

# Using Adult Consumer Outcomes to Support Recovery and Treatment Planning

Training to provide technical assistance and tools for developing goals and interventions based on individual Consumer Outcomes instruments



# Training Objectives

- Key concepts about Recovery
- Key concepts about Outcomes System
- Relationship between Recovery Components and Outcomes items
- Recovery Planning with Consumers



# Mental Health Recovery



# Ohio Recovery History

**1993**

- **RECOVERY dialogues / forums were held around the state with consumers, family members, providers, and professionals.**



# History

**1998**

- **First Mental Health Recovery conference held.**



# History

**1999**

- **Emerging Best Practices Model (EBP) in Mental Health Recovery was developed by consumers, family members, providers, and professionals.**
- **EPB Model was disseminated at the Mental Health Recovery Conference.**



# History

**2000**

- **EBP Training Curriculum was developed with Boston Center for Psychiatric Rehabilitation, and continues to be implemented.**
- **Eight demonstration projects funded, focusing on system aspects.**



# Mental Health Recovery is defined as:

A personal process of overcoming the negative impact of a psychiatric disability despite its continued presence.

Pat Deegan, Ph.D.



Ohio Department of Mental Health's  
"Emerging Best Practices  
in Mental Health Recovery" model

**GUIDING  
PRINCIPLES**



# PRINCIPLE

## I

- The consumer directs the recovery process; therefore, consumer input is essential throughout the process.



# PRINCIPLE

## III

- Consumers are able to recover more quickly when their:
  - Hope is encouraged, enhanced, and/or maintained;
  - Life roles with respect to work and meaningful activities are defined;
  - Spirituality is considered;
  - Culture is understood;
  - Educational needs as well as those of their family/significant others are identified; and
  - Socialization needs are identified.



# PRINCIPLE VII

- Clinician's initial emphasis on "hope" and the ability to develop trusting relationships influences the consumer's recovery.



# PRINCIPLE IX

- Clinicians and consumers collaboratively develop a recovery management plan which focuses on the interventions that will facilitate recovery, and the resources that will support the recovery process.



# RECOVERY IS WHAT CONSUMERS DO



STAFF ARE RECOVERY  
FACILITATORS



# Consumers Move Across the Dimensions of “Independence” and “Awareness”

- Dependent / Unaware
- Dependent / Aware
- Independent / Aware
- Interdependent / Aware



# **NINE COMPONENTS of the RECOVERY model**

- **CLINICAL CARE**
- **FAMILY SUPPORT**
- **PEER SUPPORT & RELATIONSHIPS**
- **WORK / MEANINGFUL ACTIVITY**
- **POWER & CONTROL**
- **STIGMA**
- **COMMUNITY INVOLVEMENT**
- **ACCESS TO RESOURCES**
- **EDUCATION**



# Each Component is Sub-divided into Status / Role Descriptions, and Emerging Best Practice Descriptions for:

- Consumers
- Clinicians
- Community Supports



# Component Definitions and Examples of Related Outcome Survey Questions



# CLINICAL CARE

Receiving and benefiting from mental health services.

Ex.: Q. 14 Concerns about my medications...



# FAMILY SUPPORT

**Giving and receiving emotional support and assistance from family members and/or significant others.**

**Ex.: Q. 7 The way you and your family act toward each other**



# WORK / MEANINGFUL ACTIVITY

Participating in paid employment and/or other productive activities that provide psychological benefits that positively impact recovery.

Ex.:Q.5 The amount of meaningful activity in your life.



# POWER AND CONTROL

Actively engaging in one's own care and personal decision making that promotes recovery.

Ex.: Q. 58 People have a right to make their own decisions, even if they are bad ones.



# The Ohio Mental Health Consumer Outcomes Initiative

## An Overview

Spring 2003



# The ODMH Quality Agenda

- A key piece of the ODMH Quality Agenda



# Outcomes Task Force

- **Origin**

- Convened in September 1996 by Michael F. Hogan, Ph.D., Director of ODMH

- **Charge**

- Developing a statewide approach to measuring consumer outcomes in Ohio's publicly-supported mental health system



# Outcomes Task Force Values

- Recovery philosophy drives service provision
- Providers and consumers share responsibility for environment of hope and for service planning
- Services driven by consumer-identified needs and preferences



# ODMH LONGITUDINAL RESEARCH

- Finding: Consumers' perceptions of the degree to which their needs were being met was the strongest predictor of positive mental health outcomes.



