May 19, 2010

Recovery Enhancing Environment Measure - Michigan (REE-MI)
Summary Report for
Northern Lakes CMHSP

MDCH Policy for Recovery-based System Transformation

It is the policy of the Michigan Department of Community Health (MDCH) that the system of services and supports for adults with mental illness is based in recovery. The department recognizes that significant efforts must be made to change the existing culture, beliefs and practices so that this policy is embedded in the experiences of all consumers served by the public mental health system.

In December 2005, MDCH appointed the Michigan Recovery Council to assist the department in guiding the transformation effort. Comprised of over 75% primary consumers, the Council meets bi-monthly to provide advice and guidance that will support and advance the transformation. Other community stakeholders contribute to the process and participate as Recovery Partners. The Council recommended that each Community Mental Health Services Program (CMHSP) measure its current capacity to support recovery and develop plans for quality improvement. The department, in partnership with the Recovery Council, reviewed a number of existing instruments and selected the Recovery Enhancing Environment (REE) as the tool to be used in Michigan. The REE is establishing benchmarks for system transformation and is informing stakeholders about how recovery principles are reflected in practice. MDCH expects that leaders, consumers, staff and all stakeholders in the public mental health system will use the results of the REE to implement the recovery policy in their service areas.

Implementing the REE in Michigan

MDCH contracted with Advocates for Human Potential (AHP) to design and implement a plan for statewide data collection and analysis of the REE measure.

The goals of this project are:
To educate providers and consumers about recovery and to encourage an orientation to recovery in individual and systems planning

- To assess the extent to which recovery-enhancing elements are incorporated into current practice
- To assess consumer needs to facilitate their movement toward recovery
- To provide summary data based upon REE survey results to local communities to support their plans for transforming the system toward a recovery orientation
- To provide summary data based upon REE survey results to the Michigan Department of Community Health and the Michigan Recovery Council to support their plans for transforming the system toward a recovery orientation

- To provide a baseline assessment of the extent to which recovery-enhancing elements are incorporated into current practice, which can be compared to later assessments

What is the Recovery Enhancing Environment Measure (REE)?

The Recovery Enhancing Environment Measure (REE) is a paper and pencil self-report survey that collects information about recovery from people who use mental health services. The instrument is made up of several subscales. The REE asks people where they are in the process of mental health recovery, and what markers of recovery they are currently experiencing. People rate the importance of several elements (such as hope, sense of meaning, and wellness) to their personal recovery, and rate the performance of their mental health program on activities associated with each of these elements. The REE asks people if they are members of certain demographic and cultural groups, such as racial minorities or parents, and, if so, they are asked to rate their mental health program on how well it meets their needs in this area.

The survey results show how successful a program is in creating an atmosphere in which recovery can flourish – whether the program has an *environment* that *enhances recovery*. The REE also provides mental health programs and systems with answers to other important questions like:

- *Where are the people we serve on their personal journeys of recovery?*
- *What factors are important to address in a recovery-oriented mental health system?*
- *What recovery-promoting practices are already in place in our program or system? Which services and supports are not yet fully developed?*
- *How well do we help people develop their potential for resilience and recovery?*
- *What aspects of our program or system need to change to better support people's natural capacities for healing and growth?*

The results of the REE can be used to help organizations learn, change, and become more recovery-oriented in ways that make sense to all parties involved. It is meant to be part of an organizational development process that includes all stakeholders, not just a one-time event.

The REE was developed by Priscilla Ridgway, PhD, a consumer/researcher and Associate Professor with Yale University's Program for Recovery and Community Health. The REE has been tested and found to be a reliable and valid survey instrument. Reliability refers to the survey's consistency and dependability, and validity refers to the accuracy with which the survey measures the concepts it sets out to measure.

In addition to the original REE survey, Dr. Ridgway created a short form with fewer questions. Based on discussions with the Michigan Recovery Council, she created a new version for Michigan, referred to as the REE-MI, which is shorter than the original REE but includes more questions than the REE-short form. This is the version that was used in the present study.

