

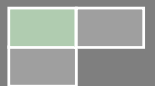
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Measuring Recovery: A Toolkit for Mental Health Providers in New York City

The Bureau of Mental Health, NYC Department of Health
and Mental Hygiene



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MEASURING RECOVERY:
A TOOLKIT FOR MENTAL HEALTH SERVICE PROVIDERS IN NEW YORK CITY

Welcome to

Measuring Recovery: A toolkit for Mental Health Providers in New York City

In any given year 1 in 4 adults will suffer from a mental disorder and approximately 5% will suffer from a Serious Mental Illness, such as schizophrenia or bipolar disorder. Mental illness is a condition that affects a person's daily functioning and can be debilitating. Individuals with Serious Mental Illness may have difficulty coping with the demands of life. Mental illness affects people across all ages, creeds and religion regardless of economic status.

Mental illness is treatable and full recovery is possible. Mental Health Recovery is a process by which an individual can live a full and satisfying life. Individual recovery can be promoted when agencies and programs serving individuals with SMI adopt a recovery service culture.

Recovery on the Ground



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I. Introduction

Recovery on the Ground is a workgroup in the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene (DOHMH), whose mission is to promote the principles of mental health recovery in New York City. In 2011, the Bureau of Mental Health initiated a five-year strategic plan to fully incorporate recovery-oriented practices in the mental health system that account for quality of care and quality outcomes for consumers.

As a part of this process, a project was initiated to identify a measure that would allow NYC mental health service providers to evaluate the recovery-orientation of their programs and services. Using an established search methodology the Bureau identified 40 measures of recovery. Unfortunately, none of the existing measures had undergone sufficient testing to be considered a “gold-standard” instrument. In truth, it may take many years before an instrument is developed that can effectively measure something as complicated as a “recovery culture.” Given these limitations, we concluded that it would be difficult to recommend any single recovery measure for the purposes of generating a valid or reliable recovery “score.” Nevertheless, we believe the existing measures are invaluable tools for agencies interested in better understanding their own recovery cultures and promoting recovery practices in their programs and services.

This Toolkit summarizes the 40 measures of recovery identified during our systematic review. The measures are divided into two general categories: individual level measures of recovery (see: Tables 2.1 and 3.1) and program level measures of recovery (see: Tables 2.2 and 3.2). Individual level measures of recovery aim to evaluate where a consumer is on his/her own “road to recovery.” Program level recovery measures evaluate the extent to which recovery principles and cultures are integrated in an agencies services and programs.

Both individual and program-level measures of recovery have utility and it is up to your agency to determine which measure, or combination of measures, to use. For instance, service providers who choose to administer an individual level measure of recovery



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can increase their understanding of the personal recovery of the consumers they serve. Some agencies may even decide to use consumer recovery as an indicator of program success. On the other hand, program level measures can help agencies evaluate staff knowledge or attitudes about recovery and identify opportunities to support a recovery culture in their agency.

There is no single method for selecting which measurement tool to use at your agency. The decision should be guided by your measurement goals and the capacity you have at your agency to complete an evaluation. We have summarized each of the 40 instruments in a series of tables. The information included in these tables is designed to help you identify the right measure for your agency. Section 2 of this toolkit provides a very brief description of the 40 measures of recovery. Section 3 provides much more detailed information on the same instruments. Again, the tables are always divided into individual level measures of recovery (2.1 and 3.1) and program level measures of recovery.

Comments: Recovery measurement continues to advance, and therefore, this toolkit provides a “point in time” collection of recovery measures. Service users should continue searching for new measures or new information about existing measures.

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II. A Brief Description of the Measures of Recovery

The Bureau identified a total of 40 recovery measures (23 individual-level recovery measures and 17 program-level recovery measures). The individual measures of recovery are summarized briefly in Table 2.1 and the program level measures of recovery are summarized in Table 2.2. Both tables provide the same basic information about each measure, including: the instrument’s name, the author(s) of the instrument, the country the instrument was developed for, and the year of development. There is also information on sources you can reference to get more information about each of the instruments. These 7 sources were the primary resources we referenced to create this Toolkit and include two compendia of recovery instruments, peer-reviewed articles, reports and grey literature searches. We encourage you to reference these sources if you would like more information about recovery measurement in general or a recovery measure in particular.

