



# Outcome Measures

*Adult and Older Adult Mental Health Services  
County of San Diego Health and Human Services  
UCSD Health Services Research Center*

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# Introduction

The purpose of this document is to help inform and guide individuals on the use of the recovery focused outcome measures (IMR & RMQ) that are required at intake and every six months for all mental health clients. The SATS-R, MORS, and LOCUS will also be required for some clients and they are detailed below. This manual contains descriptions of the outcome measures and a tutorial on how to use these measures. There are also sample reports showing how the results can be used by clinicians and administrators to improve care for the people receiving services.

The outcome instruments described in this document have been chosen for their clinical usefulness, relevance to the outcomes important to clients and clinicians, ease of administration and interpretation, and minimal staff and client time burden. In order to improve the assessment of health outcomes, San Diego County Adult and Older Adult Mental Health Services contracted with University of California, San Diego's (UCSD) Health Services Research Center (HSRC) to review instruments that would measure recovery from both client and clinician perspectives. After having gathered evidence from academic research, professional review of instruments, pilot tests, focus groups with clients and providers, and an ongoing advisory group of mental health program directors and county mental health administration, several outcome measures were chosen for implementation.

## Selected Outcome Measures

### Client Perception of Individual Recovery

Recovery Markers Questionnaire (RMQ)

### Clinician Perception of Progress

Illness Management and Recovery (IMR) Scale

The Milestones of Recovery Scale (MORS)

Level of Care Utilization System (LOCUS)

Substance Abuse Treatment Scale-Revised (SATS-R)

**RMQ**—To measure client perception of individual recovery, the Recovery Markers Questionnaire (RMQ) will 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 that is comprehensive and recovery-oriented.

**IMR**—To measure clinician perception of client recovery, the clinician version of the Illness Management and Recovery (IMR) scale will be completed by clinicians. The IMR has 15 items, each addressing a different aspect of illness management and recovery. Each item can function as a domain for improvement. Additionally, there are three subscales known as Recovery, Management, and Substance. Furthermore, this measure has descriptive anchors that improve reliability.

**MORS**—The Milestones of Recovery Scale (MORS) is a single item evaluation tool used to assess clinician perception of a client's current degree of recovery. Ratings are determined by considering three factors: their level of risk, their level of engagement within the mental health system, and their level of skills and support.

**LOCUS**—The Level of Care Utilization System (LOCUS) is a short assessment of a client's current level of care completed by clinicians.

**SATS-R**—The Substance Abuse Treatment Scale-Revised (SATS-R) is a single item assessment of clients' substance abuse stage of treatment/recovery also completed by clinicians.

# Recovery Markers Questionnaire (RMQ)

The RMQ is a free-standing subscale of the Recovery Enhancing Environment (REE) Measure.

**Aim:** The Recovery Markers Questionnaire (RMQ) was developed to provide the mental health field with a multifaceted measure that collects information on personal recovery.

**Conceptual Foundation:** Mental health recovery is a concept that is evolving through greater understanding of the lived experience of resilience and rebound among people with serious psychiatric disabilities. The instrument is a consumer-driven assessment of the service user's own state, preferences, needs and desires, and assessments concerning the assistance provided by the helping system. Recovery is viewed as a complex multi-stage, multi-faceted journey experienced by people with prolonged psychiatric disorders, which can be facilitated and/or impeded by the formal helping system. While the journey of recovery is unique for each person, general patterns can be discerned from the experience of groups of service users. Recovery must be consumer-driven; therefore, transformation of service settings to better facilitate and support personal recovery should focus primarily upon the voice, experiences, and preferences of service recipients.

**Development:** Consumer/survivors, members of racial and ethnic minority groups, and researchers were involved in the development of the RMQ. The items were developed based upon: consumers' first person accounts of their recovery and the supports that assisted them in this process; an informal review of practices that are believed to promote recovery (i.e. promising practices; and a review of literature on factors that promote resilience or "rebound from adversity" in general). The RMQ measure was pre-tested, refined, and psychometrically tested and revised before being finalized (Ridgway & Press, 2004).

