

County \_\_\_\_\_

**RECOVERY ORIENTED SYSTEMS INDICATORS (ROSI) MEASURE: ADMINISTRATIVE DATA PROFILE**

The primary purpose of the ROSI Administrative Indicators is to implement a quality improvement process involving stakeholders in the review of recovery transformation efforts. The use of the ROSI Administrative tool is the result of planning done by CSP representatives in an attempt to meaningfully replace the “CSP Indicators” which were perceived by many stakeholders as cumbersome and not useful in the county planning process. As such, Community Support Program (CSP) committees should be utilized in engaging consumer/survivors, family members, and professionals (i.e. county, provider, BHMCO) in the QI process. CSP principles have been cross-walked with the indicators in the left column for each indicator page. Counties are expected to partner with Behavioral Health Managed Care Organizations (BHMCO) to collect the data related to the indicators.

For all indicators, counties should convene a review or “ROSI QM” panel, with primary representation of consumer/survivors, to evaluate the accuracy of responses to all questions. Counties may choose to utilize an already existing group or committee for this purpose; however, the link with local CSP is critical. If a committee of this nature does not exist, it is highly recommended that CSP committee representatives be engaged for this role. Copies of affirmative action hiring policies and provider recovery mission statements, confirmation that peer run programs meet the definition of “independent” as describe in Indicator 1, and any other information necessary to confirm accuracy, should be submitted to the panel for review and approval.

**Role of the Review Panel:**

1. Review data from the previous year
2. Validate current year data
3. Compare/evaluate current and previous data
4. Advise on recommendations through the CSP committee for county planning purposes

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

For Indicators numbered 1 and 21, one of the things we are looking for are strong programs that show evidence of the use of recovery principles in an interesting and innovative way. If you feel your program is innovative, please include a narrative regarding why you think it is a good program.

Draft Definition Revisions

County Indicators:	County to complete Indicators 1, 2, and 21
<p><b>Indicator 1: Independent Peer/Consumer Operated Programs</b></p> <hr/> <p><b>CSP Principles:  Consumer Centered Strengths Based Flexible</b></p>	<p>Is there is at least one independent peer/consumer operated program in your County?</p> <p>1a. Yes_____ No_____</p> <p><u>Definitions:</u>  <b>Independent Peer/Consumer Operated Program</b> is an organization where primary consumers and survivors form the majority of those in governance, management, and leadership (e.g., budget, policies, procedures, personnel decisions, etc.). The majority of staff who operates the program and delivers direct services consists of consumers/survivors.</p> <p>The following criteria must be met:</p> <ol style="list-style-type: none"> <li>1. Incorporated in Pennsylvania or 501c3</li> <li>2. The composition of the governing body is such that more than 51% of individuals identify as consumers/survivors</li> <li>3. The organization provides mental health services to mental health consumers/survivors.</li> </ol> <p>Organizations such as NAMI, clubhouses, scholarship funds, and psychiatric rehabilitation programs that are not governed and managed by consumers/survivors should not be counted.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p>*Programs that do not meet these criteria should not be reported here, but may be considered in the budget reporting in Indicator 2.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 2)	
County Indicators:	County to complete Indicators 1, 2, and 21
<p><b>Indicator 2: Peer/Consumer Delivered Service Funding</b></p> <hr/> <p><b>CSP Principle:</b></p> <p><b>Consumer Centered Strengths Based Flexible</b></p>	<p>What percent of county program funds are allocated for peer/consumer delivered services?</p> <p>2a. Numerator: For the reporting period, the amount of program funds in the county mental health budget allocated for peer/consumer delivered services: 2a. _____</p> <p>2b. Denominator: For the reporting period, the total amount of program funds in the county mental health budget: 2b. _____</p> <p>2c. Indicator: For the reporting period, the percentage of county program funds allocated for peer/consumer delivered services. (Numerator 2a. divided by denominator 2b.) 2c. _____ %</p> <p><u>Definitions:</u>  <b>Peer/Consumer Delivered Services</b> include (a) Independent Peer/Consumer Operated Programs as well as (b) programs that may be sponsored by an umbrella organization but are run and delivered by consumers/ survivors with a separate budget supported by the county. Examples include consumer drop-in centers, warmlines, consumer run businesses, Consumer/Family Satisfaction Teams, Certified Peer Specialist etc., (c) the cost of positions reserved for consumers/survivors to deliver mental health services/supports that are embedded in other programs. Examples include Recovery Educator, Peer Specialist within a clinical program, or professional position reserved for (can only be filled by) a primary consumer/survivor.</p> <p>Numerator: Program funds in the county mental health budget should include state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds for the above stated peer/consumer delivered services. You may include positions reserved for consumers to deliver peer service. Only the cost for the specific program or position should be counted. Funds for organizations such as NAMI, clubhouses, scholarships and any other programs that are not consumer-run should not be included.</p> <p>Denominator: The total amount of program funds in the county mental health budget should include all funds under the control of the county mental health program including state allocations, county funds, Medicaid match, HealthChoices funds, and reinvestment funds, excluding funding for children. You may include positions reserved for consumers to deliver peer services.</p>

