

## Short-Term Outcomes: Recovery After Three Months of Services

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The presentation will focus on mental health outcomes observed among North Carolinians 18 years and older three months after their enrollment in the public service delivery system and the factors that are associated with variations in outcomes based on information collected through the state's web-based program and outcomes tracking system. Through the North Carolina Treatment and Outcomes Program Performance System (NC TOPPS) clinicians collect information by interviewing clients or their guardians at intake, at three months, at six months, at one year and annually thereafter as long as the consumer is still receiving services. Interviews are also conducted at discharge. NCTOPPS is designed to be eventually administered to all individuals served by the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DMH/DD/SAS) and is currently implemented for all consumers of its mental health and/or substance abuse services.

In October 2004, the Division began the process of incorporating mental health measures into its existing program and outcomes tracking system for substance abuse. After extensive reviews of measures by Division staff, clinicians, consumers or their guardians, and other stakeholders, NC TOPPS instruments for adults, youth (12-17 years of age) and children (6-11 years old) were designed and data collection using the new instruments commenced in July 1, 2005. By June 30, 2006, 14,459 matched initial and update interviews of individuals who were receiving any mental health service in the relevant period were available for analyses.

About 61 percent of the sample are female; 60 percent are white; most (29%) are in the 41-50 years old age range. The major diagnoses at intake were major depression (43%), schizophrenia (31%), bipolar disorder (18%), and anxiety disorder (15%). Seven percent were diagnosed with alcohol dependence while nine percent were considered to have drug-dependence.

Outcomes tended to be positive three months after enrollment in the service delivery system. Improvements were observed in the following measures severity of mental health symptoms, quality of life, and in functioning at work, school, or other daily activities. The proportion of respondents who reported their mental health symptoms to be severe or extremely severe dropped from 32 percent in the month prior to intake to 15 percent in the month prior to the third month interview. Fewer respondents (50%) rated their quality of life as "fair" or "poor" at three months as compared to intake (66%). The proportion of respondents who reported that their problems interfered with

their work, school, or other daily activities more than a few times decreased from 42 percent at intake to 32 percent at three months. Improvements were also observed in the reductions of suicidal thoughts, the number of homeless consumers, and arrests.

Improvements appeared to be associated with mental health services, relationships, and participation in positive activities. The presentation will include the results of regression analyses that will match NC TOPPS data with services data from the Division's Integrated Payment and Reporting System.