

**A Report of the Findings from the
2009 Recovery Oriented Systems
Indicators (ROSI) Consumer Survey
for Bradford and Sullivan Counties**



**Pennsylvania Office of Mental Health
and Substance Abuse Services
Bureau of Quality Management and Data Review**

INTRODUCTION

In 2009 the Pennsylvania Department of Public Welfare’s Office of Mental Health and Substance Abuse Services (OMHSAS) commissioned a study of consumer perception of care. The study involved the Consumer Satisfaction Team Alliance of Pennsylvania (CSTAP) contracting with local Consumer Satisfaction Teams (CSTs) or Consumer/Family Satisfaction Teams (C/FSTs) to conduct surveys in twenty-four (24) pilot counties across the Commonwealth. The survey was targeted to adults enrolled in the Health Choices Behavioral Health program who have a diagnosis of Serious Mental Illness. The study was designed to have each CST (or C/FST) complete thirty (30) surveys for consumers from each of their respective counties. A minimum total of 720 ROSI surveys were to be completed by CSTs or C/FSTs in 2009. The counties studied were arranged as follows into two groupings: Phase One Counties (which were studied in 2008 and 2009) and Phase Two Counties (which were studied in 2009 only).

Phase One Counties	Phase Two Counties
Allegheny	Bradford
Berks	Chester
Butler	Crawford
Bucks	Cumberland
Dauphin	Delaware
Lancaster	Erie
Lackawanna	Indiana
Lehigh	Lycoming
Luzerne	Northampton
Montgomery	Philadelphia
Westmoreland	Schuylkill
York/Adams	Venango

This 2009 report offers a summary of the findings for those adult mental health consumers surveyed in calendar year 2009 within Bradford and Sullivan Counties. Summary findings for 2009 surveys conducted with Phase I county consumers were previously reported to the counties.

The specific instrument utilized in the pilot study was the Recovery Oriented Systems Indicators Measure consumer survey. The Recovery Oriented Systems Indicators (ROSI) survey was developed from the Phase I findings of a three phase project, Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators¹.

¹ *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* (2002), National Technical Assistance Center for State Mental Health Planning.

The research team that developed the ROSI consisted primarily of mental health consumers/psychiatric survivors who are also researchers. As a result, the ROSI was created from and is grounded in the lived experiences of adults with serious and prolonged psychiatric disorders.

These origins promote the belief that one of the things that characterize recovery-oriented evaluation and quality assurance is the fundamental involvement of consumers and family members in the development of the instrument and evaluation methods². Specifically, the purpose of the ROSI is to assess the recovery orientation of community mental health systems. A recovery orientation refers to the helping and hindering forces within a system³. Accordingly, the ROSI uses the two-pronged approach of a consumer survey and an Administrative-Data Profile. The data profile examines administrative indicators at a systemic level (e.g., amount of funding allocated to consumer-run services).

Pennsylvania's decision to implement the ROSI tools was based on the desire to assess a recovery-oriented service system from both the consumer and the county perspectives. The Office of Mental Health and Substance Abuse Services (OMHSAS) County Plan Steering Committee played a major role in planning for the implementation of the ROSI, including deciding on adoption of a subset of the ROSI Administrative-Data Profile indicators. Those administrative data profile indicators have since been revised by OMHSAS, in collaboration with key stakeholders. Although no longer reported as part of the county mental health plan itself, Counties are required to report annually on the six indicators as part of OMHSAS' continuous quality improvement efforts (http://www.parecovery.org/omhsas_quality.shtml).

² *A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults* (2005), Pennsylvania Office of Mental Health and Substance Abuse Services.

³ *Measuring the Promise: A Compendium of Recovery Measures, Volume II* (2005), The Evaluation Center @ HSRI.