Table 2.1 A Brief Description of the Individual Level Measures of Recovery

Instrument and Acronym	Author(s)	Country	Year	Source*					
				A	B	C	D	E	F
Agreement with Recovery Attitudes Scale (ARAS)	Murnen, S.K. & Smolak, L.	USA	1996	X			X		
Consumer Recovery Outcomes System (CROS)	The Colorado Health Networks Partnership; Miller, A.	USA	1997	X				X	
Crisis Hostel Healing Scale (CHHS)	Dumont, J.	USA	1998	X			X		
Illness Management and Recovery (IMR) Scales	Mueser, K.T., Gingerich, S., Salyers, M.P., McGuire, A.B., Reyes, R.U., & Cunningham, H.	USA	2004	X				X	
Mental Health Recovery Measure (MHRM)	Young, S.L., Ensing, D.S., & Bullock, W.A.	USA	1999	X			X	X	
Mental Health Recovery Star (MHRS)	MacKeith, J. & Burns, S.	UK	2008	X					
Milestones of Recovery Scale (MORS)	Pilon, D. & Ragins, M.	USA	2002	X					
Multi-Phase Recovery Measure (MPRM)		USA	2009	X					
Ohio Mental Health Consumer Outcomes System (OMHCOS)	Ohio Department of Mental Health Office of Program Evaluation and Research; Roth, D.	USA	2004	X				X	



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Instrument and Acronym	Author(s)	Country	Year	Source*					
				A	B	C	D	E	F
Peer Outcomes Protocol (POP)	Campbell, J., Cook, J.A., Jonikas, J.A., & Einspahr, K.	USA	2004	X				X	
Personal Vision of Recovery Questionnaire (PVRQ)	Ensfield, L.B., Steffen, J.J., Borkin, J.R., & Schafer, J.C.	USA	1998	X			X		
Recovery Assessment Scale (RAS)	Giffort, D., Schmook, A., Woody, C., Vollendorf, C., & Gervain, M.	USA	1995	X			X	X	
Relationships and Activities that Facilitate Recovery Survey (RAFRS)	Leavy, R.L., McGuire, A.B, Rhoades, C. & McCool, R.	USA	2002	X				X	
Recovery Attitudes Questionnaire (RAQ)	Steffen, J.J., Borkin, J.R., Krzton, K., Wishnick, H. & Wilder, K.E.	USA	1998	X			X		
Recovery Measurement Tool (RMT)	Ralph, R.O.	USA	2004	X				X	
Recovery Interview (RI)	Heil, J. & Johnson, L.K.	USA	1998	X			X		
Recovery Orientation (RO)	Resnick, S.G., Fontana, A., Lehman, A., & Rosenheck R.A.	USA	2005	X					
Recovery Process Inventory (RPI)	Jerrell, J.m., Cousins, V.C., & Roberts, K.m.	USA	2006	X					
Rochester Recovery Inquiry (RRI)	Hopper, K., Blanch, A., Carpinello, S., Johnson, S., Knight E., Kovaszny, B., & Krauss, A.	USA	1996	X			X		
Reciprocal Support Scale (RSS)	Silver, T., Bricker, D., Pesta, Z., & Pugh, D.	USA	2002	X				X	
Stages of Recovery Instrument (STORI)	Andresen, R., Caputi, P., & Oades, L.	AUS	2006	X					
Self-Identified Stage of Recovery (SISR)	Andresen, R., Caputi, P., & Oades, L.	AUS	2003	X					
Questionnaire on the Processes of Recovery (QPR)	Neil, S., Killbride, M. Pitt, L., Nothard, S. Welford, M. Sellwood, W. & Morrison, A.P.	UK	2009			X			

* Sources A-F are listed on page 9: “Sources Referenced in Tables 2.1 and 2.2.

