



Results of the Recovery Oriented System Indicator Survey (ROSI) - 2006

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Although many individuals working in the field of public mental health were aware that the system was fragmented, the anecdotal information is not what convinces the governing bodies. They want hard data that tells them what is happening. The Substance Abuse & Mental Health Services Administration (SAMHSA) awarded the first three year cycle of Data Infrastructure Grants (DIG) in 2001. The purpose was to help the states to develop the data infrastructure that would advance “comprehensive, community-based systems of care for all children and adults with mental illnesses.” (Director’s report). Accordingly, in 2002 CMHS introduced the Uniform Reporting System (URS) for states to use in submitting data required for the block grant.

The URS tables included two sets of tables, one set labeled basic and another set called developmental. The basic tables included information related to number served by demographic breakouts for age, gender, race and ethnicity. Pennsylvania’s capability of reporting data for all those tables has grown over time. December 2007 concluded the second grant cycle’s reporting.

Among the requirements for the URS reporting is that of conducting a survey of consumers who have received a mental health service during the reporting period. Every year, the Evaluations and Outcomes Section within the Division of Evaluation and MIS conducts a survey. After receiving the responses, they are data entered and subsequently analyzed. The charts and graphs included within this publication reflect the responses from consumers on a host of questions that lend themselves by design to indicate what is happening within Pennsylvania’s publicly funded mental health system. The original domains on that table included access to services, appropriateness of services, consumer participation in treatment planning and consumer perception of care.

Conducting a consumer survey requires substantial preparation, a collaborative effort and hiring of contractors. During the first grant cycle, Evaluations and MIS hired a contractor to mail the surveys and another one to analyze the responses. The survey sample size was smaller and not statewide.

As our experience in conducting the survey grew, Pennsylvania’s Office of Mental Health & Substance Abuse Services (OMHSAS) increased the size of the sample, moved to a statewide sample and brought the analysis of the responses and data in house. Currently, the sample includes those served through HealthChoices and those served through Fee for Service. With the expansion of HealthChoices statewide effective July 1, 2007, the need to canvass both delivery systems will recede.

After the New Freedom Commission’s report on the issues within the national public mental health system, the Center for Mental Health Services (CMHS) has refocused the states’ attention onto the activities that are underway in each state to transform their systems to a recovery oriented approach. They have also set a number of National Outcome Measures (NOMS) for which the data reported in the URS tables can be used. The NOMS include the following measures:

- Increased access to services
- Stability in housing
- Decreased criminal justice interaction
- Increased employment or retention in school
- Client perception of care
- Improved functioning
- Increased Social Connectedness
- Increased use of Evidence Based Practices

The introduction of the NOMS necessitated the development of additional questions, the revamping of surveys and pilot testing the additional questions to obtain the necessary information. With the change in focus, the way that questions from the survey are grouped has been an experimental process with interesting results, not necessarily expected or fulsome. As with all enterprises the team members associated with the preparation, analysis and the reporting have noted the evolution of the survey. Not only has the survey evolved but also the collective knowledge regarding the in house processes.

Last year's survey was mailed to 22,539 consumers or families of youth or 7% of the Medicaid population who had received a mental health service during the period from July 1, 2004 through June 30, 2005. This is the first time that OMHSAS used the Recovery Oriented System Indicator instrument. The ROSI was mailed along with the MHSIP surveys to 10% of the surveyed adult population. Because of the complexity of the questions, many consumers who completed the ROSI left questions unanswered. This is probably because the questions sometimes need further explanation. There was no individual there to interpret or answer questions related to the question. Accordingly, unanswered questions have an impact on the results. Nonetheless, we have a baseline and will be able to build on the information yielded.

The ROSI asks questions in both a positive and negative manner. Behind that method is the theory that individuals tend to answer surveys more positively than the situation warrants. Therefore, the survey was constructed to get the responses more in synch with the way things are. The responses Based on the recommended grouping of questions, there are several domains that emanate from the ROSI:

- Person-centered decision making and choice
- Invalidated personhood
- Self-care and wellness
- Basic life resources
- Meaningful activities and roles

Under the domain of person-centered decision making and choice, many questions on the ROSI relate to that concept.

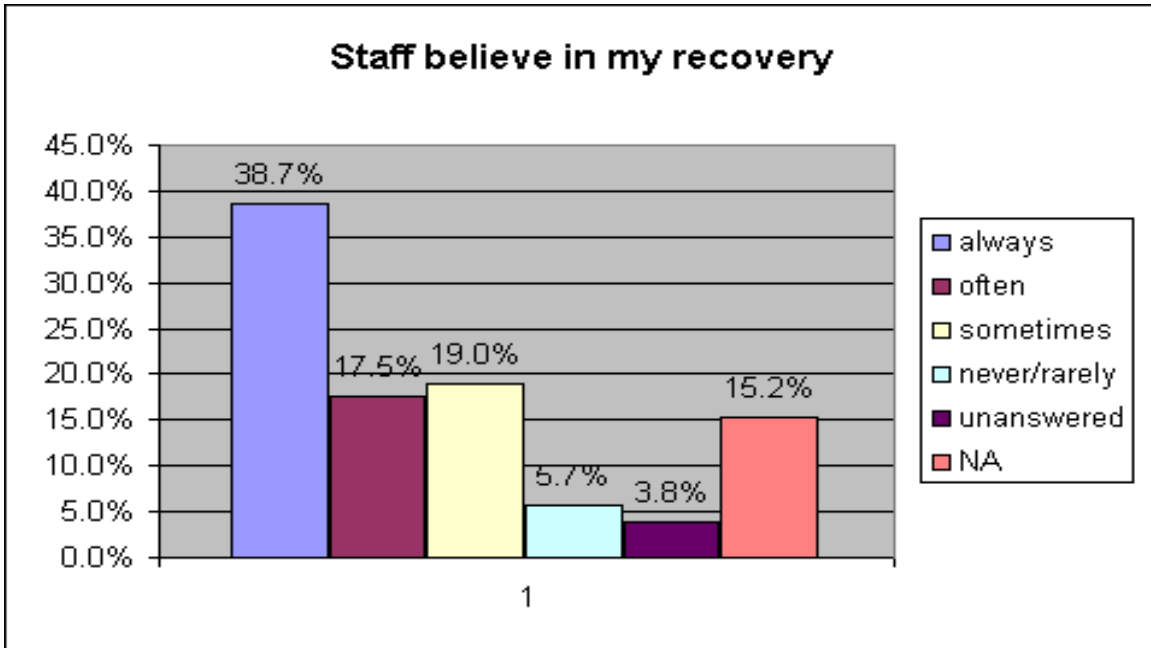
- Staff treat me with respect regarding my cultural background.
- **Staff believe that I can grow, change and recover.**
- **Staff give me complete information in words I understand before I consent to treatment or medication.**
- **Staff listen carefully to what I say.**
- Staff stood up for me to get the services and supports 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 to what happens to me when I am in crisis.**
- The doctor worked with me to get on medications that were most helpful for me.
- **Staff use pressure, threats and force in my treatment.**
- **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 goals are stated in my own words.**

The questions in bold are the ones that are under review for this domain. Within the domain, there are several subgroups. Using those subgroups is the approach that this document takes, looking at the questions as they relate to a facet of the domain.

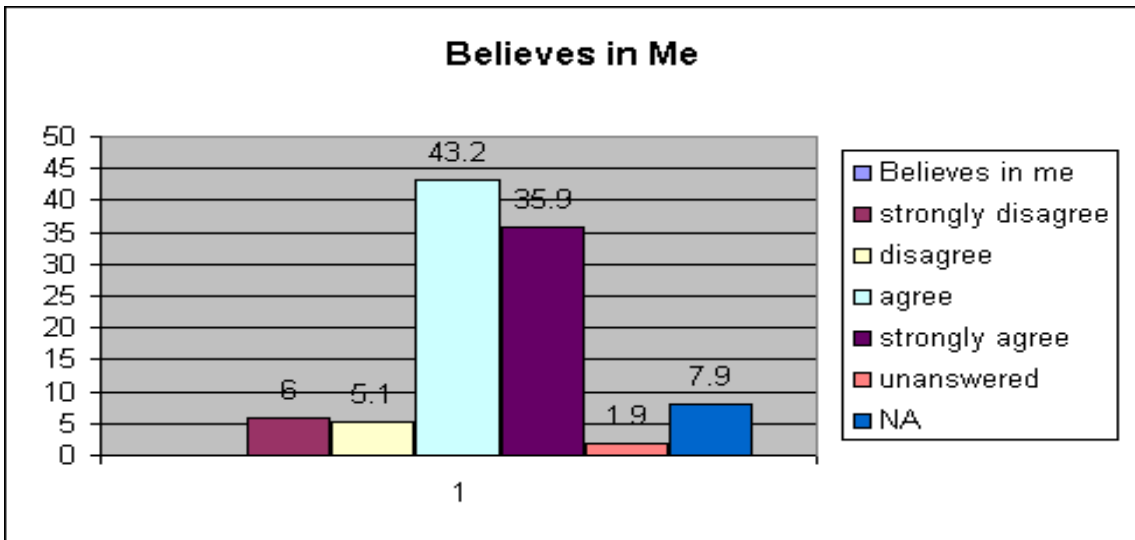
Person Centered Decision Making and Choice

Looking at several of the questions in this domain gives the reader a picture of the orientation of the system. There are some positive indications that the system is moving toward a person-centered model in which the person is part of a larger community and recognized as integral in decision making and planning. In this model the context for treatment is the enhancement of the quality of life for a person in the community. That entails treating the person as an individual, not a label. It also involves the concept that connection to and with others in the community, having friendships, a sense of belonging and sharing enjoyable activities with others contribute to a person's recovery. These are intangible benefits that are hard to quantify.

