

The Recovery Initiative At The Mental Health Center Of Denver: New Developments And Challenges In The Path Toward Strengths- Based, Recovery Focused Organizations

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18th Annual Conference On State Mental Health Agency Services Research, Program Evaluation and Policy

Arlington, VA

February 2008

Overview

- Overview of MHCD
- Development of a strategy to approach Recovery
- Recovery measures used at MHCD
- How we use them
- Recovery Awareness Initiative (Reaching Recovery)
- Next Steps

Overview of MHCD

- Mandate to serve the most ill—diagnostics of Schizophrenia, Bipolar, Major Depression
- MHCD Adult Services
 - High and Medium intensity ACT-like models
 - Outpatient Services
 - Psychiatric Rehabilitation—Supported Education and Supported Employment
 - Serves 3,000 adults any point in time.
 - Turns away 2 for every 1 accepted.
- Initial Recovery Conference
- Creation of recovery committee

Why Evaluate Recovery?

- The Surgeon General Report on Mental Health (DHHS, 1999), and Presidents New Freedom Commission (DHHS, 2003) suggested mental health providers engage in system transformation to become more recovery oriented.
- At MHCD, we believe that evaluation is a critical component of system change.
 - We have a constant feedback loop about client's recovery for clinicians, managers and directors, thereby providing data to assist in system transformation.

