Addendum to
Measuring the Promise:
A Compendium of Recovery Measures, Volume II

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INTRODUCTION

Measurement of mental health recovery and service support of recovery is a rapidly growing field. The Evaluation Center@HSRI published a second volume of a compendium of recovery measures in 2005; two years later, new measures have emerged, and existing measures have been revised.   Included in this addendum are reviews of two measures that were not available for review in 2005, as well as a brief update on one measure that was included in the second volume. The measures reviewed in this addendum are:

Elements of a Recovery-Facilitating System (ERFS) Assessments
{Ridgway (2007)}[1]

Recovery Promoting Relationships Scale (RPRS)
Russinova, Rogers, & Ellison (2006)

Recovery Self-Assessment Revised (RSA-R): Update
{O'Connell, Tondora, Croog, Evans & Davidson (2007)}

The second volume categorized measures as either measures of individual recovery or measures of system orientation to recovery. While there were considerably more individual than systems measures at the time the second volume was published, the measures reviewed in this addendum all fall into the systems category.

The earlier volumes of the recovery compendium contain reviews of instruments that were not considered for inclusion in this addendum simply because they had not been updated at the time the addendum was published. As a result, readers are encouraged to continue using both volumes of the recovery measures compendium: *Can We Measure Recovery? A Compendium of Recovery and Recovery Related Instruments* (Ralph, Kidder & Philips, 2000) and *Measuring the Promise: A Compendium of Recovery Measures, Volume II* (Campbell-Orde, Chamberlin, Carpenter & Leff, 2005).   Both volumes are available for download, free of charge, at the Evaluation Center's website: Volume I may be accessed at http://www.tecathsri.org/product_description.asp?pid=9 and Volume II may be accessed at http://www.tecathsri.org/product_description.asp?pid=129.

Whether you are planning a program evaluation, working to establish standing data collection on recovery and recovery orientation in a system, or simply interested in the ways that recovery is conceptualized and measured, we hope this addendum and the earlier volumes of the recovery compendium will meet your needs.

[1]*Please note that material in parentheses, { }, will be confirmed with measure authors before addendum is made publicly available.*

ELEMENTS OF A RECOVERY-FACILITATING SYSTEM (ERFS) ASSESSMENTS
{Ridgway (2007)}

Information drawn from: Yale Program for Recovery and Community Health (2007)

Introduction
Aim: The Elements of a Recovery Facilitating System (ERFS) Assessments are designed to distinguish traditional systems of care from those that are recovery-oriented, and to assist systems in monitoring their progress from traditional to recovery orientations. The ERFS include an assessment for use by adults and a separate assessment for use by children, youth and their families. In addition to yielding data regarding system orientation, the ERFS are designed to facilitate a process of engagement and capacity building among consumers and other system stakeholders.

Conceptual Foundation and Development: The ERFS were developed to support the process and outcome evaluation of Connecticut's transformation efforts under SAMHSA's Mental Health Transformation State Incentive Grant (MHT SIG) initiative. As a result, the ERFS are aligned with the goals of the MHT SIG initiative. The child and youth version is founded on a systems of care approach and uses the concepts of resilience and family-driven care. Child and family advocates involved in Connecticut's MHT SIG initiative were instrumental in the development of the ERFS child and youth version, offering extensive input, and spearheading a small, informal pilot test. Adult and youth consumers and advocates provided ongoing direction for the development of the assessments and created plans and a budget for a state-wide pilot test. Advocates and consumers involved in the MHT SIG initiative strongly supported the use of the ERFS as one component in a comprehensive approach to the facilitation and evaluation of system transformation.

Instrument Description
Items and Domains: Both versions consist of 20 items reflecting four domain characteristics of recovery-oriented systems: person-centered, consumer-driven, community-focused and accessible/integrated. A preliminary factor analysis suggested a two-factor solution, but further data will be required to support a more formal analysis. The ERFS use a five-point Likert response scale with the following options, in order of ascending point value: Always, Often, Sometimes, Rarely and Never. Lower scores are associated with greater recovery orientation.