EXECUTIVE SUMMARY

For many of the ROSI consumer survey domains, the Bradford and Sullivan County consumers' responses were largely positive. In Bradford and Sullivan Counties there are many positive signs marking substantive change within the community mental health system, and it is hoped that the results of this survey help to support additional efforts to continue transformation of the system toward a recovery orientation.

For any system, however, it is always important to also look at ways to improve. While there may always be the need for additional resources or services, one goal of our system should be to ensure that all consumers believe that their services are provided in a respectful manner that encourages growth and recovery. In this regard, one area that could be the topic of additional review and discussion relates to the findings that suggest Bradford and Sullivan County consumers feel they do not have enough to say about their treatment when they are in crisis.

The need for effective ways to measure outcomes and share essential information across programs and agencies drives data management efforts within state and county mental health agencies. The Recovery Oriented Systems Indicators Measure (ROSI) provides Pennsylvania with one recognized tool by which we can help accomplish both of those important tasks within the adult mental health service delivery system.

SURVEY FINDINGS

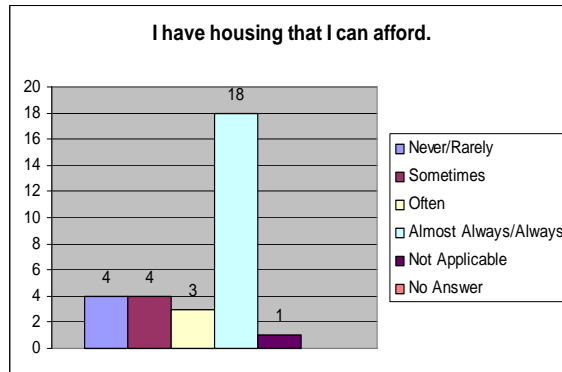
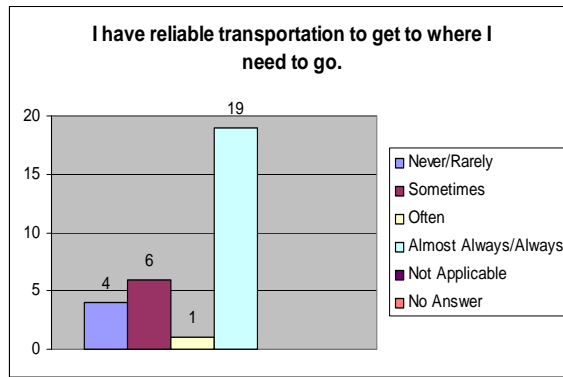
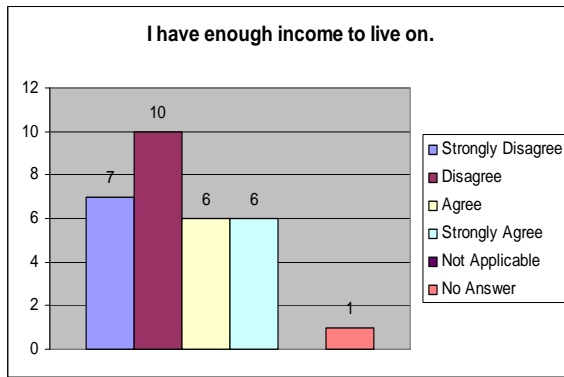
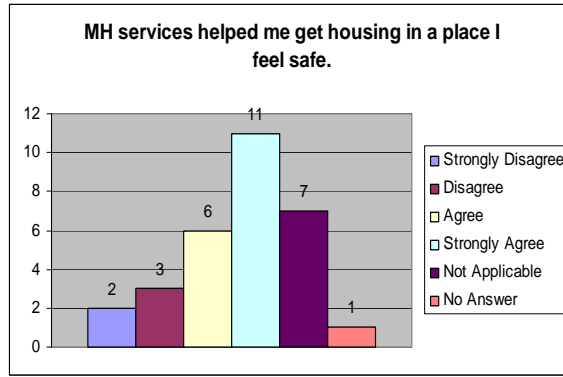
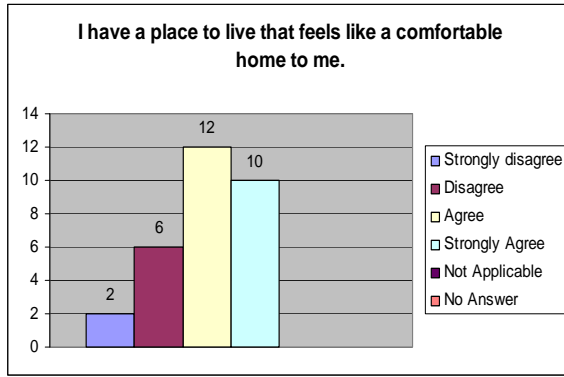
The Recovery Oriented Systems Indicators (ROSI) consumer survey items collapse into five (5) different survey domains: *Basic Life Resources*, *Self-Care and Wellness*, *Meaningful Activities and Roles*, *Person-Centered Decision Making and Choice* and *Invalidated Personhood*. This report delineates the county-specific adult consumer responses to the ROSI survey questions within these domains.