The REE-MI: A Summary Description

- Involvement in the Recovery Process

From a list of 9 statements about mental health recovery, respondents are asked to select the one that most accurately represents their current level of involvement in the recovery process.

- Recovery Markers

Beliefs, activities, and descriptions of emotional states that are frequently reported by people in recovery were used to generate 23 statements that indicate progress in recovery, called "recovery markers." Respondents are asked to rate their level of agreement with these statements.

- Recovery Elements

Ten elements of a recovery-enhancing environment are listed. These elements were identified from first- person accounts, the literature on recovery, and in emerging recovery practices seen in progressive programs. Respondents are asked to rate staff and program performance on each of the elements.

- Special Needs

Respondents are asked to indicate whether they are a member of one or more of five listed sub-populations: an ethnic or racial minority group; persons with substance abuse problems; persons with trauma histories; lesbian, gay, bi-sexual or transgendered individuals; and parents. Respondents who identify with each group are asked to rate staff and program performance on issues related to their special needs as a member of the group.

- Demographics

Information is collected about the following elements: age; gender; employment and/or school attendance; race/ethnicity; length of time receiving any mental health services; whether respondents receive more than one type of mental health service.

Survey methodology

MDCH used its FY 2009 annual Program Planning Guidelines and Application for Renewal and Recommitment process to require each Community Mental Health Service Program (CMHSP) to develop a REE implementation plan, detailing which mental health programs would be surveyed, calculating the sample size for each program, and determining what methods (scheduled groups, individual surveys, intercept invitations in waiting rooms, etc.) would be used to survey each program. The goal of developing the plans was to assure that a representative, unbiased sample of persons currently receiving services would be surveyed and that the sample would be of sufficient size to assure reliability of findings. These plans were reviewed by AHP and approved by MDCH. MDCH contracted with the Michigan Disability Rights Coalition to employ consumers as contracted peer surveyors and data entry staff.

In accordance with each CMHSP's approved REE Implementation Plan, the REE was administered as a paper and pencil instrument to representative samples of consumers receiving services from nine types of programs funded by MDCH. The survey was carried out by trained peer surveyors who were assigned to administer the survey in each CMHSP across the state, according to a schedule determined by MDCH. In addition, the survey was translated in Spanish, Hmong and Arabic.

REE Summary Data for Northern Lakes CMH

1. Survey Participation by Program Type

The REE was administered to 186 adults with serious mental illness served by Northern Lakes CMH and its contract agencies from March 8-13, 2009. Exhibit 1A shows the number of surveys collected by program compared to the number of surveys projected in the approved sampling plan. Exhibit 1B shows the distribution of survey participants by program type.

Nine program types were included in the REE survey:

- Targeted Case Management (TCM)
- Supports Coordination (for adults with serious mental illness only) (SC)
- Assertive Community Treatment (ACT)
- Psychosocial Rehabilitation (PSR)
- Supported Employment (SE)
- Consumer-run Drop-in Center (DI)
- Medication Clinic (MC)
- Licensed Housing (LH)
- Community Living Services for people living in non-licensed housing (CLS)

If data on any of these program types do not appear in the charts and tables below, the reason is: a) that program type is not offered by the CMHSP; or b) too few respondents participated from that program type to allow accurate data analysis.