Translations/Adaptations: {The ERFS have not yet been made available in languages other than English.}

Method of Administration: The ERFS are available in paper-and-pencil format, and are intended to be self-administered.

Testing and Psychometric Properties
Initial pilot testing of the child and youth version lead to a number of revisions in both versions, including a reduction in the length of the assessments, language changes leading the reduction of the assessments' reading level from 12th to 6th grade,

simplification of the response scale, and the addition of four questions designed to measure specific MHT SIG initiative goals. While formal pilot testing of the child and youth version has not yet been completed, the adult version has been pilot tested through a convenience sample of 108 consumers using one of two Connecticut-based provider agencies.

Reliability: The internal consistency of the measure was assessed using the 87 surveys with complete data. The Cronbach's alpha of .96 suggested very high internal consistency. Inter-item correlations were examined with an eye to the possibility of eliminating items, but none of the correlations were found to be excessively high.

Validity: While formal efforts at establishing validity have not yet been undertaken, it is worth noting that, in contrast to some traditional service satisfaction measures, no positive response bias was noted in the pilot test data.

<u>Usage Information</u>
Permission to Use: The ERFS is not copyrighted. Permission is recommended but not required for use of the instrument. There is not a user's fee associated with the instrument.

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<u>References and Suggested Readings</u>
Yale Program for Recovery and Community Health. (2007). *Elements of a Recovery Facilitating System (ERFS) Assessments: Second year development and pilot.* Unpublished report.

Elements of A Recovery Facilitating System (ERFS) Assessment – ADULT VERSION

Thinking of all the mental health services you receive, please indicate which of the following choices is most true for you. Please answer all of the items.

		Always	Often	Sometimes	Rarely	Never
1)	Staff treats me as a whole person (with a body, mind, social life, and spiritual life).	☐	☐	☐	☐	☐
2)	Staff helps me create healthy daily routines.	☐	☐	☐	☐	☐
3)	Staff treats me as person who can learn, grow and change.	☐	☐	☐	☐	☐
4)	Staff seems to hold hope for me.	☐	☐	☐	☐	☐
5)	Staff helps me see and use my own strengths.	☐	☐	☐	☐	☐
6)	Staff cares about my race, religion, and culture.	☐	☐	☐	☐	☐
7)	My treatment plan is based on my own goals.	☐	☐	☐	☐	☐
8)	Staff respects me as a full partner.	☐	☐	☐	☐	☐
9)	Staff teaches me how to cope with my condition.	☐	☐	☐	☐	☐
10)	I have a say on how programs are run.	☐	☐	☐	☐	☐
11)	I can get services in my home and community.	☐	☐	☐	☐	☐
12)	Staff helps me with my basic needs, such as income, housing, and transportation.	☐	☐	☐	☐	☐
13)	Staff helps me succeed in normal life roles, such as worker, tenant and student.	☐	☐	☐	☐	☐
14)	I am told about my rights and how to uphold them.	☐	☐	☐	☐	☐
15)	Staff helps me get connected, or to stay connected to others including family and friends.	☐	☐	☐	☐	☐
16)	Role models I can learn from work in the program.	☐	☐	☐	☐	☐
17)	All the services I receive are well coordinated.	☐	☐	☐	☐	☐
18)	I am given choices among good service options/providers.	☐	☐	☐	☐	☐
19)	Staff shares information clearly and openly.	☐	☐	☐	☐	☐
20)	I can receive services as long as I need them.	☐	☐	☐	☐	☐

Elements of A Resilience Facilitating System (ERFS) Assessment – CHILD VERSION

Thinking of all the special education, social services and mental health services your child receives, give the answer that is most true for you. Please complete all of the items.

