

Change Management in Mental Health Systems

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The Use of Evaluation in Managing Change: Overview of Recovery Measurement Tools

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A recovery-oriented system is consumer driven, including in how it defines success...

- **Requires consumer participation in the design, implementation, and evaluation of systems of care**
- **Development of new measures of system factors that facilitate or hinder recovery**
- **Development of new measures or markers of personal recovery**

The Recovery Oriented System Indicators Measure (ROSI)

The National Research Project for the Development of Recovery Facilitating System Performance Indicators

**Steven J. Onken, Jeanne M. Dumont, Priscilla Ridgway,
Douglas H. Dornan, Ruth O. Ralph, investigators and
multiple SMHA's, SAMHSA, NTAC, other sponsors**

Purposes of the What Helps and What Hinders Recovery Research Project

- **To increase knowledge about what facilitates or hinders recovery from psychiatric disabilities**
- **To devise a core set of indicators that measure elements of a recovery-facilitating MH system**
- **To integrate selected items into systems performance evaluation, to generate comparable data, improve quality and promote systems transformation**

Phase I: Focus group research, purposive variability sampling, structured content analysis, grounded theory, and member check

- **Recovery: The ongoing personal journey and outcome of restoring a positive sense of self and meaningful sense of belonging, actively self-managing psychiatric disorder and rebuilding a life within the community**
- **Ecological model with dynamic interplay of**
 - the person (self/holism; hope, sense of meaning & purpose)
 - the environment (basic material resources; social relationships; meaningful activities; peer support; formal services/staff)
 - the nature of the exchange (choice; independence/interdependence)

Phase Two ROSI Development

- **Generated items from Phase I codebook & member check priorities**
- **Created & Refined 73 Item Consumer Self-Report Survey**
 - “Think Aloud” session
 - Flesch-Kincaid Grade Level Check
 - Prototype Review
- **Created/Refined Administrative-Data Profile Items**
 - Crosswalk with MHSIP proposed indicators
 - Generated measure definitions
 - Conducted Administrative-Data Survey

Self-Report Prototype Survey Review

- **PILOT** of draft consumer self-report survey in 7 SMHAs (N = 219) gathered demographics, item response, unclear wording, item importance rating, comments
- Each item was then evaluated based on
 - Prototype importance rating
 - Factor loading
 - Response scale distribution & direction
 - Phase One originating theme/grouping
 - Clarity of wording
 - Phase One member check priorities
- Refined /dropped items

ROSI Consumer Survey (42-Item) Factor Analysis Components

- Person-Center Decision-Making and Choice (16)
- Invalidated Personhood (9)
- Self-Care and Wellness (5)
- Basic Life Resources (5)
- Meaningful Activities and Roles (4)
- Peer Advocacy (1)
- Staff Treatment Knowledge (1)
- Access (1)

Administrative-Data Profile

- **Feedback via a survey:**
 - Feasibility
 - Importance for improving systems recovery orientation
 - Other comments
- **Those surveyed included:**
 - 10 participating SMHAs (9)
 - MHSIP Consumer Expert Panel (1)
 - NAC/SMHA membership (3)

ROSI Administrative Data Profile

■ 16 Indicators/23 Measures

- Peer Support/Consumer Operated Services (5)
- Choice (3)
- Direct Care Staff/Client Ratio (1)
- Formal Service System Culture & Orientation (7)
- Formal Service System Coercion (4)
- Specialized Service Access (3)

Highlighting Other Recovery Measures

- **The Recovery Measurement Tool (RMT)**
- **The Recovery Enhancing Environment Measure (REE)**
- **The Recovery Self-Assessment (RSA)**
- **Consumer Oriented Outcome System (COMP)**

Recovery Measurement Tool (RMT)

- **Purpose:** To create a measure that examines stages of personal recovery from the perspective of consumers
- **Model Development:** National panel of consumer leaders develop model of stages of recovery and internal/external influences on those processes.
 - **Nonlinear stages of Anguish, Awakening, Insight, Action Plan, Determination to be Well, Well-Being/Empowerment**

