

**Development and Implementation of a  
Recovery-Based System:  
Comparison of Instruments for Assessing  
Recovery**

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# Making Recovery Real



A planning document for the SC Department of  
Mental Health *George P. Gintoli, State Director*

# Statewide Planning Process

- 650 stakeholders participated in the process
- Met in groups across South Carolina
- Listened to consumers voices of recovery

# Statewide Planning Process

- Reviewed information on current state of services and needs
- Received information of evidence-based practices

# Statewide Planning Process

- Groups asked to complete three tasks:
  - Identify those programs that mental health system does well
  - Identify one or more best-practice models that stakeholders would like to enhance or begin
  - Identify assistance needed to implement change

# Statewide Planning Process

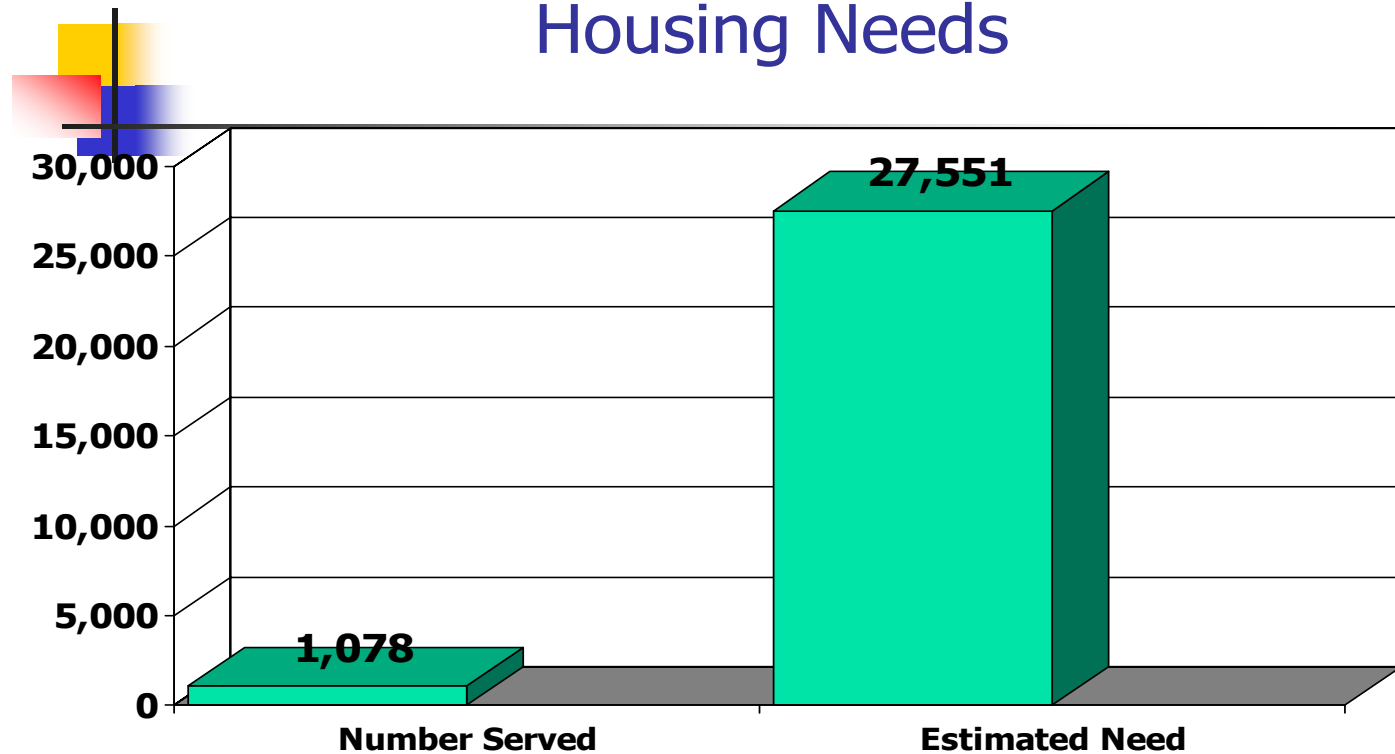
- Feedback from forums used to develop Recovery Plan
- Mission statement: To support the recovery of people with mental illnesses