**Items and Domains:** The RMQ includes 27 Likert Scale items, with a 5-point agreement response scale ranging from "strongly agree" to "strongly disagree", regarding the recovery process and intermediate outcomes.

**Populations:** The RMQ 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. Individuals from several ethnic/racial groups were included in the sample during testing: Black or African American (limited testing), White, Hispanic or Latino (limited testing), and limited testing with members from other minority groups.

**Service Settings:** The RMQ is intended for use with individuals who receive services in outpatient service settings, peer-run programs, residential service settings, and comprehensive community support programs. Testing of the instrument included data gathered from individuals receiving services in all of the above mentioned settings except for peer-run programs.

**Frequency of Administration:** The RMQ should be completed by all clients within 30 days of their initial intake assessment. The follow-up RMQ should also be completed every 6 months from intake, and at discharge.

**Translations:** The RMQ is available in several languages including Arabic, Spanish, Tagalog, and Vietnamese. The RMQ is also available in an English large font version.

For each of the following questions, please fill in the answer that is true for you now.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My living situation is safe and feels like home to me.	<input type="radio"/>				
I have trusted people I can turn to for help.	<input type="radio"/>				
I have at least one close mutual (give-and-take) relationship.	<input type="radio"/>				
I am involved in meaningful productive activities.	<input type="radio"/>				
My psychiatric symptoms are under control.	<input type="radio"/>				
I have enough income to meet my needs.	<input type="radio"/>				
I am not working, but see myself working within 6 months.	<input type="radio"/>				
I am learning new things that are important to me.	<input type="radio"/>				
I am in good physical health.	<input type="radio"/>				
I have a positive spiritual life/connection to a higher power.	<input type="radio"/>				
I like and respect myself.	<input type="radio"/>				
I am using my personal strengths skills or talents.	<input type="radio"/>				
I have goals I'm working to achieve.	<input type="radio"/>				
I have reasons to get out of bed in the morning.	<input type="radio"/>				
I have more good days than bad.	<input type="radio"/>				
I have a decent quality of life.	<input type="radio"/>				
I control the important decisions in my life.	<input type="radio"/>				
I contribute to my community.	<input type="radio"/>				
I am growing as a person.	<input type="radio"/>				
I have a sense of belonging.	<input type="radio"/>				
I feel alert and alive.	<input type="radio"/>				
I feel hopeful about my future.	<input type="radio"/>				
I am able to deal with stress.	<input type="radio"/>				
I believe I can make positive changes in my life.	<input type="radio"/>				
My symptoms are bothering me less since starting services here	<input type="radio"/>				
I deal more effectively with daily problems since starting services here	<input type="radio"/>				

	Yes	No
I am working part time (less than 35 hours a week)	<input type="radio"/>	<input type="radio"/>
I am working full time (35 or more hours per week)	<input type="radio"/>	<input type="radio"/>
I am in school	<input type="radio"/>	<input type="radio"/>
I am volunteering	<input type="radio"/>	<input type="radio"/>
I am in a work training program	<input type="radio"/>	<input type="radio"/>
I am seeking employment	<input type="radio"/>	<input type="radio"/>
I am retired	<input type="radio"/>	<input type="radio"/>
I regularly visit a clubhouse or peer support program	<input type="radio"/>	<input type="radio"/>

**YOUR INVOLVEMENT IN THE RECOVERY PROCESS:** Which of the following statements is most true for you?

<input type="radio"/> I have never heard of, or thought about, recovery from psychiatric disability
<input type="radio"/> I do not believe I have any need to recover from psychiatric problems
<input type="radio"/> I have not had the time to really consider recovery
<input type="radio"/> I've been thinking about recovery, but haven't decided yet
<input type="radio"/> I am committed to my recovery, and am making plans to take action very soon
<input type="radio"/> I am actively involved in the process of recovery from psychiatric disability
<input type="radio"/> I was actively moving toward recovery, but now I'm not because:
<input type="radio"/> I feel that I am fully recovered; I just have to maintain my gains
<input type="radio"/> Other (specify): _____

Client could not complete because:  language  refused  unable  other (please specify): \_\_\_\_\_

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# Illness Management and Recovery (IMR)

**Aim:** Researchers developed the Illness Management and Recovery (IMR) Scales (Mueser, Gingerich, Salyers, McGuire, Reyes, & Cunningham, 2004) to measure outcomes targeted by the Illness Management and Recovery Program. The IMR program is an evidence-based practice designed to assist individuals with psychiatric disabilities, develop personal strategies to manage their mental illness, and advance toward their goals.

