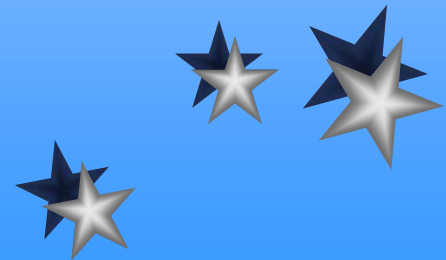




2003 National Conferences on Mental Health Block Grant and Mental Health Statistics

**Recovery Plenary:
A Recovery Oriented
System and Its
Measurement**



Reforming systems, we have to start somewhere. . .

“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.”

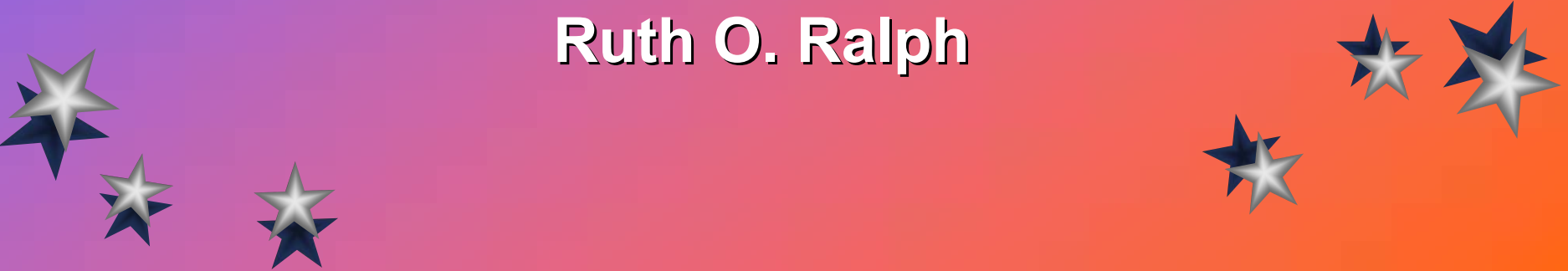
(Osborne & Gaebler 1992: 156)

Capturing a Recovery Oriented System for Measurement



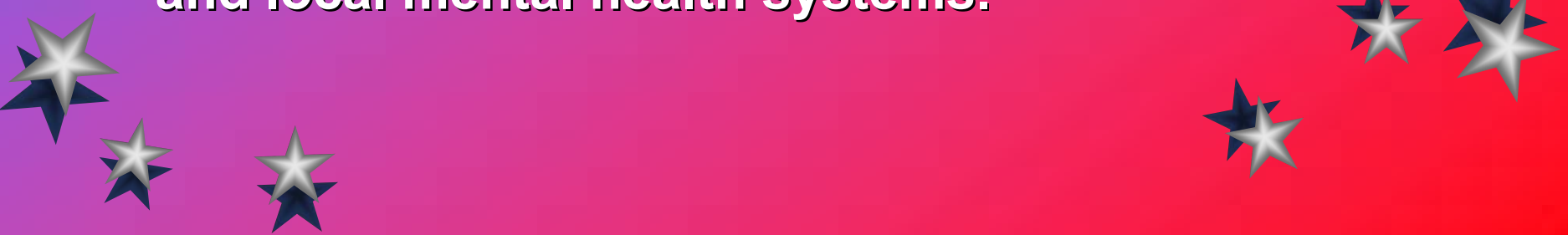
Mental Health Recovery: What Helps and What Hinders? A National Research Project for the Development of Recovery Facilitating System Performance Indicators

**Steven J. Onken, Jeanne M. Dumont
Priscilla Ridgway, Douglas H. Dornan
Ruth O. Ralph**



Purposes of the 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 environment, and
 - To integrate the items into a multi-state “report card” of mental health system performance in order to generate comparable data across state and local mental health systems.
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Phase One of Project

- A qualitative, grounded theory research design
- Incorporated a structured focus group approach with a purposive variability sample frame
- Data underwent structured content analysis identifying individual meaning units and emerging groupings
- Common set of critical concepts and interpretive themes was developed for the pooled coding across all focus groups
- Member check was conducted to maintain rigor and assess confirmability

Findings:

- **While recovery is a deeply personal journey, there are many commonalities in people's experiences and opinions.**
- **Recovery is facilitated or impeded through the dynamic interplay of many forces that are complex, synergistic and linked.**

Cross-Site Themes


- **Basic Material Resources**
- **Social Relationships**
- **Meaningful Activities**
- **Self/Whole Person**
- **Hope, Sense of Meaning & Purpose**
- **Choice**
- **Independence**
- **Peer Support**
- **Formal Services**
- **Formal Service Staff**

Recovery is a product of dynamic interaction among

- Characteristics of the individual (the self, holism, hope, sense of meaning & purpose),
- Characteristics of the environment (basic material resources, social relationships, meaningful activities, peer support, formal services, formal service staff), and
- Characteristics of the exchange (hope, choice/ empowerment/ power, independence/ interdependence, partnership).

