

**MENTAL HEALTH RECOVERY: WHAT HELPS AND WHAT HINDERS?
A NATIONAL RESEARCH PROJECT FOR THE DEVELOPMENT OF RECOVERY
FACILITATING SYSTEM PERFORMANCE INDICATORS**

RESEARCH TEAM

Steven J. Onken, Ph.D.
Jeanne M. Dumont, Ph.D.
Priscilla Ridgway, Ph.D.
Douglas H. Dornan, M.S.
Ruth O. Ralph, Ph.D.

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Mental Health and SAS

Piloting the Recovery Oriented System Indicators (ROSI) Measure

ROSI Consumer Self-Report Survey

ROSI Administrative Data Profile

The ROSI is the work of the *Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators*. This research project evolved from collaborative efforts among a team of consumer and non-consumer researchers, state mental health authorities (SMHAs), and a consortium of sponsors working to operationalize a set of mental health system performance indicators for mental health recovery. Conceptualized and directed by five member research team (the majority of whom are primary consumers) as a three phase process (i.e., grounded theory inquiry concerning the phenomenon of recovery, creation of prototype systems-level performance indicators, and large scale pilot testing), Phase One and Two have been completed. This briefing summarizes the research.

Phase One involved a grounded theory, multi-site qualitative design to identify the person-in-environment factors that help or hinder recovery for people experiencing serious and prolonged psychiatric disorders. Nine SMHAs used purposive sampling to recruit 115 consumers that participated in 10 structured focus groups. Researchers used rigorous, constant and comparative analytic methods involving qualitative coding, codebook development, cross coding and recoding of the focus group transcripts to develop a single set of findings. All nine SMHAs conducted member checks with focus group participants regarding the coding report for their respective focus group. Fifty-nine (51%) of the original focus group members participated. The research achieved a “confirmability index” (agreement that the coding captured the original content) of 99%.

A conceptual paradigm for organizing and interpreting mental health recovery emerged from the findings. While recovery is a deeply personal journey, there are many commonalities in people’s experiences. Recovery is facilitated or impeded through the dynamic interplay of many forces that are complex, synergistic and linked. Recovery is a product of dynamic interaction among characteristics of the individual (self-agency, holism, hope, a sense of meaning and purpose), characteristics of the environment (basic material resources, social relationships, meaningful activities, peer support, formal services and staff), and the characteristics of the exchange (hope, choice, empowerment, referent power, independence, interdependence). Each of these emergent domains/themes contain a rich and complex network of helping and hindering elements.

The materials herein do not necessarily reflect the positions or policies of any of the project sponsors and state research partners.

In Phase Two, the Research Team used these findings to develop recovery oriented performance indicators. Two sets emerged, 73 consumer self-report data items and 27 administrative data items. In partnership with the participating states, the team refined the self-report set based on consumer review (a Think Aloud process), state input and a readability check and then conducted a prototype indicator test involving a diverse cross-section of 219 consumer/survivors in seven states. The Research Team then used the prototype self-report data results to evaluate each item as to: (a) importance rating, (b) factor loading values within a varimax rotated component matrix, (c) response scale distribution and direction, (d) Phase One originating theme, (e) items assessing similar content, (e) clarity of wording, and (f) Phase One member check priorities.

The Research Team also generated specific measure definitions (i.e., numerators and denominators) for the 27 administrative data items, yielding 19 administrative data indicators with 30 corresponding measures. The 10 participating states and all state Directors of Consumer Affairs were then surveyed on the administrative data items as to (a) the feasibility of implementing each, (b) the importance of each for improving system recovery orientation, (c) whether or not the data articulated in the definition was currently being collected and (d) specific comments on each.

These analyses led to further refinement with a concentrated effort towards parsimony, resulting in 42 self-report items being crafted into an adult consumer self-report survey and 16 indicators and 23 corresponding administrative-data measures being crafted into an authority/provider profile for the Recovery Oriented System Indicators (ROSI) measure. A reliability coefficient was computed for the reduced set of 42 items on the adult consumer self-report survey, resulting in a Chronbach's alpha of .95. (Only 48 surveys could be included as the remaining surveys had one or more item responses missing or marked as "Does Not Apply to Me.") A factor analysis of the 42 self-report items resulted in domains of Person-Center Decision-Making & Choice, Invalidated Personhood, Self-Care & Wellness, Basic Life Resources, Meaningful Activities & Roles, Peer Advocacy, Staff Treatment Knowledge, and Access. The 16 indicators and 23 corresponding administrative-data measures include the domains/themes of Peer Support, Choice, Staffing Ratios, System Culture and Orientation, Consumer Inclusion in Governance, and Coercion.

The ROSI bridges the gap between the principles of recovery and self-help - choice, hope, purpose, relationships, self-determination, empowerment, citizenship, resources, opportunities - and the real-world application of these principles in the everyday work of staff and service systems. The ROSI measure is ready for large-scale pilot testing. The work of the Research Team, the research results, and the ROSI measure are helping to inform the efforts of the Mental Health Statistics Improvement Program Quality Report Version 2.0, the Decision Support 2000+ initiative and other national data collection efforts and requirements that support comparable data collection across state and local, as well as public and private mental health systems.

