, etc.)
❒ Help with daily self-care activities at home (for example, showering, washing my hair, etc.)
❒ Help with my finances (for example, budgeting, banking, paying bills, managing my money, etc.)
❒ Help related to my housing (for example, speaking with my landlord when I have a problem, contacting the phone or power company, etc.)
❒ Help with other activities around the house or community (for example, cooking, cleaning, shopping, etc.)
❒ Help with my social or community life (for example, finding a church, meeting new friends, finding out what events are happening in my community, etc.)
❒ Help finding employment or going back to school
❒ None. I receive all of the services and supports I need.
❒ Unsure
❒ No response
❒ Other_____

The next four questions are about the staff who provide your support services. These could include staff at the care home where you live (if applicable), members of your ACTT or CST team, a peer support specialist, psychiatrist, counselor or therapist, etc.

32. Do the staff who provide your services show that they respect you?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

33. Do they listen to you carefully about what you need and want?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

34. Do they help you become the person you want to be?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

35. How satisfied are you with the help you've gotten in the past week?
    ❒ Very satisfied
    ❒ Satisfied
    ❒ Unsatisfied
    ❒ Very unsatisfied
    ❒ Unsure
    ❒ Does not apply; no services in the past week
    ❒ No response

INTERVIEWER AND SURVEY RESPONDENT:
Answers to some questions in this section may require reporting for investigative purposes.

36. Since you've lived here, has ANYONE ever done mean things to you, such as yell at you, take your things or hurt you?
    ❒ Yes ❒ Sometimes ❒ No ❒ Unsure ❒ No Response

37. Do you know who to contact if you are unhappy or have a problem with the services and supports you are getting?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

38. What is the name of the person or people who coordinate the services and supports that you receive?
    1) Name of person:_____
    2) Name of person:_____
    3) Name of person:_____
    4) Name of person:_____

39. Do you know how to contact the person our people who coordinate your services and supports?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

40. Is there anything you would like to add about your life that we have not discussed today?

41. Do you want someone to follow up with you about any situation or concern?
    ❒ Yes ❒ No ❒ Unsure ❒ No Response

DEMOGRAPHIC INFORMATION

Date of Survey (MM/DD/YYYY):_____

Name of Surveyor:_____

Managed Care Organization: (SELECT ONE)

- ❒ Alliance Behavioral Healthcare
- ❒ Cardinal Innovations
- ❒ CenterPoint Human Services
- ❒ CoastalCare
- ❒ Eastpointe
- ❒ East Carolina Behavioral Healthcare
- ❒ Partners Behavioral Health Management
- ❒ Sandhills
- ❒ Smoky Mountain Center

Individual information:

Last Name_____

First Name_____ Middle Initial_____

Medicaid I.D. (MID) #/ Common Name Data Service (CNDS) Identification #:_____

(Please ensure ID is correct, entered without errors, and conforms to the following format: nine (9) numbers followed by one (1) alpha-character (A-Z), without spaces or dashes, e.g., 123456789A.)

What is the individual's projected moving date? (mm/dd/yyyy)_____

Survey completed by: (SELECT ONE)

- ❒ The individual
- ❒ The individual with assistance (*for example, from a guardian, friend, or service provider OTHER than the surveyor)*