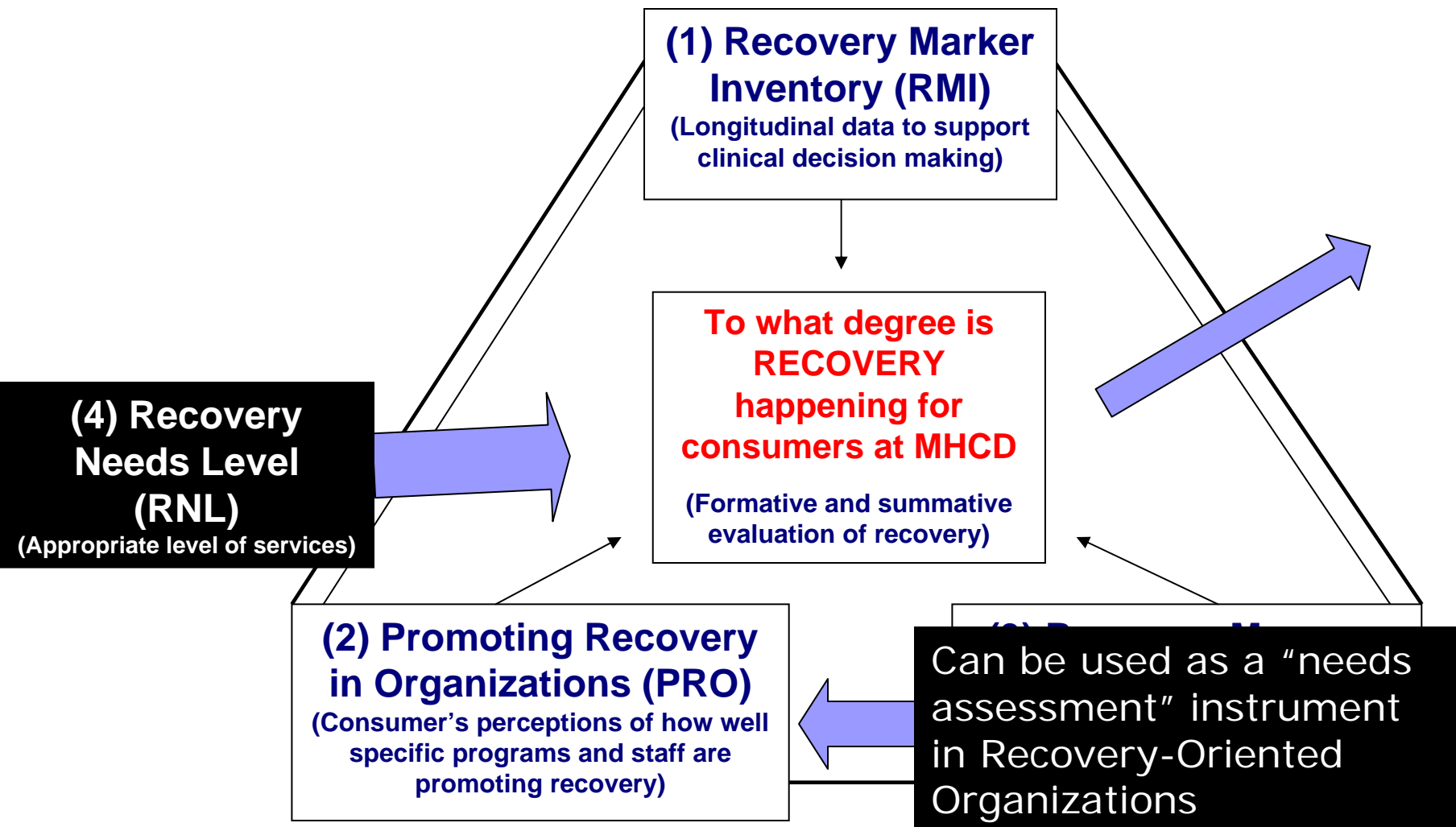
Recovery measures at MHCD

- **How do we measure Recovery?**
- We found Several instruments but no one fit our logic model
 - Recovery is a Multidimensional construct
 - Recovery means different things for different people
 - Consumers, Clinicians, Managers, other Stakeholders

Recovery in adults

- Recovery Needs Level (RNL)
- Recovery Markers Inventory (RMI)
- Recovery Measure by Consumer (RMC)
- Promoting Recovery in Organizations (PRO)
- “Connecting the dots” between RMI and RMC

Four Measures of Recovery





Recovery Needs Level

Recovery Needs Level

- Helps to assign the right level of service to the consumers
- The basic assumption being that consumers recover and their needs change over time.
- Used at MHCD every 6 months in combination with their Individual Service Plan (ISP)

Recovery Needs Level

- Measures criteria for service needs in 15 areas such as:
 - GAF
 - Hospitalizations
 - Lethality
 - Co-Occurring Substance Abuse
 - Case Management Needs