**Conceptual Foundation:** The IMR Scales were developed as a measure of illness management, based on the stress-vulnerability model of severe mental illness. According to this model, the severity of a mental illness and likelihood of relapses are determined by the interaction between biological vulnerability and socio-environmental stressors, both of which can be influenced. Biological vulnerability can be reduced by adherence to prescribed medications and reduction or avoidance of alcohol or drug use. The effects of stress on vulnerability can be reduced by improved coping skills, increased social support, and involvement in meaningful activities.

**Development:** Consumer/survivors, family/friends of consumer/survivor, members of racial and ethnic minority groups, providers, researchers, and advocates contributed to the development of the instrument. Items were generated by IMR program practitioners and consumers in order to tap the various content areas targeted by the IMR program with as few items as possible. Feedback was obtained from other clinicians and consumers about item selection and wording, and modifications were made accordingly.

**Items and Domains:** The IMR includes 15 Likert Scale items with a 5-point response scale wherein response anchors vary depending upon the item. The scales are not divided into domains. Rather, each item addresses a different aspect of illness, management, and recovery.

**Populations:** The IMR Scales are intended to be used to assess adults from diverse ethnic/racial backgrounds who have been diagnosed with a serious mental illness, including those who have a dual diagnosis. Testing of the instrument included an ethnically/racially diverse sample (Asian, Black or African American, White, Hispanic or Latino) of respondents who had a diagnosis of serious mental illness, some of whom had a dual diagnosis.

**Service Settings:** The IMR Scales are intended for use in an array of service settings including the criminal justice system, inpatient service settings, outpatient service settings, peer-run programs, and residential service settings. Testing was conducted using a sample of respondents drawn from an outpatient service setting.

**Frequency of Administration:** The IMR should be completed by clinicians within 30 days of their initial intake assessment. The follow-up IMR should be completed every 6 months after intake, and at discharge.

**Translations:** Hebrew. A Spanish translation is underway.

1. Progress towards personal goals: In the past 3 months, s/he has come up with...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No personal goals	A personal goal, but has not done anything to finish the goal	A personal goal and made it a little way toward finishing it	A personal goal and has gotten pretty far in finishing the goal	A personal goal and has finished it

2. Knowledge: How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

<input type="radio"/>				
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in my mental health treatment: How much are people like family, friends, boyfriends/girlfriends, and other people who are important to your client (outside the mental health agency) involved in his/her mental health treatment?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health

4. Contact with people outside of my family: In a normal week, how many times does s/he talk to someone outside of his/her family (like a friend, co-worker, classmate, roommate, etc.)

<input type="radio"/>				
0 times/week	1-2 times/week	3-4 times/week	6-7 times/week	8 or more times/week

5. Time in Structured Roles: How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend in doing activities for or with another person that are expected of him/her? (This would not include self-care or personal home maintenance.)

<input type="radio"/>				
2 hours or less/week	3-5 hours/week	6-15 hours/week	16-30 hours/week	More than 30 hours/wk

6. Symptom distress: How much do symptoms bother him/her?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms really bother him/her a lot	Symptoms bother him/her quite a bit	Symptoms bother him/her somewhat	Symptoms bother him/her very little	Symptoms don't bother him/her at all

7. Impairment of functioning: How much do symptoms get in the way of him/her doing things that s/he would like to do or need to do?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms really get in his/her way a lot	Symptoms get in his/her way quite a bit	Symptoms get in his/her way somewhat	Symptoms get in his/her way very little	Symptoms don't get in his/her way at all

