

USPRA 2009 Conference

Peer-Run Programs:

Using Outcomes to Assess Effectiveness,
Modify Programs, and Obtain Funding

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Agenda

- **Overview of outcomes**
- **Why peer centers should collect & utilize outcomes data**
- ***Developing an Outcome System**
- ***Use outcomes to assess & modify programming**
- **Using outcomes to obtain and/or sustain funding**

*** Based on process used at Recovery Center of Hamilton County**

Overview of Outcomes



Overview of Outcomes

■ Definition:

- ❑ In the simplest terms, outcomes are expected changes or results (of a particular service).
 - ❑ *Consumer Outcomes are indicators of health or well-being for an individual as measured by statements or characteristics of the consumer, not the service system.*
 - Common consumer outcomes include: symptom reduction, improved functioning, quality of life, housing, employment, empowerment, autonomy, choice, and self-esteem.
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Overview of Outcomes con't

The ultimate goals of outcomes measurement are a notable improvement in the health of consumers and the cost efficient utilization of mental health services.

- **Why measure outcomes?**
 - **Facilitate recovery**
 - **Improve service delivery**
 - **Demonstrate accountability for public resources**
 - **Obtain funding**
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Overview of Outcomes con't

- **What do you want to measure, what do you want to find out?**
 - **Identify services provided**
 - **For each service, how do you expect the service to impact or change a person's life (desired outcome)?**
 - **Example: service = peer education (WRAP class); desired outcomes = improved symptom recognition & prevention, empowerment, crisis prevention.**
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Overview of Outcomes con't

- **How do you measure it (instruments)?**
 - **Choose a method or instrument that is easy to understand and easy to measure (track)**
 - **using easy to record measures helps assure consistency and accuracy of the data collected, and it requires fewer staff resources.**
 - **Whenever possible, use an existing measure... ideally one that is used in your system**
 - **This allows for comparison of outcomes for the consumers that you serve with the outcomes of a larger group of consumers.**
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Overview of Outcomes con't

- ❑ **Choose a measure that has been validated**

- ❑ **Outcomes Instruments available**
 - **Measuring the Promise: A Compendium of Recovery Measures (Volume II)**

http://www.tecathsri.org/pub_pickup/pn/pn-55.pdf

- ❑ **Ohio Consumer Outcomes (OCO)**
 - ❑ **Recovery Measurement Tool (RMT)**
 - ❑ **Peer Outcomes Protocol (POP)**
 - ❑ **Recovery Assessment Scale**
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Peer Center Use of Outcomes



Why peer centers should use outcomes

- **It's good practice**
 - **without establishing and tracking outcomes, there's less certainty about what you're trying to achieve and whether you are being successful.**
 - **It helps keep an organization focused on its mission**
 - **It allows COS to determine what does and doesn't work well and to modify programming accordingly**
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Why peer centers should use outcomes

- **It increases the quality of services**
 - **Assure effective and efficient use of resources**
 - **Greater competition for less funds**
 - **Funding organizations are placing greater emphasis on funding services that have the best outcomes.**
 - **To prepare for, or be better positioned, to obtain a Medicaid contract to provide billable peer services in the future.**
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Things to avoid

- **Administering surveys at the end of a class**
 - **When the goal is to show change over time**
 - **One-time administration (for change or impact)**
 - **Making up your own instrument**
 - **Relying solely on tracking attendance via sign-in sheets**
 - **Duplication (want unduplicated data)**
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Things to Avoid Con't

- **Small samples - collecting data that has such a specific target that most of your members are excluded**
 - **Relying solely on anecdotal evidence**
 - **Collecting data that doesn't meet your needs**
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Things to Consider

- **Resources**
 - **Skill Set**
 - **Priorities (can't measure everything)**
 - **Utilizing college graduate programs**
 - **Collaborative efforts**
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Using Outcomes to Facilitate Recovery