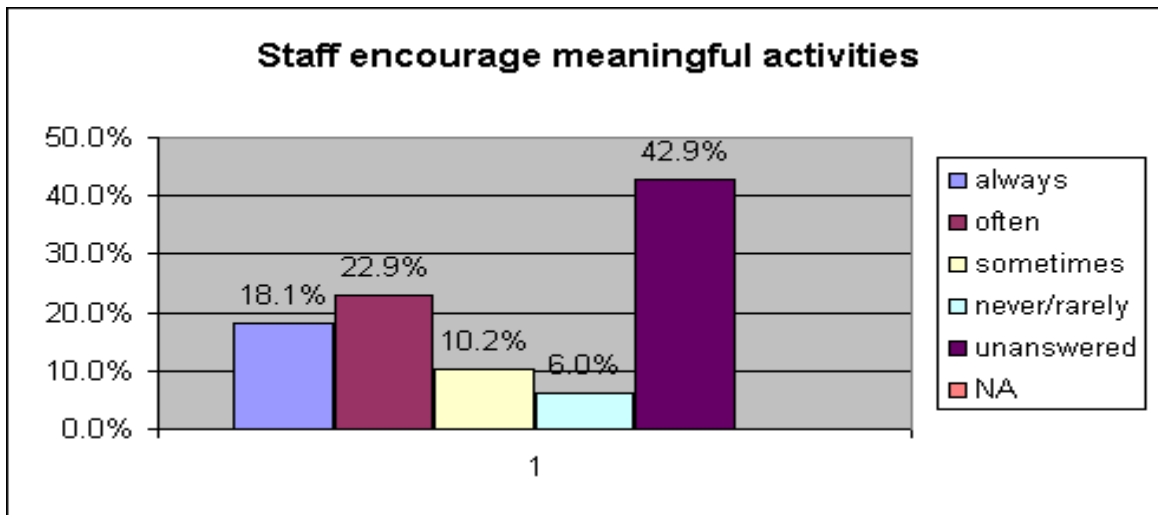
The person's spiritual well being that takes into account the basic human yearning for hope and connection to others is of paramount importance in any system. Several questions point to the importance of hope for individuals in their recovery. For example, the questions related to staff believing in recovery and someone believing in me and encouraging meaningful activities get to the intangible benefits of a recovery oriented system. Therefore, through these questions, the surveyor attains some ability to measure hope and social connectedness within the system.



Question 24 on the survey, **staff believe that I can grow, change and recover**, is a linchpin of a recovery oriented system. Of the 315 individuals who returned the survey, twelve did not answer the question and forty eight responded that it was not applicable. Those figures represent 20% of the respondents. Of the 80% who responded to the question, 6% were negative; 19% felt ambivalent, while 56% had more positive feelings regarding their experience within the public mental health system.



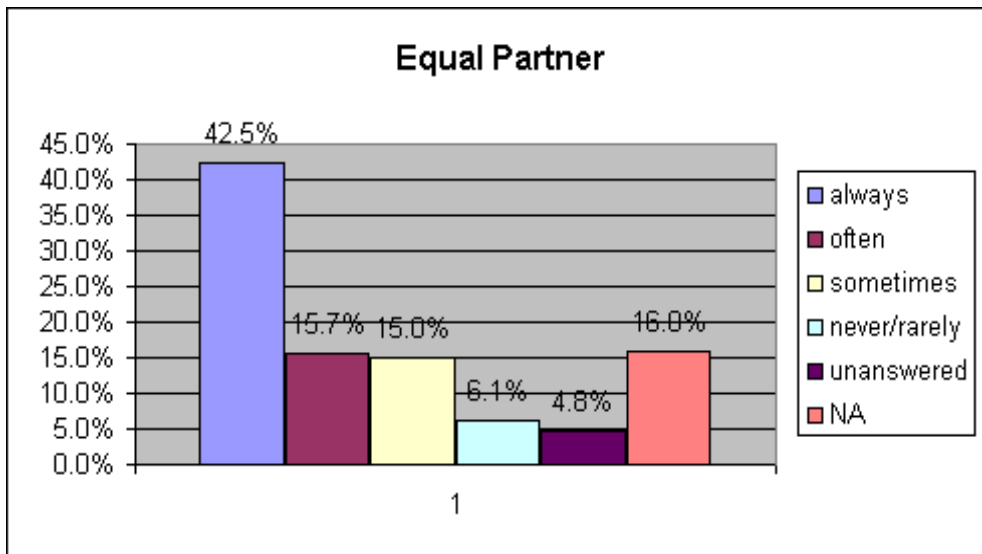
Question 1, **there is at least one person who believes in me**, drew responses from 90% of the respondents. Seventy nine percent (79%) affirmed the statement while 11% disagreed with the statement. The positive nature of the responses, while not necessarily related to the system, demonstrates the overarching importance of having another person with whom a [person feels a strong connection.



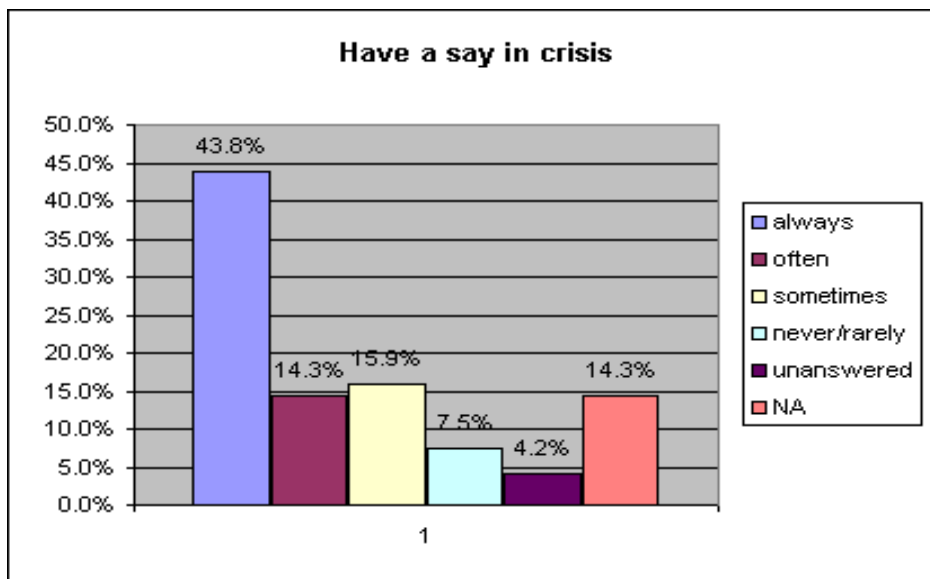
Question 29, **staff encourage me to do things that are meaningful to me**, was another question that was not answered by 43 % of the respondents. The question elicited positive responses from 41% of the respondents. Ten percent (10%) were ambivalent answering sometimes, and 6% had negative responses. Another important element in an individual’s life is engaging in activities that are enjoyable and meaningful. Activities that connect an individual to the community and other individuals promote recovery and contribute to an enhanced quality of life.

Several of the questions in this domain relate to participating in the development of treatment plans, advance directives and goals. In this series of questions, the consumers’ responses show that they are exercising greater control over their treatment program, including treatment during crisis; however, there seems to be a disconnection related to the consumers’ development of treatment goals.

In a transformed system the consumer is involved in every aspect of the treatment from planning to setting goals. Accordingly, these responses show that the system is evolving from a medical model to a person-centered one; however, the changes are not progressing systematically or symmetrically. An observer can see evidence of change in one facet and little progress in other areas within the same subgroup. For example, many individuals feel that they are an equal partner in their treatment program and have a say in crisis; yet, those who feel that their goals are stated in their own words represent a show a 14% decline in positive responses.

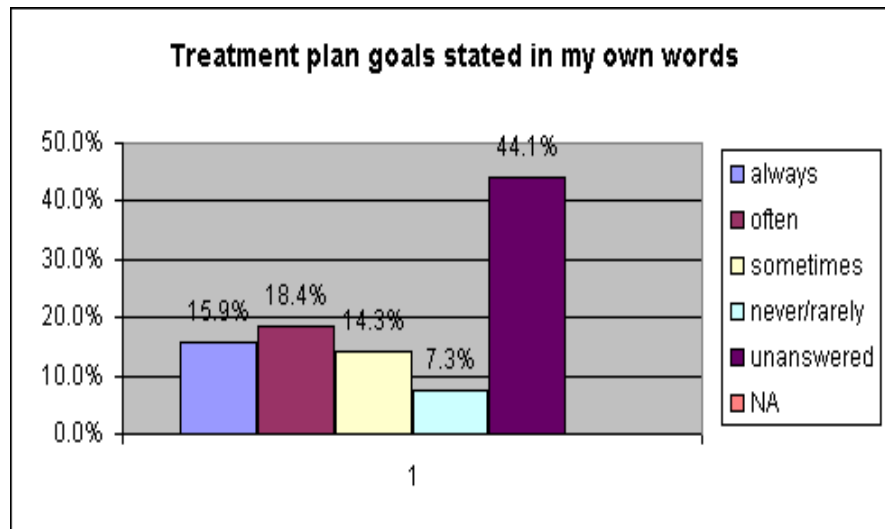


Question 21, **staff see me as an equal partner in my treatment program**, another strong indicator, elicited responses from 79% of the respondents. The question remained unanswered by 5% and was found not applicable to 16% of the respondents. 58% felt positively about the question, and 15% were ambivalent. Clearly being treated as an equal partner in the treatment plan demonstrates that the system’s focus is changing from the medical model in which treatment plans were the creation of the “experts” to one where the person receiving treatment is the focal center whose voice has grown stronger.



Question 21, **I have a say in what happens to me when I am in crisis**, elicited responses from 81% of the respondents. Fifty eight percent (58%) of the respondents indicated that they had positive experiences related to this question; while 16 % were

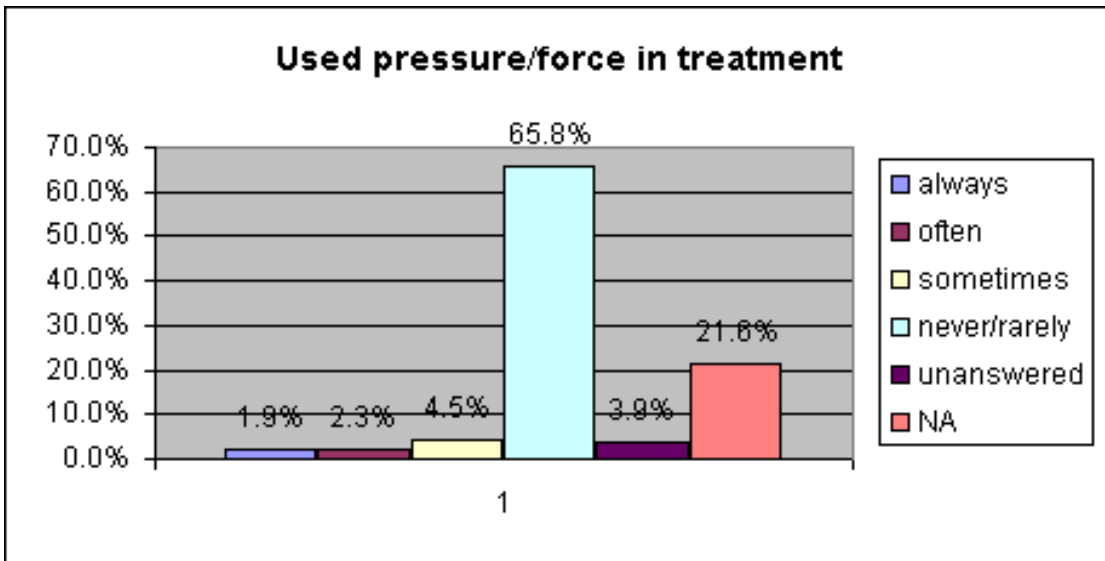
neutral. 8 % felt they rarely had a say. Having a say in crisis seems to indicate the increased use of advance directives and wellness recovery action plans within the system, both of which articulate the individual’s treatment needs both routine and during crisis.