# Programs Considered Especially Successful

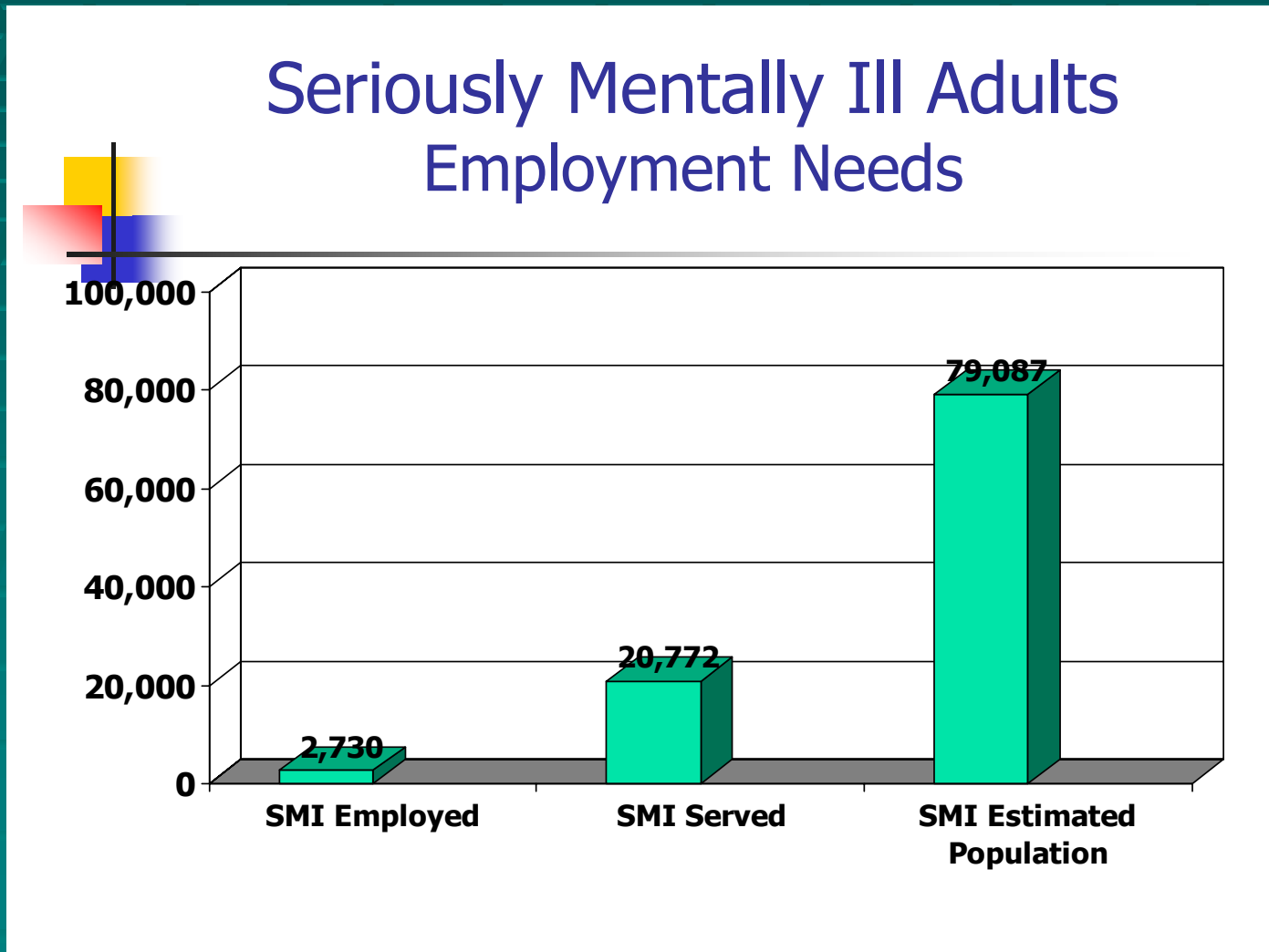
- Currently have 17 School-based programs running in 13 community mental health centers
- 9 Crisis Stabilization programs running in 6 community mental health centers
- 9 Family Preservation programs running in 6 community mental health centers