Facilitating Individual Recovery

- **Identify areas of strengths & weaknesses**
 - **Set goals based on weaknesses or areas individual wants to make improvement in**
 - **Track progress**
 - **Validate success**
 - **Early identification of potential problems**
 - **Modify personal goals**
 - **Establish new goals**
 - **Advocate for self and others**
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Facilitating Individual Recovery

- **Benefit of using outcomes in services**
 - **Empowerment**
 - **Self-determination**
 - **Self-responsibility**

 - **Process of using outcomes with an individual**
 - **Administer survey/instrument (gather info)**
 - **Identify strengths/difficulties**
 - **Set goals (written)**
 - **Track progress/modify goals**
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Facilitating Individual Recovery

- ❑ **Outcomes refer to the changes occurring in a person's life.**
 - **Because recovery is an ongoing process involving change, it's important to use individual outcomes results to modify goals and/or recovery plans.**
 - **Remove goals/objectives that have been achieved and add goals that reflect new desired outcomes.**
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Facilitating Individual Recovery

- **Example – Recovery Center of Hamilton County**
 - **Ohio Consumer Outcomes Instruments**
 - **Adult Consumer Form A**

Adult A - 67 Item Survey with four domains:

1. **Safety & Health**
2. **Symptom Distress**
3. **Quality of Life (including empowerment)**
4. **Making Decisions Empowerment Scale**
 - Overall empowerment, Self esteem/self-efficacy, Power/powerlessness, Community activism & autonomy, Optimism & control over the future, and Righteous anger

Facilitating Recovery - Segment of OCO Report

Symptom Distress Scale (Part 3: Q17-Q31)

X Nervousness or shakiness inside	Extremely	5 (=)
Being suddenly scared for no reason	Some	3 (=)
Feeling fearful	A little bit	2 (-)
Feeling tense or keyed up	A little bit	2 (-)
Spells of terror or panic	A little bit	2 (-)
X Feeling so restless you couldn't sit still	Extremely	5 (+)
Heavy feelings in arms or legs	A little bit	2 (-)
Feeling afraid to go out of your home alone	A little bit	2 (-)
Feeling of worthlessness	A little bit	2 (-)
Feeling lonely even when you are with people	Quite a bit	4 (+)
Feeling weak in parts of your body	A little bit	2 (-)
Feeling blue	Some	3 (=)
Feeling lonely	Some	3 (-)
Feeling no interest in things	Not at all	1 (-)
Feeling afraid in open spaces or on the streets	Not at all	1 (-)

Symptom Recognition & Prevention (Part 3: Q32-Q33)

How often can you tell when mental or emotional problems are about to occur	Always	5 (+)
How often can you take care of the problems before they become worse	Often	4 (+)

* **Extreme negatives (X) in yellow and extreme positives (bold) in blue**

* **Changes from previous to current administration indicated in parentheses**

Facilitating Recovery - Example

■ Sean:

- ❑ Sean is experiencing moderate symptom distress, but expressed significant difficulty with the following survey items...
 - feeling tense or keyed up, feeling of worthlessness, Feeling lonely even when you are with people, feeling blue, feeling lonely
 - ❑ Sean expressed dissatisfaction with his financial situation and overall quality of life, and
 - ❑ Sean's survey results show that he doesn't have a strong sense of empowerment.
 - (power, optimism, self-esteem, community activism, righteous anger).
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Facilitating Recovery - Example

■ Issues/questions to think about:

- ❑ What does Sean want assistance with (why did he come to your agency/program)?
- ❑ Which of his needs is your agency/program able to assist him with...directly or indirectly?
- ❑ Which of his needs are already being addressed?
- ❑ Which of his needs require immediate attention, or need to be addressed before being able to assist with other needs?

Facilitating Recovery - Example

■ Extreme Negative Responses

- Usually I feel alone
- I feel powerless most of the time
- When I am unsure about something, I usually go along with the rest of the group

These items are from the power/ powerlessness subscale

- ## ■ Sean decided that he wants to gain a greater sense of control in his life....that's his overall goal.
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Segment of ARROW Report

1. **How do you feel about: amount of friendship in your life.**

Answer: Terrible

- I will develop a list of places/activities of interest, which provide possible opportunities for developing social contacts.
- I will attend the *social club* available in the area for at least *one hour two times each week*.
- I will invite someone to *lunch* or to participate in an activity with me.
- I will practice social/communication skills with my treatment provider *one hour each week*.

