

## **SUMMARY OF METRIC TOOLS USED TO EVALUATE RECOVERY**

At the close of our last Recovery Workgroup meeting it was decided that the workgroup would like to hear about the metric tools that counties are using now to measure an individual's movement toward recovery. What follows is a brief summary of different metric scales or systems currently used by some county mental health departments for various populations they serve in California

### Milestones of Recovery Scale (MORS)

The first measurement system is known as the Milestones of Recovery Scale or MORS. This tool was designed to measure an individual's overall recovery from a disabling mental illness and evaluate the effectiveness (outcomes) of our mental health programs and systems. This scale was developed by Dave Pilon, Ph.D and Mark Ragins, M.D., in collaboration with the California Association of Recovery Rehabilitation Agencies (CASRA) to provide agencies with a tool to assess the objective and observable behavioral correlates ("milestones") of recovery.

The MORS is used to assess the clinician's perception of clients' current degree of recovery. Ratings are determined considering three factors: (1) client's level of risk (co-occurring disorders, likelihood of causing harm to self or others, and level of risky/unsafe behaviors); (2) client's level of engagement within the mental health system; and (3) client's level of skills and supports (which is a combination of their abilities and support network and their level of need from support staff.)

Clients are given one of eight ratings as follows:

1. Extreme risk
2. High risk/not engaged
3. High risk/engaged
4. Poorly coping/not engaged
5. Poorly coping/engaged
6. Coping/rehabilitating
7. Early recovery
8. Advanced recovery

The MORS is intended for use with adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness or who have a dual diagnosis and who receive services in outpatient service settings, peer-run programs, residential service settings, and/or comprehensive community support programs. The MORS is completed for all clients within 30 days of their initial intake assessment and every 3 months thereafter.

The MORS was psychometrically tested using staff at The Village in Long Beach, CA, and Vinfen Corporation, a large provider of housing services to persons with mental illness in Boston, MA.

To date 18 counties in California have been trained to use the MORS. These include: Alameda, Butte, Contra Costa, Inyo, Kern, Los Angeles, Marin, Mono, Orange, San Diego, San Francisco, Santa Clara, Santa Cruz, Siskiyou, Ventura, Trinity, Humboldt, and Fresno. Two additional counties, Shasta and Sutter, are scheduled to be trained in July 2014.

### Illness Management and Recovery (IMR)

The IMR Scales were developed to measure outcomes targeted by the Illness Management and Recovery Program, an evidence-based practice (EBP) identified by SAMHSA. SAMHSA has produced a comprehensive EBP toolkit that provides instruction about creating an Illness Management Recovery Program. Once that EBP program is up and running, the IMR scale is used by clinicians to measure the clinician's perception of client recovery.

The IMR Scale has 15 items, each addressing a different aspect of illness management and recovery. Each item can serve as a domain for improvement. The 15 items include:

1. Progress toward personal goals
2. Knowledge about symptoms, treatment, coping strategies and medication
3. Involvement of family and friends
4. Contact with people outside of the family
5. Time in structured roles
6. Symptom distress
7. Impairment of functioning (How much do symptoms get in the way of him/her doing things they would like to do?)
8. Relapse prevention planning
9. Relapse of symptoms

10. Psychiatric hospitalizations
11. Coping
12. Involvement with self-help activities
13. Using medication effectively
14. Impairment of functioning through alcohol use
15. Impairment of functioning through drug use

Like the MORS, the IMR scale is intended to assess adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness including those with a dual diagnosis. The IMR scale may be used in an array of service settings including the criminal justice system, inpatient service settings, outpatient service settings, peer-run programs, and residential service settings. The IMR should be completed by clinicians within 30 days of their initial intake assessment and completed every 6 months after intake and at discharge.

We are currently aware of two counties, Los Angeles and San Diego, that use the IMR.

#### Recovery Markers Questionnaire (RMQ)

The RMQ is used to measure a client's perception of their individual recovery. The intent is that this questionnaire be completed by all clients who are capable of doing so. The RMQ is a 24 item questionnaire developed by the Yale Program for Recovery and Community Health. A link to this questionnaire is attached. Currently we are only aware of San Diego using the RMQ as one source of outcome measurement.

#### Level of Care Utilization System (LOCUS)

The LOCUS is a short assessment of a client's current level of care needs completed by clinicians. LOCUS has three main objectives: (1) to provide a system for assessment of service needs for adults with mental illness based on 6 evaluation parameters; (2) to describe a continuum of service arrays which vary according to the amount and scope of resources available at each "level" of care in each of four service categories; and (3) to create a methodology for quantifying the assessment of service needs to permit reliable determinations for placement in the service continuum. This tool has evolved since it was first introduced in the year 2000, and now includes content related to recovery status. (LOCUS Adult Version 2010.)

The six evaluation parameters include: (1) risk of harm; (2) functional status; (3) medical, addictive and psychiatric co-morbidity; (4) recovery environment; (5) treatment and recovery

history; and (6) engagement and recovery status. A five point scale is constructed for each parameter.

The LOCUS defines six “levels of care” in the service continuum in terms of four variables: care environment, clinical services, support services and crisis resolution and prevention services. The six “levels of care” include: (1) recovery maintenance and health management; (2) low intensity community based services; (3) high intensity community based services; (4) medically monitored non-residential services; (5) medically monitored residential services; and (6) medically managed residential services.

The four service categories are as follows:

- Level 1 – describes community services for consumers who have achieved a level of independence from the county mental health system
- Level 2 – describes the beginning of more independence from the mental health system, persons have an established wellness plan, and are able to manage their illness including emergencies
- Level 3 – describes an intensive level of services that may be brief or need to be sustained for several years. Consumers who need Level 3 services may be in pre-contemplation or contemplation stages, and have started to engage in their treatment.
- Level 4 – describes services that may be known as “assertive community treatment” and is best for consumers at imminent risk of involuntary treatment, or persons who would not be discharged without the availability of intensive community support.

Finally, the LOCUS describes a proposed scoring methodology that facilitates the translation of assessment results into placement or level of care determinations.

This assessment tool was developed by the American Association of Community Psychiatrists and was revised in 2009. There is also an associated assessment tool for children known as the Cal-LOCUS.

We believe that counties using LOCUS include: Humboldt, Orange, San Diego, Sacramento, San Mateo, Solano, Stanislaus, and Sutter/Yuba.

### Summary

In summary there are various metric tools used in mental health departments throughout California that focus on measuring an individual’s progress toward recovery. Frequently the elements identified to measure recovery among the various tools are similar or comparable. Although CMHDA’s Adult System of Care Committee has “recommended” guidelines for

Levels of Service identical to the four Levels of Care identified in the LOCUS, there are no county mental health requirements and we know of no other statewide direction given to counties about the use of metric scales to evaluate individual recovery and outcomes.