Exhibit 1A. Actual Survey Participation by Program Compared to Sampling Plan

Service	Local program name	Avg. weekly # served	Projected sample size	Actual # surveyed	% projected sample surveyed
Targeted Case Management	Cadillac CSM/SC	31	25	22	88%
	Grayling/Houghton Lake CSM/SC	30	25	29	116%
	Traverse City CSM/SC	82	25	0	0%
ACT	Cadillac ACT	16	16	12	75%
	Grayling/Houghton Lake ACT	17	17	0	0%
	Traverse City ACT	29	25	10	40%
Psychosocial Rehabilitation	Club Cadillac	27	25	12	48%
	Traverse House	38	25	21	84%
Consumer-run Drop Ins	New Beginnings –Prudenville	25	25	10	40%
	Kandu Island - Traverse City	25	25	8	32%
Medication Clinics	Cadillac Med Clinic	24	24	5	21%
	Grayling Med Clinic	15	15	11	73%
	Houghton Lake Med Clinic	13	13	23	177%
	Traverse City Med Clinic	52	25	9	36%
Licensed Housing	Cadillac and Grayling/HL area	16	16	0	0%
	Traverse City area	32	25	9	36%
Community Living Supports	Cadillac and Grayling/HL area	24	24	5	21%
	Traverse City area	55	25	0	0%
TOTALS		**551**	**400**	**186**	**47%**

Exhibit 1B. Survey Participation by Program Type

Program Type	Frequency	Percent
TCM	51	27%
ACT	22	12%
PSR	33	18%
DI	18	10%
MC	48	26%
LH	9	5%
CLS	5	3%
Total	186	100%

2. Involvement in the Recovery Process

From a list of nine statements about recovery, respondents were asked to select the statement that most accurately represents their level of involvement in the process of recovery from a mental health problem.

Exhibit 2A shows the reported level of recovery involvement for all respondents across all program types. Exhibit 2B shows the reported level of recovery involvement for each program type. If more than one program of a specific type is offered by the CMHSP and/or its contract agencies, the data reported are for all instances of that program combined.