49. **Usually I feel alone.**

Answer: Strongly Agree

- I will call the warm line or participate in online chats when feeling lonely.
 - I will go to a *day program/consumer agency* to increase my social interaction.
 - I will attend a social activity *at least once per month at church or other community organization*.
 - I will get a pet.
-

Facilitating Recovery - Example

- I will learn my client rights.
 - I will attend a group (self-esteem, empowerment, recovery, etc) at least once a month.
 - I will discuss my treatment plan with treatment provider before signing it.
 - When I don't understand something, I will ask questions instead of just doing what others do.
 - When feeling uncomfortable in a situation, I will let those with me know about it.
 - I will suggest an activity to do when I am with friends.
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Facilitating Recovery - Example

- **I will attend a group (self-esteem, empowerment, recovery, etc) *at least once a month.***
 - ❑ **Attend recovery support group at least 3 times a month and participate in the discussions at least once each group.**
 - ❑ **Take WRAP class the next time that it is offered**

 - **I will discuss my treatment plan with treatment provider before signing it.**
 - ❑ **Sean will roll-play with peers in the recovery support group to prepare for his discussion with his treatment provider.**
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Exercise – Facilitating Recovery

OCO Adult Survey Questions:

- ❑ **How often can you tell when mental or emotional problems are about to occur?**
 - **Never, seldom/rarely, sometimes, often, always**

 - ❑ **When you can tell, how often can you take care of the problems before they become worse?**
 - **Never, seldom/rarely, sometimes, often, always**
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Exercise – Facilitating Recovery

- **Based on the responses to the two questions from the OCO, develop a goal(s) and intervention (service to address the goal)**
 - **What are the desired outcomes of the intervention (what response to the questions would indicate that the goal was accomplished)?**
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Using Outcomes to Modify Programming

Recovery Center of Hamilton County
Knowledge Gained From Outcomes

Modifying Services

- **Measure Effectiveness of Services**
 - Compare agency results with system results
 - Compare results across programs within agency
 - Identify program/agency strengths & challenges
 - **Modify services/programs based on outcomes results**
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Compare Agency with System

■ Symptom Distress

- 15-item MHSIP scale
- Responses are based on five point scale: (1) not at all, to (5) extremely
- Determine change in scores by calculating the difference between the initial administration of the survey and the most recent administration.

Percent of individuals for whom scores improved:

- System = 54.50 (n=5159)
- Recovery Center = 45.30 (n=107)

Compare Agency with System

■ Overall Quality of Life

- Ten items were adapted from the Quality of Life Questionnaire (Greenley et. al, 1997) and two from QOL interview (Lehman, 1998)
- Responses are based on a five point scale: (1) terrible, to (5) very pleased.

Percent of individuals for whom scores improved:

- System = **52.30** (n=4822)
- Recovery Center = **64.80** (n=105)

Compare Agency with System

■ Financial Quality of Life

- Averaging three items that also appear in the Overall Quality of Life scale
 - Money, Comfort, and Fun

Percent of individuals for whom scores improved:

- System = **38.70** (n=5161)
- Recovery Center = **45.70** (n=105)

Compare Programs within Agency

■ Symptom Distress*:

- Wellness Management and Recovery = **45.20** (n=31)
- Art Program = **47.70** (n=44)

■ Quality of Life*:

- Wellness Management and Recovery = **71.00** (n=31)
- Art Program = **63.90** (n=44)

■ Financial Quality of Life*:

- Wellness Management and Recovery = **51.60** (n=31)
- Art Program = **50.00** (n=44)

* Percent of individuals for whom scores improved

Summary of Outcomes Data

Symptom Distress*:

