

DRAFT PROPOSAL

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The Community Mental Health Recovery Collaborative

Mecklenburg County

Evaluation Plan Summary

Goals and Objectives

The overarching goal of this project is to implement a successful mental health recovery curriculum across 40 – 50 agencies in order to influence a revolutionary paradigm shift to transform the existing mental health system to one that is focused on the mental health recovery model in order to strengthen the system of care for adults with serious and persistent mental illness and serious mental illness and to enhance the quality of programs and services. Key objectives in furtherance of this goal are:

1. To finalize collaborative efforts already underway to develop an evaluation plan for project components, including the identification of a set of core outcomes (that have the investment and support of all or almost all of the member agencies) that can be collected, aggregated, and analyzed across agencies;
2. To implement community-wide training and support resources in Mental Health Recovery for designated agency “experts” in recovery (one staff and one consumer per agency), at least 1,000 mental health consumers (and families) and staff from participating agencies;
3. To implement an advanced recovery curriculum that includes programming in topics such as psycho-educational training, consumer illness self management, and peer support.
4. To analyze outcome data relative to change in knowledge level about recovery, for staff, what to do as a provider under the Recovery Model, for consumers, what to expect under the Recovery Model.
5. To analyze consumer study group outcome data relative to change in the levels of personal recovery, well-being and hope, and perception of the overall recovery environment.
6. To identify things that a mental health program and its staff can do to support people with psychiatric disabilities in their mental health recovery, most important consumer learnings on their journey of recovery, and consumer advice for a person just beginning his or her journey of recovery from a psychiatric disability.
7. To develop effective strategies for expanding this research across additional community agencies throughout Mecklenburg County.

In addressing these objectives, the research staff and Collaborative project staff will work in partnership with the MRBPC, MOD, Area Mental Health Authority LME, and the 40 – 50 member agencies.

RESEARCH DESIGN AND METHODS

Research Design

Overall, the project will employ a quasi-experimental repeated measures (pretest-posttest) design with a 3-month follow-up (for the Recovery I & II training sessions and the randomly selected consumer study group). All adults currently receiving mental health services (i.e. community support, vocational rehabilitation, supported employment, residential, psychosocial rehabilitation, outpatient treatment, inpatient hospitalization, etc.) and diagnosed with Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI) at the participating member agencies will be eligible to participate in the Recovery Collaborative curriculum. In addition, a randomly selected group of 150 consumers will be drawn from three agencies that have both larger consumer populations from which to select a sample and serve both Medicaid and non-Medicaid clients (to be determined) to participate in a consumer study group investigating the change in personal recovery, well-being, hope, and perceptions of the overall recovery environment. However, the design is nonetheless quasi-experimental in nature given that adults are not randomly assigned to treatment groups. Data will be collected at a minimum of two intervals: at Pre-test (Time 1) before participating in the Recovery Collaborative and Post-Test (Time 2) after participating in all Recovery Collaborative workshops (Recovery I & II, what to expect, advanced curriculum trainings). Data will also be collected at a subsequent 3-month follow-up, considering staff and resources.

Consistent with participatory action research (PAR) principles, agency representatives (both staff and consumers) on the MRBPC and MOD are taking a lead role in developing and making decisions regarding research methods. A great deal of flexibility in the proposed research design is required to ensure both that the methods and focus remain responsive to the priorities identified by the participants in the research process and that the data collection process is as effective and efficient as possible. Thus, the following represents an initial framework for the activities through which the project objectives will be achieved. When evaluation indicates that project goals and objectives can be reached in a more effective and/or efficient manner, modifications will be made to this framework.

Participants

One designated resident “expert” (including one staff and one consumer) from provider agencies that are currently authorized by AMHA LME to provide mental health services, to adults with serious and persistent mental illness and serious mental illness and approximately 1,000 consumers and staff will participate in the Recovery Collaborative trainings within a two-year period [through one-on-one mentoring, group training and on-line resources].

The randomly selected group of 150 consumers will be drawn from current service users of three agencies (to be determined) that have both larger consumer populations from which to select a sample and serve both Medicaid and non-Medicaid clients. A systematic sampling approach will be employed with the research team randomly selecting the *k*th element on an overall list as a starting point from which the consumers will be drawn. To control for sample attrition, an initial sample of XXX consumers will be drawn in the event that 50% of the sample

elects to not participate in the consumer study group. A power analysis will be conducted to determine the final sample size for the consumer study group.