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Table 2.2 A Brief Description of the Program Level Measures of Recovery

Instrument and Acronym	Author(s)	Country	Year	Source*					
				A	A	A	A	A	A
Recovery Oriented Service Evaluation (AAC-ROSE)	American Association of Community Psychiatrists	USA	n.d.	X	X	X		X	
Evaluation of the Collaborative Recovery Model (CRM)	Marshall, S.M., Oades, L., & Crowe, T.P.	USA	2008		X				
Elements of a Recovery Facilitating System (ERFS)	Patricia Ridgway	USA	2008		X				
INSPIRE (no other name)	Mike Slade	UK	2010						X
Pillars of Recovery Service Audit Tool (PoRSAT)	Agnes Higgins	Ireland	2008		X	X			
Recovery Based Program Inventory (RBPI)	Mark Ragins	USA	2004	X	X	X			
Recovery Enhancing Environment Measure (REE or DREEM)	Patricia Ridgway	USA	2003	X	X	X		X	
Recovery Interventions Questionnaire (RIQ)	Ellis, G. & King, R	AUS	2003		X	X			
Recovery Knowledge Inventory (RKI)	Bedregal, L. E., O'Connell, M., & Davidson, L	USA	2006	X					
Recovery Promotion Fidelity Scale (RPFS)	Armstrong, N.P. & Steffen, J.J.	USA	2009	X		X			
Recovery Promoting Relationships Scale (RPRS)	Russinova, Z.; Rogers, E. & Ellison, M.	USA	2006	X	X	X			
Recovery-Oriented Practice Index (ROPI)	Anthony Mancini	USA	2005	X	X	X			
Recovery Oriented Systems Indicators Measure (ROSI)	Oneken, S.J.; Dumont, J.M.; Ridgway, P.; Dornan, D.H., Ralph, R.O.	USA	2005	X	X	X		X	
Recovery Self-Assessment (RSA)	O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L.	USA	2005	X	X	X		X	
Recovery Culture Progress Report	Mark Ragins	USA	2009						X
Scottish Recovery Indicator (SRI)	Anthony Mancini	Scotland	n.d.	X					
Staff Attitudes to Recovery Scale (STARS)	Crowe, T.P., Deane, F.P., Oades, L.G., Caputi, P., & Morland, K.M.	Australia	2006	X					

* Sources A-F are listed on page 9: "Sources Referenced in Tables 2.1 and 2.2."

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Sources Referenced in Tables 2.1 and 2.2

Source A: Burgess, P. et al. (2011). Assessing the value of existing recovery measures for routine use in Australian mental health service. *Australian and New Zealand Journal of Psychiatry*, 45, 267-280.

Source B: Williams, J. et al. (2012). Measures of the recovery orientation of mental health services: systematic review. *Social Psychiatry Psychiatric Epidemiology*, Online First™.

Source C: Donnelly, M. et al. (2011). Patient outcomes: what are the best methods for measuring recovery from mental illness and capturing feedback from patients in order to inform service improvement? : A report. *The Bamford Implementation Rapid Review Scheme*. <http://www.publichealth.hscni.net/sites/default/files/Patient%20Outcomes.pdf>

Source D: Ralph, R.O., Kidder, K., & Phillips, D. (2000). Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments. *The Human Services Research Institute (HSRI) Evaluation Center*. http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf

Source E: Campbell-Orde, Chamberlin, J., & Carpenter, J. (2005). Measuring the Promise: A Compendium of Recovery Measures Volume II. *The Human Services Research Institute (HSRI) Evaluation Center*. <http://www.power2u.org/downloads/pn-55.pdf>

Source F: Additional instruments, not included in the reviews listed above, were collected from grey literature and communications with colleagues, experts in the field, or authors of the instruments. Mike Slade, who is known as a top global expert in recovery practices and measurement, provided information about a new instrument in development called INSPIRE. The Recovery Transformation Progress Report (Ragins' Report Card) was found using Web search.

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III. A Detailed Description of the Measures of Recovery

Section 3 of the toolkit is designed to provide more detailed information about each of the measures listed in Tables 2.1 and 2.2. Again the measures are divided into two tables- Table 3.1 summarizes the individual level measures of recovery and Table 3.2 summarizes the program level measures of recovery. Each of the tables begins with a detailed description of the instruments, including a summary of the different outcomes or domains evaluated by the measure. We also summarize the target audience for each measure. So, for instance, if you are interested in interviewing a specific type of respondent (e.g. consumers, family members, case managers, etc.) reference the column titled “Who Completes the Measure?” to find the intended audience for each instrument. Notice that some instruments can be completed by multiple respondents. Frequently these instruments have different versions for different audiences and can be very helpful at capturing multiple perspectives.