The Phase Two Research Report, *Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators: Phase II Technical Report: Development of the Recovery Oriented System Indicators (ROSI) Measures to Advance Mental Health System Transformation*, is available online in PDF format at the following website: <<http://www.nasmhpd.org/>>. Click on "publications," scroll to "National Technical Assistance Center for State Mental Health Planning (NTAC) Publications and Reports," scroll to and click on "Technical Reports" and the report and appendices are under the 2006 listing. The Phase One Research Report, *Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators: A National Study of Consumer*

Perspectives on What Helps and Hinders Recovery, is available at the same website under the 2002 listing.

Using the ROSI

The Research Team makes the following requests of any person or agency that chooses to move forward on using the ROSI in the near future:

First, inform the Research Team of your wish to use the ROSI. This notification can be done by contacting the Research Team through either Steven Onken <so280@columbia.edu> or Jeanne Dumont <jdumont@lightlink.com>.

Second, use the measures as currently developed, do not shift the items around, change the wording of any of the items, or shorten the measures by only gathering data on a subset of items.

Third, design your use in such a way that the data could be shared with the Research Team. The local site would continue to 'own' the data, but would share the data set in de-identified form with the Research Team. The Research Team's request will be subject to approval by the local site's research review, confidentiality and IRB processes as necessary.

Fourth, gather a small set of additional data that includes self-report survey respondent demographic variables, agency and authority-level descriptors, and methods of data collection.

By agreeing to these conditions, those using the ROSI measure will help advance recovery research in several ways. The data gathered will be added to the data from other pilot sites to: 1) improve the analysis of the statistical properties of the measure (psychometric testing); 2) improve the field's understanding of how program-/site-/systems-level variables influence findings; 3) build a data base on how differing sub-populations may differ in their responses to the ROSI; and 4) create a set of national norms that will help in setting benchmarks for improvements in programs and systems. The larger the data base that the Research Team can acquire, the better the chances of conducting a thorough and sound analysis.

Guidelines for the ROSI

The ROSI is developed from and grounded in the lived experiences of adults with serious and prolonged psychiatric disorders. Thus, the ROSI consumer self-report survey and administrative profile are designed to assess the recovery orientation of community mental health systems for adults with serious and prolonged psychiatric disorders.

Using the 42-item ROSI consumer self-report survey without the allied use of the ROSI administrative profile is *not recommended*. The 42-item consumer self-report survey is complemented by the administrative data profile. Data that are generated by doing the self-report survey alone are incomplete. The administrative profile gathers data on important indicators of the recovery orientation of a system that are not covered on the consumer survey.

The ROSI consumer self-report survey currently does not have sub-scales and thus all 42 items should be administered.

It is important that you follow your process of human subject review in regards to securing approval for conducting the ROSI consumer self-report survey and for being in compliance with HIPAA regulations. As you determine the level of human subject review to complete, you will need to identify whether you need a written or verbal consent, what are the risks and benefits for participants, and what participant incentive, if any, you will provide.

You will need to develop a definition sheet for some of the terms used in the 42 items of the ROSI consumer self-report survey. In this sheet, you will explain or define for the participants what and whom you are asking them to evaluate. Thus, the definition sheets needs to be tailored to your specific mental health service delivery system. What do you mean when an item uses the term “program” (see item #21 for example). Do you mean programs operated by the local public mental health center or all local mental health programs regardless who operates them? Or are you limiting it to one program? A similar set of questions also applies to the term “staff” and how do you want to define “mental health services.” The clearer you are in your definition sheet, the easier it is for participants to complete the survey (and the easier for the survey administrator to answer participants’ questions).

When administering the ROSI consumer self-report survey, please point out to the participants that some of the items are negatively worded, for example, “Staff do not understand my experience as a person with mental health problems.” Please instruct the participants to read each item carefully in order to answer the negatively worded items accurately.

While the Research Team retained consumer’s phrasing in some individual items, as well as reduced the average reading level for the 42-item ROSI consumer self-report survey; some of the individual items require a high reading level. Some consumers may not have the literacy level needed to read or to understand some items. The Research Team strongly recommends that someone (such as a volunteer or peer specialist) be available to respondents during administration of the measure. This person can provide reading support and assistance, as well as answer questions. If the measure is administered by mail or internet, please provide such support through a toll free number.

The NY Office of Mental Health has translated the 42-item ROSI consumer self-report survey into Spanish. Because of differences in regional Spanish dialects and respondent literacy levels, the Research Team strongly recommends that an interpreter be available to Spanish speaking respondents during the administration of the survey. The 42-item ROSI consumer self-report survey is not available in other languages at this time, but the Research Team is open to working with interested parties in such efforts.

The Research Team has developed a set of definitions for the terms used in the 23 indicators of the ROSI administrative data profile. For example, we defined what we mean by “Independent Peer/Consumer Operated Programs” in indicator #1. You will need to review these as some terms may need to be tailored to your specific mental health service delivery system. You must, however, document any deviations from the given definitions to be able to more accurately compare indicators over time or across systems.

