



Consumer Quality Initiatives is the first and only consumer-driven mental health research center in the United States. CQI conducts and supports research projects that utilize a community-based Participatory Action Research (CBPR) approach, which means that consumers and family members are invited to participate in a meaningful way in all aspects of the research process. CBPR is a collaborative process that equitably involves all partners, academic and community, in the research process and recognizes the unique strengths that each brings. With an "Action" focus, CQI has established strong research collaborations that have lead directly to changes in mental health policy and practice. As such, we use organizational development and diffusion of innovation constructs to disseminate research results in a way that have benefits to individuals, groups, communities and institutions.

At CQI we achieve our goals by:

- training adults and adolescents to conduct and use research for community change,
- establishing partnerships with other researchers and community stakeholder that makes research accessible to broad audiences,
- obtaining grants to conduct research projects of various sizes,
- consulting with academic institutions on conducting participatory action research,
- educating the public about the value of mental health research,
- using research to advocate for positive change,
- sharing results through conferences, workshops, publications and other public forums;
- developing effective consumer advisory councils.

CQI has been concentrating its research in eight (8) topical areas that have been of particular interest to consumers, family members and other stakeholders have. These are:

1. [Housing/homelessness](#)
2. [Vocational Supports](#)
3. [Peer services](#)
4. [Shared Decision Making; Client activation in treatment/service planning](#)
5. [Child/adolescent systems of care](#)
6. [Young Adult issues](#)
7. [Dual Diagnosis](#)
8. [Repeat use of acute care services](#)

CQI will continue to lead research efforts in these areas and support other research institutions in conducting consumer/family driven research.

Key areas of Study for CQI

1. Housing/homelessness

Consumer Quality Initiatives has been recognized by the United States Interagency Council on Homelessness (USICH) for its innovative research towards “achieving results in preventing or ending homelessness.” Funding from SAMHSA, Mass. DMH, and MassHealth has supported research on the efficacy of "housing first" approaches to reducing homelessness, the factors that lead to independent living for group home residents, and the relationship between homelessness and psychiatric re-hospitalizations.

Currently Jon Delman is a PI on an NIMH funded study on the housing support needs of young adults with mental illness. The study is using a CBPR model, with both a stakeholder project team, and the hiring of young adults with mental illness to be trained and research and then to work on the project.

2. Vocational Supports

CQI has studied both the specific services and the systems level networks that support employment for people with psychiatric conditions. CQI's early studies documented the desire of Medicaid clients to work, as well as the lack of encouragement and supports to achieve employment. And in 2002, CQI studied the factors that lead to successful employment for long term psychiatric clients; a key factor, now more recognized, is the importance of direct supervisory attention and support for long term success at a job.

CQI has also studied the factors that lead to the successful integration of peer specialists in treatment teams, including case studies looking at the integration of peer specialists in PACT teams and day treatment programs. A recent study found that peer specialists working in day programs provide many benefits, particularly inspiration for clients not familiar with the possibilities of recovery and employment.

3) Peer services

Massachusetts has become a leader in providing peer services, and CQI has studied the implementation of certified peer specialists and a new program model, Recovery Learning Communities. CQI has studied the outcomes of the certified peer specialist trainings in Massachusetts, and the degree of recovery orientation and the outcomes of consumer run programs. CQI has most recently developed a self-efficacy outcomes instrument for consumer education programs and is in the process of testing its reliability and validity in Massachusetts.

Most of CQI's efforts here have gone to studying the role of peer specialists in treatment programs. We have studied the benefits provided by peer specialists working in day programs, and have conducted case studies on the successful integration of peer specialists in PACT teams and day treatment programs.

4) Shared Decision Making: Client activation in treatment/service planning

For many years, CQI has analyzed the level of client involvement in treatment decision making in both inpatient and outpatient programs. This research culminated in an issue brief entitled: “INFORMED CONSENT: Strategies to improve the experience of Massachusetts mental health consumers.”

CQI has taken a lead role in assessing system wide needs for implementing shared decision making in Massachusetts, and in 2008 the Robert Wood Johnson (RWJ) Foundation Community Health Leaders program funded two CQI projects. The first has been a Summit that brought stakeholders together to review the research on shared decision making (SDM) and to address the systems issues for implementing SDM in Massachusetts; a White Paper and journal article are currently being written on the process and results.

