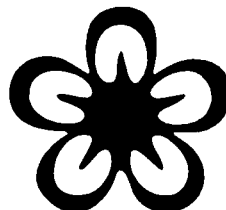


Explaining Outcomes Project

First, A Refresher!

Our last newsletter was sent out in August 2001 so we have a whole year of activity to be updated. We begin by presenting an overview of the project.

In the most general terms, the Explaining Outcomes Project aims to help better understand how community support programs are effective for people with a severe mental illness. Specifically, our overarching goal is: What are the most important kinds of interventions by these programs that help people have a better quality of life and to have reduced episodes and need for hospitalization? To begin addressing this question we focus here on the development of the measurement tools to assess critical program characteristics.



In much of the previous research, researchers aimed to determine what "model" has the greatest effect for people using the services through a comparison of two or three programs. The Explaining Outcomes Project takes a bit of a different tack however by starting from the premise that the *characteristics* of programs are a more relevant level to study to answer the guiding question. These characteristics or aspects of programs may be common to different types of programs even if the programs are guided by different models. The task in this study is to develop a way of measuring the characteristics of programs that are thought to be essential for successful interventions in terms of the outcomes of interest.

In sum, we aim to develop an instrument or package of instruments to measure the critical aspects of community support programs for people with a severe mental illness. These aspects of community support programs are considered "critical" if they are important contributors to good outcomes for people using the services. Ultimately, the instrument(s) could be used for both research purposes and for quality improvement by individual community support programs.

The project began in February 1999 and is funded by the Ontario Mental Health Foundation through February 2004. Please refer to our website for more information on the project and to find past newsletters at: www.ontario.cmha.ca/cmhei

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Special points of interest:

- ♦ Themes covered in instruments
- ♦ Continued need for involvement of programs

This newsletter comes out once a year. We have much to update you on in this issue including the field testing of the package of instruments, changes to the research design and progress on pilot testing which began this summer.

The “Package of Instruments”

The package of instruments that has emerged from the development process consists of four versions of the questionnaire: Consumer, Family Member, Service Provider and Program Administrator/Program Manager.

Items were developed around “domains” and “sub-domains”. These were theme areas that resulted from an analysis of interviews and the literature. We enquire about activity in the domains in each kind of questionnaire where applicable. The focus of the questionnaires is on the process of service delivery and, to some extent, the context in which everything takes place. What activities were actually carried out, in what ways and how frequently? We also ask whether consumers wanted or needed the interventions and about how satisfied they are with their current situation in each area. Generally, participants are asked to rate how frequently an item was provided or agree or disagree with statements.

As noted elsewhere, the current versions of the questionnaires are quite lengthy. It is only through testing with a large number of people that we will have a scientific basis by which to eliminate items that are less “critical”. It is a long process of development.

See Table 1 for an overview of the themes we cover in the questionnaires.

Table 1: Overview of Themes Covered in Instruments

Domains	Sub-domains
Contextual Information	
	Demographic information
	Program mandate
Basic Needs	
	Housing
	Finances
	Food
	Physical health
Productivity	
	Paid employment
	Volunteer work
	Education and skill development
	Other meaningful activity
Personal and Social Supports	
	Social skills, family and community connections
	Perception of relationship with staff
Services Provided to Consumers	
	Access and outreach
	Assessment, goal setting and checking in
	Counselling and other services
	Family support

Table 1 (continued)

Domains	Sub-domains
Services Provided to Consumers (continued)	
	Alcohol and drug use-related services
	Coordination of in-patient services
	Coordination with criminal justice services
	Crisis services and planning
Service Climate	
	Ethnocultural aspects of services
	Sensitivity to sexual orientation issues in services
	Organizational climate and functioning of program
	Work practices
	Recruitment and retention
	Staff development and training
	Work environment/management issues
	Empowerment
	Level of choice
	Continuity of services
Systems Issues	
	Access at community level
	Linkage and partnerships
	Community education
	Level of advocacy

The extent to which a domain or sub-domain is sampled in a questionnaire depends on the version of the questionnaire – whether consumer, service provider or program director/ program manager. There is however enough overlap that we will be able to compare many of the responses from domains on the various versions.

A First Test of the Package of Instruments (Fall '01-Jan '02)

In the Fall of 2001 and early Winter of 2002, we tested the first versions of the consumer, family member, service provider and program administrator questionnaires. These questionnaires were developed using themes that emerged from analysis of qualitative interviews with 42 consumers, family members and service providers and from analysis of a selection of 200 articles. This round of testing was the first time we tried the questionnaires out with real people. We were anxious to see how the form, content and process would be received and to hear suggestions for improvements. We were also interested in knowing if the questionnaires worked with different types of programs in different geographic areas (i.e. urban/small urban/rural/Northern).