8. Relapse Prevention Planning: Which of the following would best describe what s/he knows and has done in order not to have a relapse?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doesn't know how to prevent relapses	Knows a little, but hasn't made a relapse prevention plan	Knows 1 or 2 things to do, but doesn't have a written plan	Knows several things to do, but doesn't have a written plan	Has a written a plan and has shared it with others

9. Relapse of Symptoms: When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	Hasn't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	No hospitalization in the past year

11. Coping: How well do you feel your client is coping with his/her mental or emotional illness from day to day?

<input type="radio"/>				
Not well at all	Not very well	Alright	Well	Very well

12. Involvement with self-help activities: How involved is s/he in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doesn't know about any self-help activities	Knows about some self-help activities, but isn't interested	Is interested in self-help activities, but hasn't participated in the past year	Participates in self-help activities occasionally	Participates in self-help activities regularly

13. Using Medication Effectively: (Don't answer this question if his/her doctor has not prescribed medication). How often does s/he take his/her medication as prescribed?

<input type="radio"/>				
Never	Occasionally	About half the time	Most of the time	Every day

\_\_\_ Check here if the client is not prescribed psychiatric medications.

14. Impairment of functioning through alcohol use: Drinking can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty showing up at appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol use really gets his/her way a lot	Alcohol use gets in his/her way quite a bit	Alcohol use gets in his/her way somewhat	Alcohol use gets in his/her way very little	Alcohol use is not a factor in his/her functioning

15. Impairment of functioning through drug use: Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty showing up at appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use really gets in his/her way a lot	Drug use gets in his/her way quite a bit	Drug use gets in his/her way somewhat	Drug use gets in his/her way very little	Drug use is not a factor in his/her functioning

**Please complete the following items if the client is being seen for his/her follow-up treatment planning.**

Since the last formal treatment plan update of six months ago...	Yes	No	No goal on client's plan
16. has the client demonstrated progress towards achieving his/her <b>employment goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. has the client demonstrated progress towards achieving his/her <b>housing goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. has the client demonstrated progress towards achieving his/her <b>education goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Outcome Measures Tutorial

**Objective:** To learn the steps to correctly use the Recovery Markers Questionnaire (RMQ) and the Illness Management and Recovery (IMR) measures. Also, to learn more about the clinical usefulness of these measures and how to incorporate them into treatment planning.

**Background:** San Diego County Mental Health is assessing recovery from three perspectives: self-reported client recovery, clinician assessment of client recovery, and the recovery orientation of the system. The RMQ and IMR are used to assess personal recovery of the client. Specifically, the RMQ is used to assess client recovery from the perspective of the client, and the IMR is used to assess client recovery from the perspective of the clinician. By using both measures, we gain a more complete assessment of client recovery.

## Who completes the RMQ and IMR?

**RMQ:** Clients will be given the RMQ to assess their own personal recovery. For now, clients will complete the RMQ on paper.

**IMR:** Clinicians will be asked to complete an IMR for each client as a measure of client recovery. In cases wherein clients see several different program staff members at intake and throughout their involvement in the treatment program, the **clinical staff member who works most closely** with the client throughout the therapeutic process should complete the IMR. This can be a team leader, case manager, clinician, etc.

## When are the RMQ and IMR completed?

**Staff:** Program staff should complete a client's first (baseline) IMR upon entry into the program, as soon as possible so that it truly reflects the person's condition at baseline. Staff must complete the IMR **within 30 days of their initial intake assessment. Follow-up IMRs should be completed every 6 months.**

**Client:** All new clients should complete an RMQ at intake. We suggest asking clients to complete this measure **while awaiting their first (intake) appointment**, or immediately afterwards, as this time may be most convenient and may reveal important clinical information for treatment planning. Program staff must **collect the baseline RMQ during the client's first 30 days in the program. All clients should complete follow-up RMQs every 6 months**, preferably at the same time as the IMR. [Note: If a client is unable to complete an RMQ, clinicians should indicate the reason why on the last item on the questionnaire (i.e., Unable, Language, etc.).]

## How do I complete the RMQ and IMR?

RMQs and IMRs are online questionnaires. For now, we suggest clinicians complete IMRs directly online and print out RMQs for clients to complete (to be entered online by program staff later). RMQs and IMRs can be printed out or completed at the HOMS website at: <https://homs.ucsd.edu>.