It is very important that you record how you administered the ROSI using the ROSI Process Form, noting any variations that occurred (e.g., “x” number were completed in a group setting, “x” number were completed one-on-one, an English translator was available, etc.).

If you have questions, please contact the Research Team through either or Jeanne Dumont <jdumont@lightlink.com> or Steven Onken <onken@hawaii.edu>. Thank you!

RECOVERY ORIENTED SYSTEM INDICATORS (ROSI) PROCESS FORM

Administering Entity: _____

Address: _____

1. ROSI measures completed:

- a. Consumer Self-Report Survey b. Administrative Data Profile

2. Date data collection began: (*day/month /year*) / / - / / - / /

Date data collection ended: (*day/month /year*) / / - / / - / /

3. Type of process used to collect consumer self-report data (*check all that apply and include the response rate, i.e., ___ %, if available*)

- | | |
|---|--|
| a. <input type="checkbox"/> Consumer Self-Administered (___ %) | g. <input type="checkbox"/> Program Staff Interviewers (___ %) |
| b. <input type="checkbox"/> Mail Administration (___ %) | h. <input type="checkbox"/> Consumer Interviewers (___ %) |
| c. <input type="checkbox"/> Phone Administration (___ %) | i. <input type="checkbox"/> On-Line Data Collection (___ %) |
| d. <input type="checkbox"/> Face To Face Administration (___ %) | j. <input type="checkbox"/> Quality Assurance Interviewers (___ %) |
| e. <input type="checkbox"/> Individual Data Collection (___ %) | k. <input type="checkbox"/> External Evaluation Interviewers (___ %) |
| f. <input type="checkbox"/> Group Data Collection (___ %) | l. <input type="checkbox"/> Other: (___ %) _____ |

4. If a sample was used, what sample methodology was involved?

- | | |
|--|---|
| a. <input type="checkbox"/> Convenience Sample | c. <input type="checkbox"/> Stratified Sample |
| b. <input type="checkbox"/> Random Sample | d. <input type="checkbox"/> Other: _____ |

5. Purpose for utilizing ROSI (*check all that apply*)

- | | |
|--|--|
| a. <input type="checkbox"/> Quality Assurance Activity | d. <input type="checkbox"/> Research |
| b. <input type="checkbox"/> Program Audit | e. <input type="checkbox"/> Other: _____ |
| c. <input type="checkbox"/> Program Evaluation | |

6. Provide any important feedback concerning the performance, usefulness, process, and findings based upon your use of the ROSI measures

7. Contact Information for a person knowledgeable about the survey process

Thank you!

Recovery Oriented System Indicators (ROSI) Consumer Survey

Purpose: To provide the best possible mental health services, we want to know what things helped or hindered your progress during the past six (6) months. Please follow the directions and complete all four sections.

Section One Directions: Please read each statement and then circle the response that best represents your situation *during the past six months*. These responses range from “Strongly Disagree” to “Strongly Agree.” If the statement was about something you did not experience, circle the last response “Does Not Apply To Me.”

1. There is at least one person who believes in me.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
2. I have a place to live that feels like a comfortable home to me.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
4. I do not have the support I need to function in the roles I want in my community.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
5. I do not have enough good service options to choose from.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
6. Mental health services helped me get housing in a place I feel safe.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
7. Staff do not understand my experience as a person with mental health problems.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
8. The mental health staff ignore my physical health.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
9. Staff respect me as a whole person.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
10. Mental health services have caused me emotional or physical harm.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
11. I cannot get the services I need when I need them.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me

Please circle the response that best represents your situation *during the past six months*.

12. Mental health services helped me get medical benefits that meet my needs.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
13. Mental health services led me to be more dependent, not independent.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
14. I lack the information or resources I need to uphold my client rights and basic human rights.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
15. I have enough income to live on.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me
16. Services help me develop the skills I need.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply To Me

Section Two Directions: Please read each statement and then circle the response that best represents your situation *during the past six months*. The responses range from “Never/Rarely” to “Almost Always/Always.” If the statement was about something you did not experience, circle the last response “Does Not Apply To Me.”

17. I have housing that I can afford.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
18. I have a chance to advance my education if I want to.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
19. I have reliable transportation to get where I need to go.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
20. Mental health services helped me get or keep employment.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
21. Staff see me as an equal partner in my treatment program.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
22. Mental health staff support my self-care or wellness.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
23. I have a say in what happens to me when I am in crisis.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
24. Staff believe that I can grow, change and recover.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me

Please circle the response that best represents your situation *during the past six months*.

25. Staff use pressure, threats, or force in my treatment.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
26. There was a consumer peer advocate to turn to when I needed one.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
27. There are consumers working as paid employees in the mental health agency where I receive services.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
28. Staff give me complete information in words I understand before I consent to treatment or medication.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
29. Staff encourage me to do things that are meaningful to me.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
30. Staff stood up for me to get the services and resources I needed.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
31. Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc).	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
32. Staff listen carefully to what I say.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
33. Staff lack up-to-date knowledge on the most effective treatments.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
34. Mental health staff interfere with my personal relationships.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
35. Mental health staff help me build on my strengths.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
36. My right to refuse treatment is respected.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
37. My treatment plan goals are stated in my own words.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
38. The doctor worked with me to get on medications that were most helpful for me.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me

Please circle the response that best represents your situation *during the past six months*.

