

Measuring the Recovery Process: The Milestones of Recovery Scale (MORS)

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Goals of the Training

- Discuss difficulties in the measurement of "Recovery"
- Describe our attempts to create an instrument that classifies consumers according to their current "milestone of recovery"
- Begin the discussion of how the Milestones can be used create "flow" through the system and increase program and system accountability.

Recovery as the Basis for Services under MHSA (From Section 7)

“Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

- (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.”

What is Recovery?

- Many consumers speak of recovery in terms of their own internal experience – often phrased in such terms as “becoming empowered,” “taking charge of their own lives,” “improving their self-esteem,” or “becoming responsible for themselves.”
- The mitigation of psychiatric symptoms (or symptom distress) and improvement in functioning.
- Identifying and taking on meaningful roles in one’s life.

Recovery Definition Matrix

	Service Provision/Practices	Outcomes
Service Recipient Perspective	<p>Recovery Self-Assessment (RSA) “Staff at this agency listen to and follow my choices and preferences.”</p> <p>Consumer Recovery Outcome System (CROS) “How do I feel about the choices I get about my care?”</p> <p>Recovery Oriented System Indicators (ROSI) “I do not have enough good service options to choose from.”</p>	<p>Internal Experience of the Client</p> <p>Consumer Recovery Outcome System (CROS) “I am coping better in my life”</p> <p>Recovery Measurement Tool (RMT) “I participate in meaningful activities”</p> <p>Spirituality Index of Well Being (SIWB) “There is not much I can do to make a difference in my life”</p>
Service Provider/ Family Member/ System Perspective	<p>Fidelity to Specific Practices</p> <p>Evidence-Based Practices</p> <p>Clinical Strategies Implementation Scale</p> <p>Assertive Community Treatment (ACT)</p> <p>Supported Employment (SE)</p>	<p>Symptom Reduction</p> <p>Improvement in Functioning</p> <p>Reductions in Adverse Impact (hospitalization, incarceration, homelessness, mortality)</p> <p>Improved Quality of Life (Increases in independent living, employment, education rates, more supportive social network)</p>

Milestones of Recovery Project

- In 1997, with a grant from the Center for Mental Health Services, the California Association of Social Rehabilitation Agencies (CASRA) convened a group of 50 administrators, clinicians and consumers.
- This group was given the task of creating a system that would classify consumers in particular clusters according to their needs in a way that would enable the providers of services to be held accountable for the outcomes of their services.

CASRA CSP PROJECT

- Working independently in small groups, the participants all came to a similar conclusion: consumers could be assigned to clusters based on their level of risk, their level of coping skills, and their level of engagement with the mental health system.
- The participants concluded that the movement of consumers from one group or cluster to another could itself be viewed as an outcome.
- It also appeared to the participants that movement from one group to another could be reasonably seen as a description of "the process of recovery."

Components and Milestones of Recovery

Components of Recovery

1. Level of Risk
2. Level of Engagement
3. Level of Skills and Supports

Milestones of Recovery

1. Extreme Risk
2. High Risk/Unengaged
3. High Risk/Engaged
4. Poorly Coping/
Unengaged
5. Poorly Coping/Engaged
6. Coping/Rehabilitating
7. Early Recovery
8. Advanced Recovery

Early Recovery

These individuals are actively managing their mental health treatment to the extent that mental health staff rarely need to anticipate or respond to problems with them. They are rarely using hospitals and are not being taken to jails. They are abstinent or have minimal impairment from drugs or alcohol and they are managing their symptom distress. With minimal support from staff, they are setting, pursuing and achieving many quality of life goals (e.g., work and education) and have established roles in the greater (non-disabled) community. They are actively managing any physical health disabilities or disorders they may have (e.g., HIV, diabetes). They are functioning in many life areas and are very self-supporting or productive in meaningful roles. They usually have a well-defined social support network including friends and/or family.

The Underlying Dimensions

What do we mean by:

- RISK
- ENGAGEMENT
- SKILLS AND SUPPORTS

RISK

The consumer's **LEVEL OF RISK** is comprised of three primary factors:

- 1) the consumer's likelihood of causing physical harm to self or others,
- 2) the consumer's level of participation in risky or unsafe behaviors, and
- 3) the consumer's level of co-occurring disorders.

ENGAGEMENT

- The consumer's **LEVEL OF ENGAGEMENT** is the level of "connection" between the consumer and the mental health service system.