Recruitment and Training

The MRBPC, representatives from AMHA LME, MOD, project staff, along with the research team, will establish the parameters of agency participation. An integral part of member agency recruitment and training for the agency “experts” (both a staff member and a consumer), includes the development of a training manual for each module (e.g. Recovery I Module [basic]) to include (1) a project overview, (2) a standardized, training protocol [including how to administer the Pretest-Posttest Forms], (3) an outline of training content, (4) a copy of the Pre-Post knowledge Questionnaire [including true false and/or multiple choice items and a few short vignettes to assess skill sets in addition to knowledge] specific to the module, (5) a list of frequently asked questions, (6) a contact name for additional questions, and (7) a Training Session Feedback Form. The training content will follow directly from the training manual. The training content and training manual will be piloted during [when?]. Changes to the training content and training manual will be based on feedback and suggestions provided by the participants, MRBPC, MOD, and Project Coordinator, and the research team.

Research Questions and Hypotheses

Hypothesis A: Agency “experts”, and staff and consumers who participate in the Community Mental Health Recovery Collaborative will have increased knowledge of the Mental Health Recovery Model.

Phase I Recovery Trainings [Training Agency “Experts” – 35 Staff and 35 Consumers]

1. Agency specific “experts” (both staff and consumers) will have increased knowledge of the basic elements of recovery after they participate in a basic recovery workshop.
2. Agency specific “experts” (both staff and consumers) will have increased knowledge of the advanced elements of recovery after they participate in an advanced recovery workshop.
3. Staff will have increased knowledge of what to do as a provider under the Recovery Model.
4. Consumers will have increased knowledge of what to expect from a provider under the Recovery Model.

Phase II Recovery Trainings [“Experts” Deliver Training modules [Recovery I & II; What to do & expect] to staff and consumers/families at their agency]

5. Staff and consumers will have increased knowledge of the basic elements of recovery after they participate in a basic recovery workshop.
6. Staff and consumers will have increased knowledge of the basic elements of recovery after they participate in an advanced recovery workshop.
7. Staff will have increased knowledge of what to expect from a provider under the Recovery Model.
8. Consumers will have increased knowledge of what to expect from a provider under the Recovery Model.

Phase III Recovery Curriculum [topics related to recovery]

[add hypotheses here based on topics to be delivered]

Hypothesis B: If the community implements a true Mental health Recovery Model, we will have profound positive impact on consumers' well-being, personal recovery, and the perception of the overall recovery environment.

Consumer Study Group

1. Mental health consumers who participate in the Recovery Collaborative will demonstrate higher levels of personal recovery (as measured by changes in levels of recovery markers, personal confidence and hope, willingness to ask for help, goal and success orientation, reliance on others, and no domination by symptoms)
2. Mental health consumers who participate in the Recovery Collaborative will demonstrate higher levels of well-being.
3. Mental Health consumers who participate in the Recovery Collaborative will demonstrate higher levels of personal confidence and hope.
4. Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their perception on recovery markers.
5. Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their quality of life.
6. Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their overall satisfaction with their support team.
7. Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their satisfaction with their person-centered plan.

Further questions to be addressed include the following:

8. Does participation in the Recovery Collaborative improve consumer's perception of the overall recovery environment?
 - o Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their perception in the importance ratings of the elements of recovery.
 - o Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their perception of program performance indicators.
 - o Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their perception of special needs.
 - o Mental health consumers who participate in the Recovery Collaborative will demonstrate improvement in their perception of the organizational climate.
 - o Mental health consumers who participate in the Recovery Collaborative will demonstrate higher levels of satisfaction with agency services.
9. What are one or two of the most important things a mental health program and its staff can do to support people with psychiatric disabilities in their mental health recovery?

10. What are one or two of the most important things consumers have learned so far on their journey of recovery?
11. What advice would consumers have for a person who is just beginning his or her journey of recovery from psychiatric disability?

Data Collection Procedures

MHBPC, the Project Director, MHBPC Chair, and AMHA LME representative are currently refining the data collection procedures through continuing group meetings and will finalize the data collection protocol with the MHBPC on September 1, 2006. However, the group's discussions to date have resulted in the following draft protocol.

Trainings

Survey research, specifically self-administered measures, will be employed to collect the training data. The "expert" staff and consumer member will administer both the pre-test and post-test measures for each training module, including a demographic questionnaire. Training participants will also be asked to complete a Training Session Feedback Form.