	Always	Often	Sometimes	Rarely	Never
1) Staff treats my child as a whole person (with a body, mind, social life, and spiritual life).	☐	☐	☐	☐	☐
2) Staff helps our family create healthy daily routines.	☐	☐	☐	☐	☐
3) Staff treats my child as person who can learn, grow and change.	☐	☐	☐	☐	☐
4) Staff seems to have hope.	☐	☐	☐	☐	☐
5) Staff helps my child and our family see and use our strengths.	☐	☐	☐	☐	☐
6) Staff cares about our race, religion, and culture.	☐	☐	☐	☐	☐
7) My child's treatment plan is based his/her own goals.	☐	☐	☐	☐	☐
8) Staff respects our family as a full partner.	☐	☐	☐	☐	☐
9) Staff teaches us how to cope with my child's condition.	☐	☐	☐	☐	☐
10) We have a say on how our child's programs are run.	☐	☐	☐	☐	☐
11) We can get services in our home and community.	☐	☐	☐	☐	☐
12) Staff helps our family with our basic needs, such as income, housing, and transportation.	☐	☐	☐	☐	☐
13) Staff helps my child succeed in normal life roles, such as student and family member.	☐	☐	☐	☐	☐
14) We are told about our rights and how to uphold them.	☐	☐	☐	☐	☐
15) Staff helps my child stay connected to others including family members and friends.	☐	☐	☐	☐	☐
16) My child has access to kids with similar problems who are doing well (positive peer role models).	☐	☐	☐	☐	☐
17) All the services we receive are well coordinated.	☐	☐	☐	☐	☐
18) We are given choices among good service options/providers.	☐	☐	☐	☐	☐
19) Staff shares information clearly and openly.	☐	☐	☐	☐	☐
20) My child can receive services as long as he/she needs them.	☐	☐	☐	☐	☐

RECOVERY PROMOTING RELATIONSHIPS SCALE (RPRS)
Russinova, Rogers, & Ellison (2006)

Information drawn from: {Russinova, Rogers & Ellison (n.d.)}

Introduction
Aim: The Recovery Promoting Relationships Scale (RPRS) is designed to assess providers' recovery-promoting competence from the perspective of adult service recipients. Recovery-promoting competence is conceptualized as the successful use of attitudes, skills and strategies to facilitate recipients' sense of hope, self-acceptance and empowerment. The RPRS can be used to measure recovery-promoting competence within a specific relationship between a provider and service recipient, or to measure the recipient's experience of the helpfulness of a specific relationship. Alternatively, the instrument can be used more broadly to measure provider competence more across an entire caseload.

Conceptual Foundation and Development: The development approach drew from Classical Test Theory and Item Response Theory (IRT) to operationalize recovery-promoting competence as a construct observable on three levels of complexity, identified as the macro, mezzo and micro levels. The macro level is analogous to overall recovery-promoting competence. At the mezzo level, a distinction is made between providers' strategies and the nature or quality of the recipient-provider relationship. The micro level relates exclusively to providers' strategies and the impact they have on recipients' experiences.

Instrument Description
Items and Domains: The instrument consists of 24 items, all of which use a Likert response scale. This scale offers four response options ranging from "disagree" to "agree." The scale scoring protocol generates scores for each of the three levels identified above. Scores for each item range from 0 (lowest competence) to 3 (highest competence). {Item scores are added together to create scores for the three subscales, two indeces, and the entire scale.} The total scale score represents the macro level, the scores for the Recovery Promoting Strategies Index and Core Relationship Index represent the mezzo level, and the scores for the three sub-scales of the Recovery Promoting Strategies Index – Hopefulness, Empowerment and Self-Acceptance – represent the micro level.

Translations/Adaptations: A Spanish translation has been created, and is being transliterated and culturally validated with four Spanish-speaking ethnic groups. The instrument authors anticipate that these processes will yield a Spanish version appropriate for use with recipients from a variety of Spanish-speaking cultures.

Method of Administration: The RPRS may be self-administered or administered by an interviewer. The scale instructions are designed to accommodate modifications for study purpose and service modality. Average administration time is ten minutes.

Testing and Psychometric Properties
Reliability: The total scale and the two indeces have demonstrated a high level of internal consistency, with alpha coefficients of .98, .97 and .95, respectively. The total scale and indeces have also demonstrated good test-retest reliability, with correlation coefficients of 0.72, 0.72 and 0.75, respectively.

