



Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

USPRA 35th Annual Conference:
Expanding the Horizon of Psychiatric Rehabilitation
Boise, ID

June 15, 2010

James Winarski, M.S.W.
Michael G. Dow, Ph.D.



USF/FMHI Team:

James Winarski, M.S.W.

Michael G. Dow, Ph.D.

Patrick Hendry

(Executive Director- Florida Peer Network)

Patricia Robinson, Ph.D.

Roger Peters, Ph.D.

Why Recovery?



The Nature of Suffering in Mental Illness

“It is not suffering as such that is most deeply feared but suffering that degrades”

(Susan Sontag)

Why the SAPT?

Vocations of Hope

“It is not our job to pass judgment on who will and who will not recover from mental illness... Rather, it is our job to form a community of hope which surrounds people with psychiatric disabilities. It is our job to nurture our staff in their special vocations of hope.”

(Pat Deegan, 1996)

SAPT Purpose:

- Operationalize the Vision of Recovery
- Provide a structure and process to:
 - form communities of hope and
 - support vocations of hope

SAPT and the Challenge of System Transformation

- Assumptions
- Roles and Responsibilities
- Range of Possible Outcomes

“The reasons organizations fail is because the assumptions around which they were originally based no longer reflect reality.”

Peter Drucker.

Findings from FL Medicaid Evaluation of Recovery Services

- FL Medicaid creates new coverage and limitations handbook that includes rehabilitative services.
- Period of transition: consumers and staff are defining new roles and responsibilities.
- Lack of tools needed to support this transition.
- No way to ensure that the services described in the FL Medicaid Handbook are being delivered at an acceptable level.
- Consumers often did not experience program activities as relevant to achieving life goals.

(Winarski, J., Thomas, G., Dhont, K., & Ort, R. 2006)

(Winarski, J., Thomas, G., DeLuca, N. 2007)

Findings from FL Medicaid Evaluation of Recovery Services

- Consumers often experienced treatment planning as a bureaucratic rather than an interpersonal process.
- Staff perspectives on recovery principles and practices varied considerably across individuals.
- Florida has a range of disparate service activities that are recovery oriented, but there is currently no framework to coordinate these efforts.
- FL Medicaid handbook is only a first step in supporting effective implementation.

(Winarski, J., Thomas, G., Dhont, K., & Ort, R. 2006)

(Winarski, J., Thomas, G., DeLuca, N. 2007).

The Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

- SAPT Survey: Describes a process (self-assessment) for establishing a baseline of performance (recovery-oriented services capability).
- SAPT Planning and Implementation Guide:
 - ◆ Provides clear definitions of the principles and practices of recovery-oriented services.
 - ◆ Provides a guide to assist agencies with establishing service priorities and the development of strategic plans.
- Linkage to Outcomes: Supports the achievement of outcomes described in the Recovery Oriented Systems Indicators measure (ROSI).

(Winarski, J., Thomas, G., Hendry, P., and Robinson, P., 2008)

SAPT Organization

The SAPT Survey and Planning and Implementation Guide are organized under three categories:

- Administrative
- Treatment
- Community Integration

Administrative Domains

1. Philosophy
2. Continuous Quality Improvement (CQI)
3. Outcome Assessment
4. Staff Support
5. Consumer and Family Support

Treatment Domains

1. Validation of the Person
2. Person Centered Decision Making
3. Self Care – Wellness
4. Advance Directives
5. Alternatives to Coercive Treatment

Community Integration Domains

1. Access
2. Basic Life Resources
3. Meaningful Activities and Roles
4. Peer Leadership

Instructions for Using the Self-Assessment

- Administering the Self-Assessment
 - ◆ Qualtrics Software for data collection.
 - ◆ Includes senior administrative, clinical and front-line staff.
 - ◆ Focus Groups: Provides deeper understanding of findings.
- Scoring the Self-Assessment
 - ◆ Likert Scale: 4 Points - Strongly Disagree to Strongly Agree
- Interpreting the Self-Assessment
 - ◆ Agencies should examine the scores for each domain and the combined scores of programs to establish a baseline of strengths and weaknesses for implementing recovery-oriented services.

Pilot Study of SAPT--2009

- Goal: Determine the efficacy of the tool for supporting effective implementation of recovery-oriented services.
- Does the tool address all of the areas that are critical to supporting recovery for persons with serious mental illnesses? Have any areas been excluded?
- Does the tool help service provider agencies in determining program/service priorities?
- Does the tool provide sufficient structure and process to support effective strategic planning?
- Is the tool user friendly?

