

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

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**Update on the Recovery Oriented System Indicators (ROSI)
Measure: Consumer Survey and Administrative-Data Profile**

This national research project evolved from collaborative efforts among a team of consumer and non-consumer researchers, state mental health authorities, and a consortium of sponsors working to operationalize a set of mental health system performance indicators for facilitating an orientation in mental health recovery. The project was conceptualized as a three phase process that involved grounded theory inquiry concerning the phenomenon of recovery, creation of prototype systems-level performance indicators, and large scale pilot testing.

Phase One has been completed. Structured focus groups and grounded theory qualitative research methods were used in nine states with a diverse cross-section of 115 consumer/survivors to gain knowledge on what helps and what hinders mental health recovery. The research team then used a process of qualitative coding and member checks to develop a single set of emergent themes and findings. These findings inform and articulate a conceptual paradigm for organizing and interpreting the phenomenon of recovery. While recovery is a deeply personal journey, there are many commonalities in people's experiences. Recovery is a product of complex, dynamic, synergistic and linked interaction among characteristics of the individual (the self, holism, hope, sense of meaning and purpose), characteristics of the environment (basic material resources, social relationships, meaningful activities, peer support, formal services, formal service staff), and the characteristics of the exchange (hope, choice, empowerment, independence, interdependence and referent power).

During Phase Two, the research team used the Phase One findings to develop two sets of performance indicators. The Phase One themes, codebook and findings provided the content and emphasis for the prototype indicators. The team reviewed each domain/ theme and corresponding branching (i.e., groupings, subgroupings, etc.) in the codebook, referring back to the unique concepts or natural meaning units as reflected in the codebook and Phase One findings for clarification of intent. They then brainstormed multiple performance indicator statements for each domain/theme.

The team then refined and edited the indicator items brainstormed, a process of reaching consensus on wording of the indicators items, eliminating redundancies, and checking the items against the codebook, Phase One findings and the Phase One member check priorities to ensure comprehensiveness (sometimes resulting in additional construction of indicator items). The team then reviewed other current mental health system performance measurement efforts as a further means of editing and refining a full range of recovery orientation system level performance indicators. Two sets of performance indicators emerged; 73 items were based on consumer self-report data (survey format) and 27 items based on administrative data (administrative profile format). Both sets of indicators attempt to capture how the orientation and practices within mental health systems help or hinder recovery.

Self-Report Item Set Refinement

The self-report item set has undergone extensive refinement. After consultation with Columbia University statisticians and survey methodologists and the statistician that evaluated the Mental Health Statistics Improvement Program (MHSIP) consumer survey, the research team developed two response scales, a six-point frequency scale and four point agreement scale, and matched each of the 73 self-report items to the more appropriate scale. Both scales had a “Does not Apply to Me” option.

In partnership with the South Carolina Mental Health Authority (MHA), the research team designed and conducted consumer review and feedback on the set of self-report indicators through the process of a Think Aloud. The goal of the Think Aloud was to solicit feedback on the clarity and specificity of the wording of each indicator. One facilitator, a research team member, conducted the Think Aloud session with 10 diverse volunteer consumers. Each participant received the 73 item set formatted into a survey. Each participant read the same item and replied using the response scale. The facilitator then provided the participants an opportunity to share their thinking about their understanding of the item. The facilitator and the recorder noted multiple understandings and disagreements as to the meaning of a given item. Participants also recorded some of their comments directly on the surveys, which were collected as part of the Think Aloud results.

The research team used the Think Aloud results, the results of a Flesch-Kincaid Grade Level readability check conducted by the Oklahoma MHA, and comments submitted by the Rhode Island and Arizona MHAs to further refine the self-report set of items. The goal was to make the meaning of the items clearer for consumers, thus increasing the likelihood that subsequent respondents arrive at similar understandings while retaining fidelity to what each item was intended to measure.

