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**Appendix K:  
ROSI Pilot Information,  
Guidelines and Process Form**

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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 a de-identified 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 as necessary.

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 data base 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 data base 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” and 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 participants’ 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. If the measure is administered by mail or internet, please provide such support through a toll free number.

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.

The Research Team is developing a set of definitions for the terms used in the 23 indicators of the ROSI administrative data profile. For example, we are defining what we mean by “Independent Peer/Consumer Operated Programs” in indicator #1. You will need to review these as some terms may need to be tailored to your specific mental health service delivery system. You must, however, document any deviations from the given definitions to be able to more accurately compare indicators over time or across systems.

It is very important that you 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!