Another helpful piece of information summarized in the table is the number of items in each instrument. This is a good, albeit imperfect, proxy for the amount of time it should take to administer the instrument. If you do not have the resources to complete a very lengthy evaluation, you may choose to focus on measures with fewer items. Some instruments are copyrighted, cost money to use or require special permissions to use. This information is also presented in the tables. Before you begin using any instrument we encourage you to double-check the permissions to make sure nothing has changed in regards to the terms of use. The final column in the tables provides links to “Resources for more Information.” You can check these links to learn more about the measure, find an online copy of the instrument, read a review of the instrument or get more information on administration and scoring procedures. Finally, whenever possible we have included copies of the instruments in the toolkit. Whether or not the instrument is included in Appendix A is tracked in the final column of the Tables 3.1 and 3.2



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Table 3.1 A Detailed Description of the Individual Level Measures of Recovery

Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for more Information	In Appendix
Agreement with Recovery Attitudes Scale (ARAS)	Designed to assess individual change in attitudes about the recovery process [1]	Consumer	22	-	-	-	http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf	N
Consumer Recovery Outcomes System (CROS)	Designed to help guide quality improvement efforts. Program evaluation reports can "benchmark program effectiveness, monitor the impact of clinical or quality improvement initiatives, and collect needs assessment data" [2] 4 domains: Hope for the future; Daily functioning; Coping with clinical symptoms; & Quality of life [3] Note: Prices vary upon packages selected; Agencies must pay a subscription fee for each user [2]	Consumer; Important Person; Staff provider	28 33 28	Y	Y	N	http://www.crosllc.com/	N
Crisis Hostel Healing Scale (CHHS)	This is an evaluation tool that allows programs to: "[s]tudy key outcomes such as the incidence of psychiatric hospitalization, individual empowerment, and satisfaction with services" [17] 10 domains: Self-esteem, Confidence and Internal self-control; Feelings and Hopefulness; Altered States; Self- and other-inflicted violence; Spiritual Awareness; Physical well-being; Medications; Giving and Getting care in relationships; Perceptions and Self-Acceptance; & Comfort and Pleasure [3, 11]	Consumer	40	-	-	-	http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf ;	N
Illness Management and Recovery (IMR) Scales	Designed to evaluate programs that "promote illness management and advancement toward personal goals" [3]	Consumer; Provider	15 15	N	N	Y	http://store.samhsa.gov/shin/content//SMA09-4463/EvaluatingYourProgram-IMR.pdf ;	Y