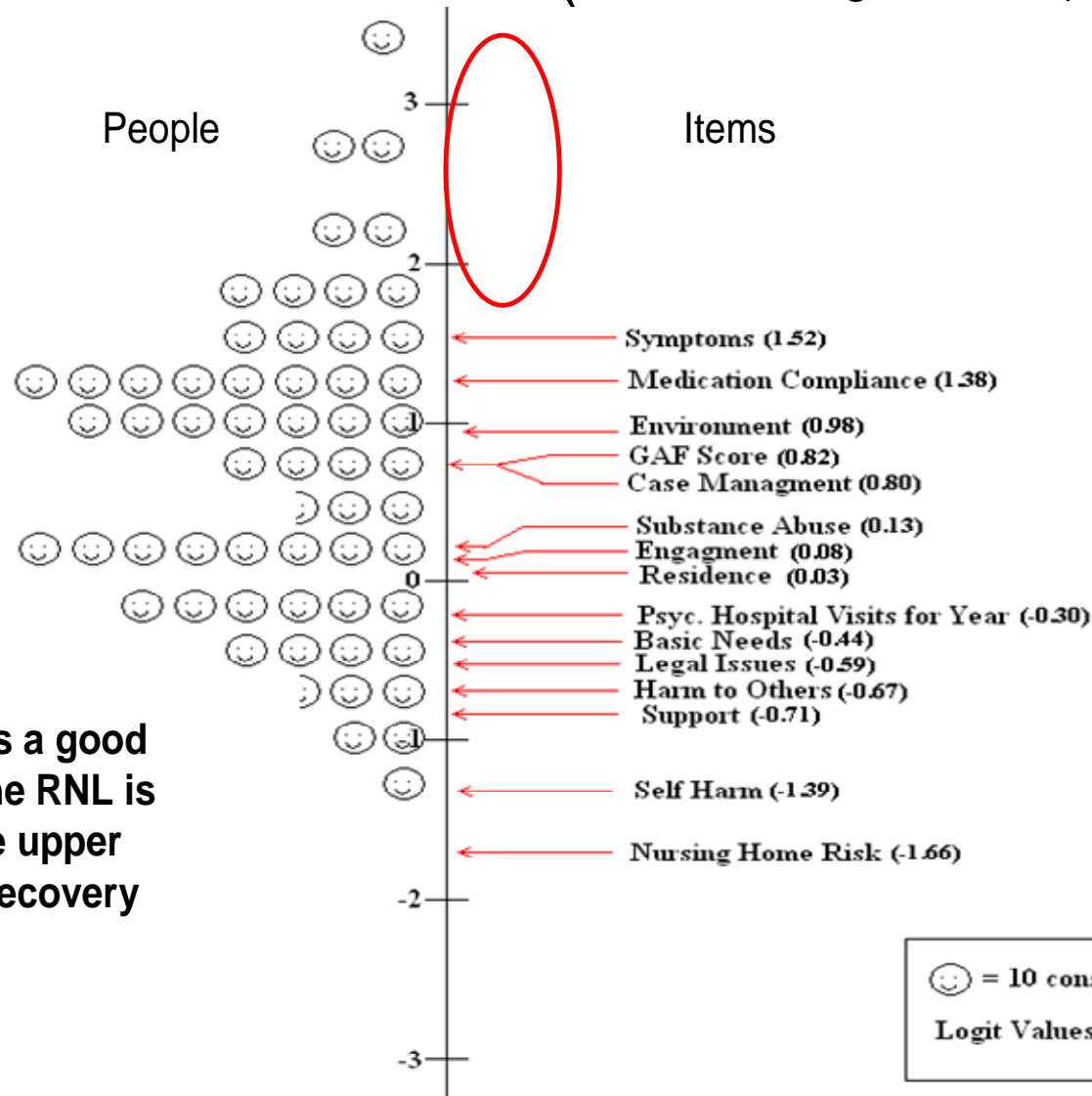
Recovery Needs Level

- Completed by Primary Clinician in Electronic Record
- Scored Electronically According to Algorithm
- Four Levels of Service:
 - High intensity case management with Residential services
 - High intensity case management
 - Medium intensity case management
 - Outpatient service

Reliability of the RNL

- **Reliability**- how consistently we will get the same score for individuals with the same level of indicators of recovery (we want high reliability, meaning high constancy in scoring).
 - IRT reliability: **Person = .75**
 - CTT reliability = **.78**
- Currently expanding range to assess a wider spectrum of care

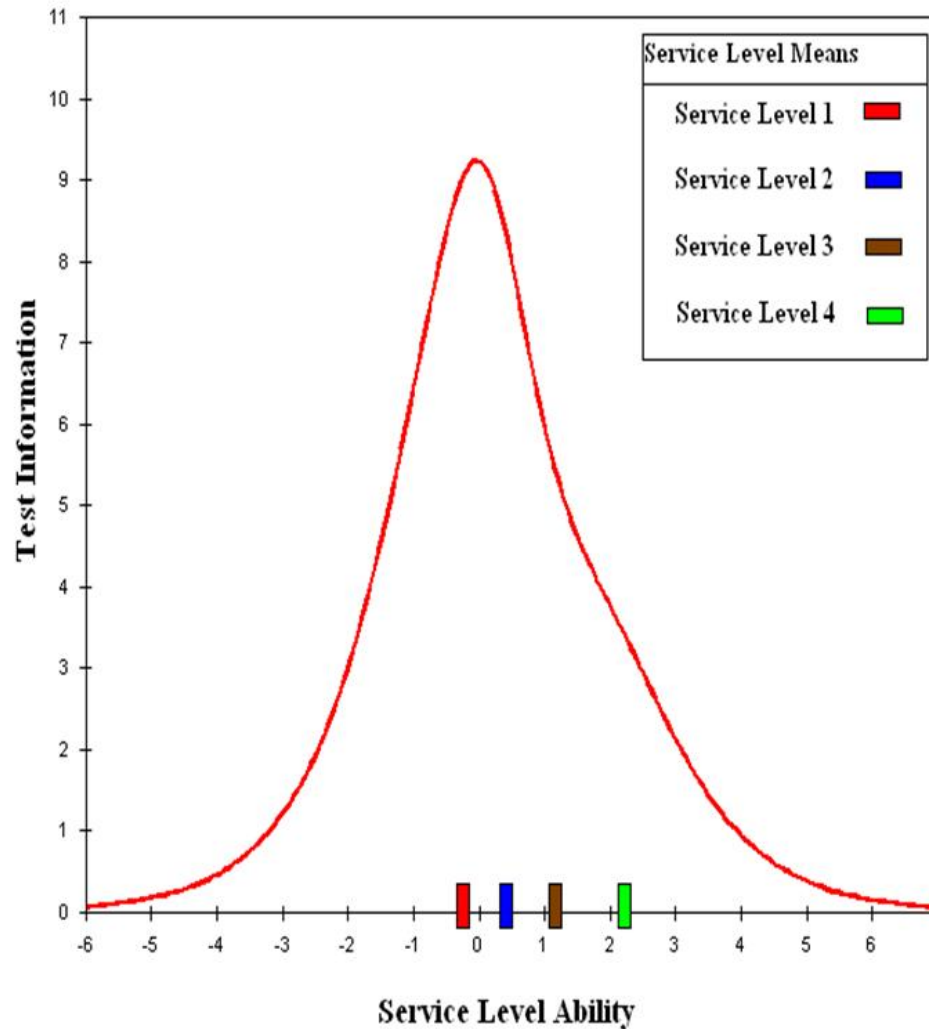
IRT Discrimination (aka Ordering of Items)