Working in partnership with the participating MHAs, the research team then designed a test and review of this self-report prototype indicator set. The test and review consisted of a background information set and a three part survey (respond to each item using the response scale, circle any wording that is not clear, and rate the importance of each item for evaluating mental health systems on a scale from 1-10). Eight MHAs volunteered to collect completed surveys from at least 25 consumers per state following a detailed sequential protocol (IRB review, informed

consent, definitions, incentives, and surveyor reports). Seven MHAs were successful in conducting the self-report prototype test and review (often exceeding the 25 participant goal), yielding 219 completed surveys. Working in conjunction with the state MHAs and HSRI, the research team participated in the development of codebooks for the background sheet and the survey. HSRI entered the data into one electronic data base and the research team and HSRI conducted data checks to ensure accuracy.

With the technical support of the New York MHA, a subgroup of the research team analyzed the prototype data results to further item refinement and overall parsimony. Each item was evaluated based on: (a) prototype 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) prototype clarity of wording, and (f) Phase One member check priorities. Selected demographic variables (e.g., housing status; parent status, etc.) were cross tabbed with selected item importance mean ratings to determine whether significant differences exist and therefore if an item should be retained or specified for a particular population. The resulting 41 items were then reviewed by the full research team, with opportunities to reconsider any of the dropped items. The end result is a 42 items, which have been crafted into the adult consumer self-report survey for the Recovery Oriented System Indicators (ROSI) measure. This survey is in draft form (see Attachment A), and is intended for large scale pilot testing.

Recognizing that a 42 self-report item set is lengthy, the research team also engaged in an effort to select a smaller subset of items. Eighteen items were selected based on a factor analysis of the 42 items set and research team review. The research team then used a queue sort process across a three point importance scale with “3” (highest), “2” (medium high), and “1” (low high). The research team retained nine items that averaged a rating of 2.0 or above and added a 10th item after preliminary review. The 10 item subset is **not** a stand alone measure or short version of the consumer survey. This 10 item subset is being advanced in conjunction with the full 42 item set to help inform the work on the MHSIP review of its consumer surveys as part of the MHSIP second generation performance indicator initiative, MHSIP Quality Report Version 2.0.

What follows is the original 73 self-report items organized under the themes (and sub-themes) which emerged from Phase One findings. Those items marked with an asterisk (*) are incorporated in the 42 item survey (Attachment A). Those items marked with a double asterisk (***) are included in the 10 item subset.

Recovery Theme: Meaningful Activities (involves the findings that work, education, voluntary and/or group advocacy activities that are meaningful to the individual facilitate recovery).

1. I have paid work opportunities that are meaningful to me.
- *2. Mental health services helped me in get or keep employment.
- *3. I have a chance to advance my education if I want to.
4. Mental health services helped me in advancing my education if I wanted to.
- *21. Staff encourage me to do things that are meaningful to me.

Recovery Theme: Basic Material Resources (involves the findings that recovery from mental illness is incumbent on basic material resource needs being met).

- **5. I have housing that I can afford.
- 6. Mental health services helped me get housing that I can afford.
- *7. I have reliable transportation to get where I need to go.
- 8. Mental health services helped me get reliable transportation.
- *9. I have enough income to live on.
- 10. Mental health services helped me obtain enough income to live on.
- 11. I live in a safe location.
- *12. Mental health services helped me get housing in a place I feel safe.
- 13. My medical benefits do not meet my needs (for example, no dental care, no eye care, no choice in doctors, limited prescriptions, etc.).
- *14. Mental health services helped me get medical benefits that meet my needs.
- *22. Staff stood up for me to get the services and resources I needed.
- *51. I have a place to live that feels like a comfortable home to me.

Recovery Theme: Peer Support (involves the findings that peer support and consumer operated services in a myriad of forms facilitate recovery).

- *15. There was a consumer peer advocate to turn to when I needed one.
- *16. There are consumers working as paid employees in the mental health agency where I receive services.
- 17. I found helpful services in consumer run programs that were not available in other mental health services.
- 47. I have access to other consumers who act as role models.
- **48. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).

Recovery Theme: Choice (involves the findings that having choices, as well as support in the process of making choices, regarding housing, work, social, service, treatment as well as other areas of life facilitate recovery).

- 18. Staff support my right to try new things, take a risk or make a mistake.
- **19. I have a say in what happens to me when I am in crisis.
- *20. Staff give me complete information in words I understand before I consent to treatment or medication.
- *34. My right to refuse treatment is respected.
- *49. I do not have enough good service options to choose from.
- 50. Service programs restrict my freedom to associate with people of my choice.