SAPT Survey Process

- Provided agency with orientation to recovery services.
- Pilot survey (89 items) placed on web-based platform – Qualtrics software – accessed through e-mail link.
- Survey tailored to each of 7 agencies: specified programs, staff roles, level of recovery-orientation, and rating for importance of items.
- Summary report provided to each agency.
- Provided technical assistance with analysis of findings and implications for planning implementation.

Technical Assistance: Planning and Implementation Guide

- **Description:** Provides a clear definition of the domain and explains why it is important for implementing recovery-oriented services.
- **Essential Characteristics:** Provides a brief summary of the most important service components, including a description of activities needed for capable implementation.
- **Barriers:** Describes some of the most common barriers for each domain that mental health agencies encounter in implementing services.
- **Remedies:** Suggests strategies for overcoming barriers to effective implementation.
- **Resources:** Provides reference to key resources, such as articles, manuals, and web sites that can assist agencies with program planning and service implementation.

SAPT Survey Returns

Agency	Number of staff asked to complete the survey	Number of usable surveys	Estimated return rate
1. Apalachee Center	250	86	34.4%
2. Bridgeway Center	50	24	48.0%
3 COPE Center, Inc.	10	8	80.0%
4. Lakeside Behavioral Healthcare	500	282	56.4%
5. Lakeview Center, Inc	37	26	70.2%
6. Meridian Behavioral Healthcare	360	159	44.1%
7. Suncoast Center for Community Mental Health	235	98	41.7%
Total	1442	683	47.4%

SAPT Pilot Study Findings/Survey

- Language for all items clarified/simplified based on respondent comments.
- Survey reduced from 89 to 54 items through process of statistical item analysis - deleted items that were redundant (highly correlated) or did not correlate with their respective domain.
 - ◆ Administration: 12 items
 - ◆ Treatment: 23 items.
 - ◆ Community Integration: 19 items

SAPT Pilot Study Findings/Survey

- Survey respondents should include key administrative staff, clinical supervisors, and select clinical staff.
 - Agencies in pilot studies targeted all clinical staff and in some cases, all administrative and support staff. This is not recommended.
- Support domain changed to Community Integration.

Pilot Study Findings for Planning & Implementation

- Identify agency priorities and establish a manageable number of goals.
- Focus on areas of strength as well as weakness.
- Integrate recovery-oriented services planning with Continuous Quality Improvement (CQI) activities.
- Establish person-centered decision making as a high priority.
- Repeat the SAPT self-assessment and modify plans every 12 months.
- Use the ROSI and the SAPT at the same 12 month intervals to provide corresponding outcome information.

2010 Study in Process

- Implement SAPT and ROSI evaluation surveys at agencies in each region of Florida with Dept. of Children and Families (DCF) support.
 - ◆ Determine efficacy of SAPT as a planning tool in assisting agencies with developing policies and practices that produce positive ROSI outcomes.
 - ◆ Establish internal consistency of each scale in SAPT and ROSI.
 - ◆ Establish criterion validity of SAPT when using ROSI as standard.
 - ◆ Establish most effective mechanisms for ongoing implementation of SAPT and ROSI.

Focus on Web-Based Assessment Method

- Qualtrics is a software application that allows users to develop surveys, host the survey, collect data, and produce reports in real time
- Specific items can be required or not required
- We used single-use links for the SAPT sent to staff and peer specialist email accounts (“Panel Library”)
- We also sent multiple-use ROSI links to the same people, who assisted consumers
- Demonstration links are available at www.saptrecovery.org - click on Web-Based Assessment



SAPT Survey

Web-Based Samples

Florida agencies and the Department of Children and Families (DCF) have asked us to make this web-based survey available so they can determine the degree to which Florida agencies have adopted recovery-oriented practices. We hope you will participate. We will not release the answers from individual surveys. Most people can complete the survey in 10-15 minutes. Please try to answer every question, but if you are totally unsure how to answer a question you can leave it blank. Thank you for participating.

This survey is part of a self-assessment planning process designed to help agencies implement recovery-oriented mental health services. The survey is coordinated by Jim Winarski, MSW of the Florida Mental Health Institute, University of South Florida, jwinarski@fmhi.usf.edu (813)974-6490.



Do you work or volunteer at XYZ Center?

- Yes
- No

What is your primary role in this agency?

- Administrator
- Clinical supervisor
- Direct client services staff or peer specialist

Are you male or female?

This agency has a strong recovery orientation.