What Engagement ISN'T

- Engagement DOES NOT mean medication compliance
- Engagement DOES NOT mean "insight" into or "acceptance" of one's mental illness
- Engagement DOES NOT mean total agreement with the service and treatment approaches of staff
- Engagement DOES NOT mean the total amount of services received

What Engagement IS

- Engagement is about the quality of the relationship (“connectedness”) between consumer and staff and does not require the consumer to accept that s/he has a mental illness. It merely requires that the consumer is “tolerant” of the presence of staff in his/her life.

SKILLS AND SUPPORTS

- The consumer's **LEVEL OF SKILLS AND SUPPORTS** should be viewed as the combination of the member's abilities and support network(s) and the level to which the consumer needs staff support to meet his/her needs.

Inter-rater Reliability (MHALA Village)

- Intra-class correlation coefficient
- All analysis done in SAS 9.01.03 using PROC MIXED (Littell, et al., 2006)
- $r = .85$
- .70 used as meeting acceptable reliability (Nunnally & Bernstein, 1994)

Inter-rater Reliability (Vinfen)

- 105 clients rated at two points in time (one client missing second time point)
- $r = .86$, 95%CI = .80, .90

Level of Care Utilization System (LOCUS)

- Underlying subscales include
 - Risk of harm
 - Functional status
 - Medical, Addictive, and Psychiatric Co-morbidity
 - Recovery Environment—Level of Stress
 - Recovery Environment—Level of Support
 - Treatment and Recovery History
 - Engagement

LOCUS Validity Coefficients

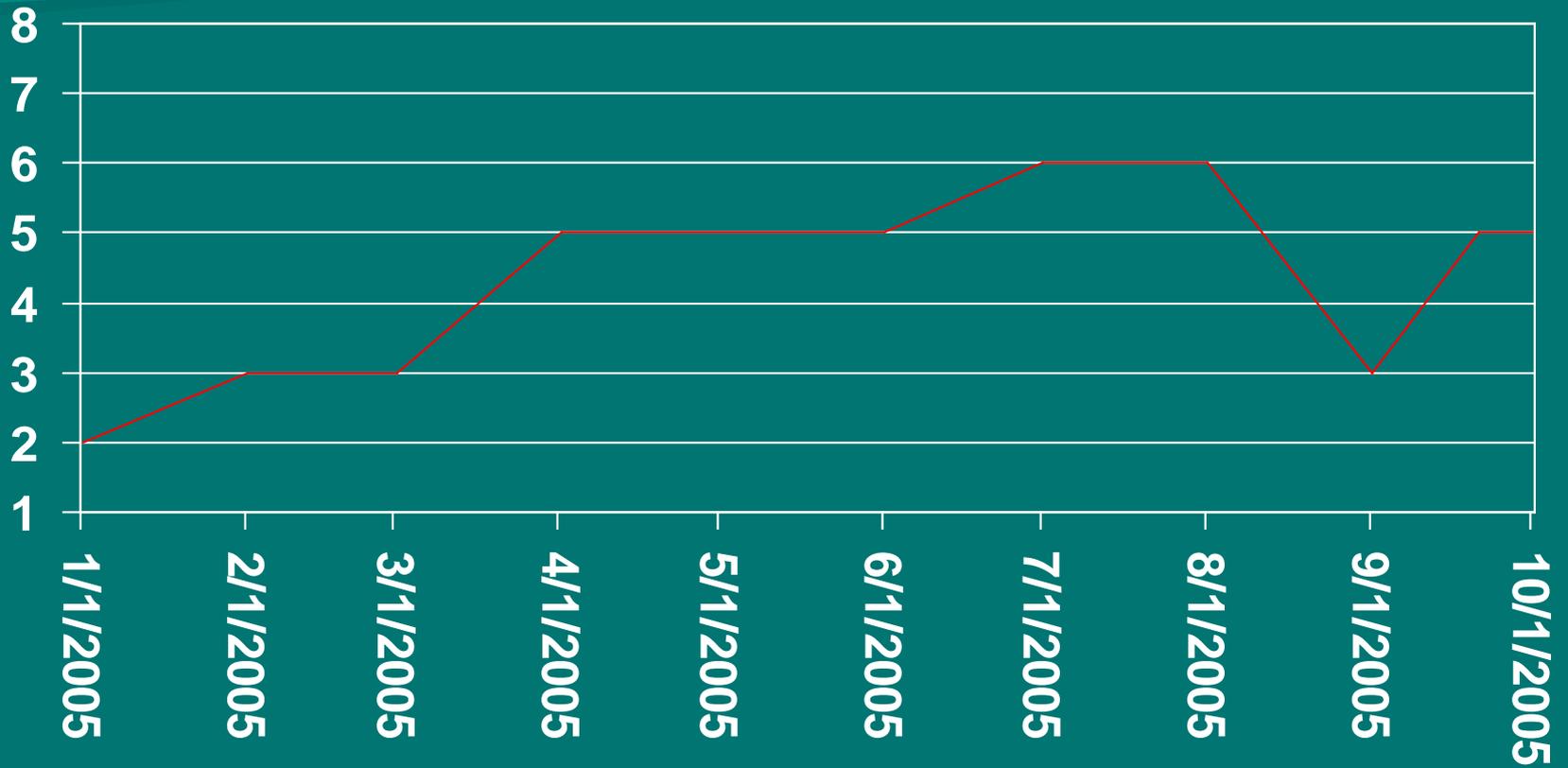
	Risk of Harm Rating	Functional Status Rating	MAP Rating	Level of Stress Rating	Level of Support Rating	Treatment and Recovery History	Engagement Rating
MORS Rating	.72 .66, .76	.67 .62, .72	.50 .42, .56	.59 .52, .65	.43 .35, .50	.65 .59, .70	.61 .55, .66