EXTERNAL INFLUENCES ON RECOVERY

Involuntary
Treatment
Coercion

Lack of Choice
Behavioral Threats
Discrimination by
Diagnosis

Poverty,
Homelessness
Discrimination

Limited Funding
for Services
Licensure limits
Medicaid

Lack of understanding
of Peers & Family
Competition
Coercive
Abusive

Provider who is
Supportive
Collaborator,
Builds Trust

Alternative
Healing
Cultural Issues
Respected,
Consumer
Choice

Financial Support
Employment
Housing

Natural Supports
Family, Friends
supportive
and caring
Spiritual Support

Peer Supports
Collaboration
Advocacy

INDIVIDUAL RECOVERY
Anguish
Awakening
Insight
Action Plan
Determined Commitment
Wellbeing

THE RECOVERY MEASUREMENT TOOL: RECOVERY MODEL STRUCTURE

Dimensions		Stages					
		Anguish	Awakening	Insight	Action Plan	Commitment to Get Well	Well-being, Empowerment
Internal	Cognitive						
	Emotional						
	Spiritual						
	Physical						
External	Activity						
	Self-Care						
	Social Relations						
	Social Supports						

RMT Development

- **Process: Maine consumers brainstormed items based on the model**
- **Status: 91-Item draft measure is ready to be pilot tested**
- **Contact: Ruth Ralph, Ph.D.; ruth.ralph@maine.edu**

Recovery Enhancing Environment Measure (REE)

- **Purpose:** To create a measure that examines personal recovery and the recovery-orientation of mental health services and programs from the consumer perspective
- **Development:** Items abstracted from consumer narratives of recovery, service innovations, literature concerning factors that enhance resilience
 - Kansas consumers-as-providers and day treatment consumers pre-tested and gave their input
 - Two formal pilot tests completed (in KS and MA) with N=525

- **REE Dimensions:**
 - **1) Personal Recovery: Stage of Recovery, Recovery Markers (intermediate outcomes); Special Needs;**
 - **2) Recovery-Orientation of the Program: Subscales on elements that support recovery, special needs, and resilience-enhancing factors (organizational climate);**
 - **3) Other - Service utilization; Qualitative findings**
- **Status: Initial psychometrics completed, instrument and user's guide available; measure differentiates between higher and lower performing programs, provides information for agency self-assessment, strategic planning**
- **Contact: Priscilla Ridgway; pridgway@ku.edu**

The Recovery Self-Assessment (RSA)

- **Purpose:** To address the application of recovery principles to reforms in practice; to gauge the degree to which programs implement recovery-oriented practice from the perspective of groups of stakeholders
- **Development:** Initial pool of items developed based on 9 principles abstracted from consumer, provider, researcher and advocate literature on recovery. Multiple perspectives attained from stakeholders (agency directors, providers, persons in recovery, family members/significant others/advocates). Pilot test in 10 CT agencies (N=122). Data then collected from stakeholders from all 208 CT provider agencies on 39 items (N=972 stakeholders from 78 agencies).

- **Dimensions:**

- RSA Factor Analysis:**

- 5 factors: 1) Life goals; 2) Consumer involvement; 3) Diversity of treatment options; 4) Client choice; 5) Individually-tailored services

- Agency Recovery Profiles** provide feedback, comparisons to statewide means, identify strengths (highest rated items), areas of improvement (lowest rated items), suggest ways to improve

- **Status: Survey may be repeated, used by other systems**

- **Contact: Maria O'Connell;**
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CONSUMER OUTCOME MONITORING PACKAGE

- **Purpose:** To monitor consumer status/outcomes associated with EBPs; to measure the effects of mental health services; to assess the penetration of EBPs into the client population; to improve program management/performance monitoring.
- **Development:** Adapted, revised and expanded the existing Kansas Client Status Report. Undertaken by KU and Dartmouth (Charlie Rapp, Doug Marty, Greg McHugo)

- **Dimensions:** Quarterly data gathered from staff on each consumer concerning
 - Involvement in EBPs
 - Times homeless, incarcerated, hospitalized
 - Days competitively employed
 - Current living situation
 - Current educational status
- **Status:** To be issued with SAMHSA tool kits in coming months
- **Contact:** Doug Marty (dmarty@ku.edu)

Conclusion

- **This pattern - adoption of crude performance measures, followed by protest and pressure to improve the measures, followed by the development of more sophisticated measures - is common wherever performance is measured (Osborne & Gaebler 1992).**
- **We can't stop here but there's hope in watching the system evolve and the changes that are taking place (OK).**