# Services that need to be enhanced: HOUSING

## Seriously Mentally Ill Adults Housing Needs

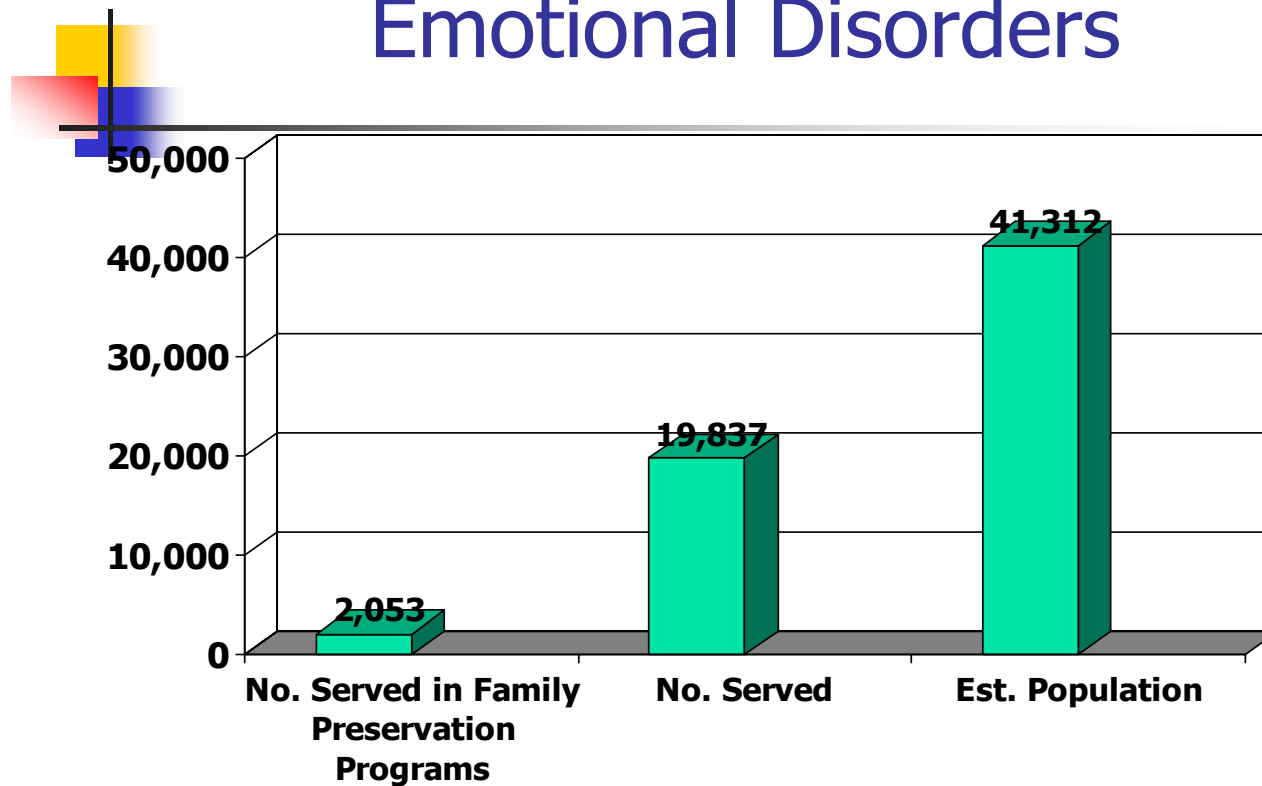


# Services that need to be enhanced: EMPLOYMENT



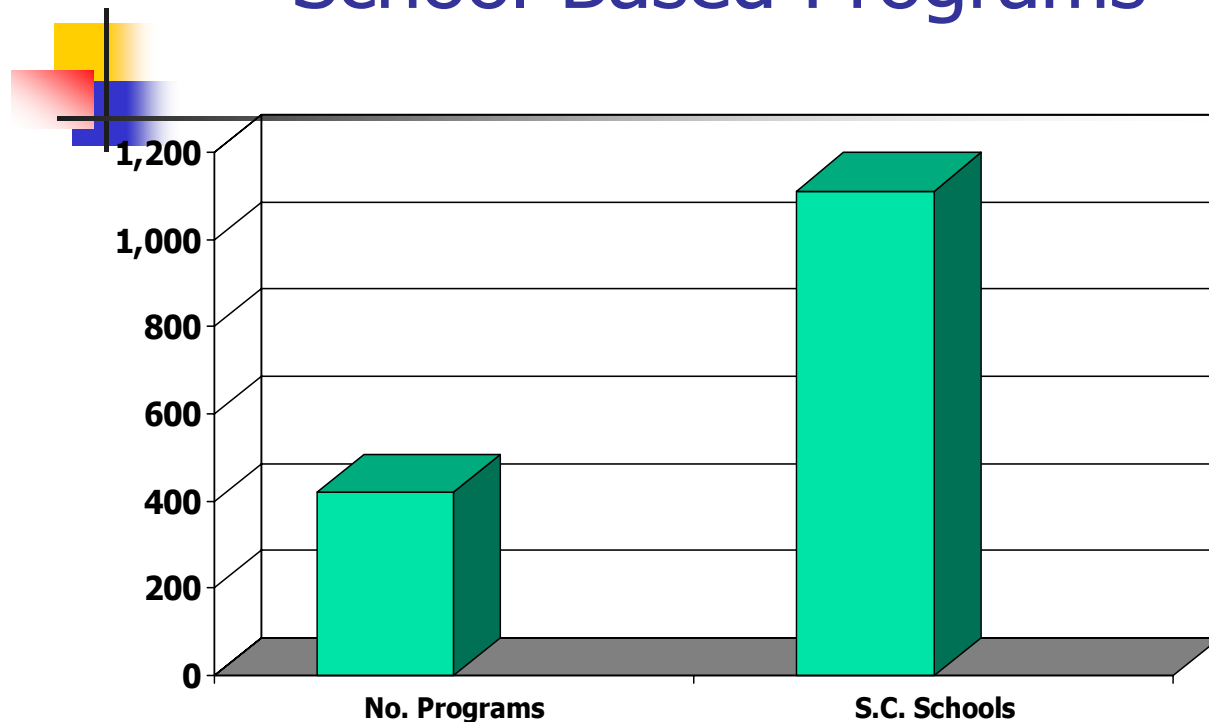
# Services that need to be enhanced: CHILDREN

## Children with Serious Emotional Disorders



# Services that need to be enhanced: CHILDREN

## School-Based Programs



# SPC New Block Grant Funds Spending Recommendations

SPC issued RFP to DMH Community Mental Health Centers, other DMH Divisions, and to non-profit organizations, including consumer, family member and advocacy organizations interested in services to individuals with mental illness.

# SPC New Block Grant Funds Spending Recommendations

Special consideration to programs that follow “best practices” such as

- Recovery
- Family Education Programs
- Employment Initiatives
- Co-Morbid Treatment for Individuals with a Diagnosis of Mental Illness and Substance Abuse
- Innovative Approaches to Serve Children and Their Families
- Assertive Community Treatment Programs

# Programs Funded:

■ Santee-Wateree Individual Placement and Support (employment)	\$184,317
■ Lexington ACT Team	\$70,263
■ Coastal dual diagnosis	\$61,360
■ NAMI: Family to Provider	
■ Education	\$92,406
■ Multi-Systemic Therapy	
■ Training	\$124,159

# Programs Funded:

- Catawba Family Crisis Action Team Using MST \$78,778
- Piedmont Children's Services Using MST \$27,644
- Columbia School-Based Services Using MST \$25,000
- Consumer-to-Consumer Evaluation Team \$50,000

# Programs Funded:

- Work in Progress- Employment Program \$33,652
- Greenville Mental Health Association- Reassurance Line \$36,920
- Federation of Families: Volunteer Education Program \$12,469
- SC SHARE -Recovery Training for Consumers & Providers \$42,470

# Programs Funded:

- Aiken MHC–Welcome Home  
Consumer-run Program \$11,270
- Beckman MHC–Consumer-run  
Transportation Program \$19,691
- Berkeley MHC – Intensive Services  
for Children/Families \$56,509

# State Plan Goals

- Increase the number of schools with mental health professionals to 425 (Base is 397).

