

RECOVERY ORIENTED SYSTEMS INDICATORS MEASURE (ROSI)

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Permission to use:

The ROSI will be in the public domain. Permission is recommended but not required for use of the instrument. Fees associated with the instrument will include any needed or requested technical assistance or training.

Excerpted from the ROSI Research Team's 2005 handout entitled *Piloting the Recovery Oriented System Indicators (ROSI) Administrative Data Profile and Consumer Self-Report Survey*. Please note additional use guidelines in the ROSI instrument description section

USING THE ROSI

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

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

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

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

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

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

GUIDELINES FOR THE ROSI

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

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

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

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

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

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

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

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

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

If you have questions, please contact the Research Team through either Steven Onken <so280@columbia.edu> or Jeanne Dumont <jdumont@lightlink.com>. Thank you!

RECOVERY ORIENTED SYSTEM INDICATORS (ROSI) PROCESS FORM

Administering Entity: _____

Address: _____

1. ROSI measures completed:

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

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

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

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

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

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

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

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

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

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

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

Thank you!

Recovery Oriented System Indicators (ROSI) Consumer Survey

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Your level of education is: (Check the highest level you reached or currently are in.)
- a. Less than High School c. College/Technical Training e. Other: _____
b. High School/GED d. Graduate School
5. How long have you been receiving mental health services?
- a. Less than 1 year c. 3 to 5 years
b. 1 to 2 years d. More than 5 years
6. Which services have you used in the past six months? (Check all that apply.)
- a. Counseling/Psychotherapy e. Assertive Community Treatment (ACT) i. Case Management
b. Housing/Residential Services f. Psychosocial Rehabilitation j. Clubhouse
c. Medication Management g. Employment/Vocational Services k. Other: _____
d. Self-help/Consumer Run Service h. Alcohol/ Drug Abuse Treatment

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

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

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

8. What type of place do you live in?

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

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

- a. Yes
- b. No

ROSI Administrative-Data Profile: Authority Characteristics

Authority: _____ Date _____

1. What is your organization's legal structure?

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

2. Geographic Location:

Country: _____
State/ Province: _____

3. What geographic area do you cover?

4. Geographic Setting (check all that apply):

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

5. How many providers of mental health services are in your network (unduplicated)?

6. How many providers of mental health services are in your network provided data for this ROSI Administrative-Data Profile?

7. What populations do you serve? (Check all that apply.)

- a. Children General Mental Health
b. Adult General Mental Health
c. Elderly General Mental Health
d. Children Serious Emotional Disorder
e. Adult Serious Mental Illness
f. Elderly Serious Mental Illness
g. Children Substance Abuse
h. Adult Substance Abuse
i. Other: _____

ROSI Administrative-Data Profile: Mental Health Provider Characteristics

Provider Organization _____

Date _____

1. What is your organization's legal structure?

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

2. Geographic Location:

Country: _____

State/Province: _____

County: _____

3. Geographic Setting (check all that apply):

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

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

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

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

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

Recovery Oriented System Indicators (ROSI) Administrative-Data Profile

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

Authority Measure 1: The percentage 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 in our community. (Yes/No)

Performance Indicator: Peer/Consumer Operated Services Funding

Authority Measure 2: The percentage 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 percentage 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.

Performance Indicator: Consumer Employment in 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 percentage of local mental health provider agencies that 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 percentage 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)

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

Performance Indicator: Direct Care Staff to Client Ratio

Authority Measure 7: The ratio of direct care staff to clients in 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 7: The ratio of direct care staff to clients in 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 8: The state mental health authority's mission statement explicitly includes a recovery orientation. (Yes/No).

Authority Measure 9: The percentage 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 9: Our agency's mission statement explicitly includes a recovery orientation. (Yes/No)

Performance Indicator: Consumer Involvement in Provider Contract Development

Authority Measure 10: The percentage 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 11: The percentage 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 12: The percentage 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 13: The percentage of state mental health authority planning council members who 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.

Authority Measure 14: The percentage 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 14: The percentage 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.

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

Performance Indicator: Involuntary Inpatient Commitments

Authority Measure 15: The percentage 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 15: The percentage 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 16: The percentage 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.

MHSIP's Indicators on Seclusion

Authority Measure 17: Hours of seclusion as a percentage 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: Percentage 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 Indicators on Restraints

Authority Measure 19: Hours of restraint as a percentage 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: Percentage 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 percentage 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: Jail diversion services are available in our community for mental health consumers. (Yes/No)

MHSIP's Proposed Indicator on Reduced Substance Abuse Impairment

Add Authority Measure 22: The percentage 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: Integrated substance abuse and mental health services are available in our community for mental health consumers. (Yes/No)

Performance Indicator: Trauma Service Provision

Authority Measure 23: The percentage 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 23: Trauma services are available in our community for mental health consumers. (Yes/No)