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for more Information	In Appendix
Mental Health Recovery Measure (MHRM)	Designed to measure the process of mental health recovery and the current level of individuals' recovery [2, 3] 7 domains: Overcoming 'stuckness'; Self-empowerment; Learning and self-redefinition; Basic functioning; Overall well-being; New potentials; & Advocacy and enrichment [3] Note: Users can reproduce the instrument but must cite the author and author's contact information on forms	Consumer	30	Y	N	Y	http://psychology.utoledo.edu/showpage.asp?name=bullock;	N
Mental Health Recovery Star (MHRM)	Can be used to measure and summarize change across a range of consumers and services; Gives consumers a “map” of their recovery journey and a way to plot their progress and plan to achieve their goals [39] 10 dimensions: Managing mental health; Self-care; Living skills; Social networks; Work; Relationships; Addictive behavior; Responsibilities; Identity and self-esteem; & Trust and hope [3] Note: Users can reproduce the instrument for use but must attribute work to authors; Users must not make any changes to the instrument and training is highly recommended [40]	Consumer	10	Y	Y	Y	http://www.mhpf.org.uk/information-centre/publications/the-mental-health-recovery-star-user-guide	N
Milestones of Recovery Scale (MORS)	MORS allows programs to evaluate the effectiveness of their services, track changes in recovery, and tailor their services to meet the needs of each individual consumer [18] 3 Dimensions: Level of risk; Level of Engagement; & Level of Skill and Supports [3] Note: Training is required; There is a fee for training	Provider	-	-	-	N	http://www.milestonesofrecovery.com/	N
Multi-Phase Recovery Measure (MPRM)	4 phases of recovery: <i>Mourning and grief; Awareness and recognition; Redefinition and transformation; & Enhanced well-being and quality of life</i> [3]	Consumer	11	-	-	-	http://www.power2u.org/downloads/pn-55.pdf	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for more Information	In Appendix
Ohio Mental Health Consumer Outcomes System (OMHCOS)	Consumer Adult Form A: 12 domains (e.g. Empowerment); Consumer Adult Form B: 5 domains (e.g. Quality of life); Provider Adult Form A: 2 domains (e.g. Community Functioning) [2] Note: Out-of-state users must pay fee for child/adolescent forms [2]	Consumer; Provider	138	Y	Y	Y	http://www.mh.state.oh.us/what-we-do/protect-and-monitor/consumer-outcomes/index.shtml	N
Peer Outcomes Protocol (POP)	Designed for the Peer Outcomes Project to measure domains related to an individual's recovery [3] The instrument can be used to strengthen clinical relationships, and evaluate the effectiveness of programs [18] 7 modules: Demographics; Service use; Employment; Community Life; Quality of life; Well-being; & Program satisfaction [3] Note: "[P]ermission required by non-consumer researchers and organizations"[2]	Consumer (interview by peer)	241	Y	Y	N	http://www.cmhsrp.uic.edu/nrtc/pophome.htm ;	N
Personal Vision of Recovery Questionnaire (PVRQ)	"Designed to assess consumers' beliefs about their own recovery" [3] 5 factors: Support; Personal challenges; Professional assistance; Action and help-seeking; & Affirmation [3]	Consumer	24	-	-	-	http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf	N
Relationships and Activities that Facilitate Recovery Survey (RAFRS)	Developed to identify factors that contribute to recovery, as indicated by consumers [10, 11] 2 domains: <i>Relationships & Activities</i> [3]	Consumer	20	N	N	Y	http://www.power2u.org/downloads/pn-55.pdf	Y
Recovery Assessment Scale (RAS)	5 domains: Confidence/hope , Willingness to ask for help; Goal and success orientation; Reliance on others; & No domination by symptoms [10, 11]	Consumer	4124	N	N	Y	http://www.power2u.org/downloads/pn-55.pdf	Y



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for more Information	In Appendix
Recovery Attitudes Questionnaire (RAQ)	Developed to "compare attitudes about recovery among different respondents" [3, 11]	Consumer, Providers, Family/ Caregivers Community members	167	-	-	-	http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf	N
Recovery Measurement Tool (RMT)	Consumers may use the tool to identify where they are in their process of recovery; agencies can review the consumers' responses to "monitor the extent that programs or services influence [their] recovery over time" [2] Note: The authors request data from use of the instrument	Consumer	91	N	Y	Y	http://mhcd.org/resource-library/recovery-measurement-tool-preliminary-analysis-instrument-measure-recovery	N
Recovery Interview (RI)	Designed to measure personal recovery in a qualitative, open-ended interview format	Consumer	31	-	-	-	http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf	N
Recovery Orientation (RO)	4 domains: Empowerment; Hope and optimism; Knowledge; & Life satisfaction [3]	Consumer	56	-	-	-	http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf	N
Recovery Process Inventory (RPI)	6 domains: Anguish; Connectedness to others; Confidence and purpose; Others care and help; Living situation; & Hopeful and cares for self [3]	Provider	22	-	-	-	http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for more Information	In Appendix
Rochester Recovery Inquiry (RRI)	Assesses consumers' views about their psychiatric hospitalizations, illness, relationships with other people, and the way they cope with illness [3]	Consumer	32	-	Y	-	http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf	N
Reciprocal Support Scale (RSS)	Measures mutual support in recovery-oriented program [3]	Consumer	14	N	N	Y	http://www.power2u.org/downloads/pn-55.pdf	Y
Stages of Recovery Instrument (STORI)	4 Stages of Recovery: Moratorium; Awareness; Preparation; Rebuilding; & Growth [3] Note: Shorter version of the instrument (STORI-30) is in development	Consumer	50	-	Y	Y	http://www.uow.edu.au/health/iimh/stori/index.html	N
Self-Identified Stage of Recovery (SISR)	Part A: 5 stages of recovery - Moratorium; Awareness; Preparation; Rebuilding; & Growth Part B: 4 recovery processes: Hope; Responsibility; Identity; & Meaning [5]	Consumer	9	-	Y	-	http://www.uow.edu.au/health/iimh/stori/index.html	N
Questionnaire on the Process of Recovery (QPR)	A tool to help consumers "set and assess their treatment goals" [9] 2 subscales: intrapersonal & interpersonal [6]	Consumer	22	-	-	-	http://www.publichealth.hscni.net/sites/default/files/Patient%20Outcomes.pdf	N



