

A Recovery-Focused Learning Community: Changing Rural Mental Health Agencies

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Background

✧ The Federal Mental Health Action Agenda

- Opportunity to transform the current mental health system
- Deems recovery as the “*single most important goal for the mental health service delivery system*”

✧ Via Hope

- Technical assistance center that works to transform the state’s public mental health system into one that fosters resilience and promotes recovery

Rural Mental Health Services

✧ Challenges

- Less access to mental health providers
- Lack of sufficient mental health training, expertise and coordination among providers
- Limited utilization of available mental health services because of stigma or limited knowledge of mental disorders

✧ Strengths

- Slower pace of life/less stress
- Stronger sense of identity to family, church, and community
- Natural supports or 'recovery capital'

Peer Specialists

- ✧ Individuals who have lived experience with mental illness, are in recovery, and engage others in earlier stages of recovery
- ✧ Workforce has made significant contributions toward:
 - Creating a recovery-oriented system of care
 - Engaging clients and creating improved outcomes
 - Creating new paths to recovery

Recovery Focused Learning Community

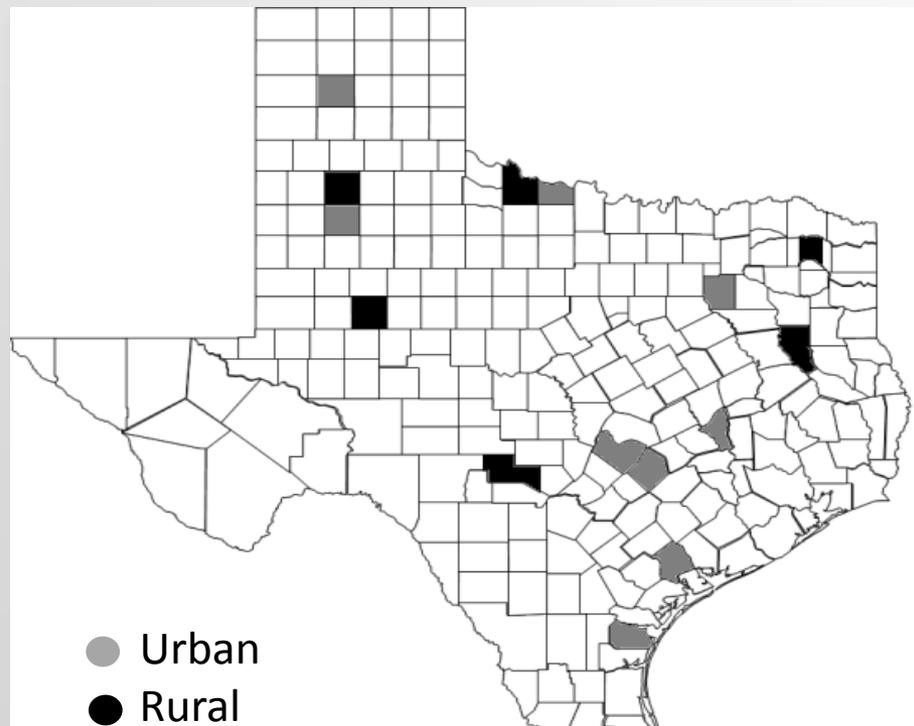
- ✧ Aim: Promote the adoption of recovery oriented systems of care and hiring of peer specialists
- ✧ Learning collaboratives such as the RFLC have been utilized within healthcare systems, nationally and internationally, to implement new practices, increase system effectiveness and improve patient outcomes

Purpose

- ✦ Investigate outcomes associated with implementation of a Recovery-Focused Learning Community (RFLC) in rural and urban areas
- ✦ Provide recommendations and resources to promote recovery oriented change in diverse contexts

Participants

- ✦ 15 organizations located in Texas participated
 - 9 were classified as urban; 6 as rural



Core Components of the RFLC

- A. Application process
- B. Creation of a change team
- C. Pre-work for the change team
- D. Kick-off conference
- E. Monthly all-teams conference calls
- F. Monthly individual site coaching calls
- G. On-site recovery trainings
- H. Online communication forum
- I. Technical assistance
- J. Assisted connections among teams with similar interests
- K. Wrap-up conference

