



Newsletter

Winter 2009 Volume 1, Issue 2

Improving Your Bottom Line: The Financial Benefit of the RNL

\$\$ The Recovery Needs Level (RNL) is an instrument created by MHCD that evaluates the level of services needed for a consumer. Since its implementation in 2001, MHCD admits about 360 new adults with serious mental illness into high intensity services each year with the same amount of resources.

Before 2001, MHCD had a “closed system”, in which we provided intensive ACT services to 1600 consumers who were identified as needing such at intake. Once the consumers were identified as needing the intensive services they did not move to less intensive services as their needs diminished. There was also a dramatic need in the community for additional ACT services for those in need; however, we were unable to offer such services to these individuals.

In 2001, MHCD created a fluid system for consumers to move to different levels of services according to their current treatment needs. This has allowed us to implement changes that have greatly improved our system of care. We have developed a variety of services and supports that are delivered to each consumer based on his/her individual choices and needs. The RNL supports our recovery philosophy by encouraging consumers to move to less intensive services when they are ready.

To implement this change, MHCD hired a team of consumers to train other consumers on recovery and the process of change. MHCD set out a detailed appeal process for consumers, estimating that 10% to 15% of consumers would appeal having to move to a different level of service. Due to consumer input and education throughout the process and consumers’ motivations to recover, only 1% appealed being changed to a different level of service.

The RNL has opened the door to others in need of the more intensive services. As a result, we have been able to expand access to our comprehensive system of care by admitting about 360 new adults to the high intensity services each year at an annual public cost saving estimated to be \$3,650 per consumer served. This is based on decrease in hospitalizations, detoxification episodes, police interventions, emergency room contacts, and incarcerations. **The total public cost saving for these consumers is estimated to be close to \$1.5 million annually.** For more information about the Recovery Needs Level please read the article titled [“Letting Recovery Take Root.”](#) **\$\$**

Visit Reaching Recovery at the 2009 National Council Conference

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Don't miss Reaching Recovery at the 2009 National Council For Community Mental Healthcare Conference held in San Antonio this April!

In addition to the Reaching Recovery exhibit, Roy Starks will be co-facilitating a Lunch and Learn session, titled Measuring Recovery from Mental Illness, at the conference on April 7th from 12:30—1:30pm.



EXHIBITOR
39th NATIONAL COUNCIL CONFERENCE
APRIL 6-8, 2009 * SAN ANTONIO, TEXAS
Look for us at Booth No. 300

We would love to see you there! Stop by the exhibit and attend the Lunch and Learn session to share what your agency has been doing to promote recovery.

Recovery Happens: Charting a New Course MHCD 2009 Recovery Conference - Friday, May 8th



MHCD's CEO, Dr. Carl Clark, will address MHCD's transformation to a recovery focused system of care. In addition, a powerful panel of consumers will share their own stories of their path to recovery.

Registration will begin online in April. Go to <http://mhcdraining.org/RecoveryConference.aspx> to register. Space is limited.

Building On HOPE

Based on the idea that hope is a vital component of recovery, MHCD initiated **The Hope Project**. It began as a training created to help clinicians instill hope in consumers. The training was designed based on staff feedback regarding the important elements of hope and was conducted in small staff groups throughout August and September of 2008. Each of the clinical staff who attended the training is now working with two consumers in instilling added hope. In addition to Recovery Markers and Recovery Measures, every two months staff also complete a Herth Hope Index about themselves and collect a Herth Hope Index from each consumer. MHCD's Consumer Recovery Measure includes hope as one of its domains and we will utilize this data to further develop the direction and training of The Hope Project.

"Completing the Herth Hope Index and the Recovery Measures on a regular basis with my clients helps me to positively engage with them. For example, instead of talking about all the negative things going on in a person's life, it gives us the ability to explore their success, strengths, and positive qualities."

Daniel Uehling, Clinician,
MHCD

Using the Latent Growth Curve Model to Measure Recovery

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Using the Latent Growth Curve Model to Measure Recovery

In November, Kate DeRoche, Antonio Olmos, and C.J. McKinney presented *Evaluating Growth in Mental Health Recovery: A Latent Growth Curve Modeling Approach* at the 22nd Annual Meeting of the American Evaluating Association Conference in Denver. The presentation discussed the influence of moderators of recovery including: level of services being received, characteristics of staff members that promote recovery, and the consumers' level of daily functioning. They discussed the clinical implications regarding the initial level of recovery, the rate of change in recovery across time, and the potential moderators of change for community-based mental health centers and their consumers. In addition, they highlighted the benefits of applying latent growth curve modeling techniques for evaluating change in the social and behavioral science disciplines. To view the presentation, please go to www.outcomesmhd.com/presentations/



Additional Findings from the PRO Research Survey Team

The 2008 MHCD Research Survey Team consisted of 9 members who implemented the PRO (Promoting Recovery in Organizations) survey through the agency. Each member was a current consumer hired by MHCD as a part-time employee. After quantitative analysis of the 9 members, it was found that the members displayed an average increase in their employment score. The Recovery Marker Inventory results demonstrate that prior to the 9 members working on the survey team, the members displayed the four lowest levels of employment on the Marker Inventory, averaging a score of 2.7. After their involvement with the survey team, the members displayed a higher level of employment, with an average score of 4.85.

Prior To Involvement with Survey Team Average Score of 2.71	After Involvement with Survey Team Average Score of 4.85
No interest in employment (N=2)	Job exploring (N=2)
Interest, but no action (N=2)	Low active job search (N=1)
Job exploring (N=1)	High Active job Search (N=3)
Low active job search (N=2)	Part-time Employment (N=1)

For more details of this quantitative analysis, please view the poster presented

For more details of this quantitative analysis, please view the poster presented at the 2008 American Evaluating Association Conference by clicking on the following link: <http://www.outcomesmhcd.com/presentations/AEA08-SurveyTeam.pdf>.

Thank you for taking the time to learn more about Reaching Recovery. Please do not hesitate to contact us for additional information and to share what your agency has been doing to promote recovery.

Sincerely,



Roy D. Starks
Director of Rehabilitation and Reaching Recovery

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