Exhibit 2A. Involvement in the Recovery Process: All Program Types

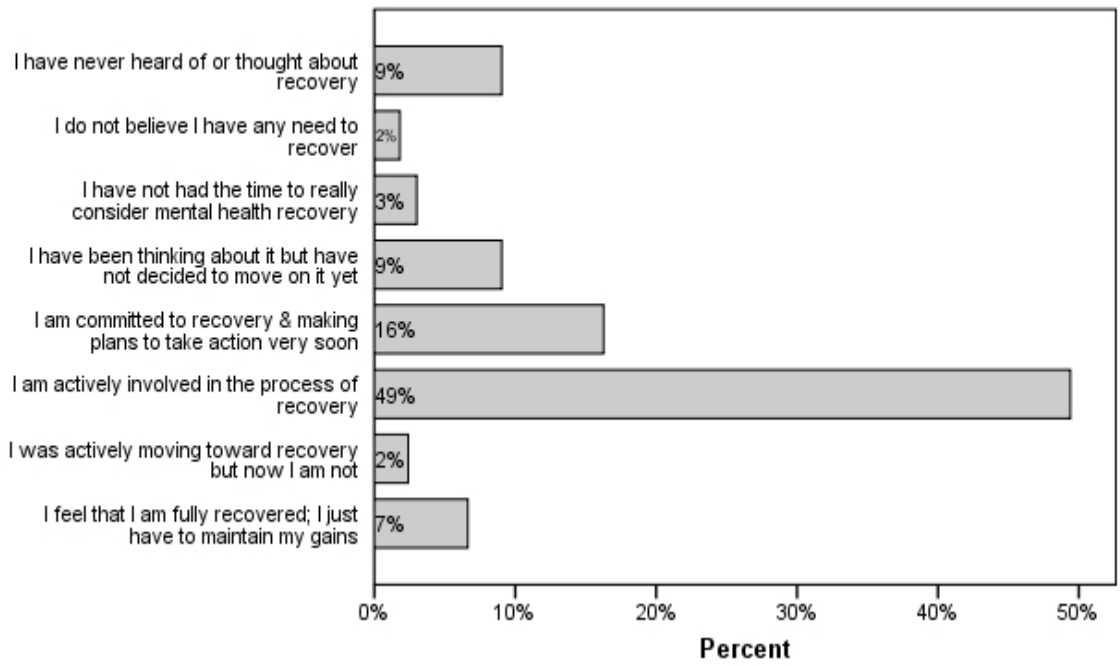


Exhibit 2B. Involvement in the Recovery Process by Program Type

	Program Type							
Recovery Involvement Statement	**TCM**	**ACT**	**PSR**	**DI**	**MC**	**LH**	**CLS**	**Total**
I have never heard of or thought about recovery from psychiatric disability	4%	14%	13%	15%	10%	0%	0%	9%
I do not believe I have any need to recover from psychiatric problems	2%	0%	0%	8%	0%	13%	0%	2%
I have not had the time to really consider mental health recovery	2%	0%	7%	15%	0%	0%	0%	3%
I have been thinking about recovery but have not decided to move on it yet	11%	10%	3%	8%	10%	0%	40%	9%
I am committed to my recovery and am making plans to take action very soon	17%	14%	20%	0%	14%	38%	20%	16%
I am actively involved in the process of recovery from psychiatric disability	55%	52%	47%	39%	55%	25%	20%	49%
I was actively moving toward recovery but now I am not	2%	0%	0%	8%	5%	0%	0%	2%
I feel that I am fully recovered I just have to maintain my gains	4%	10%	10%	0%	5%	13%	20%	7%
Other	2%	0%	0%	8%	2%	13%	0%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%

3. Recovery Markers

While recovery is an individualized experience, research has found that some common elements are frequently reported by people about their recovery, such as self-agency, positive self-concept, a future orientation, and connection to others. This information was used to generate 23 statements called “recovery markers.”

Respondents were asked to indicate their level of agreement with each statement on a 4-point scale (Strongly Agree, Agree, Disagree, Strongly Disagree). Agreement with a higher percentage of recovery marker statements indicates that a person is currently experiencing a higher level of recovery.

Exhibit 3A shows the percentage of respondents across all programs who endorsed each individual recovery marker, ranked from the most frequently endorsed item to the least frequently endorsed item. Exhibit 3B compares the average percentage of recovery markers

endorsed by respondents from each program type. If more than one program of a specific type is offered by the CMHSP and/or its contract agencies, the data reported are for all instances of that program combined.