We met with each of the consumers and family members to complete the questionnaires in person. Service providers and program managers were asked to complete the questionnaires independently and send them in. In all, 39 people participated from six programs in different parts of Ontario. We had aimed for two consumers, two family members, two service providers and a program administrator to participate from each program. However, there was difficulty for a couple of programs to recruit family members to participate either because few family members were involved with the consumers at the program or few were interested or unavailable to participate. All participants were paid an honorarium for their participation.

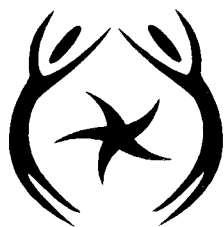
Here is a summary of the feedback by type of respondent and type of program:

Consumers

In general, consumers said they liked the opportunity to reflect on their service experience and needs. Some also reported that they liked the opportunity to speak well of the program and give back. They experienced some fatigue which is understandable given the average completion time was three hours. Overall, however, they did not comment on the length as a problem. Some consumers who were receiving services from programs or providers, beyond the program we were asking about found it difficult to separate who had done what for with them (we wanted consumers to respond based on what the specific program did with/for them).



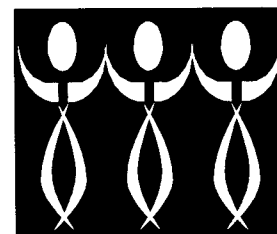
Family Members



In general, family members explained their interest in participating by a desire to help others through sharing their experience. However, they were not as enthusiastic as the consumers in completing the questionnaire. This may be in part because they found that many of the questions were difficult to answer not because they were not involved with their relative but rather because the questions tended to focus on the consumer-service dynamic of which they would only have second-hand reports from their relative. For certain items, they would often comment "I guess they did" or "they must have" as opposed to knowing from direct experience the nature of services that had been provided.

Service Providers/Program Managers

The most frequent initial comment about the questionnaire by service providers was "this is too long". However, when we asked participants what sections or items could be eliminated or for ideas to shorten the questionnaire, they tended to respond that all themes items are potentially important and that they should all be retained. While the initial reaction was dread (it did take an average of 4 hours to complete), they commented that as they worked through the questionnaire they began to perceive it a helpful tool for reflection on the services they had provided. For example, some commented on how they were struck by how much they do. Some also commented that they began to ask themselves questions like: "Do we do this? Should we do this?". In terms of the questionnaire for the Program Managers, we learned that some of the statistical information we asked for about the program or community in which it is located was either not available or too difficult to gather.



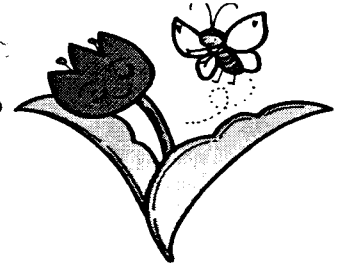
Preliminary Revisions to Form and Content *(continued)*

Family Member Questionnaire Put on Hold

The Research Team made the difficult decision to remove the Family Member Questionnaire from the research design for the time being. The field testing of the questionnaire indicated that the items in the questionnaire needed substantial revision to reflect the knowledge base that family members are likely to have of consumer-service provider interactions. The difficulty in recruiting family members from some community support programs was another reason that the Research Team decided that another approach was needed. Finally, resource limitations of the project led the Team to focus on consumers and service providers at this time. Given the importance of the family perspective and role in support to people with a severe mental illness, it is hoped that the family member perspective can be integrated at a later date as part of a sub-study of the project. In the meantime, we have added a space in the Consumer Questionnaire for people to indicate if they are receiving support relative to the various themes, from family members.

A Bit More Field Testing – June-July '02

In June we tested the new, revised version of the Consumer Questionnaire with four consumers. Two consumers were from a community support program of CMHA Metro Toronto Branch and two were from Progress Place in Toronto. This testing went well and we finalized the version of the questionnaire that would be used in the pilot testing currently underway. Thank you to these programs and the individuals who participated.



Enthusiastic Response from Community Programs

We had an enthusiastic response from programs to our presentations about the project last winter at the CMHA Executive Directors meeting in January, the Federation Annual General Meeting in February, and to two individual programs. In fact, approximately 90 programs signed up to participate in the testing phase. A re-working of the research design delayed our start time somewhat (see below) and we appreciate your patience as we've been working it all out. We look forward to involving as many programs as possible over the remaining phases of the project.