Overall, this is a good spread, but the RNL is not hitting the upper spectrum of recovery

*These are mean “difficulties” of items as a whole, the responses are more spread.

Test Information Function



The lowest error of measurement (a.k.a. highest Test Information) are found for Service Levels 1 and 2.



Recovery Marker Inventory

Recovery Marker Inventory

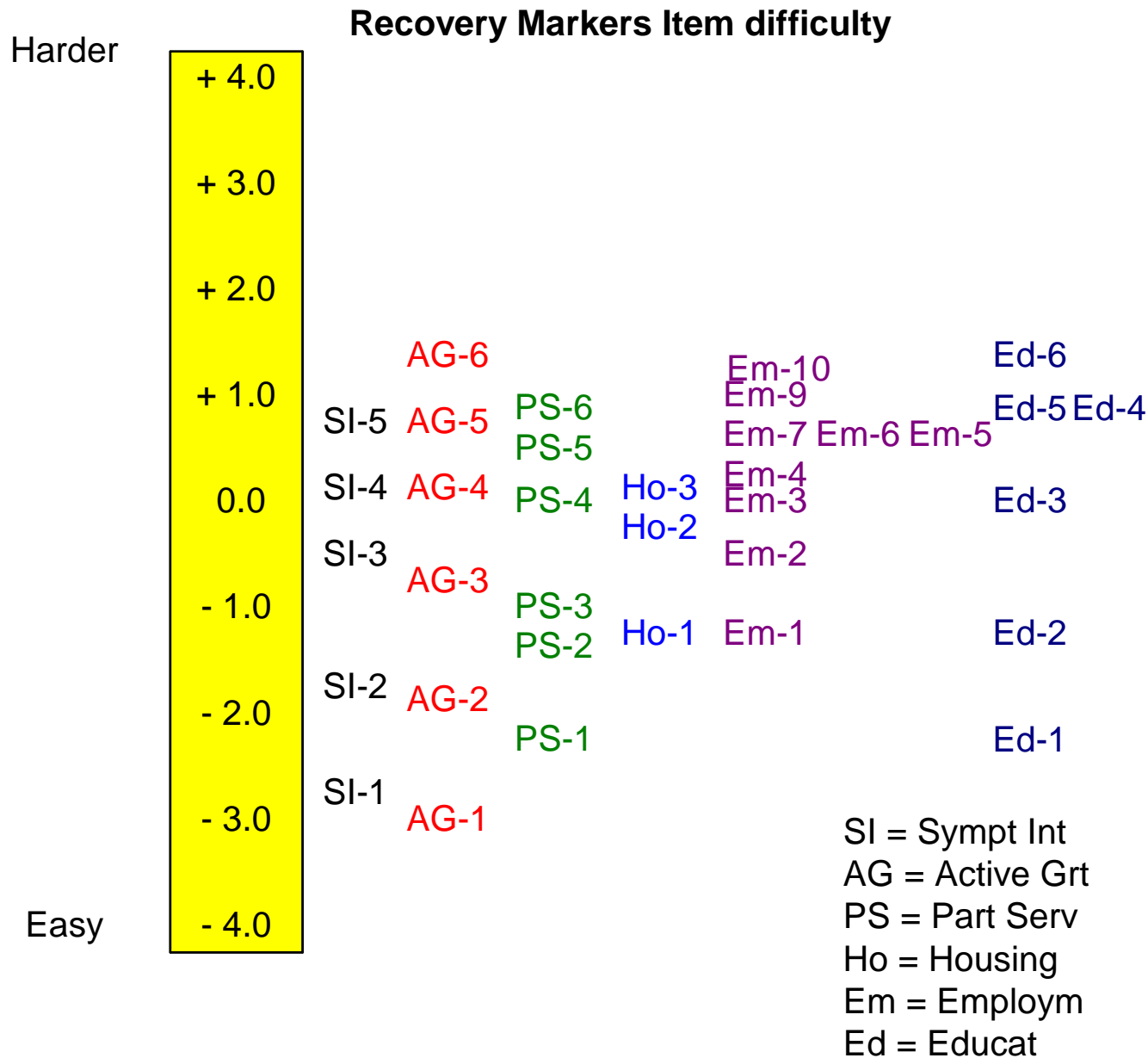
- Indicators usually associated with individual's recovery
 - But they are **not necessary** for Recovery. For example, a person may struggle to find a job because of their level of Recovery **OR** because the economy is bad
- Collected every other month on every consumer in high case management teams, according to a predetermined criterion on outpatient consumers