Stability of Ratings within the Village ISA January 2005 – March 2005

SOR	January 2005		February 2005		March 2005	
	Freq.	%	Freq.	%	Freq.	%
1	18	4.2	21	4.6	19	4.6
2	26	6.0	22	4.9	24	5.8
3	49	11.4	47	10.4	34	8.2
4	46	10.7	45	9.9	26	6.3
5	108	25.1	127	28.0	112	26.9
6	122	28.4	130	28.7	139	33.4
7	50	11.6	52	11.5	52	12.5
8	11	2.6	9	2.0	10	2.4
Totals	430	100.0	453	100.0	423	100.0

MORS Client

Female, African American, DOB 1-15-75



MORS Client

Male, Caucasian, DOB 5-20-40



Future Directions and Questions

- What is the "typical" path of a person in recovery? If a person enters our system as "high risk, unengaged," how long (on average) will it take for her to become "coping/rehabilitating?" How long until she is in "advanced recovery."
- Are different services more or less effective at different milestones of recovery? Can we use the milestones to assign consumers to different types of care?
- Is it possible to establish "benchmarks" for service providers? Can we hold service providers accountable for moving people through the milestones? Should we set expectations for service providers to move certain percentages of their consumers to higher milestones over a set amount of time?

Program Accountability

- Data indicate that consumers at the Village have a 10% chance of remaining at "extreme risk" after 10 months
- Data indicate that consumers at the Village have a 6% chance of remaining at "extreme risk" after 20 months
- From an initial stage of "unengaged," it takes about 1.5 years before a Village member has a 50% chance of being in the "coping/rehabilitating stage"
- From an initial stage of "unengaged," it takes about 5 years before a Village member has a 50% chance of being in the "self responsible" stage

Recovery-Based Service Delivery

- Stage 0: Extreme Risk
(Milestone 1)
- Stage 1: Unengaged
(Milestones 2 and 4)
- Stage 2: Engaged, but poorly self-directed
(Milestones 3, 5 and 6)
- Stage 3: Self-responsible
(Milestones 6, 7, and 8)

Milestones of Recovery Levels of Service (Recovery Based Spectrum of Care)

Extreme risk	Unengaged		Engaged, but not self coordinating		Self-responsible	
Locked settings (State Hospital, IMDs, etc.)	Outreach and engagement	Drop-in center	Intensive case management	Case management team	Appointment based clinic	Wellness center
Extreme risk (1)	High risk, unengaged (2) Poorly coping, unengaged (4)		High risk, engaged (3)	Poorly coping, engaged (5) Coping, rehabilitating (6)	Coping, rehabilitating (6) Early recovery (7)	
1:1 supervision Legal interventions Community protection Acute treatment Engagement	Welcoming/Charity Evaluation and triage Documentation Benefits assistance Accessible Medications Drop-in services		Case management Full Service Partnership Accessible medications Supportive services (Supported Housing, Employment, Education) Direct subsidies Rehabilitation		Appointment based therapy “Medications only” Wellness activities (WRAP) Self-help Peer support Community integration	

Service Differentiation by Stage of Recovery (Employment)

Unengaged (Stage 1): day labor, "work for a day"

- Engaged but Poorly Self-Directed (Stage 2): agency businesses, supported employment including job development and coaching, group placements, supported mental health employment (peer provider)
- Self-Responsible (Stage 3): non-disclosure competitive employment job development, competitive mental health employment (regular staff)

THANK YOU!