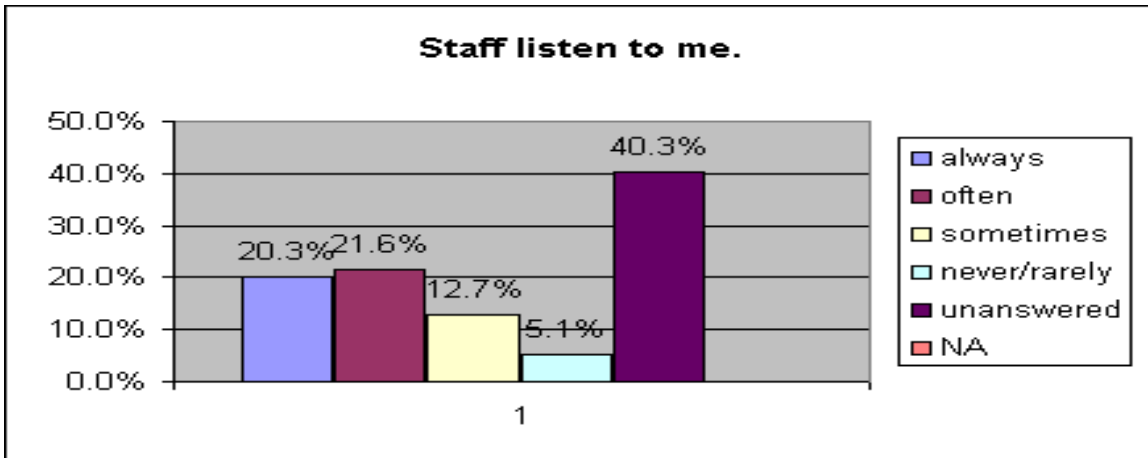
Question 37, **my treatment plan goals are stated in my own words**, went unanswered by 44% of the respondents. Only 34% of the respondents answered the question positively, with 14% ambivalent and 7% feeling that they never or rarely experienced it.

Several of the questions examine the relationship between the staff and the person receiving services. There is positive news in some aspects of the system related to the interplay between the professional staff and the consumer. Fortunately, most of the consumers who answered the question related to pressure and force being exerted by staff did not indicate the existence of them as issues. Basic to a transformation is the recognition that force, pressure and threats serve no purpose in a recovery oriented system in which the person receiving services is central to his or her treatment.

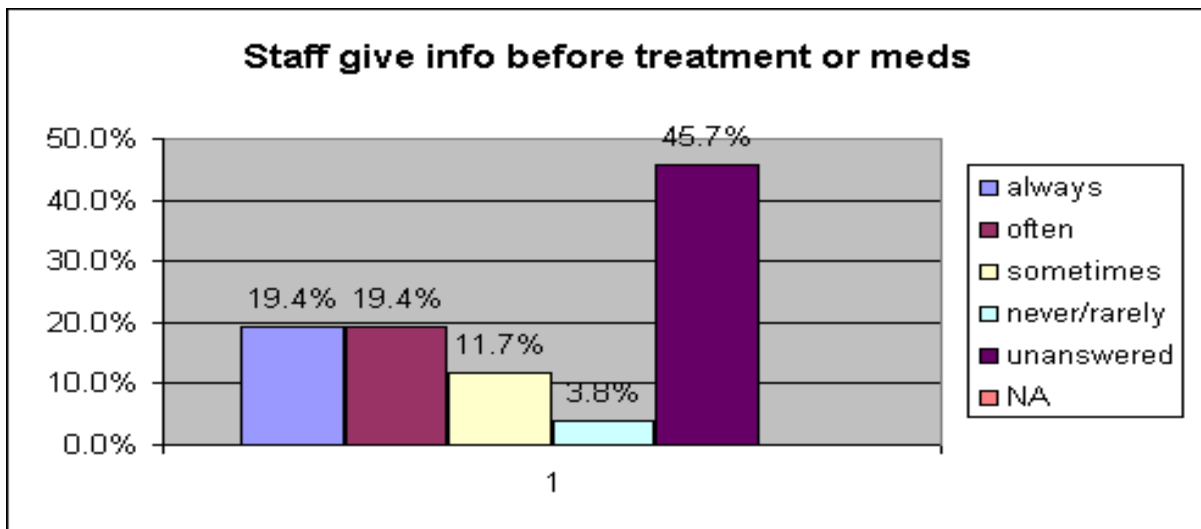
The other questions within this subgroup did not have as clear a message. More than forty percent of respondents did not answer the questions related to staff listening to them, encouraging meaningful activities and giving adequate information before the individual receives treatment or medications. Central to a person centered system is the tenet that staff listens to the individual who is receiving treatment and provide information about treatment before it is provided. The percentage of positive responses on those questions was significantly lower than the question on pressure, force and threats.



Question 25, **staff used pressure, threats or force in my treatment**, evoked responses from 75% of the respondents. The response of never/rarely was given by 66 % of all respondents. Four percent (4%) indicated that they often contended with those problems from staff, and 5% indicated that it happened sometimes..



Question 32, **staff listen carefully to what I say**, was one of the questions that many respondents did not answer. Forty percent (40%) of the survey respondents did not answer it. Forty two percent (42%) responded positively to that statement; 5% indicated that they rarely were listened to, and 13% said they were listened to sometimes.



Question 28, **staff give me complete information in words I understand before I consent to treatment or medication**, was not answered by 46% of the respondents. 39% of the individuals gave positive answers. Four percent (4%) indicated they rarely received info before receiving treatment or medications, and 12% indicated they sometimes got information before receiving treatment.

From the ROSI responses related to the domain of Person-Centered Decision Making and Choice, one can observe that the system is in transition. Consumers have a feeling of hope, which is essential to the human spirit, and they feel more in control of certain aspects of their treatment such as choosing a course of treatment and planning for treatment and emergencies. Other components of decision making and choice demonstrate that the system exhibits difficulty in translating a person centered focus across all activities. The majority of consumers do not feel that staff listens to them.

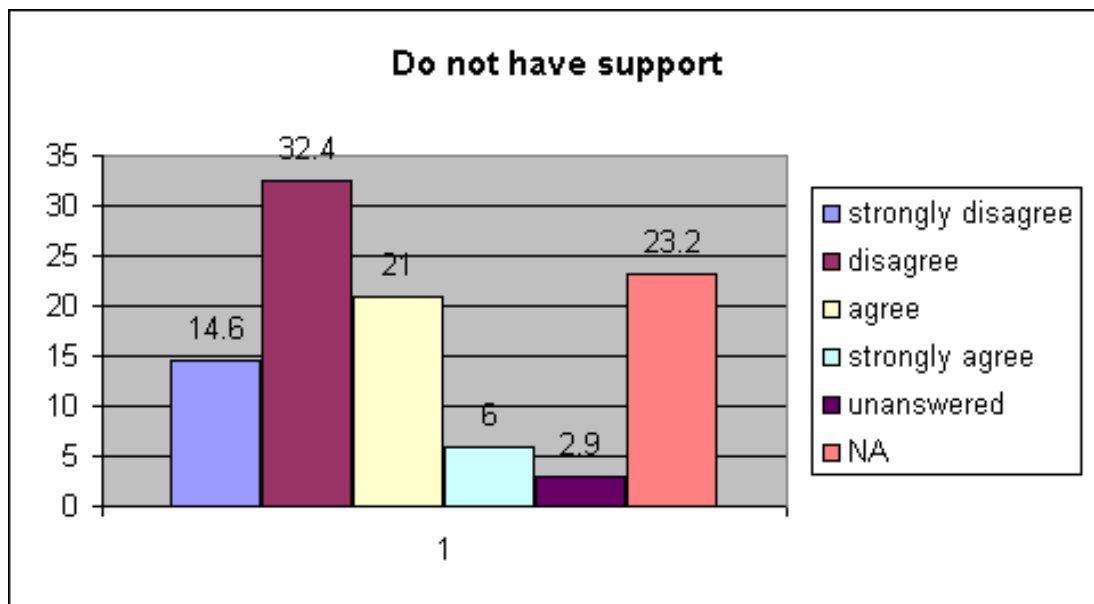
Additionally, many consumers do not believe that they receive information before starting a course of treatment or regimen of medications, and they see treatment goals expressed in the words of others instead of their own.