Findings in Context



- **Recognition of the steady movement toward evidence-based practice – science matters**
 - **Recognition that clinical and rehabilitation needs outstrip present research – experience matters**
 - **Recognition that the body and brain are connected – the body matters**
 - **Recognition of innate strengths, self-righting capacities, and resiliency – self agency matters**
 - **Recognition that the present is always determining the future – dreams/aspirations matter**
 - **Recognition of the influential nature of the dynamics of the exchange – partnership matters**
- 

Findings in Context

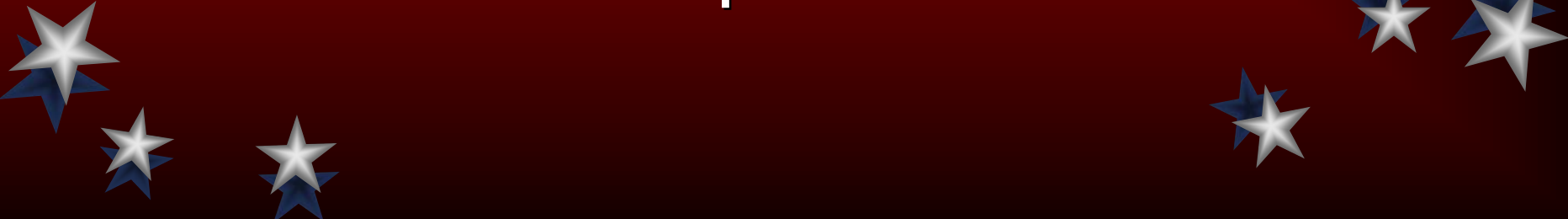
- **Recognition of the powerful roles of social support, social norms, social meaning and social responsibility – people, families, work, culture, communities matter**
- **Recognition of the importance of meaning-making – religion, spirituality, philosophy matter**
- **Recognition of the critical role of mind-body-spirit integration – the whole matters**
- **Recognition of multicausality and the need for integrated conceptual frameworks, treatment and system approaches – complexity matters**

Phase Two of the Project

- Findings have been operationalized into two sets of performance indicator items.
 - Self-report data set is undergoing prototype test and review, yielding data on the survey item response, understandability and importance.
 - Administrative data set is undergoing extensive review.
 - Results will be used to refine and reduce the indicators into more parsimonious sets.
- The sets will then be available for large scale pilot testing.

Tension Points for System Reform



- **Translating depth to surface**
 - **Being holistic in a compartmentalized world**
 - **Framing essential needs as mental health needs**
 - **Valuing tacit/implicit knowledge where explicit knowledge holds sway**
 - **Stressing choice in an environment constrained by limited and lousy options**
 - **Resurfacing therapeutic alliance when 'brief' and 'time limits' are the operative terms**
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Using Measurement Tools To Understand And Shape Recovery-oriented Practice

**The Recovery Enhancing
Environment Measure (REE)**

Priscilla Ridgway



CYCLE OF INNOVATION



BACKGROUND

- Agencies need a way to assess the degree to which they provide services and supports, and an organization climate that supports and enhances the potential for personal recovery in the lives of the people they serve.



KANSAS RECOVERY INITIATIVES

**Recovery Paradigm
Project**



RECOVERY ENHANCING ENVIRONMENT MEASURE (REE)

- **Designed to gather consumer's reports on:**
 - **Where they are in the process of mental health recovery.**
 - **What elements of mental health practice they believe contribute to their personal mental health recovery.**
 - **How well their mental health agency is performing in delivering mental health recovery-enhancing services and providing a recovery-enhancing organizational climate.**

REE intended to:

- **Gather empirical data on the most important services and supports that serve to support personal recovery (moving from complexity toward parsimony).**
- **Educate consumers and agency staff about emerging recovery practice.**
- **Assess whether resilience-enhancing environmental factors found through another thread of research were important to persons in mental health recovery.**
- **Begin to shape recovery-oriented practice under the principle “What gets measured gets done.”**

Development Of REE



- **Consumer's Lived Experience**
 - **Group Pilots**
- 

REE Domains

- **Stage of Recovery**
- **Rating of 24 Elements of Recovery**
- **Ratings of 3 Indicators of Staff Performance**
- **Special Needs Areas**
- **Organizational Climate**
- **Markers of Recovery**

Findings To Date

- **Field Testing**
- **Psychometric Properties**
- **Feasibility & Potential Use**



Planning, Implementing and Maintaining a Recovery Oriented System

**Community Mental Health & Recovery
Board of Licking & Knox Counties**

Wilma Townsend, Glenn Hopkins



Planning Phase

- **Stakeholders Steering Committee-
Discussion On Recovery**
 - Consumers
 - Families
 - Providers
 - Community Persons and
Organization
 - Area Authority (MH/SA Board)

