

# Measuring the Recovery Orientation of Mental Health Agencies: Introduction to the State-of-the Art

Presented by:  
*Priscilla Ridgway, Ph.D*  
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*Community Care Behavioral Health  
Recovery Institute's 2007-2008  
Winter Teleconference/Webinar Series*



# About Community Care

Community Care Behavioral Health Organization (Community Care) is a non-profit, federally tax-exempt, behavioral health managed care organization (BH-MCO) that manages behavioral health services for nearly one million members in Pennsylvania whose health coverage is sponsored through Medicaid, Medicare and commercial plans. It is a subsidiary of the University of Pittsburgh Medical Center.

# About Community Care Recovery Institute

Under contract with Community Care, Pat Deegan, Ph.D. & Associates and Advocates for Human Potential, provide consultation and training to support the initiative implementing recovery-oriented, consumer-directed services in the communities it serves, known as the Community Care Recovery Institute ([www.recoverylearning.com](http://www.recoverylearning.com)).

# Training Abstract

New evaluation approaches are needed as service systems transform and become more recovery oriented. Developing and using evaluation methods and approaches that support and address the recovery process is an important part of systems change. In this one- hour workshop Priscilla Ridgway will introduce the topic of recovery performance measurement and describe some specific tools and approaches that can help providers center their evaluation efforts on issues relevant to recovery, including organizational climate, specific program activities and important driving principles and values.

# Event Speaker

Priscilla Ridgway has more than thirty-five years experience in the mental health field. Her work history encompasses direct service, advocacy, program development and administration, policy and planning, training, teaching, consulting and research. Priscilla has an MSW, and worked for several years at the Center for Psychiatric Rehabilitation at Boston University. She earned a Ph.D. from the University of Kansas in 2005 and served as the coordinator of a statewide Recovery Paradigm Project in Kansas for 4 years. In that position she created conceptual models of recovery, conducted statewide planning, designed and delivered trainings and planned conferences on mental health recovery.

## Event Speaker (cont'd)

Ms. Ridgway has created or co-developed several evaluation tools to assess the recovery orientation of mental health programs, including the Recovery Enhancing Environment Measure (REE) and the Recovery Oriented Systems Indicator (ROSI) measures, and co-authored a self-help workbook, Pathways to Recovery, that translates the strengths approach into a self-help format. Ms. Ridgway works at the Yale University Program for Recovery and Community Health and is an assistant professor where she is working on a new recovery evaluation tool ERFS (Elements of a Recovery Facilitating System) and other recovery materials and training tools. Ms. Ridgway has personal experience with mental health recovery.

# Teleconference Agenda

- 11:00 *Welcome* – James Schuster, MD, MBA, Chief Medical Officer, Community Care Behavioral Health Organization
- 11:05 *Logistics* – Pam Rainer, LMSW, Advocates for Human Potential
- 11:10 *Presentation* - Priscilla Ridgway, Ph.D., Assistant Professor, Yale University Program for Recovery and Community Health
- 11:45 Question & Answer Session
- 12:00 Conclude Teleconference

# Training Materials

If you did not receive the materials via email or fax, you may download them from the Community Care Recovery Institute web site at [www.recoverylearning.com](http://www.recoverylearning.com)

If you do not have access to a computer you may contact Pam Rainer at 518-729-1246 to have them faxed to you.

# Pose A Question

- We invite you to send in your questions via email to [prainer@ahpnet.com](mailto:prainer@ahpnet.com) ; submit them on the web site or press 1 on your telephone and the operator will announce you in the order you call in.
- The speaker will answer as many questions as possible during the teleconference.
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# Performance Measurement Meets the Recovery Paradigm

- A meeting between
  - The increased demand for performance measurement in health and mental health
  - The increased demand for transformation to a recovery paradigm in mental health programs and systems
- Let's look at both in turn

# Performance Measurement 101

- Being busy doesn't necessarily lead to results
- Performance was often assessed by measures such as timely access and units of service delivered
- Now there is a demand to achieve more than mere delivery of services
- Emphasis on *effective* practice that achieves results—the yardstick is recovery in the lives of those the programs and systems serve

# Performance Measurement 101

## (continued)

- People, programs, systems, and information are “inputs”
- Activities/interventions are “processes”
- Outcomes are “results”
- Basic questions:
  - Are we serving the “right” people?
  - Are we doing the “right” things?
  - Are we achieving the “desired” results?

# Performance Measurement 101 (continued)

- A **Performance Measure** is a quantitative indicator that can be used to track progress toward an objective. Provides a “metric” for comparison and accountability that is understandable to all.
- Repeated use allows leaders to detect change (hopefully progress) over time, and to assess whether targets have been met that were set to increase specific levels of attainment of mental health related goals.
- Links vision, to strategy, to action, to results.

