



Newsletter

Spring 2009 Volume 1, Issue 3

Innovations in Recovery Seminar

The Mental Health Center of Denver (MHCD) was invited to attend a two day meeting, sponsored by SAMHSA, entitled Innovations in Recovery Seminar. The focus of the meeting was to have some training and then discussions of implementation with a large group of stakeholders in recovery transformation from around the country and England. The group was broken into four areas, including 1) Promoting Hope 2) Mental Health Information Technology 3) Recovery-Based Accreditation Practices and 4) Crisis Alternatives. MHCD presented in both the Promoting Hope area and the Recovery-Based Accreditation area. The goal is for the groups to continue the discussions and planning through ongoing meetings and communication. Overall, the meeting was very thought provoking regarding how to move forward with system transformation.

Success at the 2009 National Council Conference

Reaching Recovery exhibited at the 2009 National Council for Community Behavioral Healthcare Conference in San Antonio. The exhibit generated great excitement and interest from others seeking to measure recovery.

In addition to the exhibit, Roy Starks, Director of Reaching Recovery, co-facilitated a lunch-n-learn on measuring recovery.

Thank you to those who came by the exhibit and participated in the lunch-n-learn. It is exciting to hear how systems are transforming to truly recovery focused systems.



Griff McClure (left) and Roy Starks (right) exhibit at the 2009 National Council Conference

Since the conference, we have been busy holding webinars for those interested in seeing the instruments in great detail. If you are interested in scheduling a webinar simply email us at reachingrecovery@mhcd.org.

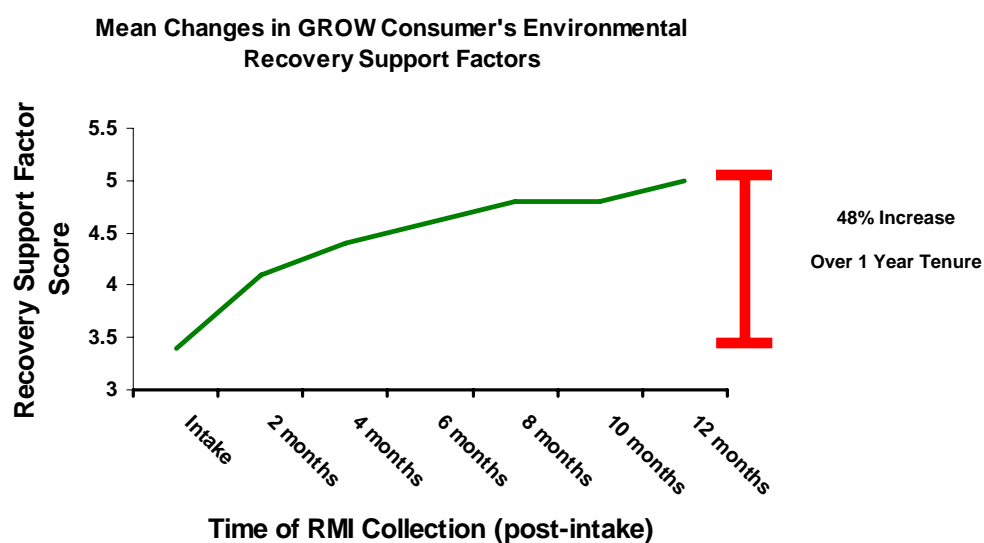
MHCD's GROW Program

An example of how centers can use the recovery instruments....

Using the recovery instruments, MHCD has seen its Growth and Recovery Opportunities for Women (GROW) program reduce the rate of homelessness, substance abuse, and the level of symptom interference.

The program serves homeless women with both substance abuse disorders and mental illness. The program provides the best opportunity to assist these women in overcoming their mental illness, substance abuse, and acquiring permanent housing for themselves and their children.

Outstanding Outcomes:



Over the previous two years, 65 consumers have been admitted to the program, and 45 are still receiving services.

- Over the first six months of treatment MHCD found that overall the consumers have a 40% increase in their overall recovery support factors score (Employment, Education, Active Growth and Orientation, Level of Symptom Interference, Participation in Services, Housing, and Substance Abuse). This indicates substantial improvements in areas that support mental health recovery.
- Of all the homeless women admitted, 80% obtain permanent housing within 6 months, whereas the remaining 20% obtain at a minimum a stable shelter bed until permanent housing can be found.
- MHCD also found a 150% increase in the number of consumers reporting abstinence

housing can found.