# ODMH LONGITUDINAL RESEARCH

- Finding: Consumers' perceptions of their level of service empowerment (e.g., their involvement in treatment planning and decisions about services) was the variable most highly correlated with the degree to which they felt their needs were being met.



# ODMH LONGITUDINAL RESEARCH

- Finding: Consumers and case manager have different perceptions of met needs. Consumers' perceptions were better predictors of good outcomes.



# Outcomes Survey Looks at Four Areas of the Consumer's Life:

- **Clinical Status**

- Level of symptom distress
- Ability to understand, recognize and manage/seek help for symptoms, both physical and psychiatric



- Quality of Life

- Satisfaction with areas of life
- Feeling a sense of overall fulfillment, purpose, hope and personal empowerment



- **Functioning**

- Using community resources to fulfill needs
- Developing and managing interpersonal relationships
- Activities of daily living
- Maintaining oneself independently
- Managing money



- **Functioning**

- Remaining in a home or family like environment
- Engaging in meaningful activity
- Avoiding justice system involvement
- Role functioning
- Addictive/compulsive behaviors



- **Safety and Health**

- Self-harm or suicide attempts
- Harm or neglect in person's environment
- Harm to others
- Physical health



- Safety and Health

- Medication concerns addressed
- Safety and health not threatened by disabilities, discrimination or being treated with lack of dignity



# Guiding Principle

- **Direct Care Staff Orientation**
  - The key to Outcomes Initiative success lies in its ability to provide agency direct care staff with timely and relevant information that can be helpful in their work with consumers and families



# Evaluation Results Highlights

- Consumer & Family Evaluations
  - Useful
    - Consumers and families were very clear and emphatic about a number of ways in which outcomes data can and should be used
  - Very Understandable
    - 70% of all respondents (n = 2,353) said the questions were “always” or “usually easy to understand”
    - 8% said questions were “sometimes” or “never easy to understand”



# Evaluation Results Highlights

- Consumer & Family Evaluations

- **Good Comfort Level**

- 60% of all respondents (n = 2,353) said they felt “very comfortable” or “somewhat comfortable” answering the questions
    - 9% said they were “somewhat uncomfortable” or “very uncomfortable”

- **Very Low Offensiveness**

- No question was described as offensive by more than two people



# Evaluation Results Highlights

- Consumer & Family Evaluations
  - Little Consumer/Staff Interaction
    - Over half the respondents (n = 866) said someone talked to them about outcomes “only a little” or “not at all”
    - Adult consumers reported having the least amount of outcomes conversation with staff
    - Individuals who experienced outcomes not being used by staff were more negative



# Evaluation Results Highlights

- Costs
  - Administration time varies by instrument from 5 minutes (Provider A) to 32 minutes (Consumer A)
  - About half of adult SMD consumers need some assistance with filling out the survey
  - Data entry costs vary by method used
  - Adult instruments: copying costs only



# Evaluation Results Highlights

- Adult Instrument Psychometrics
  - Reliability
    - Reliabilities (Cronbach's  $\alpha$ ) for three sections of the Adult Consumer Instruments:
      - Symptom Distress = .93  
(n = 1,479)
      - Quality of Life = .86  
(n = 1,442)
      - Making Decisions Empowerment Scale = .77  
(n = 1,376)



# Utility of Outcomes Data

- **Consumer**
  - Recovery
  - Advocacy
- **Provider**
  - Care Management and Treatment Planning
  - Agency Quality Improvement
  - Clinical Supervision



# Utility of Outcomes Data

- **Board**
  - Service Utilization Review
  - Board-Area Quality Improvement
- **State**
  - Statewide Benchmarking
  - Statewide Quality Improvement



# Outcomes Process

- Consumer completes Consumer Form A
- Provider completes Provider Form A
- ODMH Data Entry & Reports Template generates:
  - Red Flag Report
  - Strengths Report



# Red Flag Reports

- Items which have been rated with the most negative score
- Items which have been rated with the next most negative score