**Staff:** Program staff should complete their IMR by filling in their responses on the IMR.

**Client:** All new clients and clients with treatment planning update/follow-up should be asked to complete the measures. If clients require assistance with their RMQs, staff can help them complete the assessments. Ideally, this could be done by a peer or volunteer, but any staff could assist. Assisting persons should keep in mind that responses should reflect *client's* perception of their own recovery. When the client is finished, make sure to **collect the RMQ and submit the client's responses to the secured HOMS website above**. Program staff should **collect the measures during the client's first 30 days with the program, and during follow-up treatment planning (see above for details)**.

## **What is the HOMS website (<https://homs.ucsd.edu>)?**

The Health Outcomes Management System (HOMS) website is a secure county-supported medical information system where the outcomes measures can be entered, paper versions of the questionnaires can be printed, and recovery outcome reports can be generated by designated staff. A detailed HOMS tutorial can be found via the 'Help' tab. Specific questions about how to use HOMS can be addressed to the persons listed on the next page.

## **How do I register to use HOMS?**

Due to the confidential nature of client information, HOMS will only be accessible through a secure log-in system. First time HOMS users will need to register at: <https://homs.ucsd.edu/registration.aspx>. A program supervisor has been designated to grant staff members access to this log-in system. Specifically, when staff members register to obtain access, the program supervisor will receive email notifications. The program supervisor must then log-in to the website and approve access for the awaiting staff members.

## **If I cannot submit the measures online via HOMS, is there an alternative way to submit these questionnaires?**

No, entering IMRs and RMQs (and additional measures) directly to the HOMS website is the most convenient and expedient way to submit client outcome data. If your program is unable to enter measures into HOMS, please contact HSRC.

## **How do I complete the measures on paper?**

Under the “**Forms**” tab in the HOMS system, you will find a printer-friendly version of the questionnaires. The responses to the questionnaires can be completed on paper and then entered into the HOMS system. We do not recommend printing the data entry webpage to obtain blank forms because the forms under the “Forms” tab are better suited for printing.

## **How can I be sure that my data was received by the system?**

When data has been successfully received, you will be directed to the confirmation page with the message “Thank you for completing this questionnaire.” For security reasons, the HOMS system automatically logs users out after 20 minutes of inactivity. If your account is timed out you will not see the confirmation screen, indicating that your data was not submitted.

## **Will I get reports of client data?**

Yes. HSRC will combine clients’ RMQ data with their IMR data. Reports summarizing client recovery will be available to authorized program staff at <http://hoap.ucsd.edu/outcomes> by clicking the link “**Client Recovery Report**”. An example of the Client Recovery Report can be seen on pages 12-13.

## **How can I check whether assessments are due for a client?**

To access the status of an individual client’s IMR and RMQ assessment due dates, program staff can access the “Client Lookup Page” on the HOMS “data entry” tab. Staff must enter the client ID in the “**Client Lookup Page**” (page 14). The date and status of the individual client’s IMR and RMQ assessment will be provided. Additionally, a list of client assessment due dates can also be generated for individual clinicians.

## **Are other reports available?**

Yes, program level reports are also available for staff. An example of the “**Assessment Progress Summary**” report is on page 15. This report provides staff with information about completion rates of IMR and RMQ assessments by unit and subunit. Assessments that are up-to-date, currently due, or overdue are provided in the report.

Staff can also generate the “**Ranged Outcomes Report**” (page 16) to view clients’ progress within a program unit. Staff can generate this report to view monthly progress, or over a ranged time period.