39. I am treated as a psychiatric label rather than as a person.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
40. I can see a therapist when I need to.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
41. My family gets the education or supports they need to be helpful to me.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me
42. I have information or guidance to get the services and supports I need, both inside and outside my mental health agency.	Never/Rarely	Sometimes	Often	Almost Always/ Always	Does not apply to me

Section Three Directions: Are there other issues related to how services help or hinder your recovery? Please explain.

Section Four Directions: We are asking you to provide the following information in order for us to be able to have a general description of participants taking this survey. Please check the answer that best fits your response to the question or write in the answer in the line provided. Only answer those items you wish to answer. Please do not write your name or address on this survey. This keeps your identity confidential.

- 1. What is your gender? a. Female b. Male

- 2. What is your age? (Write your current age in the two boxes.)

- 3. What is your racial or ethnic background? (Check the one that applies best.)
 - a. American Indian/ Alaska Native d. Native Hawaiian/ Other Pacific Islander f. More than one race
 - b. Asian e. White/Caucasian g. Other: _____
 - c. Black or African American

Do you consider yourself Hispanic or Latino/a? a. Yes b. No

- 4. Your level of education is: (Check the highest level you reached or currently are in.)
 - a. Less than High School c. College/Technical Training e. Other: _____
 - b. High School/GED d. Graduate School

- 5. How long have you been receiving mental health services?
 - a. Less than 1 year c. 3 to 5 years
 - b. 1 to 2 years d. More than 5 years

- 6. Which services have you used in the past six months? (Check all that apply.)
 - a. Counseling/Psychotherapy e. Assertive Community Treatment (ACT) i. Case Management
 - b. Housing/Residential Services f. Psychosocial Rehabilitation j. Clubhouse
 - c. Medication Management g. Employment/Vocational Services k. Other: _____
 - d. Self-help/Consumer Run Service h. Alcohol/ Drug Abuse Treatment

[To survey administrator: Please collect this additional background information (if possible).]

7. The town, city or community you live in is mostly:

- a. Urban
- b. Suburban
- c. Rural
- d. Remote/Frontier

8. What type of place do you live in?

- a. Living in my own home or apartment
- b. Living in supervised/supported apartment
- c. Living in a residential facility
- d. Living in a boarding house
- e. Homeless or homeless shelter
- f. Other: _____

9. Are you a person who currently has both mental health and substance abuse (alcohol, drug addition) problems?

- a. Yes
- b. No

ROSI Administrative-Data Profile: Authority Characteristics

Authority: _____ Date _____

1. What is your organization's legal structure?
- a. Public
 - b. Private Nonprofit
 - c. Private for Profit
 - d. Other: _____

2. Geographic Location:
- Country: _____
- State/ Province: _____

3. What geographic area do you cover?
- _____
- _____
- _____

4. Geographic Setting (check all that apply):
- a. Urban
 - b. Small City
 - c. Suburban
 - d. Rural
 - e. Remote/Frontier

5. What the total number of mental health catchment or service areas?
- _____

6. How many mental health catchment or service areas in your network provided data for this ROSI Administrative-Data Profile?
- _____

7. How many mental health provider agencies are in your network (unduplicated)?
- _____

8. How many mental health provider agencies in your network provided data for this ROSI Administrative-Data Profile?
- _____

9. What populations do you serve? (Check all that apply.)
- a. Children General Mental Health
 - b. Adult General Mental Health
 - c. Elderly General Mental Health
 - d. Adult Serious Mental Illness
 - e. Children Serious Emotional Disorders
 - f. Elderly Serious Mental Illness
 - g. Children Substance Abuse
 - h. Adult Substance Abuse
 - i. Other: _____

Thank You!

ROSI Administrative Data Profile – Authority Level

Directions: Please respond to each item as thoroughly as possible. Please report data for your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

1. Independent Peer/Consumer Operated Programs

1a. Numerator: The total number of mental health catchment or service areas responding that have independent peer/consumer operated programs:

1a. _____

1b. Denominator: The total number of mental health catchment or service areas responding:

1b. _____

1c. Indicator: The percentage of mental health catchment or service areas responding that have independent peer/consumer operated programs.
(Numerator 1a. divided by denominator 1b.)

1c. _____ %

2. Peer/Consumer Delivered Service Funding

2a. Numerator: For the reporting period, the amount of program funds in the state mental health budget allocated for peer/consumer delivered services:

2a. _____

2b. Denominator: For the reporting period, the total amount of program funds in the state mental health budget:

2b. _____

2c. Indicator: For the reporting period, the percentage of state program funds allocated for peer/consumer delivered services.
(Numerator 2a. divided by denominator 2b.)