Strongly Disagree



Mostly Disagree



Mostly Agree



Agree Strongly



ADMINISTRATION:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. The agency strategic planning process incorporates diverse viewpoints from consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The agency has a process in place to ensure that consumers are included in quality improvement activities as equal partners with professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The agency administers the ROSI or other recovery-oriented survey as part of the quality improvement process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The agency uses outcome indicators that track quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The agency uses standardized, quantifiable scales for assessing recovery outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The agency has a process for consumers to participate in developing recovery-oriented outcome indicators (e.g., ROSI).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The agency uses outcome measurement processes to improve recovery-oriented services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The agency has a comprehensive program to promote recovery-oriented knowledge, attitudes, and skills in its workforce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Clinical supervision focuses on the capable delivery of recovery-oriented services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Clinical staff evaluations assess the capable delivery of recovery-oriented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TREATMENT:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. Agency staff use person-first language in all verbal and written communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Agency staff use language that is encouraging and hopeful in conversation with persons who are receiving services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Agency services are provided in the person's spoken language as often as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Agency assessment tools are culturally sensitive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Agency staff implement culturally sensitive service plans that consider the impact of culture on the person's experience of mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Agency staff have assessed and are aware of their own cultural competence/bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Agency staff are sensitive to the person and family's experience and history of immigration, and the country of origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The persons receiving services are encouraged and assisted in identifying their own goal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The persons receiving services direct the therapeutic alliance/partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The persons receiving services drive the process of goal setting based on their hopes and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Assessment and intervention activities are integrated as part of a holistic treatment approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Treatment is provided in the context of a trusting and hopeful relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Agency staff work from a strengths/assets-based model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Agency staff and consumers collaborate to develop an individual service plan that identifies needed resources and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

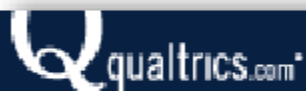


ROSI Survey

Web-Based Samples

Florida DCF Office of Consumer and Family Affairs Recovery Oriented System Indicator (ROSI) Consumer Survey 2009-2010, Version 1.1

Purpose: To provide the best possible mental health services, we want to know what things helped or hindered your progress during the last 6 months. This survey will take about 10 to 15 minutes to complete. It will help us to know whether our services promote recovery. We will not ask your name or other identifying information. How you answer this survey will not affect your treatment. ***If you have received mental health services in the State of Florida during the past 6 months***, please complete this survey. When finished, please click on the button at the end of the survey to record your answers. Thank you.



What is the County name where you have been receiving most of your mental health services in the last six months? (You have to answer this question or your answers will not be saved.)

- | | | | |
|--------------------------------|---------------------------------|-------------------------------|-----------------------------------|
| <input type="radio"/> Alachua | <input type="radio"/> Franklin | <input type="radio"/> Lee | <input type="radio"/> Pinellas |
| <input type="radio"/> Baker | <input type="radio"/> Gadsden | <input type="radio"/> Leon | <input type="radio"/> Polk |
| <input type="radio"/> Bay | <input type="radio"/> Gilchrist | <input type="radio"/> Levy | <input type="radio"/> Putnam |
| <input type="radio"/> Bradford | <input type="radio"/> Glades | <input type="radio"/> Liberty | <input type="radio"/> Saint Johns |
| <input type="radio"/> Brevard | <input type="radio"/> Gulf | <input type="radio"/> Madison | <input type="radio"/> Saint Lucie |

ADMINISTRATION: Philosophy

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
The agency mission statement reflects a recovery orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency policies and procedures support a recovery orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency organizational reviews and strategic planning processes incorporate diverse viewpoints from consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency staff believe that recovery for persons with mental illness is the rule and not the exception.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADMINISTRATION: Continuous Quality Improvement

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
The agency has a process in place to ensure that consumers are included in CQI activities as equal partners with professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency budget reflects compensation for consumer involvement in CQI activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency administers the ROSI or other recovery-oriented surveys to monitor staff effectiveness from a consumer perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADMINISTRATION: Outcome Assessment

	Strongly	Mostly	Mostly	Strongly
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This box begins the 42-item ROSI survey. Some of the questions are worded positively and some are worded negatively. Each box has only one type of question. This first box has positively worded questions. The next box has negatively worded questions. When you finish the 42 questions, you should click on the button at the bottom of this page that says "Click here to record your answers." (Or, if you don't want to take the survey, just click on the X at the top right hand corner of your web browser, which will take you out of this web page.)