- MHCD also found a 150% increase in the number of consumers reporting abstinence from drugs, going from 23% to 57% reporting abstinence.

Recovery Happens: Charting a New Course



On May 8th MHCD held its 10th Annual Recovery Conference. The conference features the latest innovations in recovery strategies. Each year, MHCD shares its mission and values by coordinating this educational conference. The conference teaches the latest in evidence-based practices to clinicians and promotes consumers getting more involved in their recovery.

The Reaching Recovery gang at the 2009 Recovery Conference. From left, Shawna McGuckin, Griff McClure, Roy Starks, and Steve Huff

This year's conference celebrated MCHD's 20 years of service and commitment to providing Denver extensive and accessible mental health care. MHCD's CEO, Dr. Clark, spoke of the history and transformation to a recovery focused system. A panel of consumers spoke of

their individual process through recovery. The breakout sessions offered a mix of art, inspiration and evidence. To view the presentations and handouts, go to: <http://mhcctraining.org>.

The Hope Study Results

The last newsletter introduced MHCD's Hope Study. The results are now in!

Since hope is a key concept in most theories proposed to understand mental health recovery, MHCD set out to explore the relationship between the clinician's and the consumer's hope. In addition, we explored the relationship between MHCD's Consumer Recovery Measure instrument and hope using the Herth Hope Index (Kaye Herth, 1992).

Clinicians at MHCD brainstormed during a 2 hour session about how they could improve hope for their consumers. The clinicians were then asked to select two consumers in their caseload that would benefit from some of the hope-related ideas. Over a six month period, clinicians worked to instill hope with their consumers. Clinicians and their two consumers from their caseloads were asked to complete the Herth Hope Index every 2 months and consumers were asked to complete the Consumer Recovery Measure every 3 months.

*The Herth Hope Index measures hope on three domains: Temporality and future (hypothesized to measure the cognitive—temporal dimension of hope); Positive readiness and expectancy (hypothesized to measure the affective—behavioral dimension of hope); and Interconnectedness (hypothesized to measure the affiliative—contextual dimension of hope.)

*Herth, K. (1992) Journal of Advanced Nursing, 17, 1251-1259

The Consumer Recovery Measure measures recovery from the consumer's perspective on five dimensions (active growth orientation, hope, symptom interference, safety, and social network).

Analyses were run on 153 consumers who had at least two Herth Hope index scores and also had Consumer Recovery Measure scores during the period. The preliminary results from the pretest to the posttest showed that there was a significant change in scores for the consumer's interconnectedness. During the pre-test, there was an inverse correlation between clinician's and consumer's hope. But, during the post-test, the direction of the correlation changed, and increased in several areas (consumer's temporality and future, positive readiness and expectancy, and the total score). In addition, consumers and clinicians scored that having hope about the future was easier than being hopeful in the present.

It was very interesting to learn that as hope increased, the awareness and experience of symptoms got worse. Some potential explanations for this could be that consumers find symptoms the hardest to endorse in the Consumer Recovery Measure and that while consumers' hope improves they are willing to take on new ventures, thus causing a higher level of anxiety and symptom interference.

Overall, MHCD found that a sense of connectedness seems to improve after talking about hope. In addition, MHCD found that increasing hope may influence recovery "over time," therefore, mental health outcomes may not necessarily happen immediately. The study also reinforced that symptom interference is difficult for consumers to endorse.

This study is only the beginning for MHCD to explore hope. We will continue to explore how hope relates to consumer's perception of recovery and invite feedback as we continue our research. For more details of the results and to post your feedback on our blog, please visit www.outcomesmhcd.org.

Thank you for taking interest in the Reaching Recovery Initiative. Please do not hesitate to contact us for additional information and to share what your agency has been doing to promote recovery.

Sincerely,

A handwritten signature in cursive script that reads "Roy D. Starks".

Roy D. Starks
Director of Rehabilitation and Reaching Recovery, Mental Health Center of Denver

To remove your name from the mailing list, [click here](#) and put unsubscribe in the subject line.

To remove your name from the mailing list, [click here](#) and put unsubscribe in the subject line.