2c. _____ %

3. Medicaid Funded Peer/Consumer Delivered Services.

3a. Numerator: For the reporting period, the amount of Medicaid reimbursement for services delivered in peer/consumer operated programs and by peer specialists.

3a. _____

3b. Denominator: For the reporting period, the total amount of Medicaid reimbursement for behavioral health care.

3b. _____

3c. Indicator: For the reporting period, the percentage of Medicaid funding reimbursed for peer/consumer delivered services.
(Numerator 3a. divided by denominator 3b.)

3c. _____ %

4. Consumer Employment in Mental Health Systems

4. Indicator: The number of annual slots specifically funded for training primary consumers in relevant educational and training programs and institutes to become mental health providers.

Number of Annual Slots

4. _____

5. Affirmative Action Hiring Policy

- 5a. Numerator: The number of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers.

5a. _____

- 5b. Denominator: The total number of local mental health provider agencies responding.

5b. _____

- 5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers.

(Numerator 5a. divided by denominator 5b.)

5c. _____ %

6. Advance Directives

- 6a. Numerator: The number of local mental health provider agencies responding that have an established mechanism to help clients develop advance directives.

6a. _____

- 6b. Denominator: The total number of local mental health provider agencies responding.

6b. _____

- 6c. Indicator: The percentage of local mental health provider agencies responding that have an established mechanism to help clients develop advance directives.

(Numerator 6a. divided by denominator 6b.)

6c. _____ %

7. Direct Care Staff to Client Ratio

- 7a. Numerator: For the reporting period, the total number of direct care staff (unduplicated) of local mental health provider agencies responding.

7a. _____

- 7b. Denominator: For the reporting period, the total number of clients (unduplicated) of local mental health provider agencies responding.

7b. _____

- 7c. Indicator: For the reporting period, the ratio of direct care staff to clients for all local mental health provider agencies responding.

(Numerator 7a to denominator 7b.)

7c. _____

8. State Recovery Oriented Mission Statement

8. Indicator: The state mental health authority's mission statement explicitly includes a recovery orientation.

Yes No

If yes, please describe the initiatives for implementing this recovery orientation:

9. Local Agency Recovery Oriented Mission Statement

9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation.

9a. _____

9b. Denominator: The total number of local mental health provider agencies responding.

9b. _____

9c. Indicator: The percentage of local mental health provider agencies responding whose mission statements explicitly include a recovery orientation.

(Numerator 9a. divided by denominator 9b.)

9c. _____ %

10. Consumer Involvement in Provider Contract Development

10a. Numerator: The number of authority level provider agency performance contracts reported that document primary consumer involvement in their development/yearly review.

10a. _____

10b. Denominator: The total number of authority level provider agency performance contracts reported.

10b. _____

10c. Indicator: The percentage of authority level provider agency performance contracts reported that have primary consumer involvement in their development/yearly review (i.e., specifying services, outcomes, target numbers, etc).

(Numerator 10a. divided by denominator 10b.)

10c. _____ %

11. State Office of Consumer Affairs

11a. Numerator: For this reporting period, the number of staff (unduplicated) in the state office of consumer affairs who are disclosed primary consumers.

11a. _____

11b. Denominator: For this reporting period, the total number of staff (unduplicated) in the state office of consumer affairs.

11b. _____

11c. Indicator: For the reporting period, the percentage of staff in the state office of consumer affairs who are disclosed primary consumers.

(Numerator 11a. divided by denominator 11b.)

11c. _____ %

12. Regional/Local Office of Consumer Affairs

12a. Numerator: For this reporting period, the number of regional mental health offices/local mental health authorities (or equivalent) responding that have an office of consumer affairs.

12a. _____

12b. Denominator: For this reporting period, the total number of regional mental health offices/local mental health authorities (or equivalent) responding.

12b. _____

12c. Indicator: For the reporting period, the percentage of regional mental health offices/local mental health authorities (or equivalent) responding that have an office of consumer affairs.

(Numerator 12a. divided by denominator 12b.)

12c. _____ %

13. Consumer Representation on State Planning Council

13a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who are state planning council members.

13a. _____

13b. Denominator: For the reporting period, the total number of state planning council members (unduplicated).

13b. _____

13c. Indicator: For the reporting period, the percentage of state mental health authority planning council members who are disclosed primary consumers.

(Numerator 13a. divided by denominator 13b.)

13c. _____ %

14: Consumer Representation on Local Boards

14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on boards of local mental health provider agencies responding.

14a. _____

14b. Denominator: For the reporting period, the total number of board members (unduplicated) of local mental health provider agencies responding.

14b. _____

14c. Indicator: For the reporting period, the percentage of board membership that are disclosed primary consumers of local mental health provider agencies responding.

(Numerator 14a. divided by denominator 14b.)

14c. _____ %

15. Involuntary Inpatient Commitments

15a. Numerator: For the reporting period, the number of involuntary inpatient admissions in the public and private inpatient units responding.

15a. _____

15b. Denominator: For the reporting period, the total number of inpatient admissions in the public and private inpatient units responding.