Invalidated Personhood

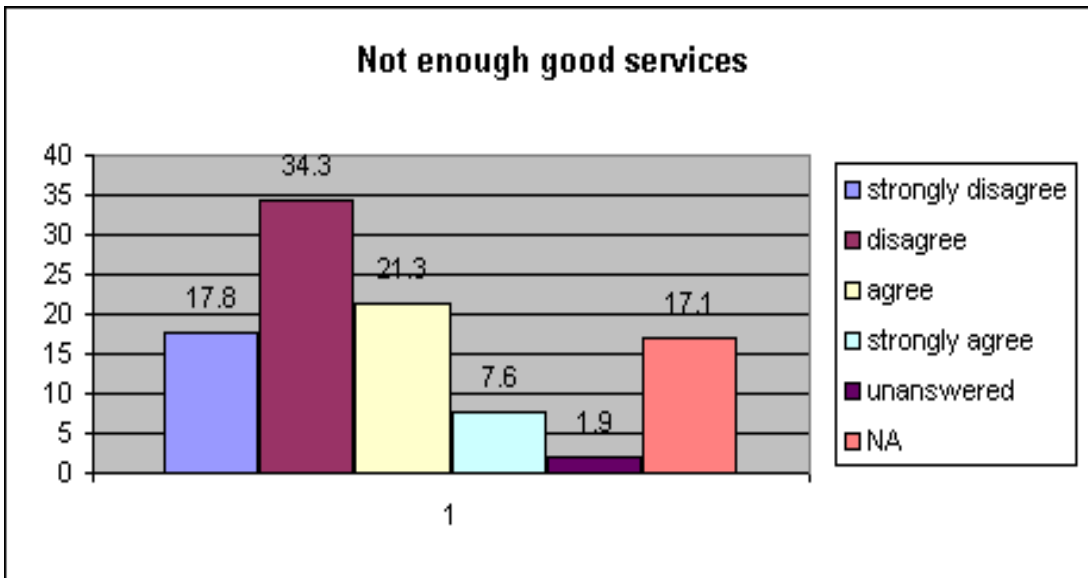
The next major domain of the ROSI relates to being treated as a whole person. Being characterized and viewed in terms of one's problems, symptoms or psychiatric labels dehumanizes an individual. Treating an individual in that way or viewing an individual through those limitations would not be conducive to recovery. Clearly, that is not a recovery oriented activity. There are several questions on the ROSI that fall under that domain. They include the following questions:

- **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 good service options to choose from.**
- **Staff respect me as a whole person.**
- **Mental health services led me to be more dependent, not independent.**

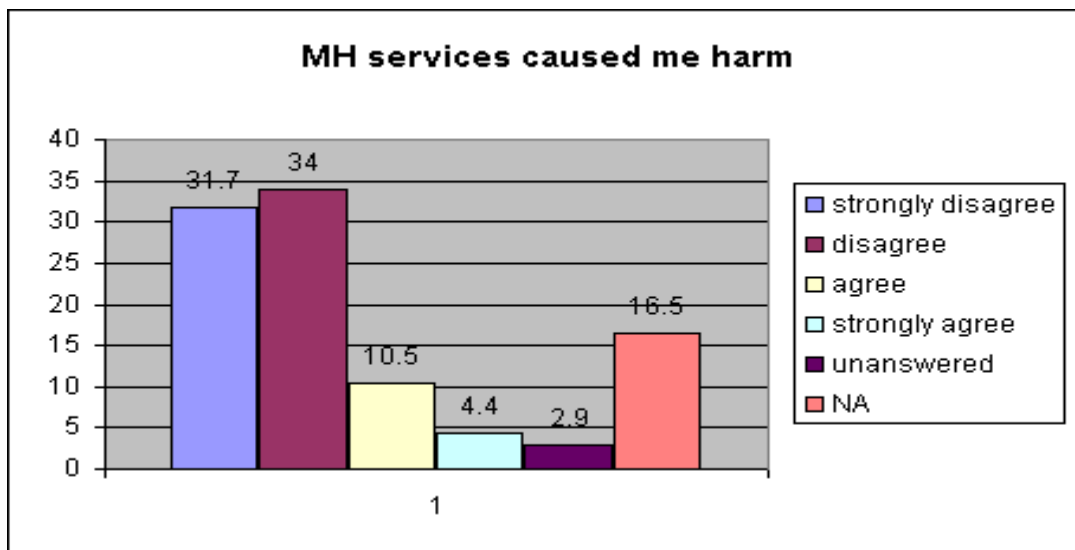
The questions within the invalidated personhood domain have two distinct categories; one relates to staff perceptions and treatment; the other corresponds to services. Examining those related to services explores the consumers' perceptions that the services are inadequate, insufficient, harmful or subordinating. Any of those characteristics would be detrimental to the person and impede recovery. The responses to these questions were positive with ratings ranging from 40% to 66%. While those numbers have room for improvement, they indicate that the system has a positive position in relation to services within the community that support recovery.



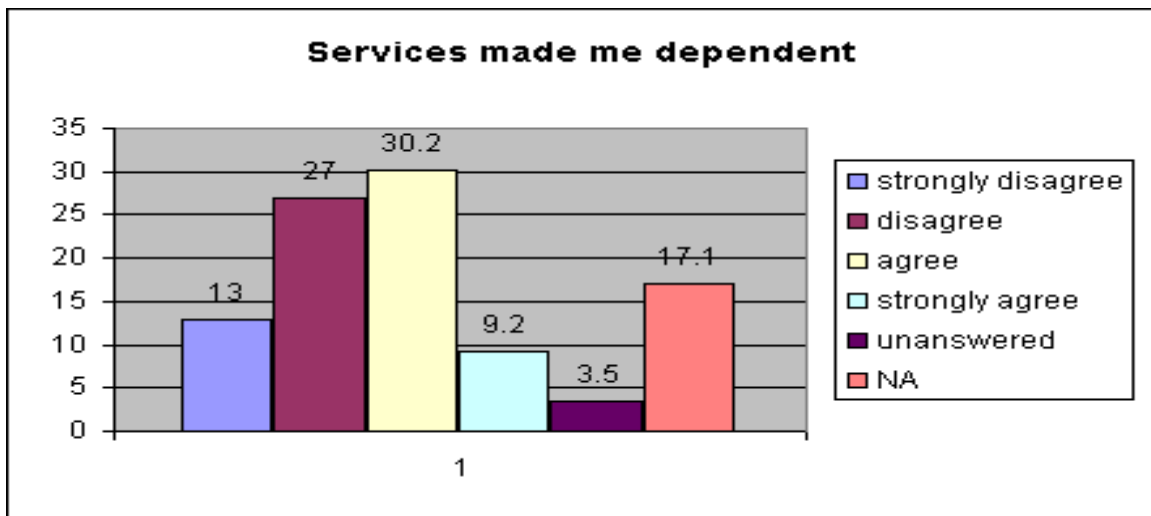
Question 4, **I do not have the support I need to function in the roles I want in my community**, elicited responses from 74 % of the respondents. Forty seven percent (47%) disagreed with that statement, and 27% agreed with it. Twenty six percent (26%) did not answer or found the question not applicable



Question 5, **I do not have enough good service options to choose from**, drew responses from 81% of the respondents. Fifty two percent (52%) of the respondents disagreed with that statement; 29% agreed with it.



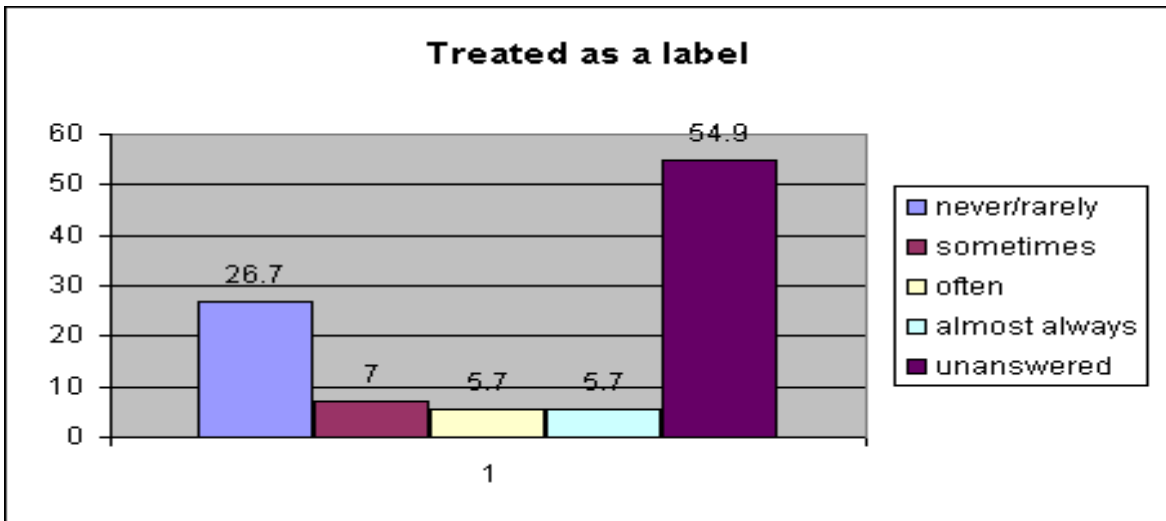
Question 10, **mental health services caused me emotional or physical harm**, drew responses from 81% of the respondents. Sixty six percent (66%) disagreed with that statement; 15% agreed with it. Nineteen percent (19%) left the question unanswered or felt it was not applicable.



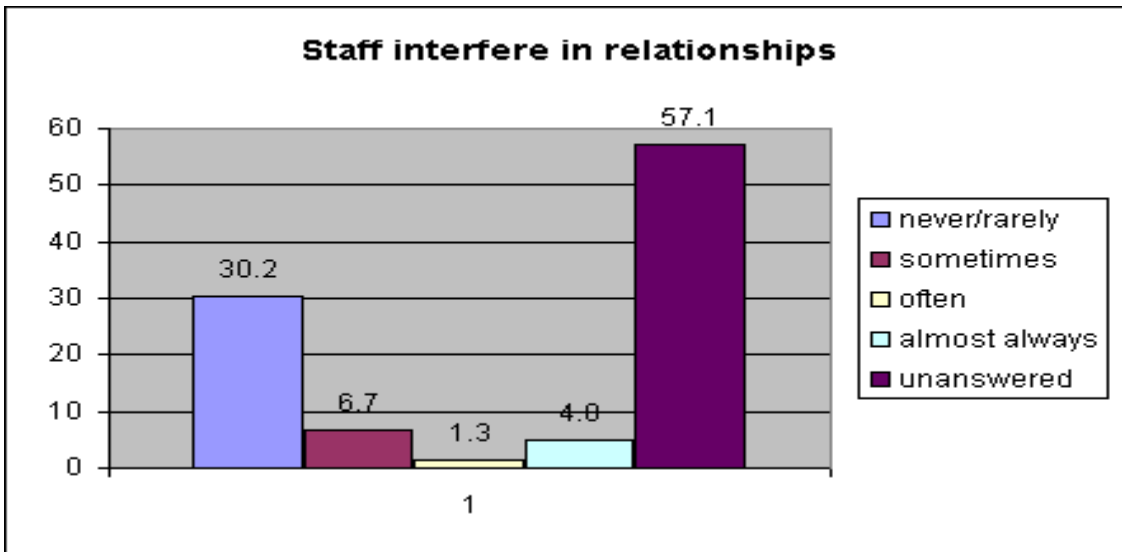
Question 13, **mental health services led me to be more dependent, not independent**, received responses from 79% of the respondents. Forty percent (40%) disagreed with the statement, and 39% agreed with it. Those equally mixed responses indicate an area in need of improvement within the system. In a recovery oriented system, a consumer should be experiencing an increased feeling of control.