Basic Life Resources

Basic Life Resources looks at issues such as housing, income and transportation. For housing, 73% of those surveyed feel that they have a place that feels like a comfortable home and 72% believe that they have housing they can afford. Of those surveyed, 77% indicate that mental health services helped them get housing in a place they feel safe. Over three of five persons surveyed (67%) indicate that they have reliable transportation. Finally, the last item in this category was related to income, with 41% agreeing they have enough income to live on. That finding is not unexpected considering that the people surveyed were individuals on Medical Assistance.

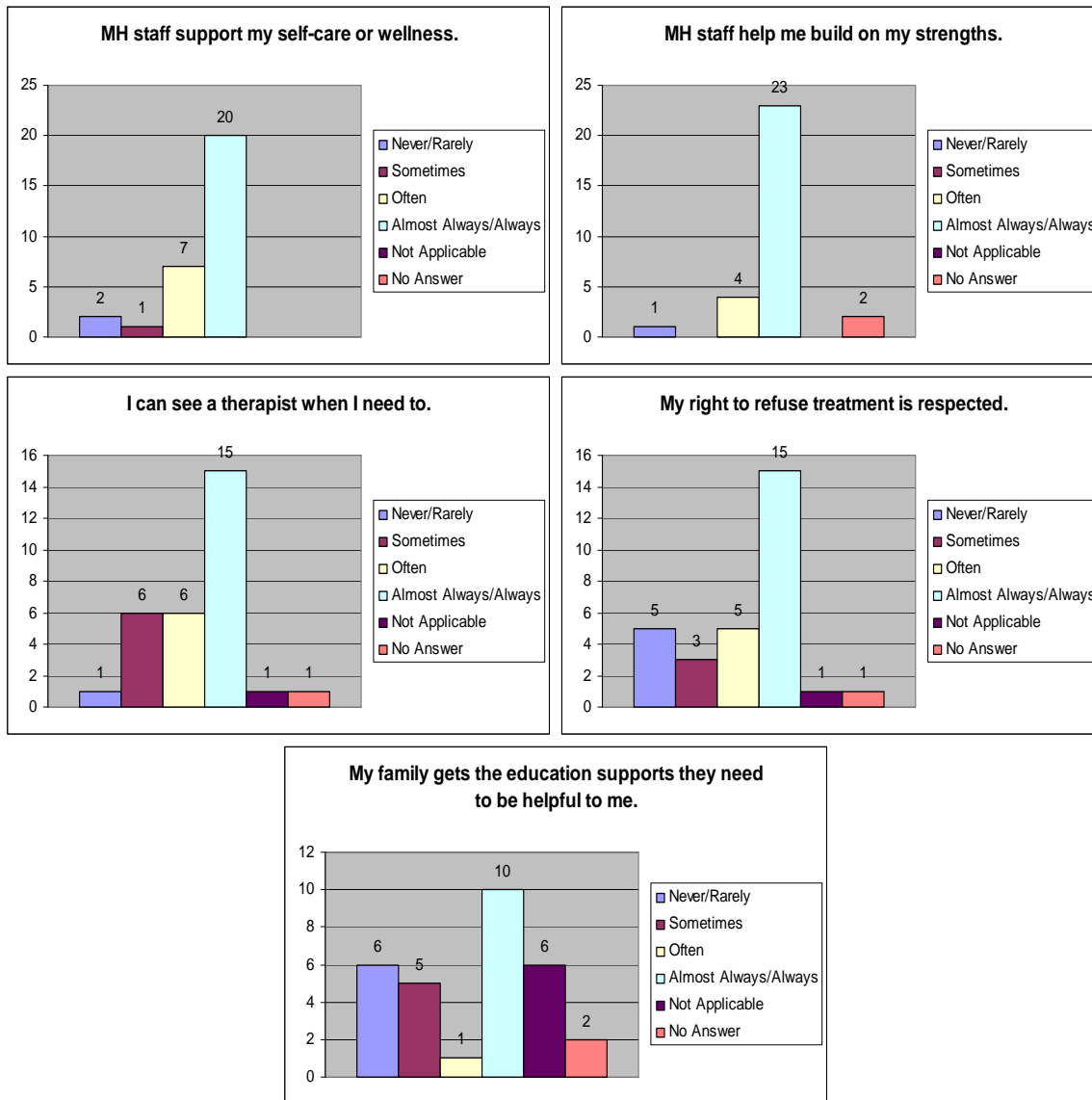
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* The charts provide the number of individuals who responded to each question and capture the range of responses. The percentages in the narrative count exclude those individuals who did not answer a specific question or who did not believe that the question applied to them.



