Evaluation of Mental Health Recovery: Using Data to Inform System Change
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Why Evaluate Recovery?
• The Surgeon General Report on Mental Health (DHHS, 1999), and Presidents New Freedom Commission (DHHS, 2003) suggested mental health providers engage in system transformation to become more recovery oriented.
• At the Mental Health Center of Denver (MHCD), we believe that evaluation is a critical component of system change. We have developed a formative and summative evaluation process to create a constant feedback loop of client recovery information for clinicians, managers and directors to utilize, thereby providing empirical feedback to assist in system transformation.

MHCD’s Process of Becoming Recovery Oriented
• MHCD has established a long-term commitment in the development of practices and nurturing of environments that will lead to recovery, and over the last five years has developed:
  • Creation of a Recovery Committee
  • Literature Review
  • Focus Groups
  • Applied Theory of Change (logic model) as a tool to approach mental health recovery
  • Developed Definitions of Recovery:
    • Working Definition: Recovery is a process of self-directed healing and transformation
    • Operational Definition: Recovery is a non-linear process of growth by which people move from lower to higher levels of fulfillment in the areas of sense of safety, hope, symptom management, satisfaction with social networks and active/growth orientation.
  • MHCD Recovery Committee (2004)
• Development of three recovery evaluation surveys to gather a holistic view of mental health recovery.
• Currently, MHCD is in the process of:
  • Pilot testing and psychometric assessment of recovery evaluation surveys
  • Development of electronic user-friendly reports for clinicians, managers and directors
  • Additional quantitative and qualitative studies into the validation of the recovery instruments, the process of recovery, recovery evidence-based practices, and utilization of the recovery reports for system change.

Psychometrics of the Recovery Surveys
MHCD is devoted to providing state of the art research techniques for the investigation recovery. Therefore, the psychometrics of the recovery surveys were established using Item Response Theory (IRT) techniques (Hambleton, Swaminathan, Roger, 1991).

Recovery Markers Inventory (RMI)
• indicators usually associated with individual’s recovery, but are not necessary for recovery, completed by the clinician every 2 months
• 6 item survey including, employment, education, learning, active/growth orientation, symptom interference, and housing, applying varying response sets
• A partial credit Rasch model was applied, suggesting good model fit (N= 2,108), including:
  • IRT: person reliability = .75, item reliability =1.00
  • CTT: reliability = .78

Consumer Recovery Measure (CRM)
• consumers’ perceptions of their mental health recovery, completed by the consumer approximately every 6 months.
• Likert-type responses on a 0 (strongly disagree) to 3 scale (strongly agree)
• 15 item survey including questions regarding active/growth orientation, hope, symptom interference, sense of safety, and social networks
• A Rasch Rating Scale model was applied, suggesting good model fit (N= 525), including:
  • IRT: person reliability = .83, item reliability =.96
  • CTT: reliability = .86

Promoting Recovery in Mental Health Organizations (PRO)
• the consumer view of how different types of MHCD employees are promoting recovery. Currently, the PRO assess the following groups of mental health employees: case managers, therapist, psychiatrist, front desk staff, rehabilitation staff, and residential staff.
• The PRO survey was designed for a variety of purposes:
  • Understanding what characteristics of our staff support the consumer’s recovery
  • To be used as a general needs assessment
  • The PRO survey is in its pilot phase, where a trained consumer survey team is current collecting data. Expected completion March 2008

Recovery History Reporting
To establish quick, easily-accessible, user-friendly feedback regarding consumers’ recovery, a variety of on-line reports have been developed. The reports are designed to provide constant feedback regarding consumers recovery to be utilized in clinical decision making by clinicians, managers, and directors. The reports allow for an empirical basis to assist in making decisions regarding system changes that promote consumers’ recovery. We are currently piloting the use of the data reporting with a specific team at MHCD to increase understanding of specifically how the reports are utilized and the type of training required.

Conclusions and Future Directions
• MHCD has developed a form of system evaluation to measure mental health recovery and access system change that promotes recovery at multiple levels within the mental health system (directors, managers, clinicians, and consumers) from multiple view points (clinicians and the consumers).
• MHCD has made ground breaking progress in system evaluations of recovery, there are still many areas that need additional investigations:
  • Establish psychometrics of the PRO survey
  • Develop additional reports for the CRM and PRO survey, and intergraded reports among the surveys
  • Translate the measures into Spanish
  • Examine growth curve modeling (HLM and LGCM) among the three measures of recovery to examine the process of recovery
  • Conduct additional validation studies to establish cross-validation of the instruments and begin to develop a norming sample
  • Investigating invariance across diagnosis type, ethnicity, language of the survey instrument.
• For more information about research on mental health recovery at MHCD, please review our conference presentation on our website at http://www.outcomesmhcd.com or for more information about the Reaching Recovery Initiative at MHCD please contact Roy Starks at 303-504-1721 or at Reachingrecovery@mhcd.org.

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