## What are the MORS, LOCUS, and SATS-R assessments and who completes them?

Some programs will complete additional short measures assessing recovery and will enter them into HOMS. These are the MORS, LOCUS, and SATS-R. **Please consult your program supervisor about whether, and how often, to complete these brief measures.** For specific information about the MORS, LOCUS, and SAT-R, please see below:

- **The Milestones of Recovery (MORS):** The MORS is a single item evaluation tool used to assess clinician perception of a client's current degree of recovery. Ratings are determined considering three factors; their level of risk, their level of engagement within the mental health system, and their level of skills and support. The MORS is a short assessment of client risk and is completed by clinicians. Additional information can be found at the following website: [http://www.milestonesofrecovery.com/home\\_page/](http://www.milestonesofrecovery.com/home_page/)
- **Level of Care Utilization System (LOCUS):** The LOCUS is a short assessment of client current level of care needs and is completed by clinicians. Additional information can be found at the following website: [http://www.communitypsychiatry.org/publications/clinical\\_and\\_administrative\\_tools\\_guidelines/LOCUS2010.pdf](http://www.communitypsychiatry.org/publications/clinical_and_administrative_tools_guidelines/LOCUS2010.pdf)
- **Substance Abuse Treatment Scale-Revised (SATS-R):** The SATS-R is a short assessment of clients' substance abuse stage in treatment and is completed by clinicians. Additional information can be found at the following website: <http://prc.dartmouth.edu/education/>
- **How will this be helpful to the people getting services and the staff that serve their needs?**

**Client Recovery:** Our mental health system strives to be recovery-oriented for the people we serve, and using recovery-oriented measures communicates this to our clients in addition to reinforcing it among staff. It is crucial to assess how clients are recovering, and these assessments will help objectively measure clients' progress towards recovery in a complex system of services. Results can be used at the aggregate level for continual program improvement, and at the individual level for treatment planning and monitoring progress.

**Clinical Usefulness:** These measures were chosen to be clinically useful in addition to measuring outcomes. Completing these measures will not only help further inform clinicians, but may also enhance communication with the client and help guide the therapeutic process. Client responses on the recovery measures can reveal important information for the therapist. By assessing client recovery with the IMR, clinicians may see a need to address some important issues they may otherwise have overlooked. The IMR can also be used to identify strengths, which are helpful when clients are taking on recovery efforts in new areas. For peer or student therapists, completing the RMQ with the client can provide a meaningful structured activity that is very likely to inspire therapeutic dialogue on important recovery issues. For some clients, it might be appropriate to discuss assessment results and even use them to set goals. If the IMR and RMQ are completed with the client, it is considered to be a therapeutic activity, and/or part of the assessment, and can be billed accordingly.

## Who can I contact about recovery outcomes or HOMS if I have questions later?

Please contact Alma Correa or Andrew Sarkin at HSRC if you have any questions. Their contact information is as follows:

**E-mail:** Alma Correa, [acorrea@ucsd.edu](mailto:acorrea@ucsd.edu); Andrew Sarkin, [asarkin@ucsd.edu](mailto:asarkin@ucsd.edu)  
**Telephone:** (858) 622-1771 (Health Services Research Center)  
**Address:** UCSD HSRC  
5440 Morehouse Drive, #3500  
San Diego, CA 92121

For concerns about any of the outcomes assessment requirements that cannot be answered by HSRC, you can also contact Elizabeth Miles in the QI Unit of County Mental Health. She can be reached by phone at 619-584-5015 or by email: [Elizabeth.Miles@sdcounty.ca.gov](mailto:Elizabeth.Miles@sdcounty.ca.gov)

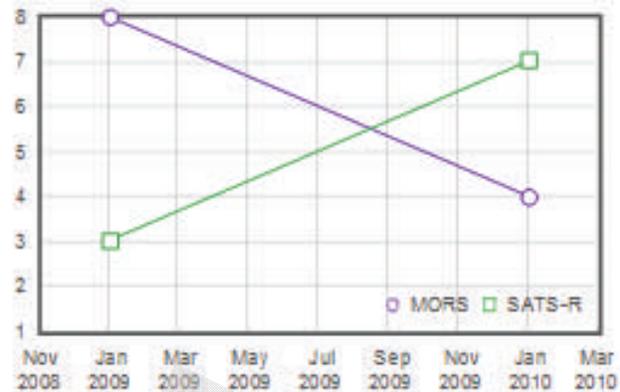
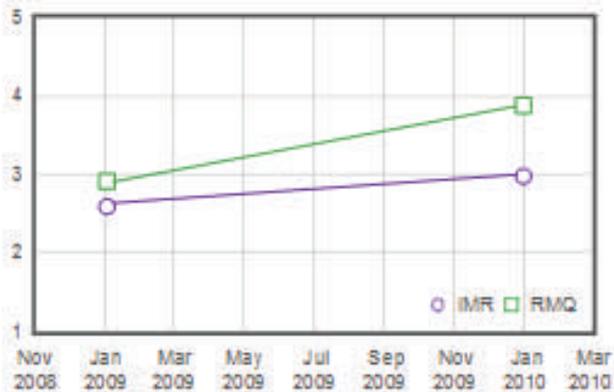
# Client Recovery Report

