

# The Recovery Implementation Initiative at the Mental Health Center of Denver

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## Lessons Learned by a Recovery Oriented Community Mental Health Center

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# Overview



## ⌘ Overview of MHCD

- ☑ Development of the Recovery Committee at MHCD

## ⌘ Development of a strategy to approach Recovery

## ⌘ Recovery measures used at MHCD

- ☑ How we use them

## ⌘ Next steps

# *Overview of MHCD*



## *⌘ MHCD Adult Services*

- \* Goebel Services ACT model*
- \* Outpatient teams*
- \* Rehabilitation Services*

## *⌘ Initial Recovery Conference*

## *⌘ Creation of recovery committee*

# Development of a strategy to approach Recovery

⌘ Becoming a Recovery-Oriented institution is overwhelming

☑ Search for some strategy to help us break the problem into manageable pieces

⌘ Use of theory of Action (Logic Models) as a tool to approach Recovery

☑ Provide a backbone that we can use to develop Activities and Outcomes

# Conceptual Framework



- ⌘ Literature review

- ⌘ Early focus groups

- ⌘ Definition of Recovery

- ☑ Recovery is a process of self-directed healing and transformation. (working definition)

- ☑ Recovery is a non-linear process of growth by which people move from lower to higher levels of fulfillment in the areas of sense of safety, hope, symptom management, satisfaction with social networks, and active/growth orientation. (operational)

# 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

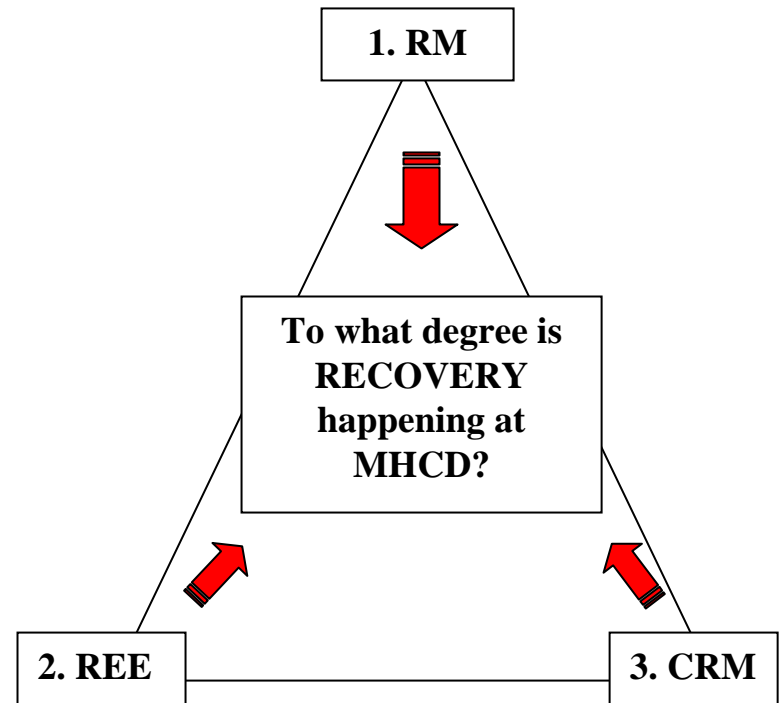
# Triangulation of measures

## ⌘ Our measures:

⊞ **Recovery Markers:**  
longitudinal data to support clinical decision making

⊞ **Recovery Enhancing Environment:**  
Environment conducive to Recovery (Report card)

⊞ **Consumer Recovery Measure:** Consumer's perception of their Recovery



# Recovery markers

- ⌘ 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 Markers 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).



# Sample of Recovery Markers Reports Including Pivot Tables

# Consumer Recovery Measure

⌘ 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

# Consumer Recovery Measure Dimensions



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



# Sample of Consumer Recovery Measure

# 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

# Dimensions in the REE



- ⌘ Recovery Performance Indicators (24 subscales)
- ⌘ Special Needs
- ⌘ Organizational Climate (resiliency enhancing factors)

# Recovery Enhancement Environment at MHCD

- ⌘ We are currently implementing the use of this measure
  - ☑ Random sample of consumers to be asked every year to fill out the instrument
  - ☑ Use of our *Survey team* (group of consumers trained in survey methodology) to interview the consumers in the sample

# How are we using some of these outcomes at MHCD

⌘ The clinician and team reports have proven more useful for management decisions

☑ For example, average scores for different clinicians may provide an insight into the volume of severity within a particular caseload.

☑ Or it can hint into the clinician's level of effectiveness.




⌘ Provides some insight into the clinician's frame of mind regarding some markers

☑ E.g., capacity of a consumer to go back to work, or go to school

⌘ Also, helpful for “outlier” detection

☑ Brainstorm about why consumers A, B, C seem to be doing very well, and what can be done to help consumers X, Y and Z to a higher level of recovery



⌘ For clinical supervision, however the best report seems to be the “Consumer History Report”

☑ Helps clinicians and their managers to follow consumer’s improvement over time, and also relate it to some specific events (e.g., change of residence, symptom interference, etc)

☑ Helpful that it has the key right in the report, so it is “easy to relate to the numbers”

# 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.

# Organizational Dimensions for Recovery Practice Enhancement



- ⌘ Recovery Outcomes
- ⌘ Hiring
- ⌘ Training
- ⌘ Supervision
- ⌘ Program and Services
- ⌘ Organizational Culture