Recovery Theme: Social Relationships (involves the findings concerning the roles social and personal relationships play in facilitating recovery).

- *30. Mental health staff interfere with my personal relationships.
- 55. I receive support to parent my children.

- **56. There is at least one person who believes in me.
- 57. I have supports to develop friendships with people outside the mental health system.

Social Relationships Sub-Theme: Community Integration/Involvement (involves the finding that community integration facilitates recovery).

- **58. I do not have the support I need to function in the roles I want in my community.

Recovery Theme: Formal Service Staff (involves the findings as to the critical roles formal service staff play in helping or hindering the recovery process).

Formal Service Staff Sub-Theme: Helpful Characteristics (involves the findings that there are certain formal service staff characteristics that are helpful to recovery).

- *23. Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc.).
- **24. Staff believe that I can grow, change and recover.
- *25. Staff listen carefully to what I say.
- *26. Staff lack up-to-date knowledge on the most effective treatments.
- **52. Staff respect me as a whole person.

Formal Service Staff Sub-Theme: Partnering/Collaborative Relationships (involves the findings that formal service staff partnering or collaborating with consumers facilitates recovery).

- 27. I can have a say in how my service agency operates.
- **28. Staff see me as an equal partner in my treatment program.
- *29. My treatment plan goals are stated in my own words.

Formal Service Staff Sub-Theme: Hindering Characteristics (involves the findings that certain formal service staff characteristics hinder recovery).

- 53. Staff treat me as though I will never be able to function well.
- *54. Staff do not understand my experience as a person with mental health problems.

Recovery Theme: Formal Services (involves the findings that formal service systems' culture, organization, structure, funding, access, choice, quality, range, continuity and other characteristics can help or hinder the process of recovery).

Formal Services Sub-Theme: Helpful System Culture and Orientation (involves the findings that a formal service system's culture and orientation that is holistic and consumer oriented facilitates recovery).

- *31. Mental health staff help me build on my strengths.
- **32. Mental health staff support my self-care or wellness.
- 33. Staff help me stay out of psychiatric hospitals and avoid involuntary treatment.

59. I have help in exploring resources for my spiritual growth, when I want such help.

Formal Services Sub-Theme: Hindering System Culture and Orientation (involves the finding that a formal service system's culture and orientation which defines mental health need too narrowly in nature hinders recovery).

- *60. The mental health staff ignore my physical health.
61. I am afraid that if I do too well I will lose my supports and services.

Formal Services Sub-Theme: Coercion (involves the finding that coercion within formal service systems hinders recovery).

35. Treatment or medication was forced on me.
**36. Staff use pressure, threats or force in my treatment.

Formal Services Sub-Theme: Confidentiality (involves the finding that respect for the confidentiality of consumers receiving formal services facilitates recovery).

37. Staff respect my wishes about who is and who is not given information about my treatment.

Formal Services Sub-Theme: General Hindering Characteristics (involves the findings that there are characteristics in formal services that hinder recovery).

38. The time I have with my psychiatrist is too brief to be helpful.
39. There are many changes in the staff who provide my services.
62. Complaints or grievances about mental health services were respectfully resolved.
63. Services are not flexible to meet my changing needs.
*64. Mental health services have caused me emotional or physical harm.

Formal Services Sub-Theme: Access to Services (involves the findings as to getting the formal services that consumers feel they need and find helpful facilitates recovery).

- *40. The doctor worked with me to get on medications that were most helpful for me.
*41. I have information and/or guidance to get the services and supports I need, both inside and outside my mental health agency.
42. I can get combined services and supports for both substance abuse and mental illness.
*43. I can see a therapist when I need to.
65. I have access to specialized services for trauma or abuse as needed.
*66. I cannot get the services I need when I need them.

Formal Services Sub-Theme: Education (involves the findings that there are education roles with respect to formal services that facilitate recovery).

- *44. My family gets the education or supports they need to be helpful to me.

45. I am given information about medication side effects in language I understand.

Formal Services Sub-Theme: External Stigma/Prejudice (involves the findings that stigma and prejudice hinder recovery).