# Recovery: A Paradigm Shift in MH Systems Orientation

- Changes in life chances of persons served
  - from maintenance to a full life and success in normative roles
- Changes in helping relationship
  - from expert to partner
  - more consumer or customer driven
  - from coercion to choice
- Focus on recovery, resilience, wellness, social inclusion, not just illness suppression

# Recovery: A Paradigm Shift in Systems Orientation (continued)

- Transformation and redesign of service systems and programs requires deep cultural change in mission, vision, core values, strategies, activities, results
- Demands for new ways of knowing, doing, and being for managers, consumers and staff
- Old outcomes are no longer as relevant

# Recovery Measurement and Recovery Outcomes Challenges

- Some processes that improve outcomes are “EBP’s” (e.g. supported employment) with definite program standards
- General recovery inputs and activities are not so well defined/standardized.
- What processes influence recovery? Are they tangible and measurable?
- Enormous room for emerging or promising practice

# Recovery Measurement and Recovery Outcomes Challenges

- Emphasis has been placed on recovery as an ongoing process--“the journey”--rather than an end point or “outcome”
- Process is considered unique for each person, and is chosen or known by the individual
- Fear of specifying one or more outcomes that lead to cut off of needed support services makes us leery of specified levels of attainment

# Paradoxes and Promises

- No agreed upon core measures
- No firm standards against which to measure recovery engendering processes
- No agreed upon recovery outcomes
- No firm direct causal links between discrete processes/interventions and recovery status—many personal, social, structural, immeasurable factors influence the process

# Paradoxes and Promises (continued)

- We do have emergent/evolving knowledge on:
  - Stages of recovery
  - What helps and what hinders the process of recovery, including program-level and system-level factors
  - Many indicators of the recovery process in action (intermediate indicators related to outcome )

# Measure Building Activities

- Reviews of recovery literature
- Expert panels, stakeholder consensus, grassroots forums—  
what do user's want/find helpful?
- Recovery model building
- Qualitative research
- Measure design
- Small and larger scale pilots
- National identification/review/assessment of state of the art  
recovery measures (US and England)
- Limited investment in technical assistance

# By Measuring RO we can become a Learning Organization

- **Baseline**—Where are we now? How does our performance compare? What are we doing well? Where are people in their recovery process?
- **Strategic planning**—What gaps are there in our performance? What targets should we set? What do we need to work on? How can we use our resources, training, supervision to be more effective?
- **Measuring the impact of change over time**—Ongoing feedback on change efforts. Are we increasing recovery in those served? Are we making progress?

# Measures can Influence Organizational Culture

- Feedback focuses attention on things that matter
- What gets measured gets done
- Builds buy-in and ownership
- Can nurture dialogue on core cause and effect program logic
- Performance measures guide organizational self-inquiry, builds momentum, steers development and change efforts, engenders interest and ensures that all levels of the organization are attending to what's important, and allows leadership to map and measure progress

# Systems Level

- Evaluation of program alignment with overall goals and mission. Are public investments resulting in accomplishments of desired results as measured in the well-being of consumers?
- Provides stakeholders with concrete information
- Begin to develop benchmarks of adequate performance
- Identify performance gaps and call for quality improvement plans
- Target technical assistance, retraining
- Identify centers of excellence

# State-of-the-Art In Recovery Measurement

- Multiple domains/indicators included
- Multiple measures developed
- A compendium of vetted recovery measures, at differing levels of complexity, meaningfulness, usefulness, soundness
- Developmental process. Room for new/better measures—an evolutionary process as a recovery paradigm is constructed—we are all on a journey of change!

# Current Status

Community Care and Pat Deegan & Associates are exploring two measures for potential adoption

- ROSI- Recovery Oriented Systems Indicators
- REE-SF- Recovery Enhancing Environment Measure (Short Form)

# ROSI

- Built out of a national study of “What Helps and What Hinders Recovery”
- 43 item consumer self report survey—positive and negative performance indicators
- 14 item systems indicators

# REE-SF

- Built out of the lived experience of mental health consumers
- Includes stage of recovery and 28 recovery markers (intermediate outcomes)
- 10 most important elements of recovery - each with 3 anchors of staff behavior (performance indicators)

# Additional Resources

- Measuring the Promise: A Compendium of Recovery Measures Volume II (to order an E-copy):  
[http://www.tecathsri.org/shop\\_display\\_cart.asp?action=add&version=E-copy&id=129](http://www.tecathsri.org/shop_display_cart.asp?action=add&version=E-copy&id=129)
- Mental Health Recovery: What Helps and What Hinders?  
[http://www.nasmhpd.org/general\\_files/publications/ntac\\_pubs/reports/MHSIPReport.pdf](http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/MHSIPReport.pdf)
- Recovery: Making It Real (Conference sponsored by Community Care and Western Psychiatric Institute and Clinic – March 19, 2008)  
<http://www.ccbh.com/aboutus/events/index.php#quality>  
<http://www.ccbh.com/pdfs/conference/MakingitRealBrochure.pdf>

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# Following the Teleconference

*To listen to archived teleconference presentations check out the Community Care Recovery Institute Web Site:*

[www.recoverylearning.com](http://www.recoverylearning.com)

Please complete the evaluation form by clicking on the link sent to you via email by Community Care. Your feedback is very important in developing future teleconference content. If you do not have access to a computer please call Pam Rainer at 518-729-1246 to have an evaluation form faxed to you.

# More Information

*For more information, contact: [www.recoverylearning.com](http://www.recoverylearning.com)*

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*For logistical questions, contact:*

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*Thank you for participating in today's teleconference.*