<b>ROSI ADMINISTRATIVE DATA PROFILE (Page 3)</b>	
<b>County Indicators:</b>	<b>County to complete Indicators 1, 2, and 21</b>
<p><b>Indicator 21: Diversion from Criminal Justice System</b></p> <hr/> <p><b>CSP Principle:  Coordinated Strength Based Natural Supports</b></p>	<p>Does your County have a jail diversion program for adults?</p> <p style="text-align: right;">21a. Yes____ No_____</p> <p>If you feel your program(s) is innovative, please attach a brief description regarding why you think it is a good program.</p> <p>Definition: Jail Diversions are programs that divert individuals with mental illness from the criminal justice system to community-based services.</p> <p>Examples of such services include:</p> <ul style="list-style-type: none"> <li>• Off-hours access to mental health resources for law enforcement</li> <li>• Intervention at point of initial law enforcement contact</li> <li>• Intervention during initial detention and/or initial judicial involvement</li> <li>• Intervention through evaluation and treatment while incarcerated</li> <li>• Mental health service involvement in release planning</li> <li>• Community based, post incarceration, specialized support services to transition to treatment services in the community.</li> </ul>

Draft Definition Revisions

County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p><b>Indicator 5: Affirmative Action Hiring Policy</b></p> <hr/> <p><b>CSP Principle:</b></p> <p><b>Meet Special Needs Culturally Competent Flexible Accountable</b></p>	<p>Of those local mental health provider agencies responding to your survey, how many have an affirmative action hiring policy regarding primary consumers?</p> <p>5a. Numerator: The numbers of responding local mental health provider agencies that have an affirmative action hiring policy regarding primary consumers. 5a. _____</p> <p>5b. Denominator: The total number of responding local mental health provider agencies. 5b. _____</p> <p>5c. Indicator: The percentage of local mental health provider agencies responding that have an affirmative action hiring policy regarding primary consumers. (Numerator 5a. divided by denominator 5b.) 5c. _____%</p> <p><u>Definition:</u> Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p> <p>Affirmative action hiring policy regarding primary consumers/survivors means that an agency has a specific written policy and/or procedure that indicates that they actively recruit, hire and retain persons who are primary consumers/survivors. General affirmative action policies and policies that broadly mention persons with disabilities should not be counted. For agencies that provide broader social services which may include mental health, the policy of the specific mental health program may be reviewed separately.</p> <p>Primary Consumer/Survivor: A person, who in the past received or presently is receiving mental health services and/or mental health self-help supports.</p> <p><b>*Agencies that provide cross county mental health/co-occurring service should count only the policy/procedure of the program in the reporting county.</b></p>

<b>ROSI ADMINISTRATIVE DATA PROFILE (Page 4)</b>	
<b>County Indicators:</b>	<b>County to complete Indicators 5, 9, and 14 by surveying its Providers</b>
<p><b>Indicator 9: Local Agency Recovery Oriented Mission Statement</b></p> <hr/> <p><b>CSP Principle: Consumer Centered Accountable Culturally Competent</b></p>	<p>Of those local mental health provider agencies who responded to your survey, how many have a mission statement which explicitly includes a recovery orientation?</p> <p>9a. Numerator: The number of local mental health provider agencies responding whose mission statement includes a recovery orientation. 9a. _____</p> <p>9b. Denominator: The total number of responding local mental health provider agencies. 9b. _____</p> <p>9c. Indicator: The percentage of local mental health provider agencies responding whose mission statement explicitly includes a recovery orientation. (Numerator 9a. divided by denominator 9b.) 9c. _____%</p> <p><b>Definition:</b> Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p> <p><b>Recovery Oriented Mission Statement:</b> Includes language that reflects recovery and cultural competence, referencing CSP principles of the Recovery Wheel or language utilized within A Call for Change. Guidelines issued by OMHSAS for assessing mission statements for a recovery focus, national guidelines, or other standards should be used by a local committee to evaluate conformance with this indicator. For agencies that provide broader social services, the program description of the specific mental health service may be considered for this review. The word recovery does not have to be used, but language that reflects recovery should be evident.</p>

ROSI ADMINISTRATIVE DATA PROFILE (Page 5)	
County Indicators:	County to complete Indicators 5, 9, and 14 by surveying its Providers
<p><b>Indicator 14: Consumer Representation on Local Boards</b></p> <hr/> <p><b>CSP Indicators: Consumer Controlled Accountable Culturally Competent Meet Special Needs</b></p>	<p>Of those local mental health provider agencies who responded to your survey, how many disclosed primary consumers (unduplicated) serve on their governing boards?</p> <p>14a. Numerator: For the reporting period, the number of disclosed primary consumers (unduplicated) who serve on governing boards of responding local mental health provider agencies. 14a. _____</p> <p>14b. Denominator: For the reporting period, the total number of governing board members (unduplicated) of responding local mental health provider agencies. 14b. _____</p> <p>14c. Indicator: For the reporting period, the percentage of governing board membership that are primary disclosed consumers of responding local mental health provider agencies. (Numerator 14a. divided by denominator 14b.) 14c. _____%</p> <p><u>Definitions:</u>  <b>A disclosed primary consumer/survivor</b> is a person who is open about having received or presently receiving mental health services and/or mental health self-help supports.</p> <p>Denominator- total number of governing board members: This should include the total number of <i>Individuals</i> serving on governing boards across the mental health provider agencies; not the total number of boards. Only include boards that are specifically referenced in the By-laws for the agency.</p> <p>Local mental health provider agency- includes free standing mental health or co-occurring providers as well as agencies that provide mental health and co-occurring services under the umbrella of a larger cross-disability or social service agency to persons 18 years of age or older. Agencies receiving County or HealthChoices funding should be included in the survey for this indicator.</p>

## Draft Definition Revisions

### ROSI Revision Workgroup Recommendations

Emphasis on Quality Improvement process

Incentives for the process: Year 1 – Upfront incentive for the process

Year 2 – Incentive for Improvement

County partners with BHMCO to collect data