- *46. I am treated as a psychiatric label rather than as a person.
73. I have support for challenging negative stereotypes, stigma and/or discrimination.

Recovery Theme: Self/Holism (involves the findings that characteristics that relate to one's sense of self, such as self-reliance, as well as having a holistic and human rights focus can facilitate recovery and other such characteristics, such as low self-esteem, can hinder recovery).

67. Staff encourage me to take responsibility for how I live my life.
*68. Services help me develop the skills I need.
69. I have assistance in creating a plan for how I want to be treated in the event of a crisis, such as an advance directive.
*70. Mental health services led me to be more dependent, not independent.
71. Mental health services fed into my negative feelings about myself.
*72. I lack the information or resources I need to uphold my client and basic human rights.

A factor analysis of the 42 self-report items using the prototype data set resulted in components 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 items break out into these components as follows:

Person-Center Decision-Making & Choice

Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc.).

**Staff believe that I can grow, change and recover.

Staff give me complete information in words I understand before I consent to treatment or medication.

Staff listen carefully to what I say.

Staff stood up for me to get the services and resources I needed.

Staff encourage me to do things that are meaningful to me.

**Staff see me as an equal partner in my treatment program.

**I have a say in what happens to me when I am in crisis.

The doctor worked with me to get on medications that were most helpful for me.

I have information and/or guidance to get the services and supports I need, both inside and outside my mental health agency.

**Staff use pressure, threats or force in my treatment.

I lack the information I need to uphold my client and basic human rights.

Mental health services helped me get medical benefits that meet my needs.

**There is at least one person who believes in me.

There are consumers working as paid employees in the mental health agency where I receive services.

My treatment plan goals are stated in my own words.

Invalidated Personhood

I am treated as a psychiatric label rather than as a person.

**I do not have the support I need to function in the roles I want in my community.

Mental health staff interfere with my personal relationships.

Staff do not understand my experience as a person with mental health problems.

Mental health services have caused me emotional or physical harm.

The mental health staff ignore my physical health.

I do not have enough good service options to choose from.

**Staff respect me as a whole person.

Mental health services led me to be more dependent, not independent.

Self-Care & Wellness

My family gets the education or supports they need to be helpful to me.

**Mental health staff support my self-care or wellness.

Mental health staff help me build on my strengths.

My right to refuse treatment is respected.

I can see a therapist when I need to.

Basic Life Resources

I have reliable transportation to get to where I need to go.

**I have housing that I can afford.

I have enough income to live on.

I have a place to live that feels like a comfortable home to me.

Mental health services helped me get housing in a place I felt safe.

Meaningful Activities & Roles

Mental health services helped me in get or keep employment.

I have a chance to advance my education if I want to.

**I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).

Services help me develop the skills I need.

Peer Advocacy

There was a consumer peer advocate to turn to when I needed one.

Staff Treatment Knowledge

Staff lack up-to-date knowledge on the most effective treatments.

Access

I cannot get the services I need when I need them.

Administrative-Data Item Set Refinement

The administrative-data recovery orientation item set has also undergone extensive refinement. The first step was a crosswalk of the 27 administrative-data items with the three current sets of

MHSIP proposed indicators. Seven of the administrative-data items seemed to fit within MHSIP proposed indicators and 20 of administrative-data items did not. The research team condensed these 20 items into 12 indicators. The research team then generated specific measures and measure definitions (i.e., numerators and denominators) for the resulting 19 indicators (unless these measures were already specified by MHSIP).

The research team then designed a survey of the 19 indicators and 30 corresponding measures. The survey solicited feedback as to (a) the feasibility of implementing each measure (i.e., very feasible, fairly feasible, limited feasibility, not at all feasible), (b) the importance of each measure for improving system recovery orientation (very important, fairly important, limited importance, not at all important), (c) whether or not the data articulated in the measure was currently being collected (i.e., yes, no), and (d) specific comments on each measure. The 10 participating state MHAs were surveyed as well as the MHSIP Consumer Expert Panel and the National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA). Two separate requests were made, nine state MHAs and three NAC/SMHA members responded. The research team then compiled these results within one document. Through a series of teleconferences the research team evaluated each measure as to importance rating, feasibility rating and comments. In addition, the research team considered the relation of the measure to the ROSI self-report item set and whether there were examples of states that collected this information. (The original administrative-data indicators and corresponding measures are available on request.) What follows is the administrative-data profile for the Recovery Oriented System Indicators (ROSI) measure consisting of 16 indicators and 23 corresponding measures. All measures are at the authority level; most measures also have a provider level equivalent (modified for provider application). The administrative-data profile is organized under the themes which emerged from Phase One findings. This is in draft form and is intended for pilot testing.

