



Substance Abuse and Mental Health Services Administration

# SAMHSA

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## Behavioral Health is Essential To Health



### Prevention Works



### Treatment is Effective



### People Recover



# Recovery Measurement Pilot Study

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# Overview

SAMHSA is an operating division within the U.S. Department of Health and Human Services (HHS) charged with reducing the impact of substance abuse and mental illness in the United States.

# SAMHSA's Strategic Initiatives

In an effort to meet its mission, SAMHSA has identified 8 Strategic Initiatives to focus its limited resources on areas of urgency and opportunity:

- 1) Prevention of Substance Abuse and Mental Illness;
- 2) Trauma and Justice;
- 3) Military Families;
- 4) Recovery Support;**
- 5) Health Reform;
- 6) Health Information Technology;
- 7) Data, Outcomes and Quality; and
- 8) Public Awareness and Support

# Recovery Strategic Initiative



- Initial work consisted of developing a working definition of recovery and supporting guiding principles
- Center of Behavioral Health Statistics and Quality (CBHSQ) was then charged with operationalizing the definition as a recovery measure

# Working Definition of Recovery



health, mind, prosperity. *He recovered from his stroke.* ◦ *recover from strain, etc* ◦ *Trade soon recovered from the war.*

► **re·cov·er·able** /-rəbl/ *adj*  
(RECOVER 1): *recoverable damage*

**re·cov·er** /,ri:'kʌvə(r)/ *v*  
*(tr)* *sth* put a new cover on sth (as with velvet).

**re·cov·ery** /,ri:'kʌvəri/ *n*  
recovering (RECOVER 1), *recovery of the missing recovery vehicle, ie one*

“Recovery is a process of change through which individuals improve their health and wellbeing, live a self-directed life, and strive to achieve their full potential.”

– SAMHSA, 2011

# Overview of the WHOQOL 8-item measure



- Adapted from the WHOQOL-100 and the WHOQOL-BREF tools
- The WHOQOL 8-item index is comprised of four domains (physical health, psychological health, social relationships, environment) and was identified as best capturing the four recovery dimensions of the working definition: home, health, purpose and community
- Preliminary work using this measure was conducted across 10 countries.
- The scale demonstrated good psychometric properties.

# WHOQOL 8-item Index

ITEM	DOMAIN
1. How would you rate your quality of life?	Overall quality of life
2. How satisfied are you with your health?	Overall quality of life
3. Do you have enough energy for everyday life?	Physical Health
4. How satisfied are you with your ability to perform your daily activities?	Physical Health

# WHOQOL 8-item Index

ITEM	DOMAIN
5. How satisfied are you with yourself?	Psychological
6. How satisfied are you with your personal relationships?	Social relationships
7. Have you enough money to meet your needs?	Environment
8. How satisfied are you with the conditions of your living space?	Environment

# Recovery Measurement Package



- SAMHSA's 21-item recovery measure is comprised of:
  - WHOQOL-8 measure
  - GPRA measures on alcohol, drug use, and mental health recovery; and
  - One measure of empowerment
- Items specific to alcohol, drug, and mental health symptomatology were added to get at targeted SAMHSA population

# Overview of Pilot Study Design

GOAL: Survey 300 clients participating in SAMHSA discretionary grant programs.

## Initial Design

- Longitudinal
- Baseline & 6 months F/U
- Self-administered by client

## Modified Design

- Cross-sectional
- Baseline
- Self-administered by client

# Overview of Pilot Study Design



- Mode of Data Collection: Clients completed self-administered questionnaires
- Timeline: Baseline data collection began in February 2015 and concluded July 2015
- Deliverable: Feasibility Report submitted to the SAMHSA Administrator on September 30

# Pilot Study Stand-Up

- Conducted 6 webinars promoting the study. Over 175 grantee representatives attended one or more webinars
- Study promoted via grantee specific listservs
- Invitation letter from CMHS Director sent to grantees
- SAMHSA received IRB approval to conduct the study in January 2015
- Study officially kicked off February 12, 2015

# Participants

Participating grantees were recruited from three SAMHSA grant programs:

- ❖ CABHI – Housing and recovery services for individuals experiencing chronic homelessness;
- ❖ GBHI-SSH-Expansion of infrastructure to integrate co-occurring and housing services;
- ❖ PBHCI – Integrated primary and behavioral health care for individuals with SMI

# Summary of Findings



- N = 171
- 14 grantees participated in pilot study
- Focus group data indicated no issues with comprehension or specific language used in the survey questionnaire.

# Psychometric Testing of the WHOQOL-8



- The construct validity of WHOQOL-8 measure was examined with the use of principal components analysis. The hypothesis that the 8-item WHOQOL measure is a one dimension construct is supported (all loadings  $>0.40$ )
- The scale produced a coefficient alpha of .848, indicating the scale has a high degree of reliability.

# Psychometric Testing of the Recovery Measurement Package

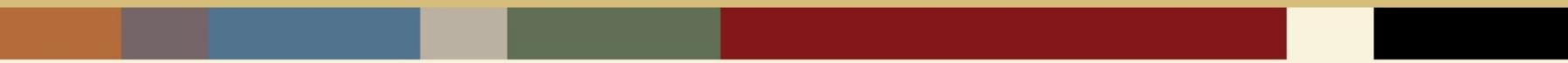


- Results provide conditional evidence that the items included in the recovery measurement package are measuring a single underlying construct.
  - Only two items had loadings that were low enough to suggest that they were not strongly associated with the underlying construct: self-efficacy for managing one's health care needs and enrollment in a job or training program.
- Reliability of the instrument was 0.745, which is within the acceptable range for scales in their early development.

# Findings Summary

- Although the results are positive, these findings, must be interpreted with caution given the small size of the study population (N=171).
- Information gleaned from this study does provide a framework from which a more, robust study and analysis can be performed.

# What was our most pressing challenge?



- Low recruitment rates
- A larger sample size is needed in order to properly perform psychometric testing of the recovery tool

# Barriers to Recruitment

- Reluctance for start up/new grantees to accept additional work that is not required by SAMHSA
- Issues with SAMHSA's new data collection system
- Staffing resources at the site level
- Duplication of questions, consent process, which resulted in greater time/effort (20 minutes)
- General communication challenges within agency
- General survey burden (i.e. additional survey requirements from other federal agencies)

# Results and Discussion



- Support for using the WHOQOL-8 with SAMHSA grantees
- Need to further analyze the additional 13 questions and perhaps customize the tool for particular SAMHSA grantees

# Next Steps

- Recently received 3-year approval from WHO to use WHOQOL-8 items in select SAMHSA data collections
- Embed WHOQOL-8 in SAMHSA data collection with OMB approval
- Complete further testing of the 13 items
- Explore development of an adolescent recovery measure

# THANK YOU