Building On State Initiatives

- **Most states are using the word recovery in their guidelines now take advantage of this, we did**
- **Research findings and consumer feedback were used to assist in the design of a recovery oriented system**
 - **The level of recovery for all consumers increased in communities where there was the presence of a Consumer Operated Service (COS) (Johnson & Heil, 1998, Murnen & Smolak, 1998, Bullock et al., 1998, Wisnick et al. 1998).**

State Initiative

- **Research findings and consumer feedback (cont.)**
 - **Consumers' perception of met needs and services empowerment (e.g., the level of involvement in treatment planning and decisions about their services) play a prominent role in predicting mental health outcomes, particularly with regard to symptomatology and quality of life. It is critical that consumers feel a genuine sense of empowerment in their relationships with service providers and that consumers' perceptions of their individual needs be included in decisions regarding services and treatment.**

State Initiative

- **Consumer and Community Forums**
- **County Authority paying for hospitalizations**
- **ODMH development of EBPMHR in which a number of persons from Licking and Knox Counties contributed**

Leadership

- **Consumers from Licking and Knox Counties along with clinicians and administrators decided that the next step for them was to adopt the use of the EBPMHR tool in facilitating recovery throughout the system**

Leadership

- **Conducted a recovery readiness assessment**
- **Hired a consumer to direct the recovery efforts**
- **The board authority developed a new vision and mission based on the recovery philosophy**
- **They began communicating this change and started to verbalize some environment expectations**
 - **Consumers and providers would work closer together**
 - **Board members received orientation to recovery training**
 - **Expectation was for providers to do the same with their board members.**

Recovery Readiness Assessment

- **Attitude**
- **Encouragement**
- **Need & Commitment to Change**
- **Understanding of Recovery**
- **Organizational Beliefs**
- **Perception about the Ability to Assist Consumers**
- **Barriers & Facilitators of Recovery**
- **Consumer Focus Group**

Implementation Phase

- **Training of Emerging Best Practices in Mental Health Recovery for clinicians and consumers**
- **The use of the process steps - Consumer driven**
- **Ongoing clinical supervision (consultant & consumers)**
- **Pre-test result used to refine the paperwork and inform staff of their progress**

Implementation Phase

- **What staff liked and disliked about the process**
- **Use of other recovery tools (WRAP, BRIDGES, 12 STEPS)**
- **Consumer & System Outcomes (jobs, housing, empowerment, consumer independence, reductions in hospitalization, etc.)**
- **Expectation of Community**

Maintenance Phase

- **Provider Liaison Role**
 - **Coordinate the recovery effort within the organization**
 - **Monitor the use of EBPMHR**
 - **Identify barriers and success and work internally and externally to make changes, improvements or ?**
 - **Develop communication strategies for all staff to learn about recovery and ways of incorporating it into their jobs, from receptionist to director levels**

Provider Liaison Role

- One of the persons representing the provider on the steering committee
- To assure that supervisors evaluate and supervise staff from a recovery perspective
- To work with consumer organizations and assure that staff are working with them, including referrals to consumer organizations
- To arrange training for staff, including using consumers as trainers

Area Authority/Board Liaison Role

- One of the board representative persons on the steering committee
- To ensure that budget guidelines are based on recovery based consumer and system outcomes (Contracts)
- To review data for recovery oriented based consumer and system outcomes
- To continually get consumer feedback
- Coordinate with any research efforts about recovery
- To assess all program and services as to them being recovery oriented

Conclusions


- **Recovery is what the consumer does**
 - Educate consumers that recovery is possible, probable and give a sense of hope
 - Understand the illness and one's personal responsibility
 - Understand the role and expectation of what staff can offer and how to partner with them to assist in one's recovery
 - Empower the consumers to drive the clinical process through the use of the tools

Conclusions

- **Facilitating recovery is what the clinician does**
 - **Clinicians need to be trained in the process of facilitating consumer's recovery**
 - **Teach clinicians to be teachers and not just care takers**
 - **Help clinician to let consumers make their own choices**
 - **Assist the consumers in moving on, learning from their choices and seeing mistakes as part of the progress**

Conclusions



- **Supporting recovery is what the system and community does**
 - **System must identify barriers to recovery**
 - **The system and the community must see consumers as people who are members of the community**
 - **The community must see itself as a very necessary and vital part of the person's recovery process**
 - **Stigma must be broken down one person at a time**
- 

Demystifying Recovery



Recovery is not so much getting mainstreamed, but expanding the mainstream to incorporate the fringes. The goal is not so much as that of becoming normal as to become more deeply, more fully human in whatever unique way one is meant to be.

(Deegan, 1996).



A Better Tomorrow



In all my years experience with psychiatric professionals, the one thing that's been most heartening is when the professional acknowledges the common humanity, theirs and mine, ours together. (CO 2172)

We can't stop here but there's hope in watching the system evolve and the changes that are taking place (OK 2350-2352).

