

A schema for evaluating and preparing people to move on from intensive case management services.

Ready to Move On?

2013

The criteria for new members entering high intensity services are relatively clear: A substantial destruction of their lives leading to homelessness, jailing, and/ or hospitalizations or an inability to engage with standard services leading to lack of service (generally corresponding to a MORS 1-4). But as people improve, we want them to move from high intensity services to lower intensity services, so we should re-evaluate them yearly asking “Do they still need these services?” or perhaps more assertively “Is there a compelling reason not to move on?” We can’t really use the same criteria to evaluate people for readiness to move that we use for initial entry because there’s a substantial chance that the main reason they’re no longer homeless, jailed or hospitalized or disengaged with services is because they are receiving high intensity, assertive services. Both staff and members worry that they’ll fall apart again if those services and relationships are withdrawn. We need a reasonably objective, reliable way of assessing people’s ongoing dependency on and need for high intensity services.

The first step is to assess why they’ve improved. Although everyone’s journey is different, I believe we can broadly describe four main reasons for improvement:

- 1) Their symptoms of various mental illnesses and substance abuse are reduced and less disruptive for them. (This category is the standard clinical “responded to treatment” category.)
- 2) They have more external protective factors so they are less isolated and vulnerable and have less crisis – most commonly money, housing, family, and other relationship supports.
- 3) They’ve built internal coping skills, strengths and resilience – they can handle things better.
- 4) They’ve built self-responsibility and meaningful roles despite their conditions so their condition doesn’t define what happens to them. (This category is the standard psychosocial rehabilitation “recovery” category.)

At yearly intervals we can rate each member’s progress:

Exploring Recovery: The Collected Village Writings of Mark Ragins

	worse	unchanged	Some improvement	Substantial improvement
Symptom barriers				
External protective factors				
Internal coping skills, strengths, resilience				
Self-responsibility and meaningful roles				

This profile will give a description of how much they’ve really improved and how strong the foundation sustaining that improvement is. Are they relying on just one improvement – like taking meds or getting on SSI – or do they have a broader recovery?

The second step is to try to determine how much of each improvement is “portable” and how much is dependent on the current staff and program. Here are some examples:

- 1) Symptom barrier reduction: Does the person have some understanding of their conditions and how to improve them? Are they actively participating in their symptom reduction? How self-responsible for their symptom reduction are they – do they take their own meds, make their own appointments, need supervision, maintain their own sobriety? How much ongoing professional support does it take to manage their symptoms?
- 2) Protective factors: Is their income reliable? Can they sustain it? Can they manage money (or do they need a payee)? Can they maintain their own housing? Can they interface with social security, landlords, section 8, employers, etc. on their own or do they need staff support? Does their family and other social network need staff support to be sustained?
- 3) Coping skills, strengths, and resilience: Have they really built internal strengths or do they rely on staff to problem solve and do things for them? Are their staff interactions about learning proactive coping or reactive responses to needs? Can they identify coping skills they actually use (e.g. CBT skills, relaxation, self care, WRAP, advanced directives)?
- 4) Self-responsibility and meaningful roles: How much of their life and relationships center around the staff and program? Do they have a life and community outside the program or will they be isolated and lonely without it?

	worse	unchanged	Some improvement	Substantial improvement	Portable or Staff dependent	Motivated to increase independence
Symptom barriers						
External protective factors						
Internal coping skills, strengths, resilience						
Self-responsibility and meaningful roles						

Based on assessments like this we can refine the above profile:

	worse	unchanged	Some improvement	Substantial improvement	Portable or Staff dependent
Symptom barriers					
External protective factors					
Internal coping skills, strengths, resilience					
Self-responsibility and meaningful roles					

Exploring Recovery: The Collected Village Writings of Mark Ragins

For someone to be assessed as “prepared” to graduate we’d like to see a solid foundation of improvement that is predominantly portable. If they are not prepared to graduate, but are being considered for movement to a lower level of service (for example, from level 4 to 3, moving to VHS) this tool can give a picture of what ongoing staff services are likely to be needed to avoid deterioration after transfer. This tool could also be used proactively for staff and members collaboratively to design intense services targeting needed improvements to be prepared to move on.

I’ve intentionally used the term “prepared” instead of “ready” since I think that readiness is more a function of motivation than of preparedness. Some members are motivated to graduate, but not prepared, others are prepared but not motivated. The first group can move on if there are sufficient resources and staff support to help them develop further after they move – to “learn how to be more independent by being more independent”. The second group may need more motivational enhancement – exposure, peer support, motivational interviewing, internalizing goals and rewards for moving on, working on issues around abandonment and attachment, etc. – or, less desirably, more coercion to move on.

We can add motivation to our assessment tool:

	worse	unchanged	Some improvement	Substantial improvement	Portable or Staff dependent	Motivated to increase independence
Symptom barriers						
External protective factors						
Internal coping skills, strengths, resilience						
Self-responsibility and meaningful roles						

Although we may struggle to rate these categories in a reasonably objective and reliable way, I think that this tool could help systematize what is usually a somewhat obscure judgment. At least at this point, although I can’t identify definitively what profiles can move to lower levels of service or graduate, I think it might help us compare members with each other. It may also help us understand situations where there is a diversity of opinion among staff, or between staff and members, or families. If we collect this “data” proactively, in time we can look back and see what profiles were most predictive of success.