Within this subgroup, the questions received responses from at least 75% of the respondents. The consumers' responses were more positive than negative for three of the four questions, which indicates a recovery orientation. The exception related to services making the consumer more dependent was evenly split between positive and negative responses. While all of the indicators reveal opportunities for systemic improvement, the system needs to make a concentrated effort to empower people so they become independent.

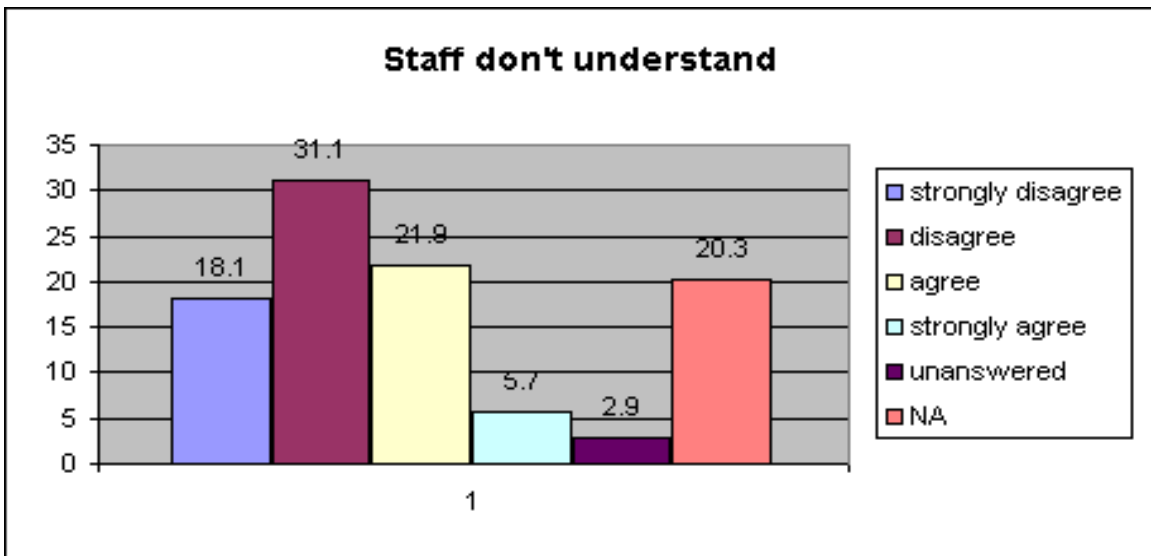
The next grouping within this domain questions the consumers' experience with the staff providing services. These questions examine the perceptions of the consumers related to the way they are treated as a person by the staff. The questions try to learn if the individual is being treated holistically, taking into consideration their mental, physical, emotional and spiritual well being. Above all in a recovery oriented system, treating individuals as human beings is a core component.



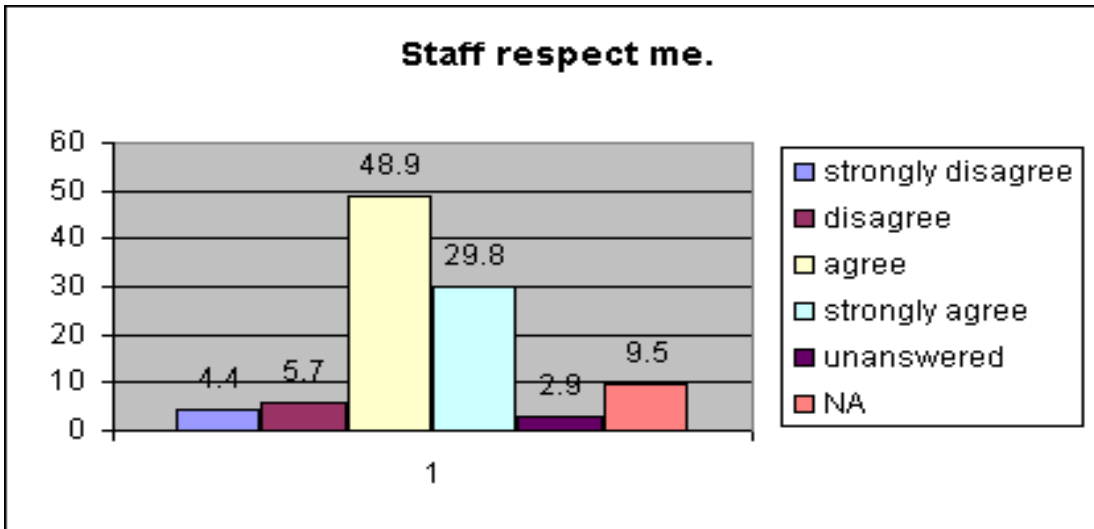
Question 39, **I am treated as a psychiatric label rather than as a person**, was not answered by 55% of the respondents. Twenty seven percent (27%) of the respondents indicated that that was not their experience; 7% experienced it sometimes and 11% often or always experienced that treatment.



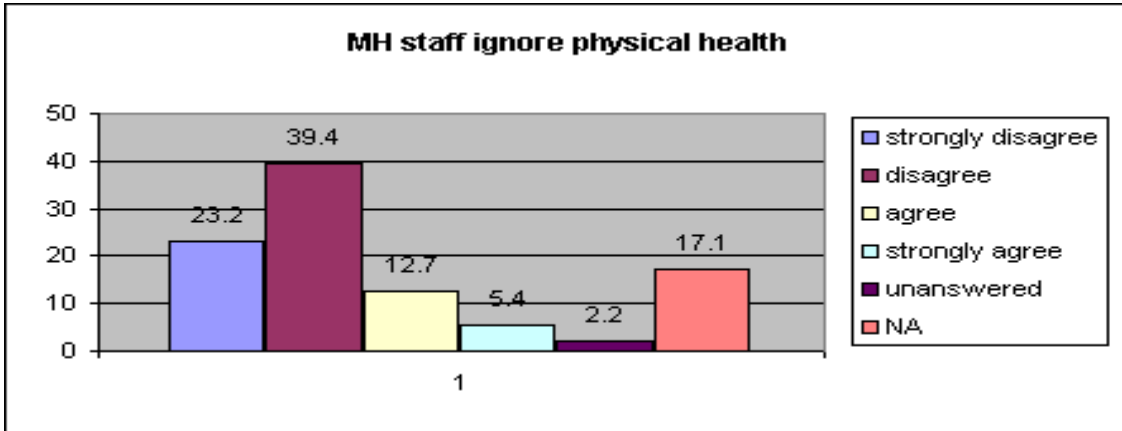
Question 34, **mental health staff interfere with my personal relationships**, received responses from 43% of the respondents. Thirty percent (30%) indicated never or rarely, and 7% experienced it sometimes. Five percent (5%) of the respondents experienced interference often or always. Fifty seven percent (57%) did not answer the question.



Question 7, **staff do not understand my experience as a person with mental health problems**, received responses from 77% of the respondents. Forty nine percent (49%) disagreed with that statement, while 28% agreed with it.



Question 9, **staff respect me as a whole person**, drew answers from 89% of the respondents. Seventy nine percent (79%) agreed with that statement; while 10% disagreed with it.



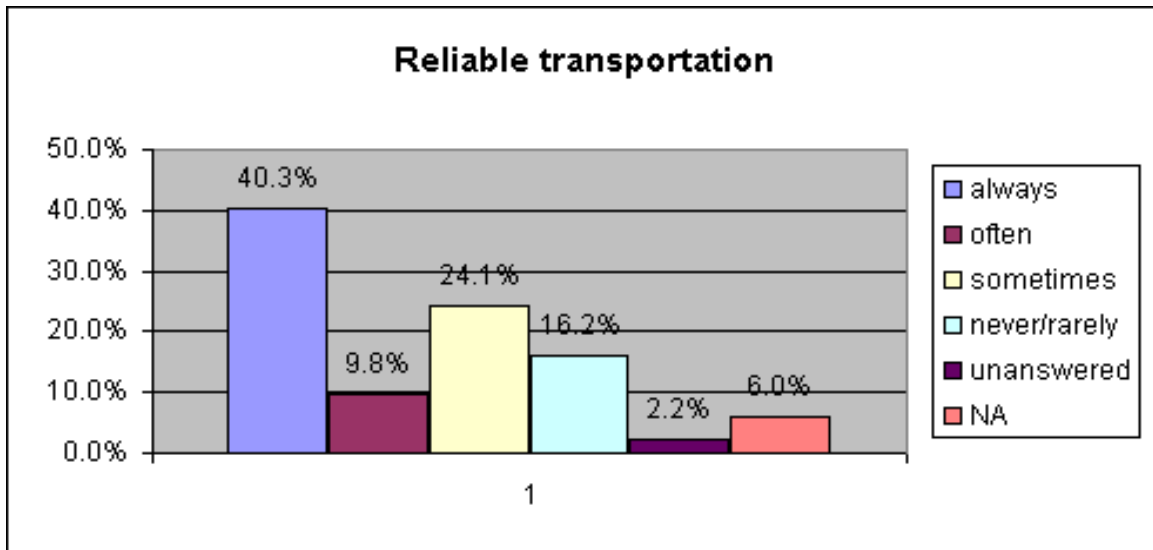
Question 6, **the mental health staff ignore my physical health**, received responses from 81% of the respondents while 2% left it unanswered and 17% felt it was not applicable. Sixty three percent (63%) disagreed with that statement, and 18% agreed with it.

Within the invalidated personhood domain, there are positive signs that the system treats individuals as persons. For example, the responses to four of the questions, related to good service options, services harming consumers, staff respecting consumers and staff ignoring physical health, evoked positive responses from the majority of respondents. Staff respecting a consumer is a core tenet of any system. Another set of basic premises is that there must be sufficient services available, those services must help, not harm the individuals receiving them, and for that to occur, the physical health issues can not be ignored. Two of the questions, staff interfere with my relationships and I am treated as a label, were not answered by more than 50% of the respondents which is a cause for concern. While the remaining three questions received more positive responses than negative ones, less than half of the responses were positive.