Exhibit 3A. Percent of Respondents Endorsing Recovery Markers: All Program Types

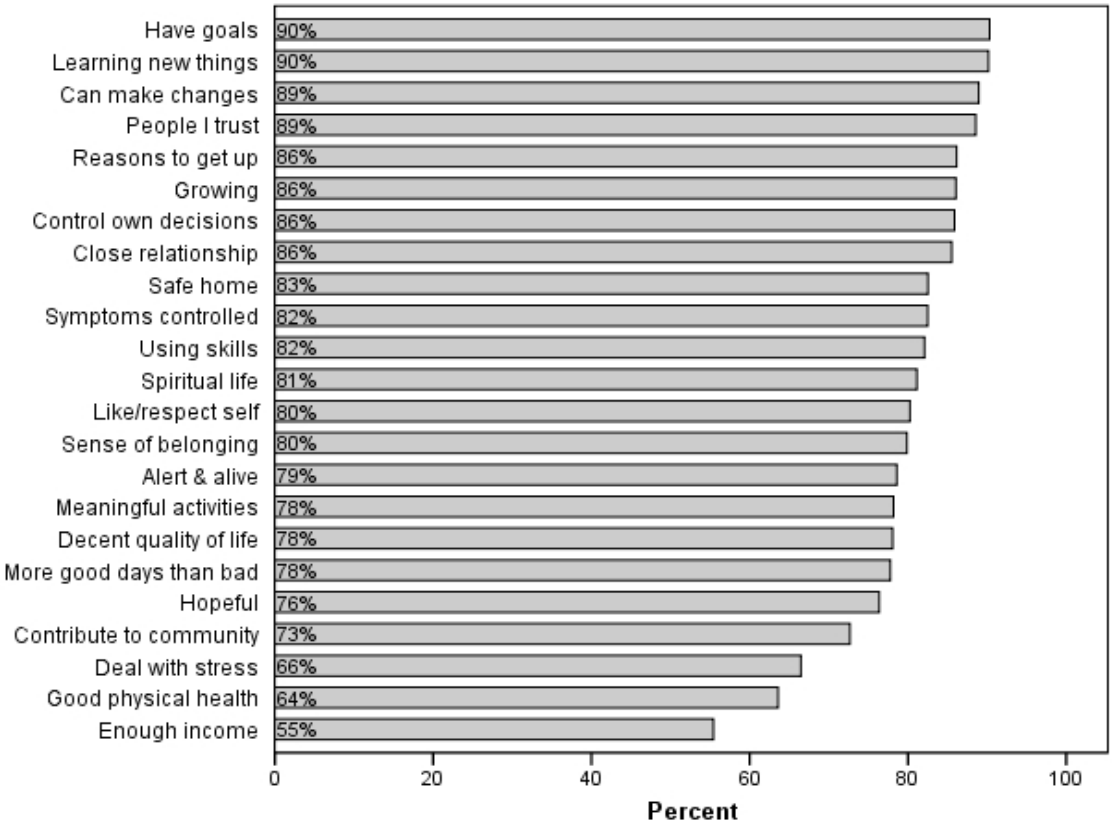
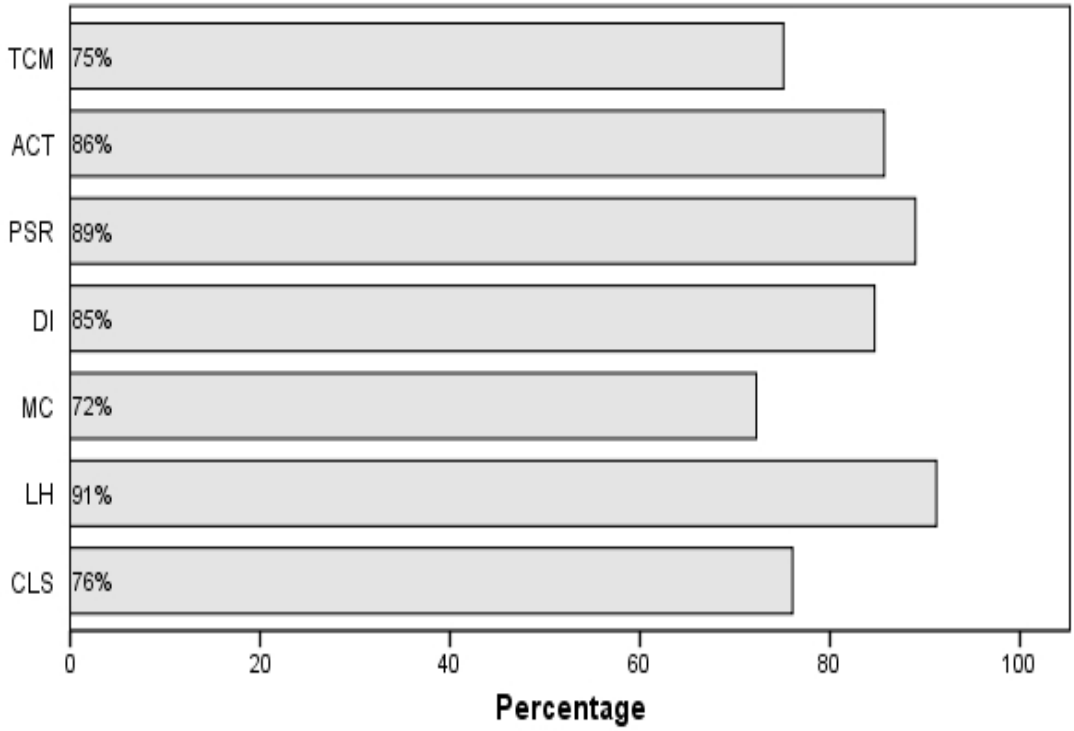