# Strengths Reports

- Items which have been rated with the most positive score
- Items which have been rated with the next most positive score



# Why This Training?

- Makes service planning a more meaningful process for staff and the consumer
- Provides a tool to help staff to help the consumer achieve better outcomes and Recovery



# Recovery Planning A Negotiated Perspective



## CONSUMERS HAVE A RIGHT TO EXPECT AND PROFESSIONAL PRACTICE WOULD REQUIRE:

- That the service provider recognizes the recovery planning process as a negotiation process and understands that it is the consumer who must eventually set the treatment goals
- That the service provider will help the consumer learn the recovery planning process and how to use outcome information within that process



# RECOVERY PLANNING WITH CLIENTS

## Beginning the Dialogue / Orienting

Engaging and dialoguing with clients is an essential and ongoing part of community support practice. One important component of beginning any activity with a client is to open a dialogue with your client to orient her/him to the activity.



# RECOVERY PLANNING WITH CLIENTS

## Beginning the Dialogue / Orienting

Ask your client if they recall answering questions on the Ohio Mental Health Outcomes Survey.

Remind and explain to your client the importance of providing answers to the questions on the Ohio Mental Health Outcomes Survey.



# RECOVERY PLANNING WITH CLIENTS

*Four Steps to Selecting And  
Prioritizing The Focus Of  
Recovery Goals And Activities.*



# Four Steps To Outcome-Based Recovery Planning

## STEP 1 Getting the Picture

Organize available information about the consumer's bio-psycho-social history.

Consider their strengths, problems, life situations and social/cultural environments.

Consider information about progress you have from previous outcome data.

Try to get a mental picture of the person's life.



# Four Steps To Outcome-Based Recovery Planning

## STEP 2

### Common Understanding of Outcome Status Picture

The client and the service provider engage in meaningful discussions regarding Outcome Reports produced by the ODMH Consumer Outcomes System, in the context of the bio-psycho-social information.



# Four Steps To Outcome-Based Recovery Planning

## STEP 2

### Common Understanding of Outcome Status Picture

Service provider and consumer both prioritize what issues or situations need changing the most.



# RECOVERY PLANNING WITH CLIENTS

Factors to consider (MUSE) when selecting and prioritizing the focus of recovery goals and activities:

- ◆ **Motivation** - consumer interest/desire to focus on either strengthening or progressing on a particular recovery component or activity
- ◆ **Urgency** - is the particular recovery component or activity an immediate need or a longer term need



# RECOVERY PLANNING WITH CLIENTS

Factors to consider when selecting and prioritizing the focus of recovery goals and activities:

- ◆ **Support** - anticipated support from others to attend to the components or activity
- ◆ **Ease** - level of effort needed for consumer to either strengthen or progress on a particular recovery component or activity



# Four Steps To Outcome-Based Recovery Planning

## STEP 3 Common Understanding of Recovery Process & Status

Together they would review the components of the Ohio Recovery Model and try to determine which components might be most relevant to the person at this point in time.



# RECOVERY PLANNING WITH CLIENTS

## Nine Recovery Components

- Peer Support & Relationships
  - Work & Meaningful Activity
  - Community Involvement
  - Access to Resources
- Family Support
- Power & Control
- Clinical Care
- Education
- Stigma



**Most Relevant Recovery Components From Consumer's Perspective**

(at this point in time)

Clinical Care	Peer Support & Relationships	Family Support	Work & Meaningful Activity	Power & Control
Stigma	Community Involvement	Access to Resources	Education	

**Most Relevant Recovery Components From Service Provider's Perspective**

(at this point in time)

Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control
Stigma	Community Involvement	Access to Resources	Education	

**Most Relevant Recovery Components From Shared Perspective**

(at this point in time)

Clinical Care	Peer Support & Relationships	Family support	Work & Meaningful Activity	Power & Control
Stigma	Community Involvement	Access to Resources	Education	



# Four Steps To Outcome-Based Recovery Planning

## STEP 4

### Shared Service/Recovery Plan

Based on the joint assessment and integration of information that has occurred in Steps 2 & 3, the service provider and Consumer should identify a limited number of activities to be undertaken to address the recovery goals.