System	= 54.50
Art	= 47.70
Recovery Center	= 45.30
WMR	= 45.20

Quality of Life*:

System	= 52.30
Recovery Center	= 64.80
WMR	= 71.00
Art	= 63.90

Financial Quality of Life*:

System	= 52.30
Recovery Center	= 64.80
WMR	= 71.00
Art	= 63.90

* Percent of individuals for whom scores improved

Recovery Center – Other Data Sets

- **Course completion**
 - **Employment**
 - **Volunteering**
 - **Unduplicated daily and monthly attendance**
 - **Referrals**
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Recovery Center Knowledge Gained

■ Strengths:

- Art program
 - Computer program
 - Employment rate
 - Volunteering
 - Community connections
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Recovery Center Knowledge Gained

■ Challenges:

- ❑ Course completion
 - ❑ Participation of individuals under 30 years of age
 - ❑ Lack of member leadership
 - ❑ Increase in number of referrals
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Recovery Center Knowledge Gained

- **Solutions (modifications):**
 - **Identified problem: increase in number of referrals**
 - **In the three years that the recovery center has been operating, they've provided slightly more than 1000 tours. More than half of those occurred within the past year. The recovery center provides tours to all referrals on a walk-in basis and it's become a drain on staffing and resources.**
 - **Solution: Schedule tours for specific times/days**
 - **Tours will be offered twice a week during two hour time slots**
 - **Explore the reason for the large increase in referrals**
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Recovery Center Knowledge Gained

- ❑ **Identified problem: Lack of member leadership (volunteering)**
 - after the first year of operation, it was discovered that only 39% of members participated in a community volunteer project.
 - ❑ **Solution: increased emphasis on member volunteering; added community service class.**
 - In year two, 143 of 198 members (72%) participated in at least one community volunteer project
 - Center increased from 15 to 37 volunteer hours per week; in year three, volunteer hours increased to 45 per week.
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Recovery Center Knowledge Gained

- ❑ **Identified problem: Participation of individuals under 30 years of age**
 - **Of the 717 individuals who attended the center in it's first two years of operation, 94 (13%) were under 30 years of age. Of the 274 members, 31 (11%) were under 30.**

 - ❑ **Solution: Collaborate with community programs**
 - **The Recovery Center has begun collaborating with various transitional age youth programs in the community and is exploring ways to modify programming to better meet the needs of younger individuals**
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Exercise – Improve Service Delivery

- **Participation of those under 30**
 - **Identify efforts to be taken to increase participation of younger adults**
 - **What is your desired outcome?**
 - **Must be measurable**
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Sustaining and Obtaining Funding



Using Outcomes to Sustain & Obtain Funding

■ Sustain Funding:

- **Demonstrate positive impact of services**
 - **Connect service to desired outcome**
 - **Use reliable measures**
 - **Show cost effectiveness**
 - **Produce outcomes that no one else does**
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Sustaining & Obtaining Funding con't

■ Increasing funding:

- **Demonstrate positive impact of services, use reliable measures, show cost effectiveness, and produce outcomes that no one else does**

 - **Funding requests should indicate that increased funds provides an opportunity to expand services**
 - **Number of people served**
 - **Population served**
 - **Even better outcomes**
 - **Additional outcomes**
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Funding Recovery Center Obtained

- In addition to the operational budget, the Recovery Center has secured funding from a variety of sources:
 - Private Donation (\$25, 000)
 - Small Grants for Art and Computers (\$24, 000)
 - Various TA and consulting projects (\$67,600)
 - Sales of consumer art (\$1500)
 - Social Enterprise Grant (\$65, 000)
 - Success breeds success
 - Social Enterprise grant is funded by The Health Foundation of Greater Cincinnati, the same organization that provided funding for the development of the Center.

Total increase in budget over three years = \$183,100

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<http://www.recoverycenterhc.org> – Recovery Center

<http://www.hcmhrs.org> – Mental Health and Recovery Services Board

<http://www.mhrecovery.com> – MHR SB's recovery website