*Status: Target exceeded. As of April 1, 2003, DMH school-based counselors are in 448 schools. The number of school-based mental health professionals employed by DMH is 251 and DMH has programs in 40% of the state's public schools.*

# State Plan Goals

- Increase Availability of Multi-Systemic Therapy (MST) Statewide.
- Maintain the five pilot MST sites.
- Develop five new MST teams.

# State Plan Goals

- Increase Services to Persons with Dual Disorders.
- Identify three sites for best practice programs for individuals with the dual diagnosis of mental illness and substance abuse.

# State Plan Goals

- Recovery Training - \$40,000 has funded SC SHARE to hold Recovery Groups across the state
- NAMI: Family to Provider Education - \$92,406 has funded 10-week sessions of training from providers offered by consumers and family members
- Consumer to Consumer Evaluation Team \$50,000 has paid for consumer staff to survey consumers.

# Study Methods

Surveyed 400+ consumers in our 17 mental health centers statewide

Three related instruments tested:

- MHSIP,
- Consumer-to-consumer evaluation scale (CCET), and
- Recovery questionnaire

Re-surveyed about 200 of the same consumers, 2-4 weeks later

# Development of New Instruments

## Recovery Questionnaire:

- reviewed Ralph, Corrigan, and Ohio recovery scales,
- used data from 4 focus groups that DMH staff conducted;
- covered 10 dimensions (hope, empowerment, family and social situations, living and job situations, self-esteem and self-management, spirituality, and stigma)
- with 4 questions on each dimension.

## CCET:

- developed from several years of face-to-face interviews
- statewide consumer interviews conducted
- covered 5 dimensions (participation in treatment planning, perceptions of recovery, access, quality/appropriateness, service provider perceptions)

# MHSIP Psychometric Results

**3 factors using 16 items:**

- **access to care - 6 items, item-to-scale reliability of .61;**
- **quality/appropriateness - 6 items, item-to-scale reliability of .76;**
- **outcomes - 4 items, item-to-scale reliability of .49**

**3 factors correlated with each other .58 to .64**

**3 factors correlated with the total MHSIP scale score at .84 to .89**

**Test-retest reliability was .53 to .63 across the 3 factors**

# Recovery Instrument Psychometric Results

7 factors using 27 items:

- negative feelings/thoughts - 8 items, item-to-scale reliability of .78;
- social relationships/self-confidence - 4 items, item-to-scale reliability of .77;
- self-knowledge/self-management - 5 items, item-to-scale reliability of .62;
- positive thoughts/feelings - 4 items, item-to-scale reliability of .78;
- hopefulness - 2 items, item-to-scale reliability of .72;
- living situation - 2 items, item-to-scale reliability of .70;
- personal control- 2 items, item-to-scale reliability of .57;

7 factors correlated with each other .13 to .60

7 factors correlated with the total Recovery scale score .44 to .81

Test-retest reliability was .36 to .63 across the 7 factors

# CCET Psychometric Results

**5 factors using 20 items:**

- **participation in treatment planning - 6 items, item-to-scale reliability of .97;**
- **recovery - 6 items, item-to-scale reliability of .76;**
- **quality/appropriateness - 6 items, item-to-scale reliability of .70;**
- **limitations - 2 items, item-to-scale reliability of .62;**
- **doctor relationship - 2 items, item-to-scale reliability of .63;**

**5 factors correlated with each other .25 to .63**

**5 factors correlated with the total CCET scale score .57 to .88**

**Test-retest reliability was .39 to .60 across the 5 factors**

# CCET Psychometric Results

**5 factors using 20 items:**

- **participation in treatment planning - 6 items, item-to-scale reliability of .97;**
- **recovery - 6 items, item-to-scale reliability of .76;**
- **quality/appropriateness - 6 items, item-to-scale reliability of .70;**
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**5 factors correlated with each other .25 to .63**

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# Major Findings

- Each instrument factored into subscales that represent different aspects of recovery, access, quality, or outcome
- The most reliable subscales across instruments should be retained for a comprehensive evaluation of the program
- Since consumer answers on these scales change even over a short period of time (2-4 weeks), a cross-sectional sample of consumers should be surveyed on an annual basis versus repeated administrations with the same consumers (individual change over time)