

# MHSOAC Recovery Programs Evaluation

University of California, San Diego

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## MEETING SUMMARY

SANDY VILLANO

# Advisory Workgroup Meetings

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February 10, 2015 ~ Planning

March 10, 2015 ~ Implementation

April 14, 2015 webinar ~ Dissemination

## *Objectives*

These evaluations will examine the recovery orientation of MHSA programs through:

Review of existing measures and frameworks

Implementation of measures in a representative sample of counties

Development of recommendations, resources, and tools to support and strengthen the recovery orientation of services and programs

# Overreaching Evaluation Question

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“To what extent are the programs established under MHSA providing services using a strength-based and wellness oriented approach that is client-centered and empowering, encouraging and supporting hope and resilience?”

# Proposed Levels of County Participation

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## Counties can:

Identify their use of recovery measures

Participate in the assessment of recovery orientation

Complete surveys measuring recovery orientation and describing program characteristics

Participate in the assessment of the impact of the recovery orientation on client outcomes

Client-level data will be provided to the study team

Existing data will be linked to program survey data

# Advisory Workgroup Purpose & Role

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**Provide input at each stage of the evaluation including:**

Identify and adopt a recovery orientation framework

Identify predictors of recovery orientation

Develop criteria for selecting measures of recovery oriented practices

Use criteria to review and recommend measures

Support the implementation of the evaluation

Participate in interpretation of evaluation findings, and support dissemination of evaluation findings

# Evaluation Purpose

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Evaluate the recovery orientation of services/programs provided within the Community Services and Supports (CSS) component of the Mental Health Services Act.

Development of recommendations, resources, and tools to support and strengthen the recovery orientation of services and programs.

# Advisory Workgroup Composition

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The advisory workgroup includes 10 to 20 people, including people with a lived experience

Advisory group members were recruited through local oversight and advocacy organizations, such as MHSOAC.

Workgroup meetings are facilitated by University of California, San Diego and their partner Harder + Company Community Research

# Meeting Schedule & Time Commitment

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The advisory group will meet approximately six times over a two year period (i.e., three in person meetings, three webinars)

In person meetings will be held at the University of California, San Diego, and will last three hours

Webinar meetings are approximately two hours

All meetings require advanced review of the materials

Advisory group members are expected to participate in all meetings

# Advisory Workgroup Meeting Notes Recap February 10, 2015

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The overall goal for this meeting was to discuss the recovery orientation framework, approaches to use to measure recovery orientation.

Post meeting the advisory group was emailed a compendium of selected measures to assess and provide recommendations on which measures to use as part of this evaluation.

The next goal of the advisory group is to identify other methods and tools to implement and strengthen recovery programs.

During the evaluation's implementation phase the advisory group will help recruit counties to participate in the evaluation. Counties will complete the selected measures and potentially provide client outcomes data if available.

# Recovery Orientation Framework

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The evaluation team asked the advisory group to review, comment, and modify an existing framework – the “Australian Health Ministers’ Advisory Council” framework.

Each advisory group member silently reviewed the executive summary of the Australian framework and noted what parts could be:

Maintained for this projects’ recovery orientation framework

Changed or modified

Added to this framework

All advisors’ individual notes were collected to be used, along with the discussion, to create a modified framework

# Advisors' General Reactions & Feedback

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**Overall:** Advisors liked the frameworks' holistic approach and language:

Strength based

Demonstrated collaboration

Dignity in service delivery

Challenging power

Supportive risk-taking

Fostered social inclusion

# Advisors' Suggested Areas For Enrichment in the Australian Framework

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Australian framework seemed to be aimed at providers

Needs to be a roadmap for everyone, consumers, policymakers, communities, administration, providers, etc.

Missing performance outcomes

Recovery is not linear, there are different solutions and different assets

Need to provide specific examples of how to operationalize domains

# Advisory Workgroup Meeting Notes Recap March 10, 2015

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Objectives for the overall evaluation:

Phase 1. Evaluation team narrowed 15 measures down to 5 measures

Phase 2. Evaluation team will field chosen measures with selected counties

Phase 3. The evaluation team will develop resources and tools for counties to use for quality improvement

# Recovery Assessment

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How well do items on the instrument capture whether a program promotes a culture and language of hope and optimism?

