Adult/ Older Adults Outcome Measures Explanation Sheet

BHS UCRM

The following measures are to be completed for all Adults/ Older Adults in the San Diego System of Care open to Outpatient and Case Management programs.

Adult Outcome Suggested Assessments	Frequency Standard
Milestones of Recovery Scale (MORS)	Intake, 6 Months, Discharge
Level of Care Utilization System (LOCUS)	Intake, 6 Months, Discharge
Recovery Markers Questionnaire (RMQ)	Intake, 6 Months, Discharge
Illness Management and Recovery (IMR)	Intake, 6 Months, Discharge

COMPLETED BY:

1. Licensed/Waivered Psychologists
2. Licensed/Registered/Waivered Social Workers, Marriage and Family Therapists and Licensed/Registered Professional Clinical Counselors
3. Physicians (MD or DO)
4. Nurse Practitioners
5. Case Managers

Who should complete the Clinician Assessment (IMR, MORS and LOCUS)?

For cases in which clients see several different program staff, the clinical staff member who works most closely with the client throughout the therapeutic process should complete the Clinician Assessment. This can be any staff member who has received training in the delivery of health services, such as a team leader, case manager, or clinician.

COMPLIANCE REQUIREMENTS:

- Assessment (within the initial 30 days of intake into the program).
- Every 6 months after the enrollment date
    - Please note that the mHOMS website adheres to a separate timeline. Please follow the County guidance to complete assessments *every 6 months* from the previous assessment date. Do not utilize the mHOMS "window" described in the Outcome Manual.
- Discharge from the program (within 7 days of closing assignment).
- This is an online questionnaire that may be printed out and kept in the hybrid chart or uploaded to the EHR.

What languages will the forms for clients be available in?

The Integrated Self-Assessment is available in English, Arabic, Spanish, Tagalog, and Vietnamese. Program staff can help clients complete the Integrated Self-Assessment through interviews.

How can we enter previous assessments and paper forms into mHOMS?

Via the Assessments tab, users may Review, Edit, or Back-Enter client data that has already been completed to promote data quality and completeness.

- Review Mode allows users to view both client and clinician assessment information that has already been entered into the system.

- Edit Mode allows users to edit or add information to an existing, submitted assessment form in the system.

- Back-Entry Mode allows users to enter data from paper forms directly into the system.

DOCUMENTATION STANDARDS:

1. RMQ - (Completed by client). The RMQ is a 26-item questionnaire that is comprehensive and recovery-oriented. The RMQ also includes items related to occupational activities and stage of recovery.

2. IMR- (Completed by clinical staff). The Illness Management and Recovery Questionnaire (IMR) is used to measure their perception of client recovery. The IMR has 15 items, each addressing a different aspect of illness management and recovery.

3. LOCUS- (Completed by clinical staff). The Level of Care Utilization System (LOCUS) is completed by clinical staff members. It is an assessment of a client's current level of care. It is only completed if required for your program by the county.

4. MORS-(Completed by clinical staff). The Milestones of Recovery Scale (MORS) is a single-item instrument used to assess the clinician's perception of a client's current/ overall degree of recovery. Ratings are determined considering three factors: Client's level of risk , Level of engagement within treatment and supports.

RESOURCES:

- mHOMS: https://homs.ucsd.edu/login.aspx
- San Diego Outcome Measures Manual- Rev. March 2025

MILESTONES OF RECOVERY SCALE (MORS)

Please circle the number that best describes the current (typical for the last **month**) milestone of recovery for the member listed above. If you have not had any contact (face-to-face or phone) with the member in the last **month**, please check here □ and do not attempt to rate the member. Instead, simply return the form along with your completed assessments.

1. **"Extreme risk" –** These individuals are frequently and recurrently dangerous to themselves or others for prolonged periods. They are frequently taken to hospitals and/or jails, or are institutionalized in the state hospital or an IMD. They are unable to function well enough to meet their basic needs even with assistance. It is extremely unlikely that they can be served safely in the community.

2. **"Experiencing high risk/not engaged with mental health providers" –** These individuals often are disruptive and are often taken to hospitals and/or jails. They usually have high symptom distress. They are often homeless and may be actively abusing drugs or alcohol and experiencing negative consequences from it. They may have a serious co-occurring medical condition (e.g., HIV, diabetes) or other disability which they are not actively managing. They often engage in high-risk behaviors (e.g., unsafe sex, sharing needles, wandering the streets at night, exchanging sex for drugs or money, fighting, selling drugs, stealing). They may not believe they have a mental illness and tend to refuse psychiatric medications. They experience great difficulty making their way in the world and are not self-supportive in any way. They are not participating voluntarily in ongoing mental health treatment or are very uncooperative toward mental health providers.

3. **"Experiencing high risk/engaged with mental health providers"** – These individuals differ from group 2 only in that they are participating voluntarily and cooperating in ongoing mental health treatment. They are still experiencing high distress and disruption and are low functioning and not self-supportive in any way.

4. **"Not coping successfully/not engaged with mental health providers"** – These individuals are not disruptive. They are generally not a danger to self or others and it is unusual for them to be taken to hospitals and/or jails. They may have moderate to high symptom distress. They may use drugs or alcohol which may be causing moderate but intermittent disruption in their lives. They may not think they have a mental illness and are unlikely to be taking psychiatric medications. They may have deficits in several activities of daily living and need a great deal of support. They are not participating voluntarily in ongoing mental health treatment and/or are very uncooperative toward mental health providers.

5. **"Not coping successfully/engaged with mental health providers"** – These individuals differ from group 4 only in that they are voluntarily participating and cooperating in ongoing mental health treatment. They may use drugs or alcohol which may be causing moderate but intermittent disruption in their lives. They are generally not a danger to self or others, and it is unusual for them to be taken to hospitals and/or jails. They may have moderate to high symptom distress. They are not functioning well and require a great deal of support.

6. **"Coping successfully/rehabilitating"** – These individuals are abstinent or have minimal impairment from drugs or alcohol. They are rarely being taken to hospitals and almost never being taken to jail. They are managing their symptom distress usually, though not always, through medication. They are actively setting and pursuing some quality of life goals and have begun the process of establishing "non-disabled" roles. They often need substantial support and guidance but they aren't necessarily compliant with mental health providers. They may be productive in some meaningful roles, but they are not necessarily working or going to school. They may be "testing the employment or education waters," but this group also includes individuals who have "retired." That is, currently they express little desire to take on (and may actively resist) the increased responsibilities of work or school, but they are more or less content and satisfied with their lives.

7. **"Early recovery" –** These individuals are actively managing their mental health treatment to the extent that mental health staffs rarely need to anticipate or respond to problems with them. Like group 6, they are rarely using hospitals and are not being taken to jails. Like group 6, 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.

8. **"Advanced recovery" –** These individuals differ from group 7 in that they are completely self-supporting. If they are receiving any public benefits, they are generally restricted to Medicaid or some other form of health benefits or health insurance because their employer does not provide health insurance. While they may still identify themselves as having a mental illness, they are no longer psychiatrically disabled. They are basically indistinguishable from their non-disabled neighbor.