Validity: Concurrent validity was testing using the Working Alliance Inventory (12) and the Helping Alliance Questionnaire. Correlation coefficients for the Working Alliance Inventory and the total scale and two indeces were 0.78, 0.73 and 0.78; with the Helping Alliance Questionnaire coefficients were 0.68, 0.67 and 0.63. The instrument has also produced significantly different scores when used in reference to different types of providers.

Usage Information
Permission: The RPRS is copyrighted. Permission is required for use of the instrument.

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References and Suggested Readings
{Russinova, Z. , Rogers, E.S. & Ellison, M.L. (n.d.)} *Recovery Promoting Relationships Scale.* Promotional document.

Other
The development of the RPRS was supported by the National Institute on Disability and Rehabilitation Research and the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (grant # H133B90023).

RECOVERY PROMOTING RELATIONSHIPS SCALE

(Russinova, Rogers, & Ellison, 2006)

The following statements describe different aspects of the relationship people with psychiatric conditions might have with a mental health or rehabilitation provider. *Please think of the relationship you have with _____.*
Please check the box of the answer that best describes your relationship with this provider.

1. My provider helps me recognize my strengths.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

2. My provider tries to help me see the "glass as half-full" instead of "half-empty."
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

3. My provider helps me put things in perspective.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

4. My provider helps me feel I can have a meaningful life.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

5. I have a trusting relationship with my provider.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

6. My provider helps me not to feel ashamed about my psychiatric condition.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

7. My provider helps me recognize my limitations.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

8. My provider helps me find meaning in living with a psychiatric condition.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

9. My provider helps me learn how to stand up for myself.
   ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

10. My provider accepts my down times.
    ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

11. My provider encourages me to take chances and try things.
    ☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

12. My provider reminds me of my achievements.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

13. My provider understands me.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

14. My provider tries to help me feel good about myself.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

15. My provider helps me learn from challenging experiences.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

16. My provider really listens to what I have to say.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

17. My provider cares about me as a person.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

18. My provider treats me with respect.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

19. My provider helps me feel hopeful about the future.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

20. My provider helps me build self-confidence.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

21. My provider sees me as a person and not just a diagnosis.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

22. My provider helps me develop ways to live with my psychiatric condition.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

23. My provider has helped me understand the nature of my psychiatric condition.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

24. My provider believes in me.

☐ *Disagree*   ☐ *Somewhat Disagree*   ☐ *Somewhat Agree*   ☐ *Agree*   ☐ *Not Applicable*

INSTRUMENT UPDATE: RECOVERY SELF-ASSESSMENT
{O'Connell, Tondora, Croog, Evans & Davidson (2007)}

Overview

The Recovery Self-Assessment (RSA; O'Connell, Tondora, Croog, Evans & Davidson, 2005) was reviewed in full in *Measuring the Promise: A Compendium of Recovery Measures, Volume II* (Cambell-Orde et al., 2005). Since that review, the authors have revised the measure slightly. The revisions are changes in wording alone; the conceptual foundation and basic intent of the instrument remain the same. The Recovery Self-Assessment-Revised (RSA-R) is, like the RSA, available in four versions: 1) Person in Recovery, 2) Provider, 3) Administrator, 4) Family Member/Significant Other. Each of these versions uses a 5-point Agree/Disagree Likert response scale and ranges from 32 – 40 items. No updated information on the instrument's psychometric properties is available, as the RSA-R has not yet undergone pilot testing or other formal use.

Usage Information:

Permission: The RSA-R is not copyrighted. Permission is recommended but not required for use of the instrument. There is not a user's fee associated with the instrument.