Recovery Marker Inventory Dimensions

- Employment
- Education/training,
- Active/Growth orientation,
- Symptom interference,
- Engagement/role with service provider,
- Housing,
- Jail episodes/days, Hospital episodes/days due to psychiatric reasons, Hospital episodes/days due to physical reasons,
- Substance abuse (level of use)
- Substance abuse (stages of change).

Reliability of the RMI V2.1

- **Reliability**- how consistently we will get the same score for individuals with the same level of indicators of recovery (we want high reliability, meaning high constancy in scoring).
 - Mathematically, it is hard to get a high reliability with only 6 items.
 - RM V1.0 has a CTT reliability of .67
- IRT reliability: **Person = .75, Item = 1.00**
- CTT reliability = **.78**



Item difficulty for the Recovery Marker Inventory V2.1



- The easiest marker is reduction in **symptom interference**. In traditional treatment this will be primary goal.
- As the markers increase in difficulty that means that the number of consumers that get a high score in this marker decreases,
 - For example, if a consumer has a high score in engagement/participation, they will also have a high score in active growth and symptom interference because these markers are easier to achieve for our consumers.
- The hardest marker of recovery for our consumers to achieve is **education**. This means that most consumers who score high on education will score high on all other markers of recovery.

Validity of the RMI

- Construct validity (provided by IRT)
- Concurrent validity- correlations with other outcomes instruments used in Colorado
 - Colorado Client Assessment Record (CCAR)
 - Global Assessment Function (GAF)
- For a subset, Recovery Enhancement Environment (REE; Ridgway, 2003) data

Validity of the RMI

- $r(\text{GAF-RMI}) = 0.298^*$
- $r(\text{CCAR LOF-RMI}) = -0.397^*$
- $r(\text{CCAR Empowerment-RMI}) = -0.312^*$
- $r(\text{CCAR Hope-RMI}) = -0.250^*$
- $r(\text{CCAR Recovery-RMI}) = -0.363^*$

* $n = 2761, p < 0.01$

Reaching Recovery



Mentor—Measure—Motivate

Recovery Measure by Consumer

Recovery Measure by Consumer

- Intended to measure the consumer's perception of their Recovery
 - Very useful to understand whether what we observe matches how the consumer is feeling
 - For example, a person may stay at home because they have an introverted personality, **OR** because they might have paranoia symptoms
 - Sometimes, the consumer fills it out with the help of the clinician, thus sparking new areas to explore together

Recovery Measure by Consumer Dimensions

- Active/growth orientation
- Hope
- Symptom's interference
- Safety
- Social network

Reliability of RMC V3.0

- **Reliability**- how consistently we will get the same score for individuals with the same level of indicators of recovery (we want high reliability, meaning high constancy in scoring).
 - CRM V1.0 had a CTT reliability of 0.65
 - CRM V2.0 had an IRT person reliability of 0.67
- CRM V3.0 has an IRT reliability: **Person = 0.83, Item = 0.96**
- CRM V3.0 has a **CTT reliability = 0.86**