Data Collection

- ✧ Recovery Self Assessment was completed at project baseline and end

	Baseline	Follow-up (8 months)
N staff completing survey	2,067	1,411

- ✧ Change team leaders reported the number of peer specialists employed at project beginning and end
- ✧ Achievements and barriers to recovery oriented change reported during individual coaching calls

Design and Data Analysis

- ✧ Cross sectional design
- ✧ Independent *t*-tests
- ✧ Statistical significance set at $p < .004$ after applying a Bonferonni correction
- ✧ Practical significance determined using Cohen's *d*



Rural Outcomes

- ✧ Significant improvements were found on the Life Goals, Involvement, Treatment Diversity, and Total Score composites of the RSA ($p < .001$; $.16 \leq d \leq .20$)
- ✧ Qualitative recovery-oriented improvements included:
 - An increase in consumer voice, staff and client engagement, employed peer specialists, and promotion of a recovery focused environment
- ✧ “[The RFLC] changed our way of thinking completely. We went from not thinking like that to ... it’s in every part of every decision and every conversation we have, not just between staff and consumers but between staff and staff... It’s a complete 180.”

Urban Outcomes

- ✧ Significant improvements were found on the Involvement and Treatment Diversity composites of the RSA ($p < .001$; $d = .11$)
- ✧ Qualitative recovery-oriented improvements included:
 - Decrease in re-admissions, recovery focused care plans, creation of a peer advisory board, increase in employed peer specialists, environmental changes, and an increase in client engagement
- ✧ *“Our mindset is more recovery-oriented. I see case meetings where the case managers talk about recovery and not just problems anymore.”*

Differences in Rural and Urban Outcomes

- ✧ Significant differences were found between rural and urban agreement with recovery oriented practices at project start and end
 - At project start, urban staff reported higher agreement with each of the recovery domains on the RSA than rural staff
 - At project end, Rural staff expressed higher agreement than urban staff on three of the five recovery concepts
- ✧ *“We’ve never really acknowledged the fact that recovery has all different stages. I think the more knowledgeable we are—the more our patients will be.”*

Peer Specialist Outcomes

- ✦ Number of employed peer specialists increased at both rural and urban organizations
- ✦ Rural organizations had a greater degree of increase

Organization	Project Start	Project End	Percentage Increase
Rural	2	8	300
Urban	20	37	85

Peer Specialist Outcomes

- ✧ Peer specialists could play a vital role in providing effective care, increasing accessibility to services, and educational outreach within rural areas.
- ✧ Increased collaboration among rural agencies may help overcome transportation and stigma issues
- ✧ *“We definitely want to expand our peer support specialist program and possibly include in-patient peer specialists.”*

Limitations

- ✧ Provision of recovery oriented care was primarily measured through the RSA and self-reported data collected during individual site calls
- ✧ Feasibility, accessibility, and convenience of the survey completion may have reduced the response rates
- ✧ Implementation of a longer term learning community may lead to more meaningful and sustained changes

Policy Implications

- ✧ Collaborative learning community is a successful method for promoting and adopting the spread of evidence-based mental health services, such as recovery oriented care
- ✧ Although both urban and rural organizations demonstrated improvements in recovery orientation and hiring of peer specialists, rural organizations appear to benefit more significantly

Policy Implications

- ✧ Peer specialists can promote recovery-oriented change throughout the organization
- ✧ Recovery-supportive cultures and processes are needed to support and sustain peer specialists' work
- ✧ Community supports should be utilized, particularly within rural areas
- ✧ Community interventions should be developed to decrease stigma

Conclusions

- ✧ Reforms are needed to improve communication between local and distant providers, educate individuals regarding appropriate use of local mental health care services, and ensure that individuals can receive recovery oriented care
- ✧ Culture change, together with professional skills training on recovery support services, could provide a recovery-oriented environment in which clients, clinical staff, and peer specialists could thrive

Thank you.

✧ Questions?



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