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RSA-R
Person in Recovery Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

1	2	3	4	5
Strongly Disagree				Strongly Agree

N/A= Not Applicable
D/K= Don't Know

1. Staff welcome me and help me feel comfortable in this program.	1	2	3	4	5	N/A	D/K
2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	1	2	3	4	5	N/A	D/K
3. Staff encourage me to have hope and high expectations for myself and my recovery.	1	2	3	4	5	N/A	D/K
4. I can change my clinician or case manager if I want to.	1	2	3	4	5	N/A	D/K
5. I can easily access my treatment records if I want to.	1	2	3	4	5	N/A	D/K
6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	1	2	3	4	5	N/A	D/K
7. Staff believe that I can recover.	1	2	3	4	5	N/A	D/K
8. Staff believe that I have the ability to manage my own symptoms.	1	2	3	4	5	N/A	D/K
9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, who to be friends with, etc.	1	2	3	4	5	N/A	D/K
10. Staff listen to me and respect my decisions about my treatment and care.	1	2	3	4	5	N/A	D/K
11. Staff regularly ask me about my interests and the things I would like to do in the community.	1	2	3	4	5	N/A	D/K
12. Staff encourage me to take risks and try new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific services that fit my unique culture and life experiences.	1	2	3	4	5	N/A	D/K
14. I am given opportunities to discuss my spiritual needs and interests when I wish.	1	2	3	4	5	N/A	D/K
15. I am given opportunities to discuss my sexual needs and interests when I wish.	1	2	3	4	5	N/A	D/K
16. Staff help me to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	1	2	3	4	5	N/A	D/K
17. Staff help me to find jobs.	1	2	3	4	5	N/A	D/K
18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	1	2	3	4	5	N/A	D/K
19. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).	1	2	3	4	5	N/A	D/K

20. Staff introduce me to people in recovery who can serve as role models or mentors.	1	2	3	4	5	N/A	D/K
21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.	1	2	3	4	5	N/A	D/K
22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A	D/K
23. I am encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
24. I am encouraged to be involved in the evaluation of this program's services and service providers.	1	2	3	4	5	N/A	D/K
25. I am encouraged to attend agency advisory boards and/or management meetings if I want.	1	2	3	4	5	N/A	D/K
26. Staff talk with me about what it would take to complete or exit this program.	1	2	3	4	5	N/A	D/K
27. Staff help me keep track of the progress I am making towards my personal goals.	1	2	3	4	5	N/A	D/K
28. Staff work hard to help me fulfill my personal goals.	1	2	3	4	5	N/A	D/K
29. I am/can be involved with staff trainings and education programs at this agency.	1	2	3	4	5	N/A	D/K
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.	1	2	3	4	5	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K

RSA-R
Provider Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

1	2	3	4	5
Strongly Disagree				Strongly Agree

N/A= Not Applicable
D/K= Don't Know

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.

1 2 3 4 5 N/A D/K

2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).

1 2 3 4 5 N/A D/K

3. Staff encourage program participants to have hope and high expectations for their recovery.

1 2 3 4 5 N/A D/K

4. Program participants can change their clinician or case manager if they wish.

1 2 3 4 5 N/A D/K

5. Program participants can easily access their treatment records if they wish.

1 2 3 4 5 N/A D/K

6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.

1 2 3 4 5 N/A D/K

7. Staff believe in the ability of program participants to recover.

1 2 3 4 5 N/A D/K

8. Staff believe that program participants have the ability to manage their own symptoms.

1 2 3 4 5 N/A D/K

9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, who to be friends with, etc..

1 2 3 4 5 N/A D/K

10. Staff listen to and respect the decisions that program participants make about their treatment and care.

1 2 3 4 5 N/A D/K

11. Staff regularly ask program participants about their interests and the things they would like to do in the community.

1 2 3 4 5 N/A D/K

12. Staff encourage program participants to take risks and try new things.

1 2 3 4 5 N/A D/K

13. This program offers specific services that fit each participant's unique culture and life experiences.

1 2 3 4 5 N/A D/K

14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.

1 2 3 4 5 N/A D/K

15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.

1 2 3 4 5 N/A D/K

16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).

1 2 3 4 5 N/A D/K

17. Staff routinely assist program participants with getting jobs.

1 2 3 4 5 N/A D/K

18. Staff actively help program participants to get involved non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.

1 2 3 4 5 N/A D/K

19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).

1 2 3 4 5 N/A D/K

20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

1 2 3 4 5 N/A D/K

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

1 2 3 4 5 N/A D/K

22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).

1 2 3 4 5 N/A D/K

23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.