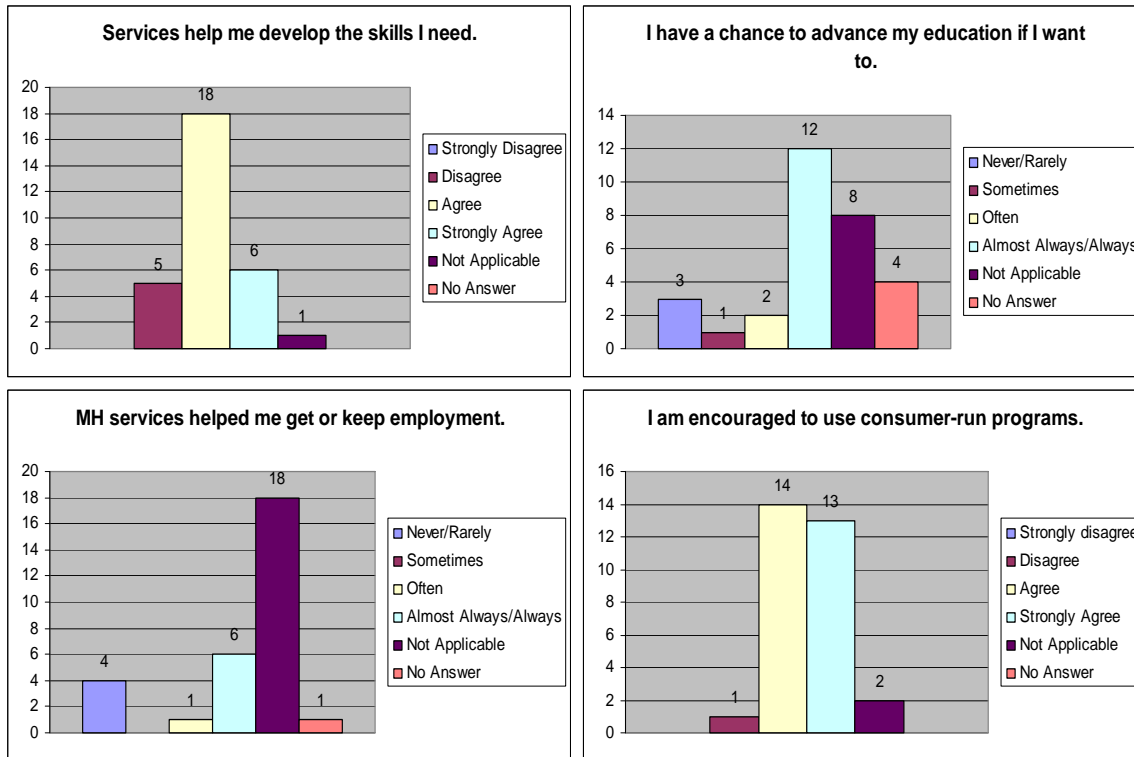
Self-Care and Wellness

This domain focuses on staff support for self-care and wellness as well as the availability of resources. Of those surveyed, 90% believe that staff supports their self-care or wellness and an even greater number, 96%, indicate that staff helps them build on their strengths. 75% say they can see the therapist when they need to, and 71% believe that their right to refuse treatment is respected. The lowest indicator in this domain relates to supports and education for families, with just one half of consumers (50%) agreeing on this question.



Meaningful Activities and Roles