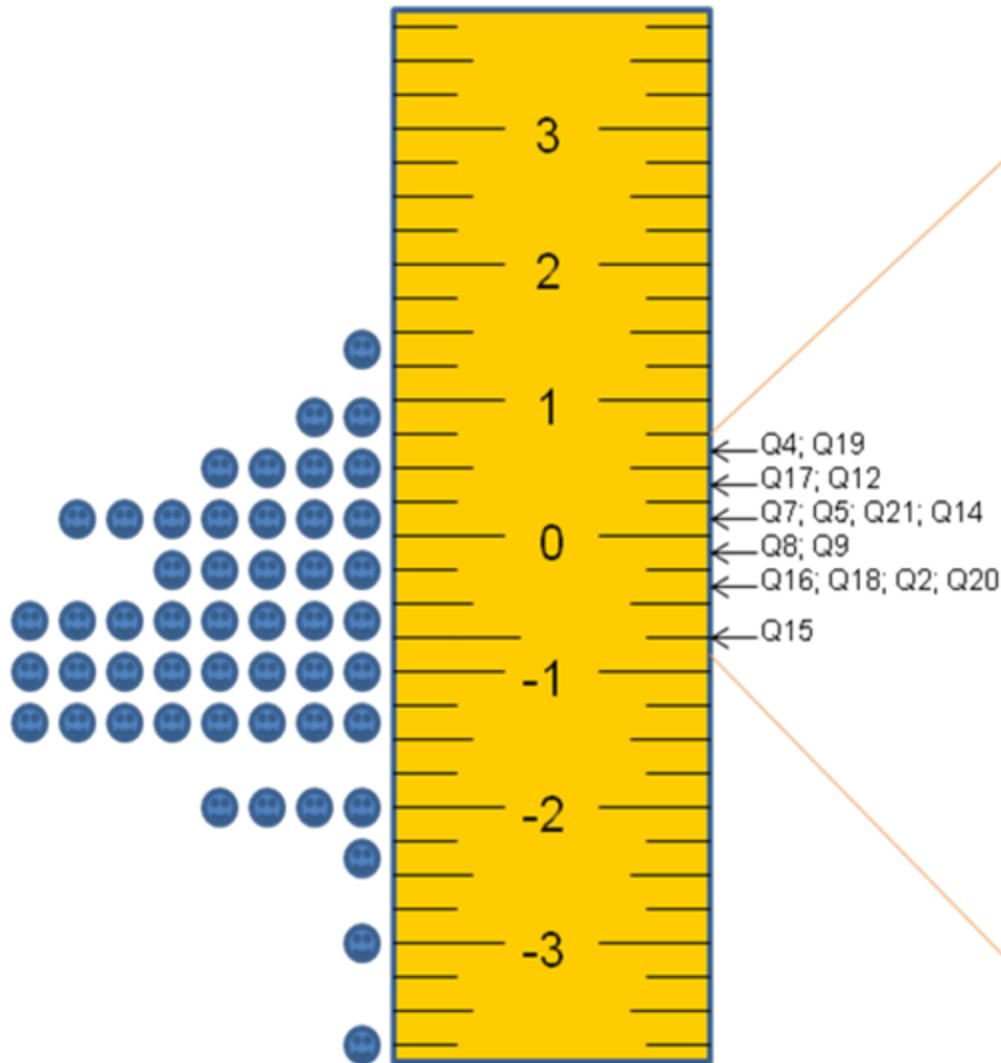
Order of Difficulty in RMC V3.0



- The easiest domain is **reduction in Symptom interference**, (this was also our lowest indicator in the RMI).
- As the domains increase in difficulty (move to the right), the number of consumers that get a high score decreases,
 - For example, if a consumer has a high score in **Hope** they will also have high scores in **Active growth** and **Symptom interference** because our consumers get higher scores in these items.
- The hardest domain to achieve is **Social networks**. This means that consumers who score high on **Social networks** will score high on all other domains of recovery.