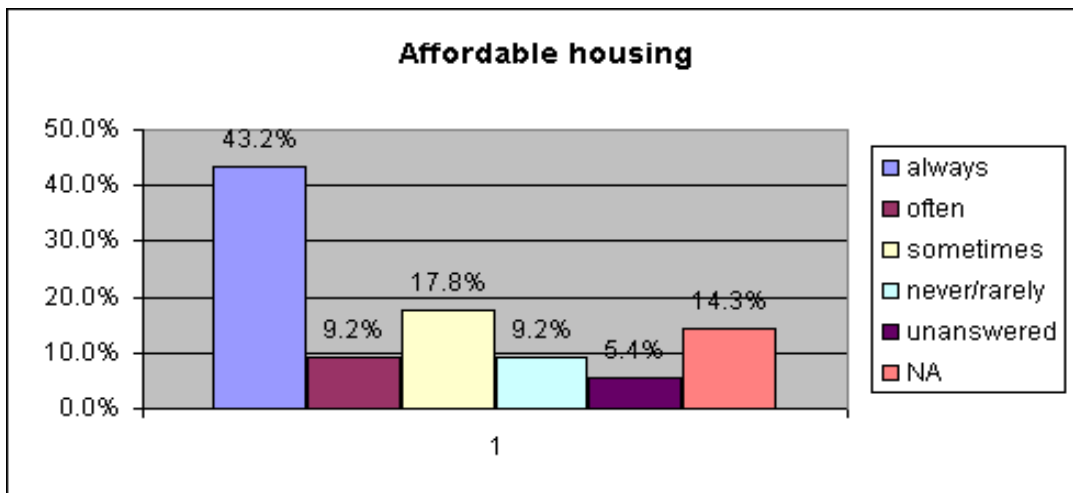
Basic Life Resources

Of primary importance to all human beings is having the basic resources needed to live. Housing that is affordable and safe is essential. If a person is worried about housing or doesn't have housing, he or she can not focus on other problems or issues. The housing becomes an overarching, all consuming problem that takes the forefront. Adequate income is a basic necessity that helps to promote a decent quality of life, and that is one of the basic issues. Questions within this domain examine the issues surrounding housing and also transportation and income. The following questions are included in this domain:

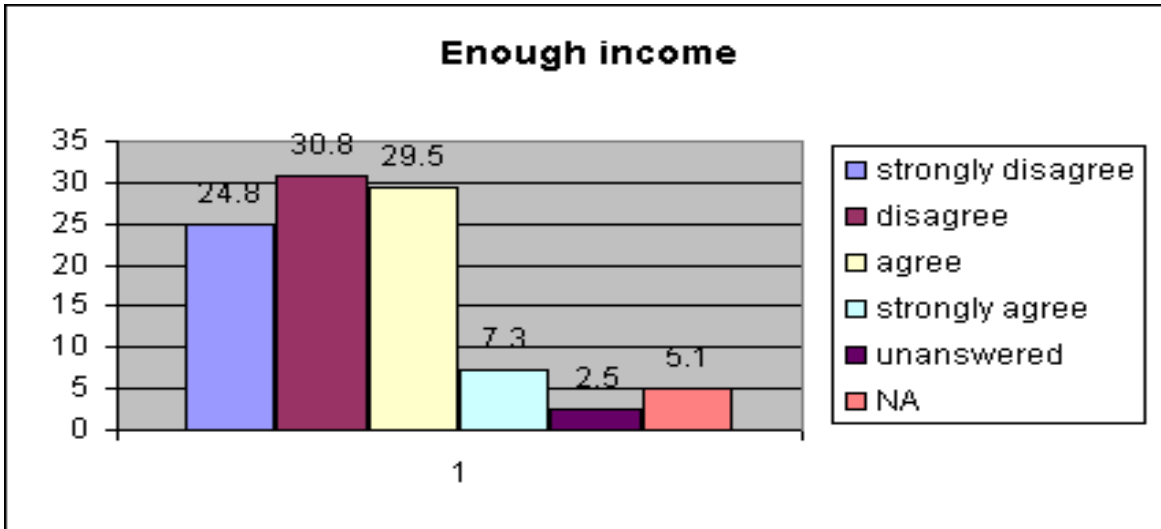
- I have reliable transportation to get to where I need to go.
- I have housing that I can afford.
- I have enough income to live on
- I have a place to live that feels like a comfortable home to me.
- Mental health services helped me get housing in a place I feel safe.



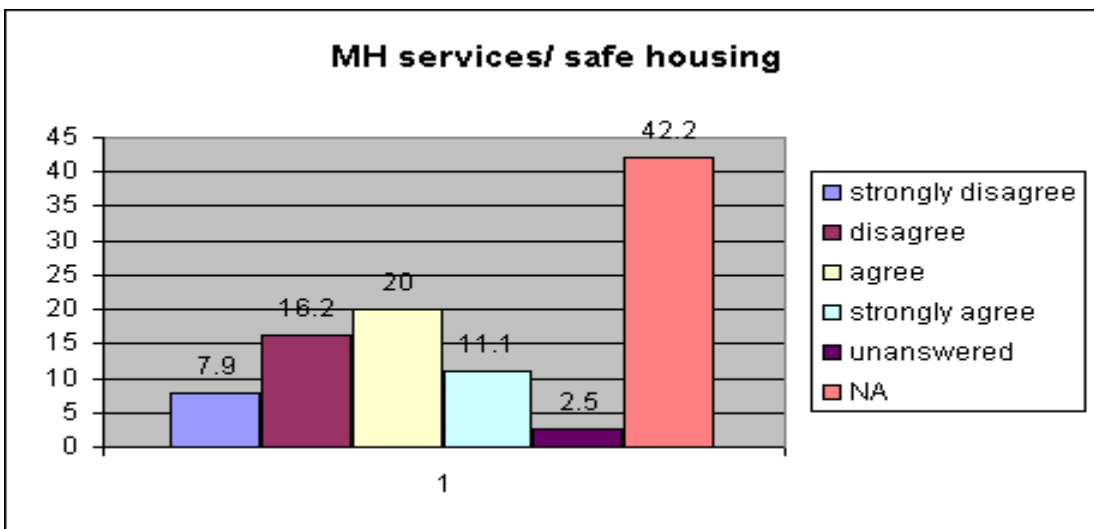
Question 19, **I have reliable transportation to get where I need to go**, received positive responses from 50% of the respondents. Only 8% did not answer the question or found it not applicable. Twenty four percent (24%) of the respondents indicated the availability of transportation only sometimes, and 16% had rarely had reliable transportation. Clearly, this is an area that shows room for improvement. Without reliable transportation, it is difficult to get to appointments and to take care of basic needs. The importance of this resource is evident from the 92% response rate.



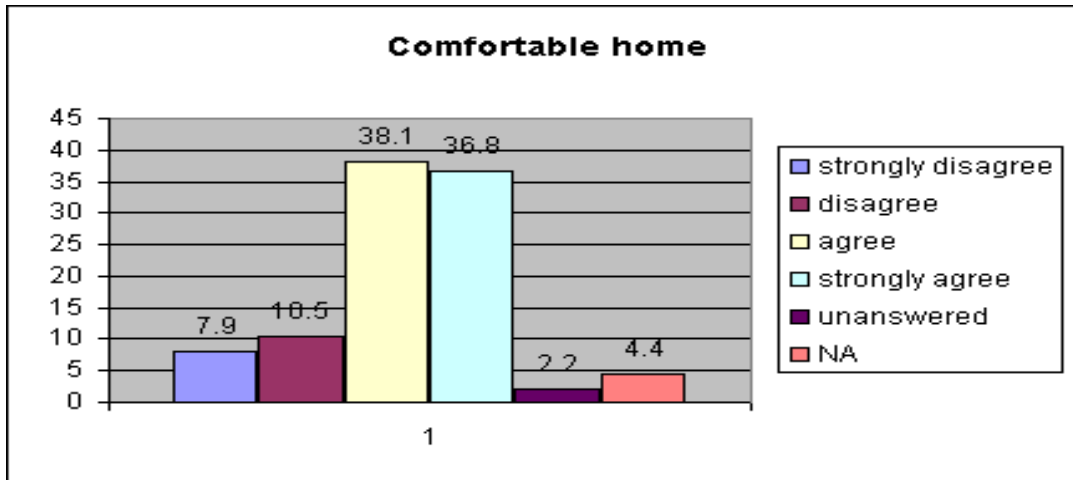
Question 17, **I have housing that I can afford**, prompted positive responses from 52% of the respondents. Twenty percent (20%) left the question unanswered or found it not applicable, while 18% answered sometimes. The remaining 9% never or rarely had affordable housing. Finding alternatives that will improve housing is the goal toward which OMHSAS has been working.



Question 15, **I have enough income to live on**, evoked responses from 92% of the respondents. Nearly 56% disagreed with that statement, and 37% agreed with it. This is a strong indication that the system needs to make dramatic improvement in this area.



Question 6, **mental health services helped me get housing in a place I feel safe**, elicited positive responses from 31% of the respondents while 24% responded negatively. The largest percentage of respondents, 45%, either felt the question was not applicable or left it unanswered.



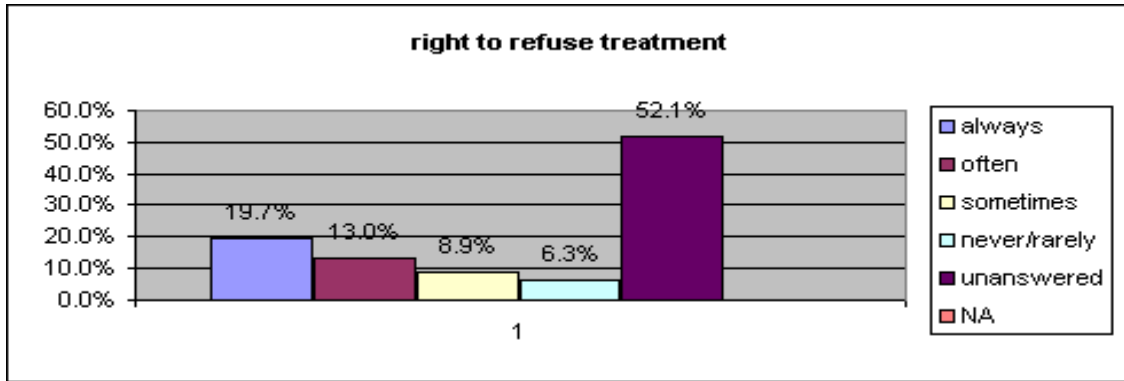
Question 2, **I have a place to live that feels like a comfortable home to me**, received responses from 93% of the respondents. Eighteen percent (18%) disagreed with that statement; while 75% agreed with it.

For this domain, the outliers relate to income and staff helping to find safe housing. The response related to income is comparable to the response during the pilot phase of the ROSI. That issues bears examination and developing solutions that will address the problem. OMHSAS has staff dedicated to initiatives related to housing that will work to alleviate those problems. While the other questions within the domain received more positive or complete responses, the responses indicate that the system has room for improvement.