Exhibit 3B. Average Percent of Recovery Markers Endorsed By Program Type



4. Recovery Elements

Ten elements of a recovery-enhancing environment that were identified from first person accounts, the literature base on recovery, and in emerging recovery practice seen in progressive programs, are listed in this section. Respondents were asked to rate staff and agency performance on each of the elements by indicating their level of agreement with three statements related to each element, using a 4-point scale (Strongly Agree, Agree, Disagree, Strongly Disagree). The average of the three sub-questions was calculated to determine the ratings of each of the 10 elements.

Exhibit 4A shows the ratings of staff and program performance on each of the 10 elements across all program types. Exhibit 4B shows the ratings of each of the elements by program type. If more than one program of a specific type is offered by the CMHSP and/or its contract agencies, the data reported are for all instances of that program combined.

Exhibit 4A. Percent Agree Program Supports Recovery Elements – All Programs

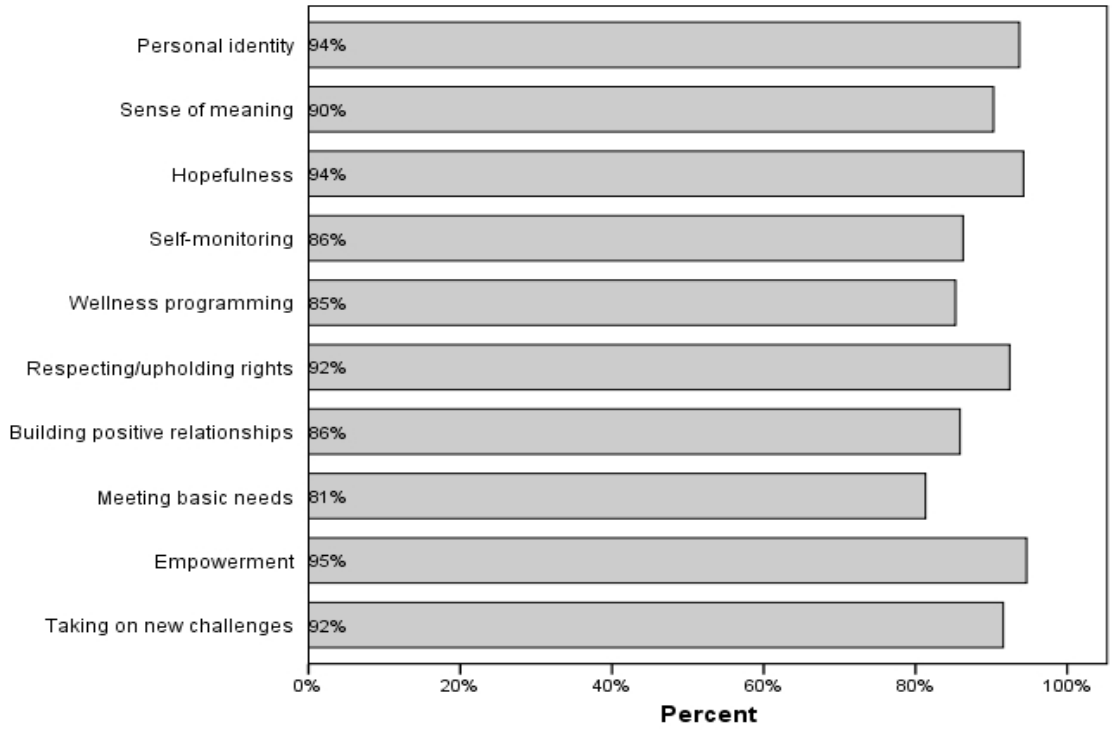


Exhibit 4B. Percent Agree Program Supports Recovery Elements by Program Type

	Program Type							
Program/staff support recovery in the areas of:	**TCM**	**ACT**	**PSR**	**DI**	**MC**	**LH**	**CLS**	**Total**
Personal identity	96%	85%	97%	94%	93%	88%	100%	94%
Sense of meaning	98%	80%	97%	75%	86%	88%	100%	90%
Hopefulness	98%	90%	97%	81%	93%	100%	100%	94%
Self-monitoring	92%	85%	85%	81%	81%	88%	100%	86%
Wellness programming	90%	85%	84%	76%	80%	100%	100%	85%
Respecting/upholding rights	96%	95%	90%	88%	91%	83%	100%	92%
Building positive relationships	94%	79%	87%	69%	88%	83%	80%	86%
Meeting basic needs	88%	94%	84%	50%	76%	80%	100%	81%
Empowerment	98%	89%	100%	88%	93%	83%	100%	95%
Taking on new challenges	94%	89%	100%	73%	90%	83%	100%	92%

5. Special Needs/Status

The Special Needs section asks respondents if they have a particular status or are a member of a specific group. Respondents who identify with one of these statuses/groups were asked to rate staff and agency performance on factors related to their special need or status. The groups are:

- Member of ethnic/racial minority group
- Have a substance abuse problem;
- Have a history of trauma
- Gay, lesbian, bi-sexual or transgendered
- Is a parent