Recovery Theme: Peer Support (involves the findings that peer support and consumer operated services in a myriad of forms facilitates recovery).

Performance Indicator: Free Standing Peer/Consumer Operated Programs (new)

Authority Measure 1: The percent of mental health catchment or service areas that have free standing peer/consumer operated programs.

Numerator: Total number of mental health catchment or service areas that have free standing peer/consumer operated programs.

Denominator: Total number of mental health catchment or service areas.

Provider Version of Measure 1: There is at least one free standing peer/consumer operated program within our community. (Yes/No)

Needed: Definition of Free Standing Peer/Consumer Operated Program

Performance Indicator: Peer/Consumer Operated Services Funding

Authority Measure 2: The percent of state program funds allocated for peer/consumer operated services.

Numerator: The amount of program funds in the state mental health budget allocated for peer/consumer operated services during the reporting period.

Denominator: The total amount of program funds in state mental health budget during the reporting period.

Authority Measure 3: The percent of Medicaid funding reimbursed for peer/consumer delivered services.

Numerator: The amount of Medicaid reimbursement for services delivered in peer/consumer operated programs and by peer specialists during the reporting period.

Denominator: The total amount of Medicaid reimbursement for behavioral health care during the reporting period.

Needed: Definition of Peer/Consumer Operated Program and Peer Specialist

Performance Indicator: Consumer Employment within Mental Health Systems

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

Authority Measure 5: The percent of local mental health provider agencies who have an affirmative action hiring policy regarding consumers.

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

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

Provider Version of Measure 5: Our agency has an affirmative action hiring policy regarding consumers. (Yes/No)

Recovery Theme: Choice (involves the findings that having choices, as well as support in the process of making choices, regarding housing, work, social, service, treatment as well as other areas of life facilitate recovery).

Performance Indicator: Advance Directives

Authority Measure 6: The percent of local mental health provider agencies that have an established mechanism to help clients develop advance directives.

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

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

Provider Version of Measure 6: Our agency has an established mechanism to help clients develop advance directives. (Yes/No)

Performance Indicator: Involuntary Inpatient Commitments

Authority Measure 7: The percent of clients under involuntary commitments in public and private inpatient units.

Numerator: The number of clients who received involuntary inpatient commitments during the reporting period.

Denominator: The total number of clients who received inpatient services during the reporting period.

Provider Version of Measure 7: The percent of clients under involuntary commitments in inpatient units.

Numerator: The number of clients who received involuntary inpatient commitments during the reporting period.

Denominator: The total number of clients who received inpatient services during the reporting period.

Performance Indicator: Involuntary Outpatient Commitments

Authority and Provider Measure 8: The percent of clients under involuntary outpatient commitments.

Numerator: The number of clients who received involuntary outpatient commitments during the reporting period.

Denominator: The total number of clients who received outpatient services during the reporting period.

Recovery Theme: Formal Service Staff (involves the findings as to the critical roles formal service staff play in helping or hindering the recovery process).

Formal Service Staff Sub-Theme: Helpful Characteristics (involves the findings that there are certain formal service staff characteristics that are helpful to recovery).

Performance Indicator: Direct Care Staff to Client Ratio

Authority Measure 9: The ratio of direct care staff to clients within each local mental health provider agency.

Numerator: The total number of direct care staff (unduplicated) during the reporting period.

Denominator: The total number of clients (unduplicated) during the reporting period.

Provider Version of Measure 9: The ratio of direct care staff to clients within the provider agency.

Numerator: The total number of direct care staff (unduplicated) during the reporting period.

