Milestones Outreach Support Team (MOST): Recovery in Action

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The Mental Health Services Act (MHSA)

http://www.dmh.ca.gov/Prop_63/MHSA/default.asp

• California voters passed the landmark MHSA in 2004, approving a 1% tax on personal income in excess of $1 million.

• The MHSA placed an emphasis on recovery, community collaboration, voluntary services, utilizing evidence based practices, reducing stigma and discrimination, and developing a client and family-driven focus.

• MHSA funds must be used to expand new mental health services to build effective, recovery-based community services that reduce the devastating personal, family and community costs of untreated mental illness.

• Consumers, parents, families and diverse underserved communities are given a central role in planning and decision making in the MHSA implementation.

• Transparent process through The Mental Health Services and Oversight and Accountability Commission (MHSOAC) Home page: http://www.mhsoac.ca.gov/.
Key Features of Recovery Based Services

• Conveys a message of hope and optimism

• “Client” (consumer) driven and directed

• Goal directed and practical

• It is a “process” as well as an outcome. Therefore can be used in any setting regardless of severity of illness
Congruence of Recovery and Occupational Therapy Philosophy

• Incorporates an individual's strengths into intervention
• Facilitates personal advocacy. “Client centered” and “top down” approach
• Facilitates societal advocacy. Addresses all contexts of a person’s life (cultural, personal, temporal, virtual, physical, social)
• Focuses treatment on practical goals, broken down into achievable, success oriented, steps
• Emphasizes quality of life and participation in meaningful occupations.
Most Project Development

The Trinity County Behavioral Health Service (TCBHS) offers a respite bed within the county’s only board and care home to be used by people in crisis who do not meet the criteria for hospitalization. This innovation project, funded through MHSA, links the respite bed resident with a peer specialist from the MOST Staff to provide services and support during the respite stay, and with follow up services. The occupational therapist consults with the MOST staff and collaborated on developing the tools and procedures used for this project. The MOST staff and occupational therapist meet weekly to discuss the project and refine the procedures as well as provide support and mentoring for each other.
Goals Of The Most Project

1. Help respite residents on their road to recovery and re-connect them to their community.
   - Peer support
   - Specific tools for recovery
   - Resources and assistance
   - Follow up and housing plan

2. Provide a mechanism for peer specialists to pursue their own personal growth, recovery and/or wellness, as well as expand their employment skills.
   - Collaborative process of developing project
   - Learning a variety of intervention techniques
   - Weekly mentoring meetings (or as needed) with occupational therapist for technique practice and mutual support for working with residents
**Most Outcome Measurements**

**Respite Residents**
- Initial Data
- Consumer Outcome Survey

**MOST Staff**
- Initial MOST Surveys
- Reflective Journal
- MOST Outcome Survey

**TCBHS Staff**
- Staff Survey
Preliminary Results

• Consumer and peer specialist quantitative data collection begun. (Pre and Post). Longitudinal data needed for significance.

• Qualitative data from residents, peers specialists, and clinical staff all show very positive results in meeting goals.
NEW LEARNING AND FUTURE PLANS

• The MOST Staff (Peer Specialists) has demonstrated caring competence, adaptability, and a willingness to collaborate with Behavioral Health staff.

• An unexpected outcome was staff reporting decreased workload because of peer specialist intervention (especially regarding resources and entitlement assistance),

• Plan to expand MOST role in follow up program, including former respite residents, as well as participants at the Milestones Wellness Center.