This domain focuses on education and employment related questions. Of those surveyed, 64% of consumers believe that mental health services helped them get or keep employment, while 83% believe that services help them to develop the skills they need. 78% believe that they have the opportunity to advance their education. 96% say they are encouraged to use consumer run programs.



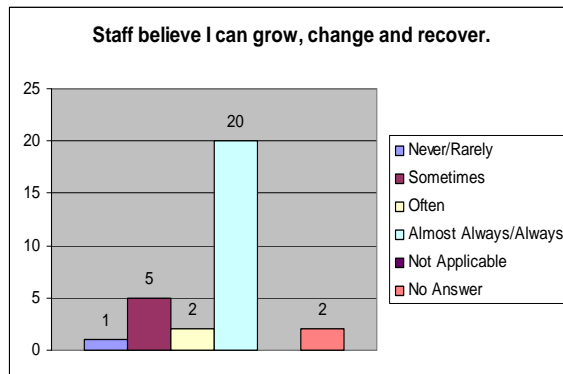
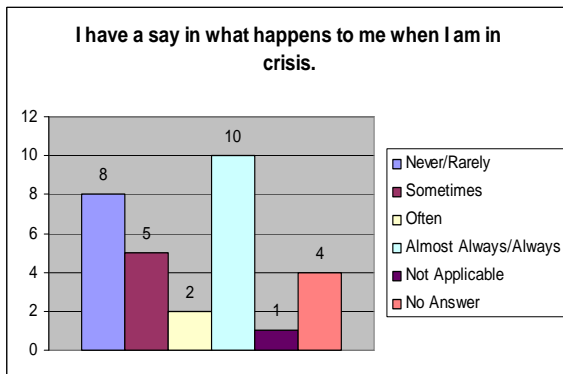
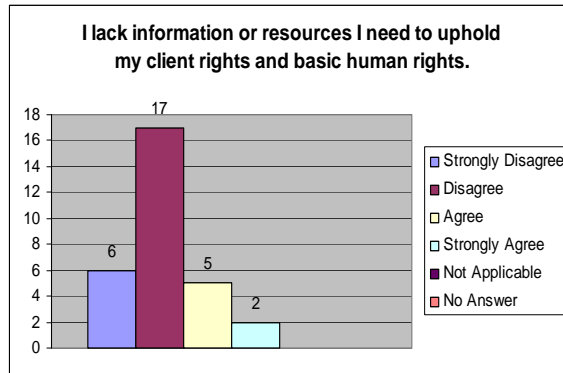
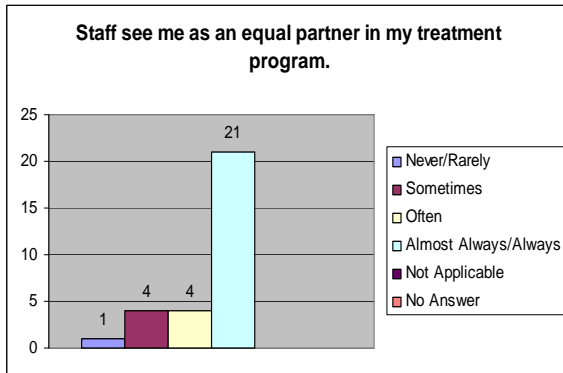
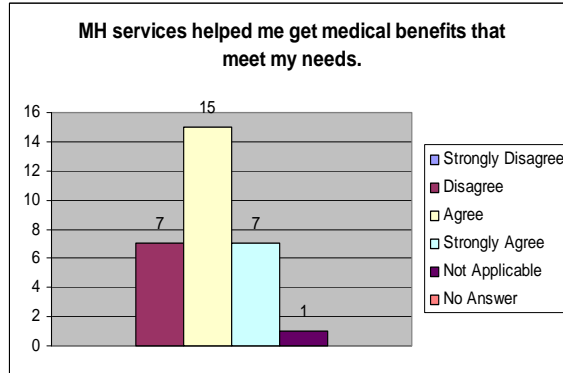
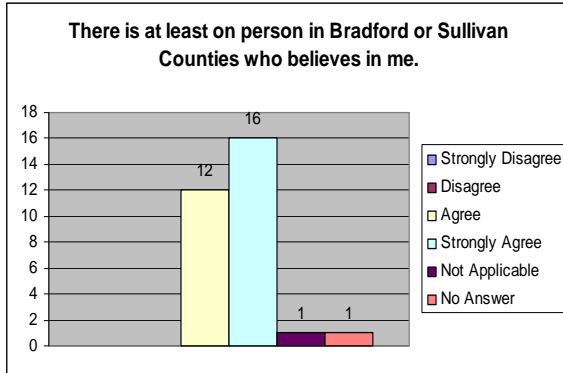
Person Centered Decision Making and Choice