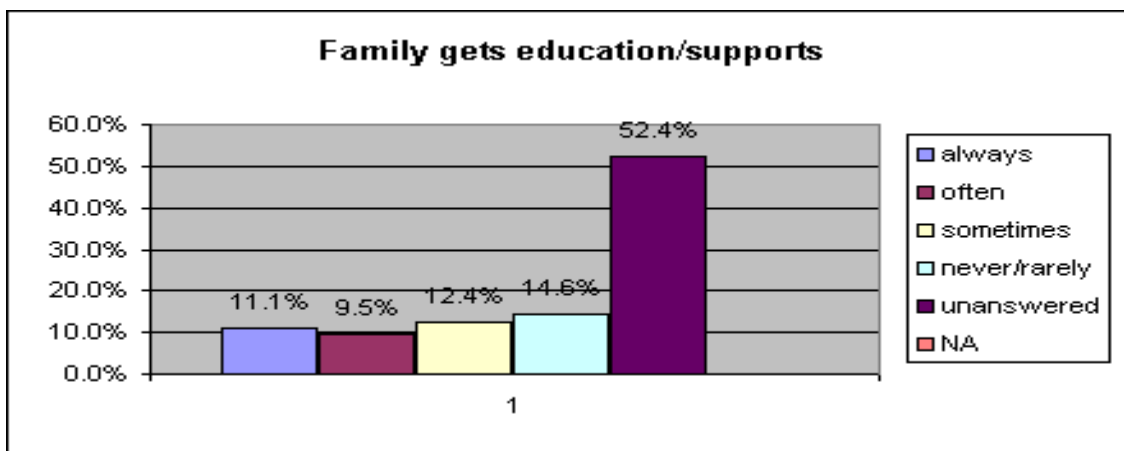
Self-care and wellness

Promoting self care empowers the consumer and engenders recovery. This must be the objective of any recovery oriented system. What a system can do to encourage and support self-care and wellness may include working with consumers to develop wellness recovery action plans, family psycho education and establishing drop-in centers and clubhouses. The following questions comprise this domain:

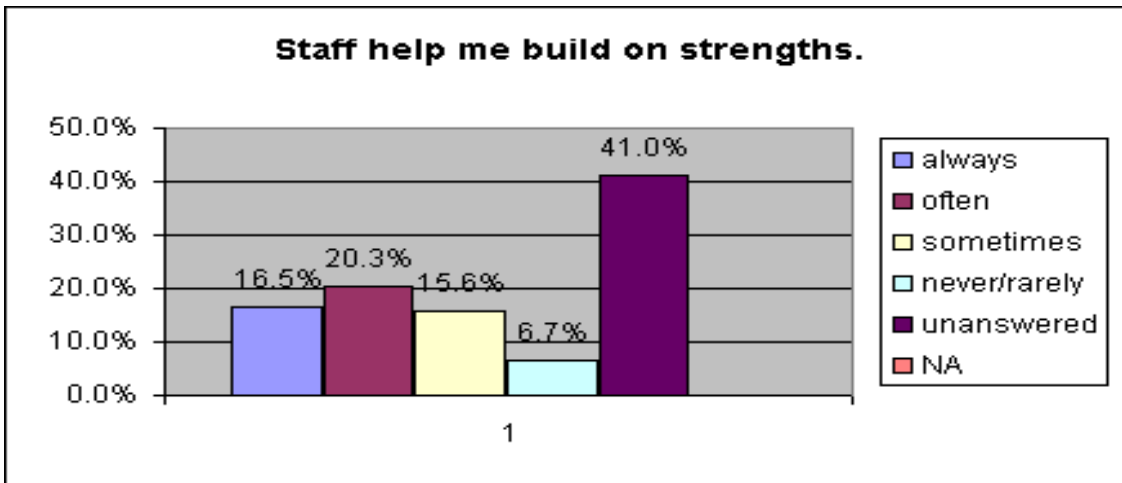
- My family gets the education or supports they need to be helpful to me.
- Mental health staff support my self-care or wellness.
- Mental health staff help me build on my strengths.
- My right to refuse treatment is respected.
- I can see a therapist when I need to.



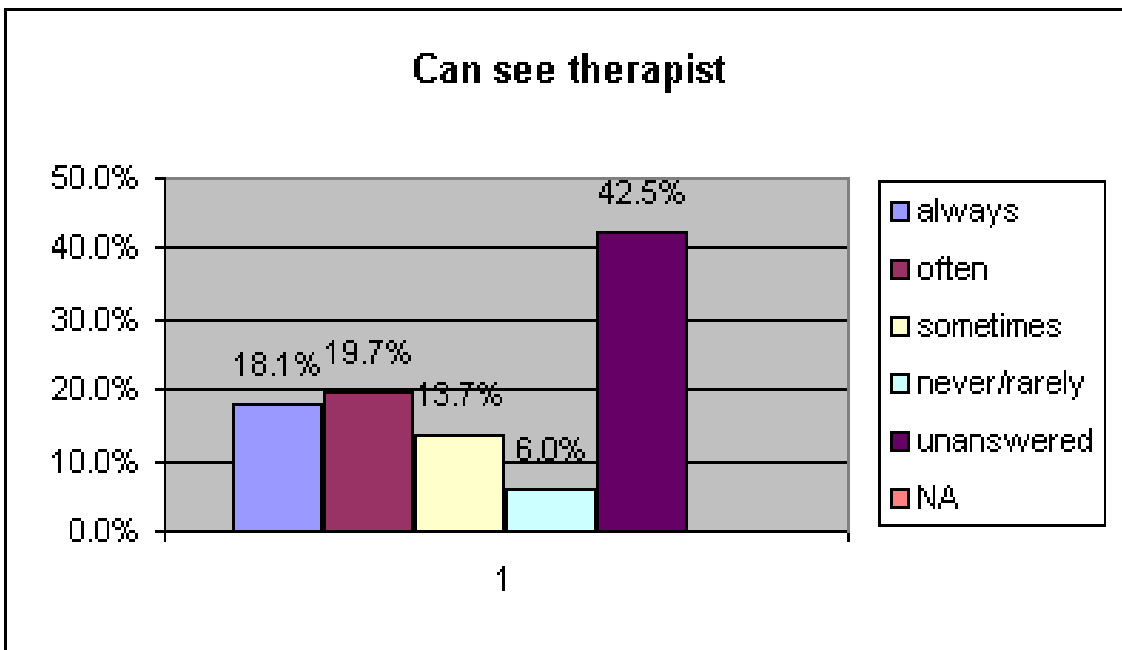
Question 36, **my right to refuse treatment is respected**, received responses from less than half of the respondents. Thirty three percent (33%) felt they always or often had the right. Nearly 9% sometimes exercised the right, and 6% never or rarely did. The majority of respondents, 52% did not answer the question.



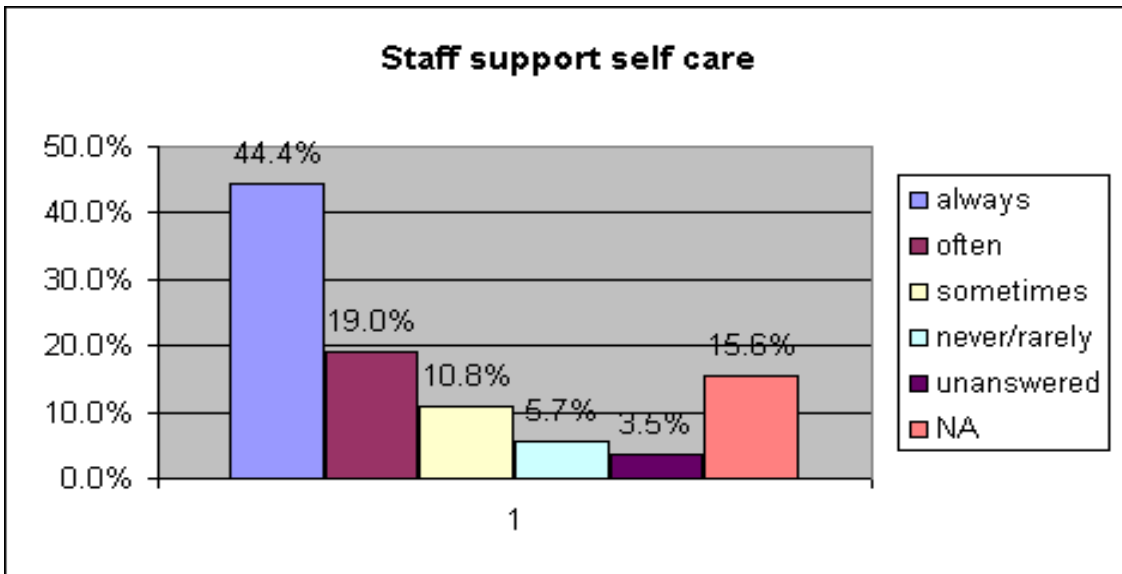
Question 41, **my family gets the education or supports they need to be helpful to me**, received positive responses from 21% of the respondents; while 12% responded thought this occurred sometimes. Nearly 15% never or rarely thought the education and supports were available to their families. The largest percentage, 52%, did not answer the question.



Question 35, **mental health staff help me build on my strengths**, elicited responses from 59% of the respondents; 41% did not answer the question. Thirty seven percent (37%) often or always felt staff helped with this. Nearly 16% thought that staff sometimes helped with them with this, and 7% rarely or never experienced that help.



Question 40, **I can see a therapist when I needed to**, received responses from 57% of respondents. Nearly 38% of the responses found this to be true always or often, . . . Nearly 14% felt it to be true sometimes, and 6% never or rarely found this to be true. The question received no response from 43% of the respondents.



Question 22, **mental health staff support my self-care or wellness**, received responses from 81% of the respondents. Sixty three percent (63%) of the respondents agreed with that statement.

The good news related to this domain is that the consumers had positive feedback related to staff support. Unfortunately, family education and supports received a greater number of negative responses than positive. Seeing a therapist and building on strengths had greater positive responses than negative, but at issue within this domain is the large percentage of unanswered questions.