Consumer Recovery Ability Scores

Item Difficulty



Question	Average Item Difficulty	Hypothesized Type of Questions
Q4	.64	Hope
Q19	.63	Social Network
Q17	.31	Social Network
Q12	.28	Social Network
Q7	.13	Hope
Q5	.12	Active Growth
Q21	.05	Symptom
Q14	.02	Safety
Q8	-.05	Hope
Q9	-.10	Active Growth
Q16	-.23	Safety
Q18	-.31	Symptom
Q2	-.33	Active Growth
Q20	-.42	Symptom
Q15	-.74	Symptom

● = 10 consumers

Promoting Recovery in Mental Health Organizations

Recovery Enhancement Environment

- Developed by Patricia Ridgeway
- People rate the importance of several elements (such as hope, sense of meaning, and wellness) to their personal recovery, and rate the performance of their mental health program on three activities associated with each of these elements.
- They also rate the program on factors in the program climate that promote resilience or rebound from adversity

Promoting Recovery in MH Organizations (PRO)

- Developed by MHCD to address our special needs
- Sections for each type of staff that interacts with our consumers (front-desk clinical, medical, case managers, rehabilitation)
- Currently is being piloted at MHCD

How MHCD uses this information for Quality Improvement

How to use these Outcomes?

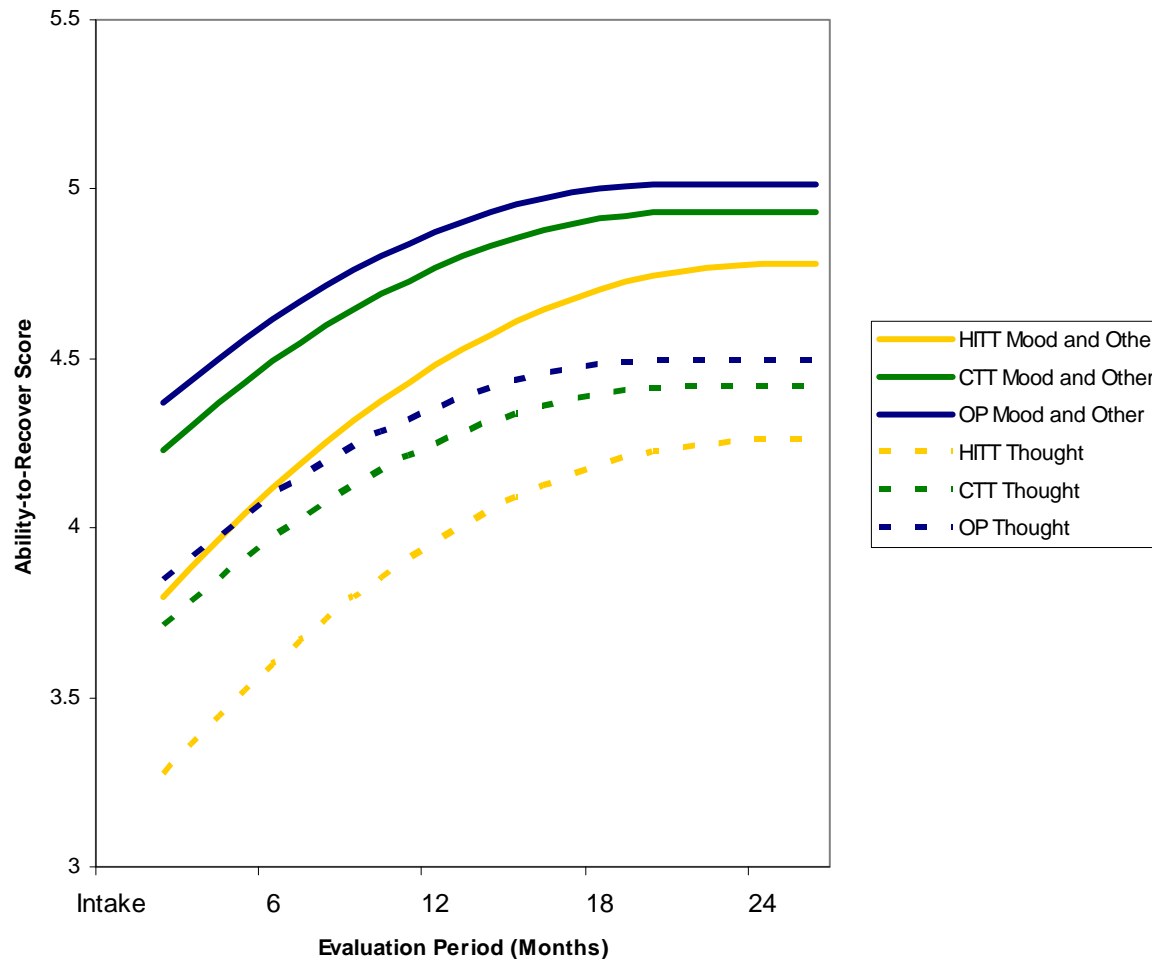
- Any outcome can be used to try to answer whether groups are different, but will not do anything for improving the center's quality
- Certainly, it does not answer how to help consumers recover

A critical outcome is Consumer change

- Use of some technique that will allow us to explore how consumers are changing. But also to ask questions like:
 - What characteristics of the team/clinician have an effect on the individual?
 - Do some consumers benefit more from some program characteristics than others?
 - What are the team effects on specific consumers based on gender, ethnicity, substance abuse level, etc.