The second RWJ project is a research study entitled: “Achieving, Experiencing and Sustaining Active Participation in Making Psychiatric Medication Decisions: The Perspective of People with Mental Illnesses.” This is a qualitative study through which we are hoping to assess key factors related to client activation and empowerment in treatment decision making. In addition, we plan to advance a conceptual model that would be used to test hypotheses regarding the factors related to the active engagement of people with SMI in making treatment decisions with their psychiatrists. We’re planning to follow-up this study with a larger grant study.

5) Child/adolescent system

Over the past decade CQI has lead and participated in evaluating and researching the child/adolescent services and supports in Massachusetts, with a large amount of work assessing the implementation of various wraparound models (consistent with a systems of care approach). We have used both qualitative and quantitative methods, and have assessed model fidelity and implementation.

6) Transition age and young adult Issues

CQI is a national leader in transition age and young adult research, with 5 completed research projects, and involvement in 4 currently. In 2002, CQI produced the groundbreaking report: *Voices of Youth in Transition: The Experience of Aging Out of the Adolescent Public Mental Health Services in Massachusetts, Practice and Policy Implications*, which identified several glaring holes in the support system for young adults in Massachusetts and made broad scale recommendations. CQI’s recommendations were adopted by Mass. DMH, and these findings played a significant role in the legislature creating a 3 million dollar legislative line item for DMH to address these issues. As part of this CBPR process, CQI hired three young adult consumers to develop research questions and data collection instruments, interview 24 young adults, and conduct data analysis. When the young adults presented the results to policy makers, they combined the hard data with their own personal stories of challenge and triumph.

Current projects include:

- Jonathan Delman is currently a co-PI on an NIMH collaborative grant with Northeastern University to study the housing support needs of young adults in urban areas.
- Jonathan Delman is a co-investigator of the above referenced (5) RWJ funded study: “Achieving, Experiencing and Sustaining Active Participation in Making Psychiatric

- Medication Decisions: The Perspective of People with Mental Illnesses.” The focus of this study is young adults who have been disabled by their psychiatric condition.
- CQI is consultant to a 5 year NIDDR Research and Training Center (RTC) at University of Massachusetts Medical School (Psychiatry) called “The Learning and Working during the Transition to Adulthood Rehabilitation” center.

In all of these cases as well as additional grants, CQI is leading the training and oversight of young adults who join the team as research associates. CQI also has plans for a study on the desired qualities of mentors who work with youth in residential settings.

7) Dual Diagnosis

Throughout the last decade, CQI has studied the effectiveness of different aspects of dual recovery service system in Massachusetts. Programs studied include a Housing First model, day treatment services, enhanced addiction detox services, and inpatient care. Our research demonstrates that existing programs, usually focused on either mental health or a substance abuse, have a difficult time adopting evidence based dual diagnosis practices, due to a culture that emphasizes one kind of treatment over the other.

CQI has also studied treatment retention in residential substance abuse treatment program for women who have children or are pregnant. Although many clients did not complete the (6 month to 1 year) program, we found that the current residents generally could not articulate a reason why they would leave prematurely, though some mentioned that issues with other residents might cause them to leave. Future studies will focus learning about the effects of identifying concretely the reasons they may end a program prematurely on retention rates.

8) Repeat Use of acute care services

CQI has taken a great interest in studying the repeat use of acute care services. In our first study, we interviewed Medicaid consumers who had been hospitalized recently about what lead to that hospitalization(s); we found that the key difference between non-repeat users and repeat users was that the latter group could not imagine a scenario that would prevent repeat use.

A more recent study was a collaborative grant with the BU School of Public Health funded by NIMH on the repeat use of emergency services in urban areas. One critical finding was that was the role of one’s basic life instability (eg, homelessness, not having an available psychiatrist) often leads to readmissions.

Additional key areas of study

CQI has been very successful in developing models of 1) Consumer participation in research and policy making activities (eg, advisory councils, training), and 2) Dissemination and diffusion of innovation. These are areas of research we plan on developing.

DRAFT, 7/1/10