1 2 3 4 5 N/A D/K

24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.

1 2 3 4 5 N/A D/K

25. People in recovery are encouraged to attend agency advisory boards and management meetings.

1 2 3 4 5 N/A D/K

26. Staff talk with program participants about what it takes to complete or exit the program.

1 2 3 4 5 N/A D/K

27. Progress made towards an individuals' own personal goals is tracked regularly.

1 2 3 4 5 N/A D/K

28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.

1 2 3 4 5 N/A D/K

29. Persons in recovery are involved with facilitating staff trainings and education at this program.

1 2 3 4 5 N/A D/K

30. Staff at this program regularly attend trainings on cultural competency.

1 2 3 4 5 N/A D/K

31. Staff are knowledgeable about special interest groups and activities in the community.

1 2 3 4 5 N/A D/K

32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

1 2 3 4 5 N/A D/K

RSA-R
Administrator/Manager Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

1	2	3	4	5
Strongly Disagree				Strongly Agree

N/A= Not Applicable
D/K= Don't Know

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	1	2	3	4	5	N/A	D/K
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	1	2	3	4	5	N/A	D/K
3. Staff encourage program participants to have hope and high expectations for their recovery.	1	2	3	4	5	N/A	D/K
4. Program participants can change their clinician or case manager they wish.	1	2	3	4	5	N/A	D/K
5. Program participants can easily access their treatment records if they wish.	1	2	3	4	5	N/A	D/K
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	1	2	3	4	5	N/A	D/K
7. Staff believe in the ability of program participants to recover.	1	2	3	4	5	N/A	D/K
8. Staff believe that program participants have the ability to manage their own symptoms.	1	2	3	4	5	N/A	D/K
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, who to be friends with, etc.	1	2	3	4	5	N/A	D/K
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	1	2	3	4	5	N/A	D/K
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.	1	2	3	4	5	N/A	D/K
12. Staff encourage program participants to take risks and try new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific services that fit each participant's unique culture and life experiences.	1	2	3	4	5	N/A	D/K
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	1	2	3	4	5	N/A	D/K
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	1	2	3	4	5	N/A	D/K

16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	1	2	3	4	5	N/A	D/K
17. Staff routinely assist program participants with getting jobs.	1	2	3	4	5	N/A	D/K
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	1	2	3	4	5	N/A	D/K
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).	1	2	3	4	5	N/A	D/K
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	1	2	3	4	5	N/A	D/K
21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	1	2	3	4	5	N/A	D/K
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A	D/K
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	1	2	3	4	5	N/A	D/K
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	1	2	3	4	5	N/A	D/K
26. Staff talk with program participants about what it takes to complete or exit the program.	1	2	3	4	5	N/A	D/K
27 Progress made towards an individuals' own personal goals is tracked regularly.	1	2	3	4	5	N/A	D/K
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	1	2	3	4	5	N/A	D/K
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	1	2	3	4	5	N/A	D/K
30. Staff at this program regularly attend trainings on cultural competency.	1	2	3	4	5	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K

Separate Section for Administrators Only

33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.	1	2	3	4	5	N/A	D/K
34. This agency provides structured educational activities to the community about mental illness and addictions.	1	2	3	4	5	N/A	D/K
35. This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical, community –based, employment, skill building, employment, etc.).	1	2	3	4	5	N/A	D/K
36. Groups, meetings, and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school.	1	2	3	4	5	N/A	D/K

RSA-R
Family Member/Significant Other Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

1	2	3	4	5
Strongly Disagree				Strongly Agree

N/A= Not Applicable
D/K= Don't Know

1. Staff make efforts to welcome my loved one and help him/her to feel comfortable in this program. — 1 2 3 4 5 N/A D/K

2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified. — 1 2 3 4 5 N/A D/K

3. Staff encourage my loved one to have hope and high expectations for his/her recovery. — 1 2 3 4 5 N/A D/K

4. My loved one can change his/her clinician or case manager if he/she wants to. — 1 2 3 4 5 N/A D/K

5. My loved one can easily access his/her treatment records if he/she wishes. — 1 2 3 4 5 N/A D/K

6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of my loved one. — 1 2 3 4 5 N/A D/K