Exhibits 5A-E show the percentage of respondents identified with a special needs group or status who believe that staff support factors related to their special need or status, by program type. If more than one program of a specific type is offered by the CMHSP and/or its contract agencies, the data reported are for all instances of that program combined. In instances where insufficient numbers of respondents identified as members of a particular sub-group to allow for comparison across program types, the data for all program types were combined and the totals displayed in a table rather than in a chart. If fewer than five people responded overall, the results are not reported.

Status/Group	Count
Racial & Ethnic Identity	19
Substance Abuse Recovery	42
Trauma Recovery	100
Sexual Orientation	24
Parental Role	77

Exhibit 5A. Percent Agree Program Supports Ethnic/Racial Identity

Program Type	Percent Agree
All programs	84%

Exhibit 5B. Percent Agree Program Supports Substance Abuse Recovery

Program Type	Percent Agree
All programs	81%

Exhibit 5C. Percent Agree Program Supports Trauma Recovery

Program Type	Percent Agree
All programs	83%

Exhibit 5D. Percent Agree Program Supports Sexual Orientation

Program Type	Percent Agree
All programs	92%

Exhibit 5E. Percent Agree Program Supports Parental Role

Program Type	Percent Agree
All programs	77%

6. Demographics

Information on the following demographic elements was collected:

- age;
- gender;
- employment and/or school attendance;
- race/ethnicity;
- length of time receiving any mental health services; and
- whether respondents receive more than one type of mental health service.

Exhibits 6A-F show data on the demographic elements by program type. If more than one program of a specific type is offered by the CMHSP and/or its contract agencies, the data reported are for all instances of that program combined.

Exhibit 6A. Age of Population Served by Program

Program Type	18-35	36-55	56+
TCM	10%	66%	24%
ACT	27%	46%	27%
PSR	28%	53%	19%
DI	18%	41%	41%
MC	13%	60%	27%
LH	44%	56%	
CLS	20%	80%	
Total	19%	57%	24%

Exhibit 6B. Gender of Population Served by Program

Program Type	Female
TCM	62%
ACT	62%
PSR	53%
DI	50%
MC	57%
LH	33%
CLS	75%
Total	57%

Exhibit 6C. Employment/School status of Population Served by Program

Program Type	See self working in 6 mos.	Working part time	Working full time	In school
TCM	75%	20%	0%	20%
ACT	67%	17%	8%	8%
PSR	70%	30%	0%	10%
DI	50%	50%	25%	13%
MC	43%	50%	7%	14%
LH	100%	0%	0%	0%
CLS	100%	0%	0%	0%
Total	64%	30%	5%	13%