ROSI Survey Q1 to Q3

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply to Me
1. There is at least one person who believes in me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a place to live that feels like a comfortable home to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ROSI Survey Q4 to Q5

	Strongly Disagree	Disagree	Agree	Strongly Agree	Does Not Apply to Me
4. I do not have the support I need to function in the roles I want in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ROSI Survey Q39

	Never/Rarely	Sometimes	Often	Always/Almost Always	Does Not Apply to Me
39. I am treated as a psychiatric label rather than as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ROSI Survey Q40 to Q42

	Never/Rarely	Sometimes	Often	Always/Almost Always	Does Not Apply to Me
40. I can see a therapist when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My family gets the education or supports they need to be helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I have information or guidance to get the services and supports I need, both inside and outside my mental health agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

>>Click here to record your answers

COMMUNITY INTEGRATION:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. Agency staff return communications from consumers/families at the first opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The agency provides consumers and families with comprehensive information about community resources, including detailed information about eligibility criteria and processes for making applications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Agency staff help consumers to develop skills to obtain community resources (e.g., housing, employment, education, collaborating with physicians).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The agency facilitates opportunities for consumers to participate in community activities of their choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The agency provides community education designed to decrease stigma and increase early identification of mental illnesses and the recovery process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The agency has a process in place to determine consumers' satisfaction with their housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The agency ensures that consumers are provided access to all available independent and supported housing options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Agency staff use person-centered planning that includes strategies to assist consumers in securing and maintaining employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The agency ensures that consumers are provided access to all available employment and training opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Agency staff ensure that consumers experience support and assistance for their educational choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Agency staff utilize person-centered planning that includes strategies to assist consumers in pursuing educational goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The agency ensures that consumers have access to all available educational opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ROSI Survey Summary

Sample Report from Web-Based Program

ROSI Report Generated by Qualtrics: Are you male or female?

Answer	Response	%
Male	143	71%
Female	58	29%
Total	201	100%

What is your racial or ethnic background?

Answer	Response	%
American Indian/Alaska Native	4	2%
Asian	2	1%
Black or African-American	79	39%
Native Hawaiian/Other Pacific Islander	2	1%
White Caucasian	102	50%
More than one race	13	6%
Total	202	100%

Do you consider yourself Hispanic or Latino/a?

Answer	Response	%
Yes	22	11%
No	179	89%
Total	201	100%

What is your highest level of education?

Answer	Response	%
Less than High School	60	30%
High School graduate or GED	65	32%
Some college or technical training (but no degree)	49	24%
Associate's degree	10	5%
Bachelor's degree	11	5%
Some graduate school (but no degree)	4	2%
Graduate degree (masters, Ph.D., MD, etc.)	2	1%
Total	201	100%

How long have you been receiving mental health services?

Answer	Response	%
Less than 1 year	22	11%
1 to 2 years	17	8%
3 to 5 years	24	12%
More than 5 years	138	69%
Total	201	100%

Which services have you used in the last 6 months?

Answer	Response	%
Counseling/Psychotherapy	150	75%
Housing/Residential Services	109	54%
Medication Management	148	74%
Self-Help/Consumer Run Service	51	25%
Assertive Community Treatment (ACT)	15	7%
Psychosocial Rehabilitation	111	55%
Employment/Vocational Services	69	34%
Alcohol/Drug Abuse Treatment	78	39%
Case Management	129	64%
Clubhouse	33	16%
Other	23	11%

What type of problem do you have?

Answer	Response	%
Mental Health Problem	105	54%
Substance Abuse Problem	7	4%
Both	83	43%
Total	195	100%

ROSI Report, Q1 to Q3

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Responses	Mean
1. There is at least one person who believes in me.	7	15	59	118	199	3.45
2. I have a place to live that feels like a comfortable home to me.	13	48	89	47	197	2.86
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.)	5	25	102	42	174	3.04

ROSI Report, Q4 to Q5

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Responses	Mean
4. I do not have the support I need to function in the roles I want in my community.	38	98	41	14	191	2.84
5. I do not have enough good service options to choose from.	34	95	54	11	194	2.78



Discussion

SAPT: Translating Recovery Principles to Practice

SAPT: Translating Recovery Principles to Practice

- Consumers as advisors vs. full participants
 - ◆ Assumptions about consumer capability
 - ◆ Need for consumer support/development
- Recovery addressed in specific programs rather than as an agency wide approach to services
- Making recovery part of quality improvement strategies
- Recovery viewed as anti-medical model

SAPT: Translating Recovery Principles to Practice

- Workforce challenges: training, low pay, turnover, need for coaching/supervision
- System challenges:
 - ◆ Pockets of recovery interest at agencies in state
 - ◆ Pockets of recovery interest within agencies
 - ◆ Lack of centralized vision and leadership

Contact

James Winarski, M.S.W.
University of South Florida College of Behavioral &
Community Sciences
Dept. of Mental Health Law & Policy,
Louis De La Parte Florida Mental Health Institute
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3807

(813) 974-6490
FAX (813) 974-9327

jwinarski@fmhi.usf.edu