7. Staff believe that my loved one can recover. — 1 2 3 4 5 N/A D/K

8. Staff believe that my loved one has the ability to manage his/her own symptoms. — 1 2 3 4 5 N/A D/K

9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, who to be friends with, etc. — 1 2 3 4 5 N/A D/K

10. Staff listen to my loved one and respect his/her decisions about his/her treatment and care. — 1 2 3 4 5 N/A D/K

11. Staff regularly ask my loved one about his/her interests and the things he/she would like to do in the community. — 1 2 3 4 5 N/A D/K

12. Staff encourage my loved one to take risks and try new things. — 1 2 3 4 5 N/A D/K

13. This program offers specific services that fit the unique culture and life experiences of my loved one. — 1 2 3 4 5 N/A D/K

14. My loved one is given opportunities to discuss his or her spiritual needs and interests when he or she wishes. — 1 2 3 4 5 N/A D/K

15. My loved one is given opportunities to discuss his or her sexual needs and interests when he or she wishes. — 1 2 3 4 5 N/A D/K

16. Staff help my loved one to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies). 1 2 3 4 5 N/A D/K

17. Staff assist my loved one with getting jobs. 1 2 3 4 5 N/A D/K

18. Staff help my loved one to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies. 1 2 3 4 5 N/A D/K

19. Staff help my loved one to include people who are important to him/her in his/her recovery/treatment planning (such as family, friends, clergy, or an employer). 1 2 3 4 5 N/A D/K

20. Staff introduce my loved one to others in recovery who can serve as role models or mentors. 1 2 3 4 5 N/A D/K

21. Staff connect my loved one with self-help, peer support, or consumer advocacy groups and programs. 1 2 3 4 5 N/A D/K

22. Staff help my loved one to find ways to give back to the community (i.e., volunteering, community services, neighborhood watch/cleanup). 1 2 3 4 5 N/A D/K

23. My loved one is encouraged to help staff with the development of new groups, programs, or services. 1 2 3 4 5 N/A D/K

24. Program participants are encouraged to be involved in the evaluation of this program's services and service providers. 1 2 3 4 5 N/A D/K

25. My loved one is encouraged to attend agency advisory boards and

management meetings 1 2 3 4 5 N/A D/K

26. Staff talk with my loved one about what it takes to complete or exit the program. 1 2 3 4 5 N/A D/K

27. Staff help my loved one keep track of the progress he/she makes towards his/her personal goals. 1 2 3 4 5 N/A D/K

28. Staff work hard to help my loved one fulfill his/her personal goals. 1 2 3 4 5 N/A D/K

29. My loved one is or can be involved in facilitating staff trainings and education programs at this agency. 1 2 3 4 5 N/A D/K

30. Staff listen, and respond, to my loved ones cultural experiences, interests, and concerns. 1 2 3 4 5 N/A D/K

31. Staff are knowledgeable about special interest groups and activities in the community. 1 2 3 4 5 N/A D/K

32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. 1 2 3 4 5 N/A D/K

*For family/sig oth only

33. Staff make efforts to welcome me and make me feel comfortable in this program. 1 2 3 4 5 N/A D/K

34. Staff encourage me to have hope and high expectations for my loved one's recovery.

1   2   3   4   5   N/A   D/K

35. Staff listen to me and respect my opinion about my loved one's treatment and care.

1   2   3   4   5   N/A   D/K

36. Staff include me in my loved one's recovery/ treatment planning.

1   2   3   4   5   N/A   D/K

37. I am encouraged to help staff with the development of new groups, programs, or services.

1   2   3   4   5   N/A   D/K

38. I am encouraged to be involved in the evaluation of this program's services and service providers.

1   2   3   4   5   N/A   D/K

39. I am encouraged to attend agency advisory boards and management meetings, if I want.

1   2   3   4   5   N/A   D/K

40. I am/ can be involved in facilitating staff trainings and education programs at this agency.

1   2   3   4   5   N/A   D/K