Denominator: The total number of clients (unduplicated) during the reporting period.

Recovery Theme: Formal Services (involves the findings that formal service systems' culture, organization, structure, funding, access, choice, quality, range, continuity and other characteristics can help or hinder the process of recovery).

Formal Services Sub-Theme: Helpful System Culture and Orientation (involves the finding that a formal service system's culture and orientation that is holistic and consumer oriented facilitates recovery).

Performance Indicator: Recovery Oriented Mission Statement

Authority Measure 10: The state mental health authority's mission statement explicitly includes a recovery orientation. (Yes/No).

Authority Measure 11: The percent of local mental health provider agencies whose mission statements explicitly include a recovery orientation.

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

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

Provider Version of Measure 11: Our agency's mission statement explicitly includes a recovery orientation. (Yes/No)

Performance Indicator: Consumer Involvement in Provider Contract Development

Authority Measure 12: The percent of provider agency performance contracts that have primary consumer involvement in their development/yearly review (specifying services, outcomes, target numbers, etc).

Numerator: The number of provider agency performance contracts documenting primary consumer involvement in their development/yearly review.

Denominator: The total number of provider agency performance contracts.

Performance Indicator: Office of Consumer Affairs

Authority Measure 13: The percent of staff in the State Office of Consumer Affairs who are former or current consumers.

Numerator: The number State Office of Consumer Affairs staff (unduplicated) who are disclosed consumers (former or current) during the reporting period.

Denominator: The total number of State Office of Consumer Affairs staff (unduplicated) during the reporting period.

Authority Measure 14: The percent of regional mental health offices/local mental health authorities (or equivalent) that have an Office of Consumer Affairs.

Numerator: The number of regional mental health offices/local mental health authorities (or equivalent) that have an Office of Consumer Affairs during the reporting period.

Denominator: The total number of regional mental health offices/local mental health authorities (or equivalent) during the reporting period.

Performance Indicator: Consumer Inclusion in Governance and Policy

Authority Measure 15: The percent of state mental health authority planning council members that are primary consumers.

Numerator: The number of primary consumers (unduplicated) who are state planning council members during the reporting period.

Denominator: The total number state planning council members (unduplicated) during the reporting period.

Needed: Definition of primary consumer.

Authority Measure 16: The percent of local mental health provider agency board membership that are primary consumers.

Numerator: The number of primary consumers (unduplicated) who serve on local mental health provider agency boards during the reporting period.

Denominator: The total number local mental health provider agency board members (unduplicated) during the reporting period.

Provider Version of Measure 16: The percent of our agency's board membership that are primary consumers.

Numerator: The number of primary consumers (unduplicated) who serve on our board during the reporting period.

Denominator: The total number board members (unduplicated) during the reporting period.

Needed: Definition of primary consumer.

Formal Services Sub-Theme: Coercion (involves the finding that coercion within formal service systems hinders recovery).

MHSIP's Proposed Indicator on Seclusion

Authority Measure 17: Hours of seclusion as a percent of client hours

Numerator: The total number of hours that all clients spent in seclusion.

Denominator: Sum of the daily census (excluding clients on leave status) for each day (client days) multiplied by 24 hours.

Authority Measure 18: Percent of clients secluded at least once during a reporting period

Numerator: The total number of clients (unduplicated) who were secluded at least once during a reporting period.

Denominator: The total number of unduplicated clients who were inpatients at the facility during a reporting period.

MHSIP's Proposed Indicator on Restraint

Authority Measure 19: Hours of restraint as a percent of client hours

Numerator: The total number of hours that all clients spent in restraint during a reporting period.

Denominator: Sum of the daily census (excluding clients on leave status) for each day in a reporting period (client days) multiplied by 24 hours.

Authority Measure 20: Percent of clients restrained at least once during the reporting period

Numerator: The total number of clients (unduplicated) who were restrained at least once during a reporting period.

Denominator: The total number of unduplicated clients who were inpatients at the facility during the reporting period.

Formal Services Sub-Theme: Access to Services (involves the findings as to getting the formal services that consumers feel they need and find helpful facilitates recovery).