Client Number: 777 Unit: 777 - TEST UNIT

## Current Recovery Ratings:

IMR: 3.0 RMQ: 3.9 SATS-R: 7 MORS: 4 LOCUS: 3

## Average Recovery Rating Over Time:



## Clinician Rated Recovery (IMR)

Current: 1/1/2010  
Previous: 1/1/2009

**Knowledge:** How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

↑ Current: (3) Knew some  
Previous: (1) Did not know very much

**Time in Structured Roles:** How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment?

↓ Current: (1) Spends 2 hours or less/week  
Previous: (2) Spends 3-5 hours/week

**Impairment of functioning:** How much do symptoms get in the way of him/her doing things that s/he would like to do or need to do?

■ Current: (4) Symptoms get in his/her way very little  
■ Previous: (4) Symptoms get in his/her way very little

**Relapse of Symptoms:** When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

↓ Current: (1) Has relapsed within the last month  
Previous: (4) Has relapsed in the past 7 to 12 months

- Higher ratings on IMR, RMQ, SATS-R and MORS indicate greater recovery.
- Lower ratings on LOCUS indicate greater recovery.

SAMPLE REPORT

## Since the last treatment planning, has the client demonstrated progress towards achieving his/her...

Current: 1/1/2010  
Previous: 1/1/2009

### Employment goal?



Current: (0) No  
Previous: (1) Yes

### Housing goal?



Current: (1) Yes  
Previous: No goal on client plan

### Education goal?



Current: (1) Yes  
Previous: (0) No

## Self Rated Recovery (RMQ)

Current: 1/1/2010  
Previous: No assessment available.

### I am involved in meaningful productive activities.



Current: (5) Strongly Agree  
Previous: (1) Strongly Disagree

### My psychiatric symptoms are under control.



Current: (5) Strongly Agree  
Previous: (5) Strongly Agree

### I am using my personal strengths skills or talents.



Current: (2) Disagree  
Previous: (1) Strongly Disagree

## Substance Abuse Recovery (SATS-R)

Current: 1/1/2010  
Previous: 1/1/2009

### Substance Abuse Treatment Scale - Revised (SATS-R)



Current: (7) Relapse Prevention  
Previous: (3) Early Persuasion

- Higher ratings on IMR, RMQ, SATS-R and MORS indicate greater recovery.
- Lower ratings on LOCUS indicate greater recovery.

SAMPLE REPORT

**CLIENT LOOK-UP PAGE**



Enter CLIENT I.D.:

003899076

**SUBMIT**

<b>Client ID</b>	003899076	
	<b>DATE</b>	<b>STATUS</b>
Last IMR	2/18/2013	Up to Date
Last RMQ	7/25/2012	Overdue — <a href="#"><u>COMPLETE NOW</u></a>

## Assessment Progress Summary

### Most Recent IMRs

[Go to CLIENT LOOK-UP](#)