How well does the instrument reflect a person-first and holistic perspective?

How well does the instrument explicitly measure the program's support for personal recovery?

How well does the instrument measure the work environment, organizational cultural, a workforce that is conducive to recovery?

Does the instrument measure whether the program advocates for issues that are important to people with a mental health diagnosis?

How burdensome is the proposed measure for the participant?

# Fifteen Measures Were Reviewed Five Were Chosen

## Brief Description of Measurements

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### ***RCPR ~ Recovery Culture Progress Report Card (Magellan Recovery Culture Report Card.)***

Tool designed to measure indicators of a recovery oriented system of care, and to identify new ways to improve the recovery culture. 90 minutes to complete

### ***ROSI ~ Recovery Oriented Systems Indicators Measure***

Designed to assess the recovery orientation of a mental health system, and examine factors that assist or hinder recovery.

### ***EFRS ~ Elements of a Recovery Facilitating System***

Designed to measure progress of providers as they progress towards recovery oriented services from the consumer's perspective.

# Measures Continued

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## ***RSA ~ Recovery Self-Assessment***

Developed to assess the degree to which recovery-supporting practices are evident at the agency.

## ***ROSE ~ AACP Recovery Oriented Service Evaluation (AACP ROSE)***

An assessment tool that allows organizations to monitor their progress toward developing recovery enhancing services in a quantifiable manner.

# Group Discussions

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Concerns were raised by the workgroup members regarding how many languages the measure or measures would be translated into? The group was informed that resources are limited for translation on this project. However, the evaluation team hoped to include some translation into Spanish.

A question was asked about when the measures would be administered; at the conclusion of the services or during the services?

The question was asked as to who would participate in completing the measure, consumers, and providers?

16 of the 18 workgroup members present raised their hands in favor of the evaluation being consistent across counties by using the same measurement.

Several of the workgroup members volunteered to recruit counties to participate in the measurement surveys.

# Measuring Recovery Predictors of Organizations

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Recommendations from the advisory group regarding program level staff attitude, leadership and climate.

Hiring of consumers and/or amplifying consumer voices

Learning culture

Communication inclusion

Teamwork/working in partnership

Level of advocacy

Holistic wellness

Creating a wellness culture

# Attitudes and Actions vs. Beliefs

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Self – help groups

New ideologies (being adopted by the organization)

Number of staff that self-report their own recovery progress

Cultural competency

Peer roles and peer support

Continuous self-assessment

Emphasis on family involvement

Workgroup recommended that measures focus on attitudes and actions rather than on beliefs

# Webinar Meeting

## April 15<sup>th</sup> 2015

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Reviewed accomplishment of advisory workgroup thus far:

- Adopt a recovery framework

- Set initial criteria for reviewing measures

- Reviewed and discussed measures and evaluation design

Reviewed overall scores and scoring by recovery domain:

- RCPR had the highest overall score and was preferred on most domains

- The RSA and ROSI had the second and third highest overall scores

**Findings:** RCPR was found to be a good provider level measure of the process of recovery orientation, as well as a good basis for QI.

The RSA and ROSI were found to be good person level measures of experienced recovery orientation, with the RSA being more culturally complement.

# Strengths of the Draft Evaluation Plan & Opportunities for Improvement

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## **Strengths:**

Complementary nature of RCPR (provider level measure) and RSA (person level measure) which compliment each other and can be used together.

## **Improvements :**

The RSA is too lengthy but may be able to be edited. The measure should be translated into representative languages in order to ensure equity and equal access.

Lack of questions about the role of the family in the recovery process

# Conclusion and Next Steps

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The evaluation team will draft deliverables and send to the advisory workgroup for further feedback. The evaluation team will also follow up with individual advisors regarding county outreach.