15b. _____

15c. Indicator: For the reporting period, the percentage of involuntary admissions in the public and private inpatient units responding.
(Numerator 15a. divided by denominator 15b.)

15c. _____%

16. Involuntary Outpatient Commitments

16a. Numerator: For the reporting period, the number of clients (unduplicated) on involuntary outpatient commitment status (new and continuing) of the local mental health provider agencies responding.

16a. _____

16b. Denominator: For the reporting period, the total number of clients (unduplicated) who received outpatient services from the local mental health provider agencies responding.

16b. _____

16c. Indicator: For the reporting period, the percentage of clients (unduplicated) under involuntary outpatient commitments of the local mental health provider agencies responding.
(Numerator 16a. divided by denominator 16b.)

16c. _____%

17. Seclusion Hours

17a. Numerator: For the reporting period, the total number of hours that all clients spent in seclusion at the inpatient units responding.

17a. _____

17b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) for each day (client days) multiplied by 24 hours for the inpatient units responding.

17b. _____

17c. Indicator: For the reporting period, the hours of seclusion as a percentage of client hours for the inpatient units responding.
(Numerator 17a. divided by denominator 17b.)

17c. _____%

18. Seclusion of Clients

18a. Numerator: For the reporting period, the total number of clients (unduplicated) who were secluded at least once in the inpatient units responding.

18a. _____

18b. Denominator: For the reporting period, the total number of unduplicated clients who were inpatients of the inpatient units responding.

18b. _____

18c. Indicator: For the reporting period, the percentage of clients secluded at least once at the inpatient units responding.
(Numerator 18a. divided by denominator 18b.) **18c.** _____ %

19. Restraint Hours

19a. Numerator: For the reporting period, the total number of hours that all clients spent in restraint at the inpatient units responding. **19a.** _____

19b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) for each day (client days) multiplied by 24 hours for the inpatient units responding. **19b.** _____

19c. Indicator: For the reporting period, the hours of restraint as a percentage of client hours of the inpatient units responding.
(Numerator 19a. divided by denominator 19b.) **19c.** _____ %

20. Restraint of Clients

20a. Numerator: For the reporting period, the total number of clients (unduplicated) who were restrained at least once at the inpatient units responding. **20a.** _____

20b. Denominator: For the reporting period, the total number of unduplicated clients of the inpatient units responding. **20b.** _____

20c. Indicator: For the reporting period, the percentage of clients restrained at least once at the inpatient units responding.
(Numerator 20a. divided by denominator 20b.) **20c.** _____ %

21. Diversion from Criminal/Juvenile Justice Systems

21a. Numerator: The total number of mental health catchment or service areas responding that have jail diversion services. **21a.** _____

21b. Denominator: The total number of mental health catchment or service areas responding. **21b.** _____

21c. Indicator: The percentage of mental health catchment or service areas responding that have jail diversion services.
(Numerator 21a. divided by denominator 21b.) **21c.** _____ %

22. Integrated Substance Abuse and Mental Health Services

22a. Numerator: The total number of mental health catchment or service areas responding that have integrated substance abuse and mental health services. **22a.** _____

22b. Denominator: The total number of mental health catchment or service areas responding.

22b. _____

22c. Indicator: The percentage of mental health catchment or service areas responding that have integrated substance abuse and mental health services.
(Numerator 22a. divided by denominator 22b.)

22c. _____ %

23. Trauma Service Provision

23a. Numerator: The total number of mental health catchment or service areas responding that have trauma services.

23a. _____

22b. Denominator: The total number of mental health catchment or service areas responding.

23b. _____

23c. Indicator: The percentage of mental health catchment or service areas responding that have trauma services.
(Numerator 23a. divided by denominator 23b.)

23c. _____ %

ROSI Administrative-Data Profile: Mental Health Provider Characteristics

Provider Organization _____ Date _____

1. What is your organization's legal structure?

- a. Public
b. Private Nonprofit
c. Private for Profit
d. Other: _____

2. Geographic Location:

Country: _____

State/Province: _____

County: _____

3. Geographic Setting (check all that apply):

- a. Urban
b. Small City
c. Suburban
d. Rural
e. Remote/Frontier

4. How many consumers does your organization serve in mental health services each year (unduplicated)?

5. How many full time equivalents (FTEs) do you have on staff who directly provide mental health services at this time?

6. Which mental health services do you provide at this time? (Check all that apply.)

- a. Counseling/Psychotherapy
b. Case Management
c. Housing/Residential Services
d. Medication Management
e. Self-help/Consumer Run Service
f. Psychosocial Rehabilitation
g. Assertive Community Treatment (ACT)
h. Clubhouse
i. Alcohol/ Drug Abuse Treatment
j. Employment/Vocational Services
k. Other: _____

Thank You!

ROSI Administrative Data Profile – Mental Health Provider Level

Directions: Please respond to each item as thoroughly as possible. Please report data for your current activities or your most recently completed fiscal year. When the available data does not fully meet the specified item definition, please define the data used for that item on the form and continue to the next item. When data is not available, please indicate this on the form and continue to the next item.