Consumer Study Group

For pre-test, post-test, and 3-month follow-up, the case manager will deliver a letter inviting the consumer to attend a meeting about the project (several meetings at specified locations [e.g. Charlotte Town Manor, Innervisions, Goodwill, Community Room – MOD facilities, etc.) and dates will be available to which the case manager will arrange transportation [CM, or other support person]), along with a packet of information including the informed consent document and proposed measures. A meal will be provided to the participants during this presentation. Consumers who elect to participate in the consumer study group will be asked to read and sign the informed consent document. Face-to-face group interviews, individual interviews, and telephone interviews will be offered as options to completing the study measures in an effort to embrace the principles of the Recovery Model in the data collection process. During this group interview session, consumers will be guided through the self-report instruments, when a trained interviewer will read the questions aloud to the group and consumers can respond individually on their survey or they may elect to complete the survey on their own. If the consumer is not comfortable with this group option, the interviewer will arrange a time to complete an individual interview, either in person or via the telephone. Participants will be remunerated for their participation in the consumer study group (e.g. Walmart or Food Lion gift card, bus passes, etc.).

Measures

The following principles guided the selection of the following measures:

- Focus on data that are relatively simple to collect:
 - Minimize cost and staff time required
- Use self-report measures available within the public domain when possible
- Produce data that are useful and meaningful:
 - Use reliable, valid, and cost-effective measures
 - Collect data on demographics and personal recovery, well-being, hope, and overall recovery environment
 - Use an established research design

- Start small and expand on successes

Recovery Trainings

The following instruments will be administered to participants in the recovery curriculum trainings and related training modules:

At Pre-test:

- Demographic Questionnaire
- Pre-test Knowledge Questionnaire

At Post-test:

- Post-test Knowledge Questionnaire
- Training Session Feedback Form

At 3-month follow-up:

- Post-test Knowledge Questionnaire

Consumer Study Group

The following instruments will be administered to participants in consumer study group in addition to the above measures:

At Pre-test:

- Recovery Enhancing Environment Measure (REE; Ridgway, 2005)
- Recovery Assessment Scale (RAS; Giffort, Schmook, Woody, Vollenndorf, & Gervain, 1995)
- Consumer Satisfaction Item: “How satisfied are you with the amount of help you have received from your support team? (1 – Quite Dissatisfied, 2 – Indifferent or Mildly Satisfied, 3 – Mostly Satisfied, 4 – Very Satisfied)
- 1 QOL item: “How do you feel about your life in general?” (1 – Terrible, 2 – Unhappy, 3 – Mostly Dissatisfied, 4 – Equally Satisfied/Dissatisfied, 5 – Mostly Satisfied, 6 – Pleased, 7 – Delighted)
- Additional Demographic Questions:
 - Medicaid recipient?
 - Work – volunteer question
 - List from QOL battery
 - Insert
- 3 items related to Person-centered Plan:
 - I feel that I am guiding my Person-centered Plan. (1 – Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree)

- How satisfied are you with the planning process for your Person-centered Plan? (1 – 7 scale as noted above)How satisfied are you with your level of involvement with your Person-centered Plan? (1 – 7 scale as noted above)

At Posttest: [change]

- Recovery Enhancing Environment Measure (REE; Ridgway, 2005)
- Recovery Assessment Scale (RAS; Giffort, Schmook, Woody, Vollenndorf, & Gervain, 1995)
- Consumer Satisfaction Item: “How satisfied are you with the amount of help you have received from your support team? (1 – Quite Dissatisfied, 2 – Indifferent or Mildly Satisfied, 3 – Mostly Satisfied, 4 – Very Satisfied)
- 1 QOL item: “How do you feel about your life in general?” (1 – Terrible, 2 – Unhappy, 3 – Mostly Dissatisfied, 4 – Equally Satisfied/Dissatisfied, 5 – Mostly Satisfied, 6 – Pleased, 7 – Delighted)
- Additional Demographic Questions:
 - Medicaid recipient?
 - Work – volunteer question
 - List from QOL battery
 - Insert
- 3 items related to Person-centered Plan:
 - I feel that I am guiding my Person-centered Plan. (1 – Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree)
 - How satisfied are you with the planning process for your Person-centered Plan? (1 – 7 scale as noted above)
 - How satisfied are you with your level of involvement with your Person-centered Plan? (1 – 7 scale as noted above)

At three-month intervals: [change]