The domain of **Person Centered Decision Making and Choice** has a large number of questions (16) that cover a wide range of issues. The general focus of the questions relate to a consumer's sense of being treated with respect and being an active part of the process. Rather than discuss the results of each questions, some salient indicators are being highlighted. Hope is a key factor in recovery, and 79% of those surveyed say that staff believes they can grow, change and recover. 93% indicate that staff encourages them to do things that are meaningful to them.

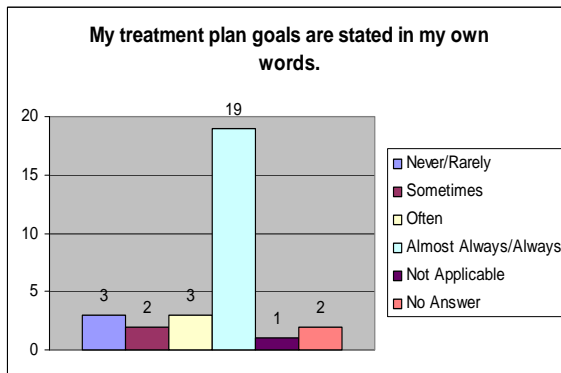
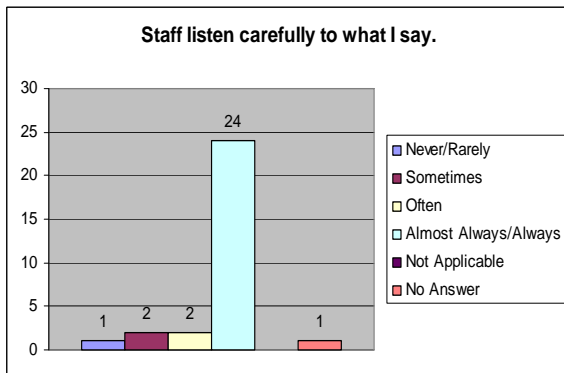
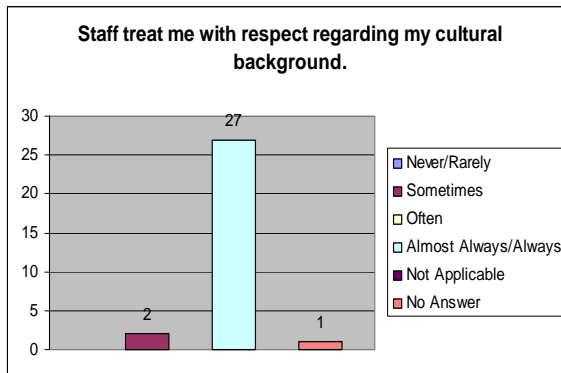
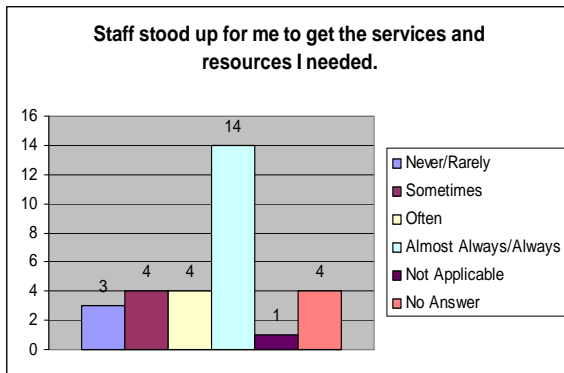
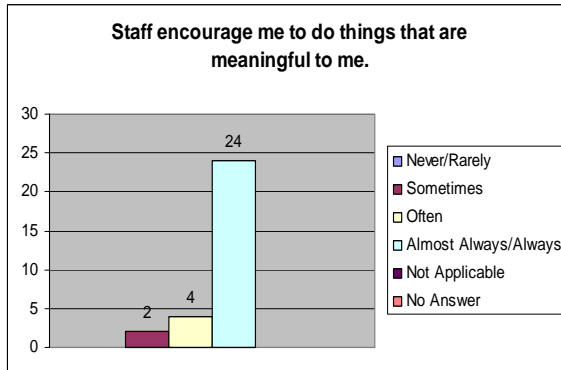
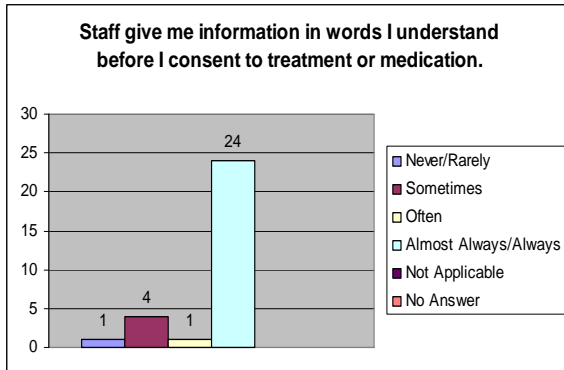
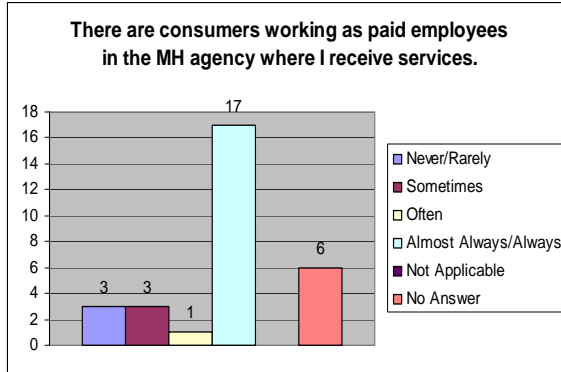
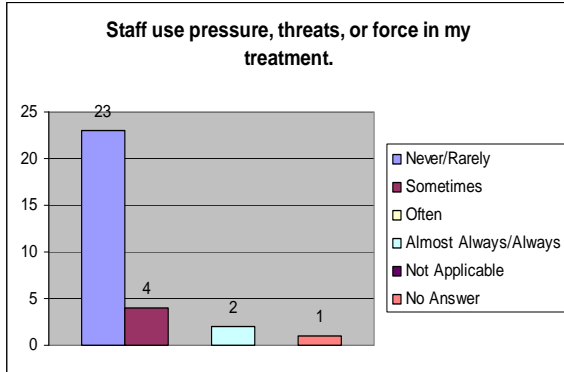
Regarding treatment and services, 83% of consumers believe that they are an equal partner in their treatment program, and 48% say they have a say in what happens to them when they are in crisis. 81% of those surveyed indicate that their treatment goals