Note: Rows may total more than 100% as multiple responses are possible

Exhibit 6D. Race/Ethnicity of Population Served by Program

Program Type	White	Black	Hispanic Latino	American Indian Alaskan Native	Asian	Native Hawaiian Pacific Islander	Arab Chaldean	Other
TCM	94%	2%	2%	4%	0%	0%	0%	2%
ACT	90%	0%	0%	5%	0%	0%	0%	5%
PSR	97%	0%	0%	3%	0%	0%	0%	0%
DI	94%	6%	0%	0%	6%	0%	0%	6%
MC	94%	0%	0%	6%	2%	0%	0%	2%
LH	89%	0%	0%	0%	0%	0%	0%	11%
CLS	80%	0%	0%	20%	0%	0%	0%	0%
Total	93%	1%	1%	4%	1%	0%	0%	3%

Exhibit 6E. Length of Time Receiving Any Mental Health Services by Program

Program Type	< 1 year	At least 1 year but < 5 years	Between 5 and 10 years	> 10 years	Total
TCM	12%	28%	30%	30%	100%
ACT	5%	27%	18%	50%	100%
PSR	13%	22%	25%	41%	100%
DI	13%	13%	38%	38%	100%
MC	9%	28%	28%	36%	100%
LH	0%	50%	13%	38%	100%
CLS	0%	80%	0%	20%	100%
Total	9%	28%	26%	37%	100%

Exhibit 6F. Percent Receiving More Than One Community Mental Health Service By Program

Program Type	% Receiving > 1 Service
TCM	44%
ACT	23%
PSR	66%
DI	71%
MC	28%
LH	11%
CLS	60%
Total	42%

7. Interpreting and Using the Findings of the REE

Each CMHSP will be responsible for interpreting the reported findings and for developing a process to use the findings as a tool for quality improvement. Findings should be shared and discussed with a representative group(s) of consumers, staff, and managers. Different perspectives should be considered in determining the meaning of these findings and the steps that might be considered to further the journey toward a recovery-oriented system.

REE data can help an organization to learn, change, and grow in its recovery orientation in ways that make sense to the people involved. REE findings can suggest a host of potential change strategies, such as recovery-oriented staff training, program innovations, becoming more trauma-informed, increasing consumer participation in governance and quality improvement, increasing opportunities for self-help and peer support, or any other possibilities that make sense given your local circumstances and resources.

Several points should be taken into account when reviewing the data.

a. The extent to which the data collection process produced an unbiased, representative sample of consumers must be considered. All approved REE plans called for a random sample of participants to be surveyed, which would have resulted in unbiased representative samples. Due to logistical challenges, in many areas this proved to be difficult, and often a "convenience sample" was surveyed instead; that is, the persons who actually participated in the survey included whoever could be easily located during the data collection period. For programs in which CMHSPs were not able to implement methods that assured a representative sample, survey results will have a *positive bias*—that is, the rates reported are likely higher than those which would have resulted from a random sample.
b. The size of the survey sample for each program type should be considered in interpreting the results. Larger samples are more reliable than smaller samples. For instance, if one program type had a sample of 30 people and another had 6, the survey results for the program that had 30 people in its sample is more likely to be accurate than the one that had only 6.

c. Exhibit 1A of this report shows the number of persons who completed the survey for each program. Unless the program is very small, the number surveyed should be at least 25. Exhibit 1A also shows this number as a percentage of the number of persons who were expected to complete the survey. Where this percentage falls below 80%, that can also suggest the presence of a sampling bias.
d. The Michigan Department of Community Health (MDCH) did not set specific goals associated with REE outcomes. For example, there is no State target for the percentage of persons who report that "I am actively involved in the process of recovery". (See Exhibit 2A.) It is the responsibility of each CMHSP to determine whether the reported overall rate (or the rate of any program type) is appropriate and to determine what steps might be taken to improve the rate.

In summary, CMHSPs are encouraged to use the REE results as part of an inclusive planning process with active involvement of a significant number of consumers in order to further move their system toward a recovery orientation.