1. Independent Peer/Consumer Operated Programs

- 1 Indicator: There is at least one independent peer/consumer operated program in our mental health catchment or service area.
 Yes No

2. Peer/Consumer Delivered Service Funding

- 2a. Numerator: For the reporting period, the amount of program funds in our agency’s mental health budget allocated for peer/consumer delivered services:
2a. _____

- 2b. Denominator: For the reporting period, the total amount of program funds in our agency’s mental health budget:
2b. _____

- 2c. Indicator: For the reporting period, the percentage of our agency’s program funds allocated for peer/consumer delivered services.
 (Numerator 2a. divided by denominator 2b.) **2c.** _____ %

3. Medicaid Funded Peer/Consumer Delivered Services.

- 3a. Numerator: For the reporting period, the amount of Medicaid reimbursement our agency has received for services delivered in peer/consumer operated programs and by peer specialists.
3a. _____

- 3b. Denominator: For the reporting period, the total amount of Medicaid reimbursement our agency has received for behavioral health care.
3b. _____

- 3c. Indicator: For the reporting period, the percentage of Medicaid funding our agency has been reimbursed for peer/consumer delivered services.
 (Numerator 3a. divided by denominator 3b.) **3c.** _____ %

4. Consumer Employment in Mental Health Systems

4. Indicator: The number of annual slots our agency specifically funded for training primary consumers in relevant educational and training programs and institutes to become mental health providers.
 Number of Annual Slots **4.** _____

5. Affirmative Action Hiring Policy

5. Indicator: Our agency has an affirmative action hiring policy regarding primary consumers.

Yes No

6. Advance Directives

6 Indicator: Our agency has an established mechanism to help clients develop advance directives.
 Yes No

7. Direct Care Staff to Client Ratio

7a. Numerator: For the reporting period, the total number of direct care staff (unduplicated) of our agency.
7a. _____

7b. Denominator: For the reporting period, the total number of clients (unduplicated) served by our agency.
7b. _____

7c. Indicator: For the reporting period, the ratio of direct care staff to clients for our agency.
(Numerator 7a to denominator 7b.) **7c.** _____

8. State Recovery Oriented Mission Statement

8. Indicator: The state mental health authority's mission statement explicitly includes a recovery orientation. (SKIP)

9. Local Agency Recovery Oriented Mission Statement

9 Indicator: Our agency has a mission statement that explicitly includes a recovery orientation.
 Yes No
If yes, please describe the initiatives for implementing this recovery orientation:

10. Consumer Involvement in Provider Contract Development

10a. Numerator: The number of our agency's performance contracts with outside mental health service vendors that document primary consumer involvement in their development/yearly review.
10a. _____

10b. Denominator: The total number of our agency's performance contracts with outside mental health service vendors.
10b. _____

10c. Indicator: The percentage of our agency's performance contracts with outside mental health service vendors that have primary consumer involvement in their development/yearly review (i.e., specifying services, outcomes, target numbers, etc).
(Numerator 10a. divided by denominator 10b.) **10c.** _____ %

11. State Office of Consumer Affairs

11 Indicator: For the reporting period, the percentage of staff in the state office of consumer affairs who are primary disclosed consumers. (SKIP)

12. Regional/Local Office of Consumer Affairs

12. Indicator: Our regional mental health office or local mental health authority has an office of consumer affairs.
 Yes No

13. Consumer Representation on State Planning Council

13. Indicator: For the reporting period, the percentage of state mental health authority planning council members who are disclosed primary consumers. (SKIP)

14: Consumer Representation on Local Boards

14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on our agency's board of directors. **14a.** _____

14b. Denominator: For the reporting period, the total number of our agency's board members (unduplicated). **14b.** _____

14c. Indicator: For the reporting period, the percentage of our agency's board membership that are disclosed primary consumers. (Numerator 14a. divided by denominator 14b.) **14c.** _____%

15. Involuntary Inpatient Commitments

15a. Numerator: For the reporting period, the number of involuntary inpatient admissions in our agency's inpatient units. **15a.** _____

15b. Denominator: For the reporting period, the total number of inpatient admissions in our agency's inpatient units. **15b.** _____

15c. Indicator: For the reporting period, the percentage of involuntary admissions in our agency's inpatient units. (Numerator 15a. divided by denominator 15b.) **15c.** _____%

16. Involuntary Outpatient Commitments

16a. Numerator: For the reporting period, the number of our agency's clients (unduplicated) on involuntary outpatient commitment status (new and continuing). **16a.** _____

16b. Denominator: For the reporting period, the total number of our agency's clients (unduplicated) who received outpatient services.

16b. _____

16c. Indicator: For the reporting period, the percentage of our agency's clients (unduplicated) under involuntary outpatient commitments.
(Numerator 16a. divided by denominator 16b.)

16c. _____%

17. Seclusion Hours

17a. Numerator: For the reporting period, the total number of hours that all of our agency's clients spent in seclusion at our agency's inpatient units.

17a. _____

17b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) of our agency's inpatient units for each day (client days) multiplied by 24 hours.