Changes in Recovery Markers Inventory based on Diagnosis

Estimated Changes in Recovery Marker Scores Over Time



Jail Markers

10-months post
 Admission
 (Jail Episode at Admission)

	Outpatient		CTT		HITT	
	#	%	#	%	#	%
No Jail Episode(s)	3/5	60%	7/9	78%	20/32	63%
Additional Jail Episode(s)	2/5	40%	2/9	22%	12/32	37%
Jail at Admission	9		9		63	

Hospital (Psychiatric) Markers

10 Months Post Admission
 (Hospitalization Episode at Admission)

	Outpatient		CTT		HITT	
	#	%	#	%	#	%
No Hospital Episode(s)	24/26	92%	14/15	93%	52/68	77%
Additional Hospital Episode(s)	2/26	8%	1/15	7%	16/68	23%
Hospital at Admission	70		16		135	

Hospital (Physical) Markers

10 Months Post Admission
 (Hospitalization Episode at Admission)

	Outpatient		CTT		HITT	
	#	%	#	%	#	%
No Hospital Episode(s)	3/4	75%	5/5	100%	14/16	88%
Additional Hospital Episode(s)	1/4	25%	0/5	0%	2/16	12%
Hospital at Admission	22		5		23	

Example using recent intakes*

- Compared to their situation at intake, 36.6% of the consumers had an improvement in their employment situation 1 year later
- Compared to their situation at intake, almost half of the consumers (47.6%) had an improvement in their active growth/ orientation 1 year later
- Compared to their situation at intake, 37% had an improvement in their symptoms 1 year later

*based on 44 new intakes

Examples of reports used at MHCD



Recovery Awareness Initiative

Reaching Recovery



Mentor—Measure—Motivate

Next Steps

Recovery/Resiliency instruments for Children

American Evaluation
Association Conference, 2007

Recovery and Resilience in Children's Mental Health: Views from the Field (Friesen, 2007)

- “How does mental health recovery apply to children?”
- Compared and contrasted recovery (defined by the literature), resiliency and systems of care for children
- Method:
 - Phone interview with professionals
 - Two day meeting of ‘experts’
 - Two open discussions at the Federal Families annual meeting (in 2004)
- Selected Findings:
 - Use of terms recovery & resiliency in conjunction
 - Recovery applied to the entire family/caregivers
 - Mental health is a broad area of services
 - Account for developmental differences

Recommendations from Friesen, 2007, p43

1. **“Continue the examination of relationship between recovery, resiliency and systems of care principles.”**
2. Frame deliberation regarding recovery within a public health perspective- looking at how prevention and early intervention are related concepts
3. **Apply the phrase “resilience and recovery,” not just “recovery”**
4. **“Outcomes of mental health services should be defined by youth and families, and systems should be held accountable for progress toward these outcomes.”**
5. Revise financial mechanisms to support concepts
6. “Administration and financial support for peer to peer (youth and family) programs is crucial”
7. **“Additional input should be sought, especially from youth and families”**

METHODOLOGY

- We are conducting a qualitative evaluation to determine at MHCD how do the concepts of recovery, resiliency and system of care relate to one another for youth and their families?
- The specific type of qualitative investigation is a constructivist *grounded theory study* (Charmaz, 2006),
 - interaction between the participants and the concepts of recovery, resiliency and systems of care results in knowledge for evaluation.
- **For more information:** DeRoche, K., Gosselin, E., Olmos, P.A., Rhodes, R. (November, 2007). *The Process of Mental Health Recovery/Resiliency in Children and Adolescents*. Paper presented at 21st Annual Meeting of the American Evaluation Association Conference. Baltimore, MD
<http://www.outcomesmhcd.com/pubs/publications.htm>

Reaching Recovery



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For more
information:

<http://www.outcomesmhcd.com/>

<http://www.mhcdecovery.org/>

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