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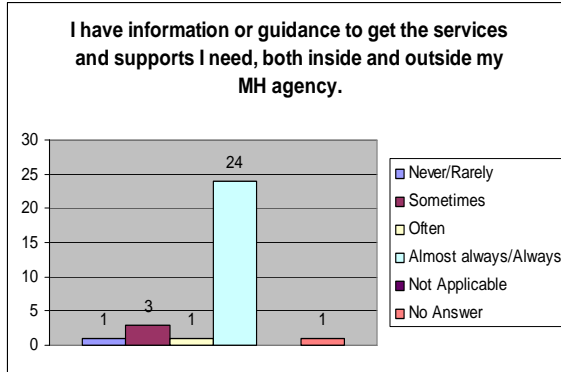
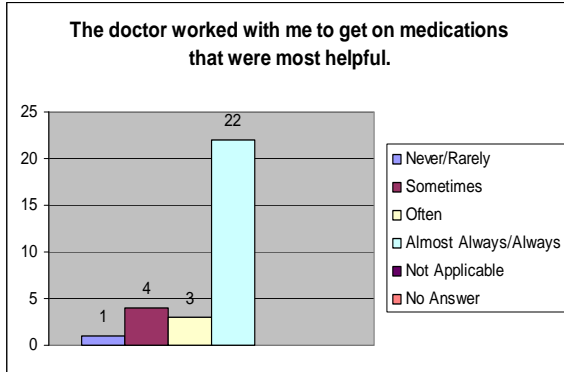
are stated in their own words, and 77% say they have sufficient information and resources to uphold basic client and human rights. 86% feel they have the information and guidance they need to get services and supports both inside and outside their MH agency. 75% say that there are consumers working as paid employees at the agency where they receive services.



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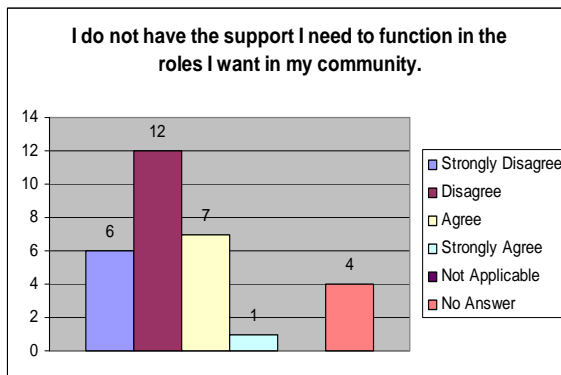


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Invalidated Personhood

The domain of Invalidated Personhood addresses some possible negative feelings or consequences that may occur while receiving services. 42% of consumers agree that they do not have enough good service options from which to choose, and 31% feel that they do not have the support to function in their community in the roles they want. 53% feel that staff does not understand their experience as a person with mental health problems, although 97% feel that staff respects them as a whole person. Regarding physical health concerns, 25% believe that mental health staff ignores their physical health. Lastly, of those surveyed (30%) feel that mental health services have made them more dependent.



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