- Recovery Enhancing Environment Measure (REE; Ridgway, 2005)
- Recovery Assessment Scale (RAS; Giffort, Schmook, Woody, Vollenndorf, & Gervain, 1995)
- Consumer Satisfaction Item: “How satisfied are you with the amount of help you have received from your support team? (1 – Quite Dissatisfied, 2 – Indifferent or Mildly Satisfied, 3 – Mostly Satisfied, 4 – Very Satisfied)
- 1 QOL item: “How do you feel about your life in general?” (1 – Terrible, 2 – Unhappy, 3 – Mostly Dissatisfied, 4 – Equally Satisfied/Dissatisfied, 5 – Mostly Satisfied, 6 – Pleased, 7 – Delighted)
- Additional Demographic Questions:
 - Medicaid recipient?
 - Work – volunteer question
 - Financial informationList from QOL battery
 - Insert
- 3 items related to Person-centered Plan:

- I feel that I am guiding my Person-centered Plan. (1 – Strongly Agree, 2 – Agree, 3 – Neutral, 4 – Disagree, 5 – Strongly Disagree)
- How satisfied are you with the planning process for your Person-centered Plan? (1 – 7 scale as noted above)
- How satisfied are you with your level of involvement with your Person-centered Plan? (1 – 7 scale as noted above)

Demographic information (e.g., age group, gender, racial or ethnic background, total amount of time have received any form of mental health services, kinds of services currently receiving in specified program, working part-time or full-time, in school, work – volunteer, , etc.) and information on services received will be obtained through self-report by the mental health consumer.

No personally identifying information will be provided to the researchers, who will obtain approval from the UNC Charlotte Institutional Review Board for all aspects of this project involving human participants in research. AMHA LME will hold the list of consumer names.

Plan of Analysis

Descriptive analyses will be conducted on all variables and correlational relationships explored, especially in examining the relationship between the level of personal recovery and the perception of the recovery environment. In order to inform the research questions and hypotheses articulated above, a series of dependent group t-tests (with one sample measured twice) will be conducted to identify any statistically significant changes over time (as evidenced by comparing pretest mean knowledge scores to posttest mean knowledge scores).

Linear regression techniques may also be used to analyze data, especially exploratory areas of interest. Additional within and between group comparisons will be made using t-tests, analyses of variance (ANOVA), and multivariate analyses of variance (MANOVA). In particular, a primary goal of these analyses will be to explore the patterns of outcomes that emerge among different groups of consumers within different types of mental health treatment in order to identify the differences for particular subgroups of adults relative to recovery.

Table 1. Proposed Outcome Assessment Measures for Consumer Study Group

| Measure | Purpose | Subscales | Administration | # of Items | Cost |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------|------|
| Recovery Enhancing Measure (REE) | Provides information on personal recovery, a set of organizational climate factors that support resilience, and a set of programs/services that influence recovery | <ul style="list-style-type: none"> • Demographics • Stage of Recovery • Importance Ratings on Elements of Recovery • Program Performance Indicators (24 subscales comprised of 3 items that rate program/staff performance on each recovery element) • Special Needs (5 subscales comprised of 4 items each) • Organizational Climate (resilience-enhancing factors) • Recovery Markers (process and intermediate outcomes) • Consumer Feedback (open-ended questions on recovery) | Self-administered Individual Interview Group Interview | 166 maximum | TBD |
| Recovery Assessment Scale (RAS) | Based on a process model of recovery, the RAS attempts to assess aspects of recovery with a special focus on hope and self-determination. | <ul style="list-style-type: none"> • Personal Confidence and Hope • Willingness to Ask for Help • Goal and Success Orientation • Reliance on Others • No Domination by Symptoms | Self-administered Individual Interview Group Interview | 41 | None |
| Consumer Satisfaction Item | | <ul style="list-style-type: none"> • How satisfied are you with the amount of help you have received from your support team? | | | |
| Quality of Life Item | Overall QOL rating | <ul style="list-style-type: none"> • How do you feel about your life in general? | Self-administered Individual Interview Group Interview | Single rating | None |
| Person-centered Plan | Measures most impaired level of general functioning for specified time period describing functioning on a hypothetical continuum of health-illness | <ul style="list-style-type: none"> • I feel that I am guiding my Person-centered Plan. • How satisfied are you with the planning process for your Person-centered Plan? • How satisfied are you with your level of involvement with your Person-centered Plan? | Self-administered Individual Interview Group Interview | Three Single Ratings | None |

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