Key Changes to Research Design - Baby Steps Needed –Spring '02

Resource constraints initially prompted the Research Team to re-consider the original design for the next phase of testing but we are now convinced that the new research design that resulted from an interim review process is not only more resource-friendly but also stronger. Essentially, we have decided to proceed in smaller stages with testing, gradually working towards establishing the reliability and validity of using the package of instruments for program description and linking program characteristics to outcome.

In terms of our current situation, you may recall that originally we planned a large scale testing of the package of instruments with 30-40 programs. In the revised design, we have opted for a staged approach to testing with the first stage focusing on testing the consumer, service provider and program administrator questionnaires with six programs and a second stage planned for next Spring which will involve ten programs. We are also adding a segment asking 4-6 programs to participate in testing the service provider and program administrator questionnaires only.



The stages consist of first testing the instruments more extensively, in two rounds of testing (one this Fall and one next Spring '03), to determine their reliability and validity for individuals. Through this process we also expect to gather data that will provide essential information about how to reduce the length of the instruments. Next, we will use the instruments to determine their reliability and validity in assessing characteristics of programs and program level scores. Finally, when all preceding foundations have been established, we intend to analyze program characteristics in terms of their effect on program level and individual level outcomes.

We anticipate that additional funding will be necessary to engage the large sample of programs and individual participants required to carry out the last two stages of the plan ie. establishing the reliability and validity of the questionnaires to provide program scores on critical characteristics and analysis of the link between these program characteristics and consumer outcomes.

Method in Current Phase

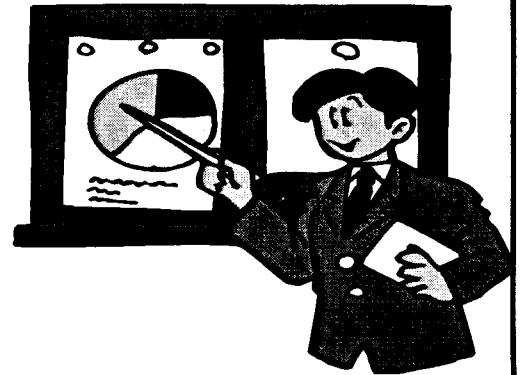
We have identified six programs to participate in our current round of testing, which started in August. A *stratified random sample* of 25 consumers, all the clinical service providers and the program manager from each program are participating.

Consumers complete the questionnaire in a session with a researcher present to assist while service providers and program managers complete the questionnaires independently and mail them in.

What is Stratified Random Sampling?

In response to some programs' concerns about the need to have a sample of consumers to participate who are representative of the consumers involved in a program, we are using a stratified random sampling technique to identify which consumers to ask to participate. This basically means that we

- ✓ Categorize all consumers receiving services from a program in terms of their gender, diagnosis and length of time in the program,
- ✓ Calculate the percentage of people in each category and then,
- ✓ Determine the proportion of the sample of 25 consumers that needs to come from each category
- ✓ Randomly select a sample from each category based on the proportion required

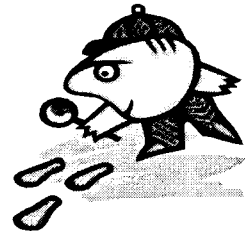


This ensures that our sample represents the distribution, on these dimensions, of consumers receiving services in the program.

Questions We Aim to Answer in Current Phase

Some of the things we are interested in knowing in this round of testing are:

- How difficult will it be to recruit 25 consumers in each program?
- Can this group of people with SMI complete the questionnaire given length, language level, focus required etc? Are we getting a biased sample?
- Do the questionnaires work with different types of programs and for programs located in urban and rural areas?
- Are there redundant or unhelpful items that can be eliminated in the next versions as indicated by location and percent of missing data; response distributions; variation in response between programs; inter-item correlations; and feedback regarding clarity or feasibility etc.)
- How much agreement is there between information provided by consumers versus by service providers? For this, we will examine similarity of consumer and service provider responses.
- Investigating in a preliminary way, to what extent are program characteristics linked to outcomes for individual consumers (hospitalization, satisfaction)? For this, we will examine the correlation and multiple regression analyses to examine links to common outcomes and conduct exploratory analysis for unique outcome data within each program.



We are also interested in summarizing information to answer the following questions:

- In which domains did consumers want/need support?
- How much help do consumers report receiving?
- How much variation is there between programs in response to the instruments?