17b. _____

17c. Indicator: For the reporting period, the hours of seclusion as a percentage of client hours for our agency's inpatient units.
(Numerator 17a. divided by denominator 17b.)

17c. _____%

18. Seclusion of Clients

18a. Numerator: For the reporting period, the total number of clients (unduplicated) who were secluded at least once at our agency's inpatient units.

18a. _____

18b. Denominator: For the reporting period, the total number of unduplicated clients in our agency's inpatient units.

18b. _____

18c. Indicator: For the reporting period, the percentage of clients secluded at least once at our agency's inpatient units.
(Numerator 18a. divided by denominator 18b.)

18c. _____%

19. Restraint Hours

19a. Numerator: For the reporting period, the total number of hours that all clients of our agency's inpatient units spent in restraint.

19a. _____

19b. Denominator: For the reporting period, the sum of the daily census (excluding clients on leave status) of our agency's inpatient units for each day (client days) multiplied by 24 hours.
(Note: Same as 17b)

19b. _____

19c. Indicator: For the reporting period, the hours of restraint as a percentage of client hours of our agency's inpatient units.
(Numerator 19a. divided by denominator 19b.)

19c. _____%

20. Restraint of Clients

20a. Numerator: For the reporting period, the total number of clients (unduplicated) who were restrained at least once at our agency's inpatient units.

20a. _____

20b. Denominator: For the reporting period, the total number of unduplicated clients of our agency's inpatient units.

(Note: Same as 18b)

20b. _____

20c. Indicator: For the reporting period, the percentage of clients restrained at least once at our agency's inpatient units.

(Numerator 20a. divided by denominator 20b.)

20c. _____%

21. Diversion from Criminal/Juvenile Justice Systems

21. Indicator: Jail diversion services are available in our mental health catchment or service area for mental health consumers.

Yes No

22. Integrated Substance Abuse and Mental Health Services

22. Indicator: Integrated substance abuse and mental health services are available in our mental health catchment or service area for mental health consumers.

Yes No

23. Trauma Service Provision

23. Indicator: Trauma services are available in our mental health catchment or service area for mental health consumers.

Yes No

DEFINITIONS

Primary Consumer

Current draft:

A person who has applied for, is eligible for or who in the past received or presently is receiving mental health services or is a person who identifies as survivor of a mental disorder and is involved in self-help.

Disclosed Primary Consumers

Current draft:

A person who is open about having received psychiatric treatment/mental health services and/or managing significant mental health problems.

Peer Specialist

Current draft:

A person who is a disclosed primary consumer and is hired to provide supportive services, such as case management, advocacy, personal assistance, etc., in part based on understanding another's situation through shared experiences.

Peer/Consumer Delivered Services

Current draft:

Peer/Consumer Delivered Services include both (a) Independent Peer/Consumer Operated Programs as well as (b) services that may be sponsored by an umbrella organization but are delivered by consumers/ survivors. Examples include paid consumers/ survivors working as peer specialists, support group facilitators, drop-in center staff, case managers, recovery educators, etc. as well as funding for the services, such a consumer drop-in centers, club houses, support groups, etc. This includes Medicaid match funds for such services.

Independent Peer/Consumer Operated Program

Current draft:

Independent Peer/Consumer Operated Program is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operate the program and deliver direct services consist of consumers/survivors.

Advance Directives

Current draft:

Written instructions the consumer/survivor makes that directs the types of treatment the individual wants and does not want to get under circumstances where the individual is unable to make informed decisions about psychiatric treatment.

Mental Health Catchment or Service Areas

Current draft:

The geographic boundaries for providing mental health services.

Local Mental Health Provider Agencies

Current draft:

The legally established organizations where people go to get mental health services or treatment.

Provider Agency Performance Contracts

Current draft:

A binding agreement between two parties to meet specified goals, deliver specified services and/or achieve specified outcomes.

Involuntary Outpatient Commitment

Current Draft:

A court order that compels a person to comply with outpatient treatment/services.

Restraint

Current draft (MHSIP):

Restraint is any involuntary method of physically restricting a client's freedom of movement, physical activity, or normal access to his or her body. Incidents in which clients are simultaneously secluded and restrained, only the most restrictive intervention, restraint, should be reported.

Seclusion

Current draft (MHSIP):

Seclusion is the involuntary confinement of a client alone in a room where the client is physically prevented from leaving. Incidents in which clients are simultaneously secluded and restrained, only the most restrictive intervention, restraint, should be reported.

Jail Diversion Services

Current draft:

Jail diversion programs are programs that divert individuals with a mental illness from the criminal justice system to community-based services. The diversion program should be integrated with existing systems of care and foster collaboration between the systems (criminal justice, mental health and substance abuse).

Integrated Substance Abuse and Mental Health Services

Current draft:

Integrated dual disorders services are for people who have co-occurring disorders – mental illness and addiction. This treatment approach helps people recover by offering mental health and substance abuse services and supports together in one setting.

Trauma Services

Current draft:

Services and supports aimed at acknowledging and relieving painful experiences of interpersonal events or threats including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and disasters. This definition includes trauma induced by the mental health system.