MHSIP's Proposed Indicator on Involvement in the Criminal/Juvenile Justice System

Add Authority Measure 21: The percent of mental health catchment or service areas that have jail diversion services.

Numerator: Total number of mental health catchment or service areas that have jail diversion services.

Denominator: Total number of mental health catchment or service areas.

Provider Version of Measure 21: There are jail diversion services available within our community for mental health consumers. (Yes/No)

Needed: Definition of jail diversion services.

MHSIP's Proposed Indicator on Reduced Substance Abuse Impairment

Add Authority Measure 22: The percent of mental health catchment or service areas that have integrated substance abuse and mental health services.

Numerator: Total number of mental health catchment or service areas that have integrated substance abuse and mental health services.

Denominator: Total number of mental health catchment or service areas.

Provider Version of Measure 22: There are integrated substance abuse and mental health services available within our community for mental health consumers. (Yes/No)

Needed: Definition of integrated substance abuse and mental health services.

Performance Indicator: Trauma Service Provision

Authority Measure 23: The percent of mental health catchment or service areas that have trauma services.

Numerator: Total number of mental health catchment or service areas that have trauma services.

Denominator: Total number of mental health catchment or service areas.

Provider Version of Measure 21: There are trauma services available within our community for mental health consumers. (Yes/No)

Needed: Definition of trauma services.

Selection in Context

It is important to recognize that this selection is to some extent a subjective process. Kimmel¹ (1983) reports that “gaming” (distorting data to appear favorably) contributes to the selection process of performance measurement. The research team has contended with this possibility. Wholey and Hatry² (1992) suggest that gaming could be minimized by the creation of realistic expectations, participatory development of performance indicators, implementation of a balanced system of performance indicators, and using performance indicators for comparisons only with comparable programs and consumers. These conditions have been present in the design of this project, as well as multiple efforts of grounding the work in the lived experiences of consumers/survivors through consumer researcher involvement, member check, Think Aloud, prototype testing, and surveying.

¹ Kimmel, W. (1983). Performance measurement and monitoring in mental health: Selected impressions in three states. Report to NIMH.

² Wholey, J.S. & Hatry, H.P. (1992). The Case for Performance Monitoring. Public Administration Review, 52(6), 604410.

Performance on the ROSI measure is expected to be objective given the multiple sources, reviews and refinements. It is important to keep in mind that the resulting performance indicators will be inter-related, that is, one aspect of performance (e.g., consumer's decisions are respected) will not be independent of others (e.g., there are choices in services). "The reading and interpretation of performance indicators should, therefore, be treated as a system of related measures and never in isolation" (Task Force on the Design of Performance Indicators Derived from the MHSIP Content³, 1993, p. 18).

In Phase Three, the research team proposes that the ROSI measure (survey and profile) undergo pilot testing. Consumers should be surveyed in adequate numbers to conduct psychometric testing on the self-report survey. The research team recommends the development and adoption of guidelines and standards, possibly in the form of a toolkit. The team also recommends that a plan be developed for dissemination of the ROSI, the results of Phase Three pilot testing, and the corresponding toolkit (if developed).

³ Task Force on the Design of Performance Indicators Derived from the MHSIP Content. (1993). Performance indicators for mental health services: Values, accountability, evaluation, and decision support. <http://www.mhsip.org>: Final report to the MHSIP Advisory Group and CMHS.

Attachment A: Recovery Oriented System Indicators (ROSI) Self-Report Survey Measure

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 three sections.

Section One Directions: Please read the statement and then circle the response that best represents your situation *during the last 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. 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
2. Staff respect me as a whole person.	Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply to me
3. There is at least one person who believes in me.	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. 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
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 last 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 the statement and then circle the response that best represents your situation *during the last six months*. The responses range from never to always. If the statement was about something you did not experience, circle the last response “Does not apply to me.”

17. 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
18. Staff believe that I can grow, change and recover.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
19. I have housing that I can afford.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
20. Staff use pressure, threats, or force in my treatment.	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. Mental health services helped me get or keep employment.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me
24. I have a chance to advance my education if I want to.	Never	Rarely	Sometimes	Often	Almost Always	Always	Does not apply to me

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

25. I have reliable transportation to get where I need to go.	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 last 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.