Unit	Subunit	Clients who need initial IMR (Anasazi*)	IMRs Up-To-Date IMRs completed within the last 0-4 months (HOMS)	IMRs Due IMRs completed within the last 5-7 months (HOMS)	IMRs Overdue IMRs completed 7+ months ago (HOMS)
<b>Test Unit 8 8880</b>	<b>All Subunits</b>	<b>590</b>	<b>179 (21.0%)</b>	<b>174 (20.4%)</b>	<b>501 (58.7%)</b>
8880	8881	423	179 (21.0%)	174 (20.4%)	501 (58.7%)
8880	8882	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
8880	8886	167	0 (0.0%)	0 (0.0%)	0 (0.0%)
<b>Test Unit 9 9990</b>	<b>All Subunits</b>	<b>127</b>	<b>139 (41.4%)</b>	<b>82 (24.4%)</b>	<b>115 (34.2%)</b>
9990	9991	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
9990	9992	14	34 (44.2%)	19 (24.7%)	24 (31.2%)
9990	9993	51	79 (38.9%)	49 (24.1%)	75 (36.9%)
9990	9996	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
9990	9997	62	26 (46.4%)	14 (25.0%)	16 (28.6%)

### Most Recent RMQs

(Includes only valid RMQs which were completed within 2 months of a valid IMR)

[Go to CLIENT LOOK-UP](#)

Unit	Subunit	Clients who need initial RMQ (Anasazi*)	RMQs Up-To-Date RMQs completed within the last 0-4 months (HOMS)	RMQs Due RMQs completed within the last 5-7 months (HOMS)	Overdue RMQs completed 7+ months ago (HOMS)
<b>Test Unit 8 8880</b>	<b>All Subunits</b>	<b>888</b>	<b>57 (10.3%)</b>	<b>87 (15.8%)</b>	<b>407 (73.9%)</b>
8880	8881	721	57 (10.3%)	87 (15.8%)	407 (73.9%)
8880	8882	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
8880	8886	167	0 (0.0%)	0 (0.0%)	0 (0.0%)
<b>Test Unit 9 9990</b>	<b>All Subunits</b>	<b>167</b>	<b>106 (36.9%)</b>	<b>78 (27.2%)</b>	<b>103 (35.9%)</b>
9990	9991	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
9990	9992	29	22 (38.6%)	17 (29.8%)	18 (31.6%)
9990	9993	69	63 (34.8%)	48 (26.5%)	70 (38.7%)
9990	9996	0	0 (0.0%)	0 (0.0%)	0 (0.0%)
9990	9997	69	21 (42.9%)	13 (26.5%)	15 (30.6%)

\*Discharged clients accurate as of last Anasazi download date: 1/20/2013

# Ranged Outcomes Report

Date Range : November 2010 thru May 2011 Unit: 777 - Test Unit

## Number of Client Assessments Reported:

	IMR	RMQ	SATS-R	MORS	LOCUS
First Assessment	198	209	9	166	0
Follow-up Assessment	145	135	3	393	0
<b>Total</b>	<b>343</b>	<b>344</b>	<b>12</b>	<b>559</b>	<b>0</b>

## Changes in Recovery over Time:

	Unavailable*	Worse	Same	Better	Same/Better
Functional Status: IMR #7	4	27 (19.1%)	52 (36.9%)	62 (44.0%)	114 (80.9%)
Clinical Status: IMR #9	8	24 (17.5%)	64 (46.7%)	49 (35.8%)	113 (82.5%)
SATS-R	0	0 (0.0%)	2 (66.7%)	1 (33.3%)	3 (100.0%)
MORS	0	73 (18.6%)	278 (70.7%)	42 (10.7%)	320 (81.4%)
LOCUS	0	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

SAMPLE REPORT

## Progress Toward Treatment Goals:

	Unavailable*	No Goal	No Progress	Progress
Employment	87	69	78 (41.7%)	109 (58.3%)
Housing	101	96	101 (69.2%)	45 (30.8%)
Education	112	89	80 (56.3%)	62 (43.7%)

## Frequency of MORS Ratings:

Most recent LOCUS of all clients assessed during time range (may include closed cases)

	Range Total 11/2010 thru 5/2011	Monthly Average 11/2010 thru 5/2011
Extreme risk	0	0
High risk/not engaged	0	0
High risk/engaged	9	1.5
Poorly coping/not engaged	34	5.67
Poorly coping/engaged	418	69.67
Coping/rehabilitating	96	16
Early Recovery	2	0.33
Advanced Recovery	0	0

\*Item not assessed in either current or previous assessment.

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