

**Recovery Measures and Consumer-Clinician Partnerships:  
Establishing a Data Culture at the Mental Health Center of Denver**

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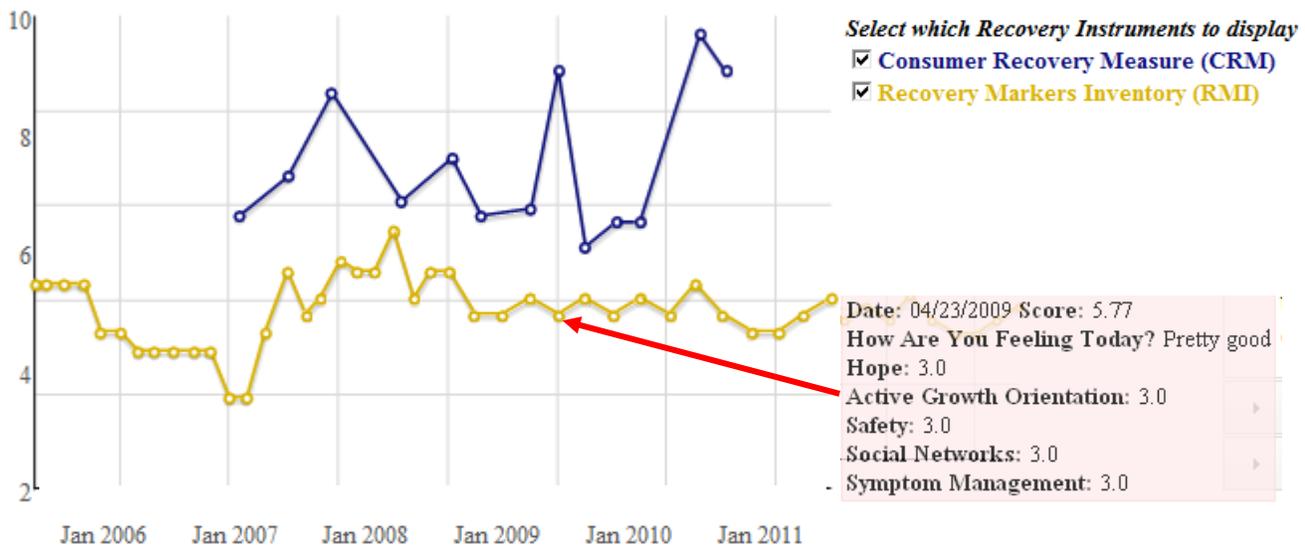
**Abstract**

This poster describes a training initiative created by the Mental Health Center of Denver (MHCD) to educate our employees about the utilization of our proprietary Recovery Outcomes Instruments and Recovery Dashboard. The Quality Improvement Team conducted trainings to address: (1) the low response rates of our consumers; and, (2) the lack of understanding by clinicians about the recovery instruments and tools. Over the first quarter of 2011, 12 Recovery Measures Trainings were conducted with 370 MHCD staff. Our findings show a 23% sustained improvement in the amount of consumer participation in the recovery measures, and a 58% reduction in consumers’ deciding to decline participation in completing the recovery instruments (i.e., Consumers are more engaged in the process), by comparing six months before trainings to one year after trainings. This poster serves as an illustration of the successful application of a specialized training used by a mental health organization to implement a data informed culture using recovery-based instruments. Our research further underscores the importance of promoting consumer participation in the long-term recovery process.

**Relevance**

Literature on the use of data by clinicians in healthcare and mental health fields has shown resistance to using evaluative instruments and assessments, as well as the instruments not always being used as intended (Greenhalgh, Long, & Flynn, 2004). The Mental Health Center of Denver (MHCD) is at the forefront of the movement to emphasize recovery and utilize consumer strengths in the treatment of mental illness, and paramount to this effort is the need to define and measure consumer progress towards recovery. In response to this need, MHCD has developed two complementary instruments to measure recovery; the **Consumer Recovery Measure (CRM)** captures the consumer’s perspective of their own recovery, and the **Recovery Marker Inventory (RMI)** captures the clinician’s viewpoint on recovery. These instruments are intended to (1) provide clinicians feedback concerning consumer successes or regression in areas of recovery, such as symptom interference, drug and alcohol use, and hospitalizations; and, (2) empower consumers with more information about their own recovery process. Additionally a specialty clinical dashboard, called the **Recovery Profile (RP)**, was developed to provide graphical reports of each consumer’s CRM and RMI scores.

**Figure 1.** Recovery Profile for an Individual Consumer

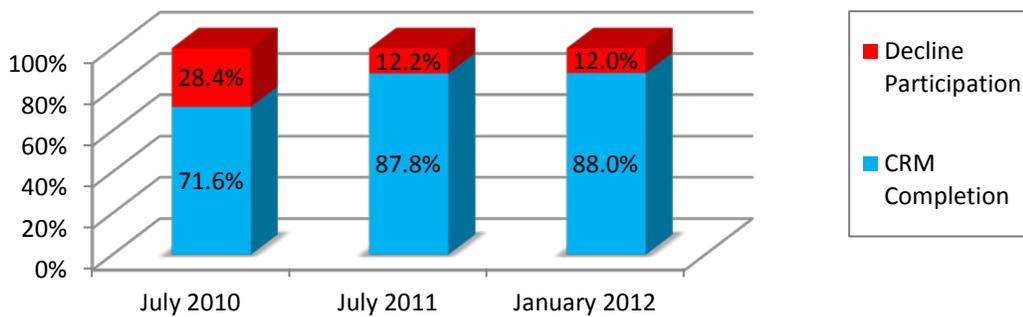


While MHCD has had success with the use of the recovery instruments and recovery profile, there have been obstacles to the widespread implementation and use of data by both the clinicians and the consumers. Namely, clinicians have traditionally relied more on qualitative and narrative information such as clinical notes, treatment plans and case reviews (i.e., “clinical judgment”), and less on quantitative data. In qualitative form, these narratives are informative for clinicians, but do not offer much detail in terms of measuring a consumer’s progress from intake to discharge. MHCD found clinicians demonstrated good compliance in completing the RMI, but were less successful at convincing their consumers to complete the self-report CRM. As a potential solution to the low completion rates, MHCD developed the **Recovery Measures Training** as a required course for all MHCD staff. The training was created to inform and underscore the therapeutic utility of the quantitative recovery tools for both the clinician and consumer.

### Summary

Over the first quarter of 2011, 12 Recovery Measures Trainings were conducted with over 370 staff. To gauge effectiveness in increasing CRM responses, we looked at completion rates 6 months prior to training implementation, and then examined recovery measure completion rates after 6 and 12 months. Our findings show that for July 2010, the overall completion rates for the CRM was 71.6%, with 28.4% of consumers declining to participate (N = 2,175 total consumers). Measured again in July 2011, the overall completion rate for the CRM was 87.8%, with 12.2% declining (N = 2,333 total consumers). Lastly, in January 2012, the overall completion rate for the CRM was 88%, with 12% declining (N = 2,304 total consumers). This represents a 23% sustained improvement in the amount of consumers that completed the CRM and a 58% reduction in the amount of consumers that declined participation in the CRM. These results imply that MHCD has been successful in encouraging clinicians to persuade their clients to participate in recovery data collection. Moreover, these findings serve as an example of how specialized trainings can be applied to promote the use of quantitative measures which facilitate recovery and promote a data-savvy culture, while also empowering consumers and clinicians in their ongoing partnership.

**Figure 2.** CRM Completion and Consumers Declining Participation After Intensive Clinician Training



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