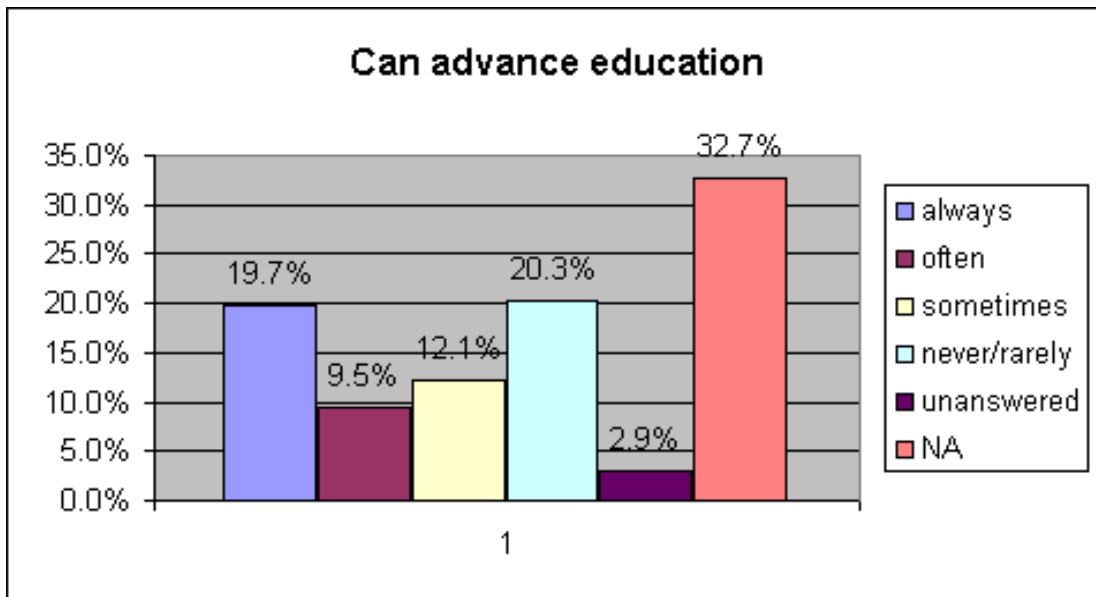
Meaningful activities and roles

Another important domain within the ROSI is the one which canvasses the consumers related to their connectedness to the community and their social interactions within it. This domain measures the system’s orientation related to encouraging and helping individuals to become integrated within the community and have opportunities that ultimately enhance their quality of life. Everyone needs to feel connected to the community in which he or she lives. Part of that connection is that it fosters a connection with the larger world. Having friends and finding others who share your experiences or your interests is a basic human need.

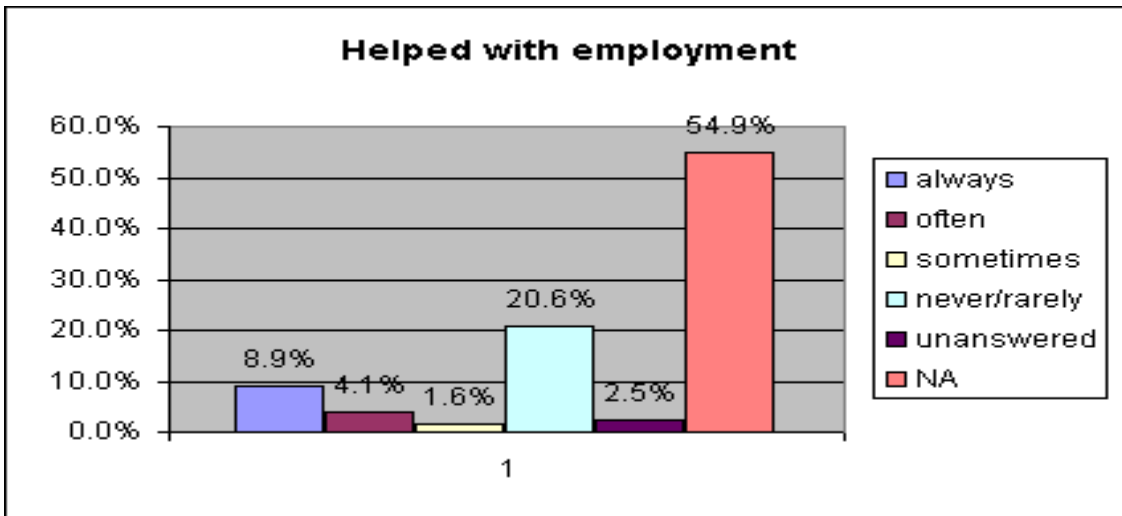
Having gainful employment builds self esteem and helps individuals to improve their living situations. Being able to advance education opens prospects and helps to assimilate individuals into a community. Positive gains within this domain have an integral relationship in improving the perspective on the basic resources domain and

stimulate recovery. These are the activities that will help an individual to have sufficient income, make friendships and establish relationships within the larger community. Questions within this domain include the following:

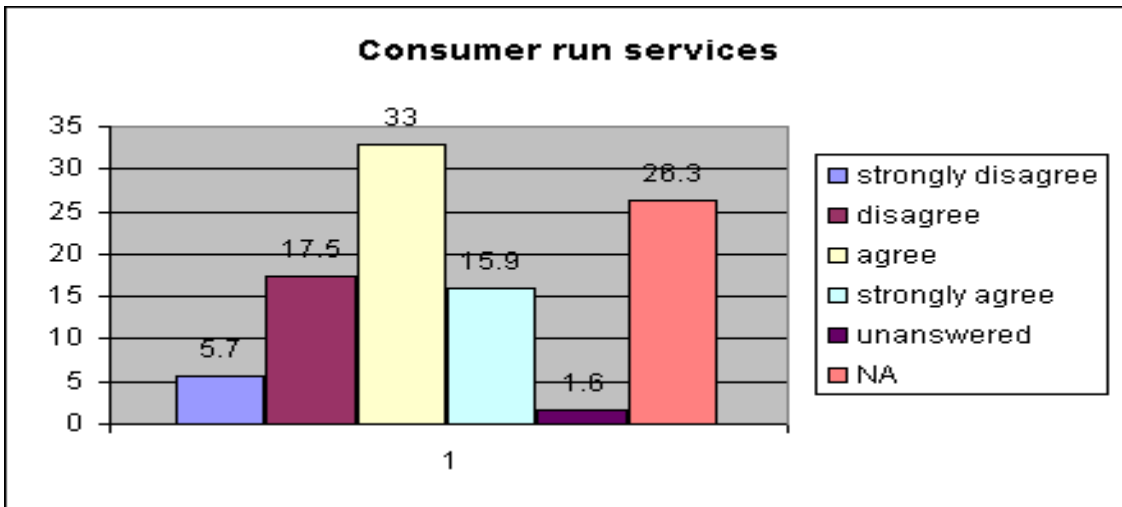
- Mental health services helped me get or keep employment.
- I have a chance to advance my education if I want to.
- I am encouraged to use consumer-run programs.
- Services help me develop the skills I need.



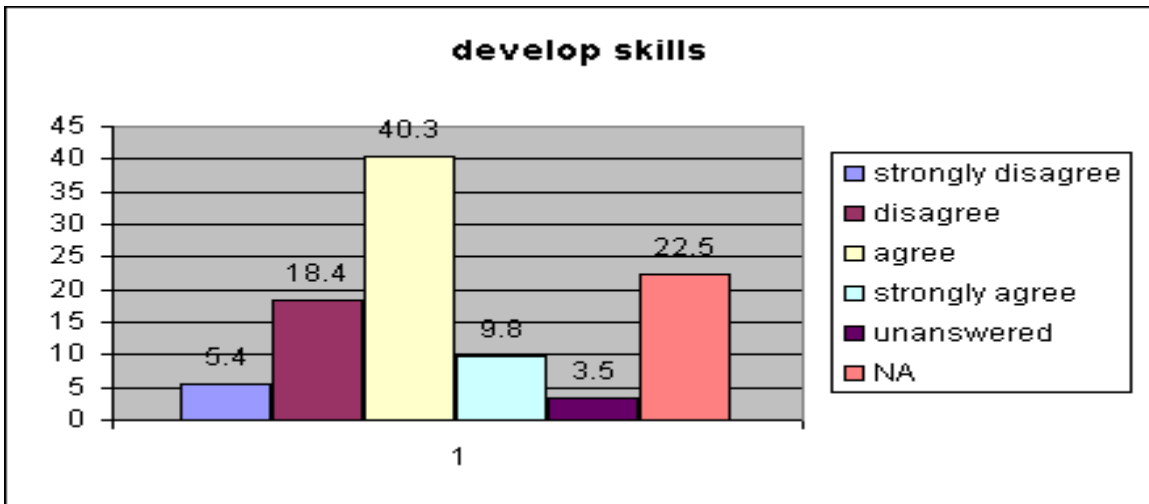
Question 18, **I have a chance to advance my education if I want to**, elicited responses from 64% of the respondents. Twenty nine percent (29%) felt they had this opportunity always or often, while 12% experienced the opportunity sometimes. The remaining 20% never or rarely had the opportunity.



Question 20, **mental health staff helped me to get or keep employment**, elicited responses from only 43% of the respondents. Thirteen percent (13%) found that to be true always or often; while 2 % found it true sometimes. Twenty one percent (21%) never or rarely found that to be true. The question was unanswered or deemed not applicable by 57% of the respondents.



Question 3, **I am encouraged to use consumer-run services**, received responses from 72% of the respondents. Twenty three percent (23%) disagreed with the statement, and 49% agreed with it.



Question 16, **services help me develop the skills I need**, received responses from 74% of the respondents. Nearly 24% disagreed with that statement; while 50% agreed with it.

The responses within this domain indicate that the system is positively oriented regarding consumer run services, skills development and education. The system through services and self development opportunities is trying to connect consumers to their communities and others. Helping with employment presents a challenge that will need to be addressed.

Lessons learned

Every year at the conclusion of the survey activities, Evaluations and Outcomes looks at the body of work and draws conclusions about the survey and analysis experience itself. Over time we have learned to survey only currently active consumers to reduce the number of undeliverable mailings among other things.

The ROSI should be conducted separate from the MHSIP surveys, since that makes the number of questions to be answered very lengthy. The ROSI should be administered to an individual who also received the MHSIP mailed survey.

The lessons that we have learned from conducting the first ROSI survey will be implemented with the next survey cycle. The ROSI should be conducted in person with a trained team of consumers and family members. The questions on the survey are complex and sometimes require additional explanation. The consumers should have

someone with whom they feel comfortable responding to the questions appropriately. The survey should be conducted in a neutral setting such as a drop-in center rather than at a provider setting. For instance, staff at providers should not be involved in conducting the survey as the consumer may not feel as though he or she can respond honestly. Conducting the survey in person will provide complete surveys and eliminate the unanswered and not applicable responses. Having complete responses will yield much more useable information and make analysis more meaningful.

Questions or comments about this report can be emailed to the OMHSAS Knowledge Management Section at ProgressReports@state.pa.us.