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Table 3.2 A Detailed Description of the Program Level Measures of Recovery

Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for More Information	In Appendix
Recovery Oriented Service Evaluation (AACP-ROSE)	"Designed to help services assess their progress towards promoting recovery" [3]. 4 domains: <i>Administration; Treatment; Supports; & Organizational culture</i> [2]	Consumer; Family member; Clinician; Administrator; Others	46	Y	N	Y	http://www.power2u.org/downloads/pn-55.pdf	N
Evaluation of the Collaborative Recovery Model (CRM)	Assess the "perceptions of engaging in recovery-focused practice" [7] 7 Domains: <i>Responsibility; Collaboration; Autonomy; Motivational enhancement; Needs assessment; Goal striving; & Homework</i> [8]	Consumer; Case Manager	15	Y	Y	-	http://www.ncbi.nlm.nih.gov/pubmed/22322983	N
Elements of a Recovery Facilitating System (ERFS)	Used to measure progress of service providers as they shift their services toward recovery; evaluate services and "stimulate awareness of service strengths and areas for improvement" [9] 16 principles: Encouraging growth; Supporting strengths; Satisfying basic needs; Seeing a services user as a whole person/holistically; Positive partnership with providers; Supporting involvement in preferred activities and social roles; Person in recovery directs recovery process; Consumers direct and shape system of care; Wellness lifestyle; Relationship and sense of belonging; Self-managed care; Community-centered; Rights and citizenship; Connections to others in recovery; & Culturally informed and respects diversity [10]	Consumer; Family member	20 ; 21	-	-	-	http://www.acbhcs.org/providers/QI/docs/WRR/Elements_Recovery_Facilitating_System.pdf	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for More Information	In Appendix
INSPIRE	Assess the consumer's experience of the recovery support they received from mental health staff member/worker [11] 2 sub-scales: Support & Relationships [11] Note: Preliminary version is available; must contact authors to get validated version for use.	Consumer	21	Y	Y	-	http://www.researchintorecovery.com/inspire/	N
Pillars of Recovery Service Audit Tool (PoRSAT)	Designed for auditing services to determine whether services are in line with six pillars of service development [12] 6 Domains: Leadership; Person centered and empowering care; Hope inspiring relationships; Access and inclusion; Education; Research/Audit	Service user; Advocate; Family Member, Provider	60	-	-		http://www.mhcirl.ie/documents/publications/A%20Framework%20for%20Development%20A%20Recovery%20Approach%20Within%20the%20Irish%20Mental%20Health%20Services%202008.pdf	N
Recovery Based Program Inventory (RBPI)	"Assess the recovery orientation of mental health systems" [11] 4 Domains: Recovery beliefs and implementation; Recovery relationships and leadership; Recovery culture; & Recovery treatment [3]	Provider	148	-	-	Y	http://www.village-isa.org/Ragin's%20Papers/inventory.htm ;	N
Recovery Enhancing Environment Measure (REE or DREEM)	This tool was developed for services to use in strategic planning and organizational change processes in order to focus on recovery or systems transformation efforts [2] 8 domains: Demographics; Stage of Recovery; Importance Ratings on Elements of Recovery; Program Performance Indicators; Special Needs; Organizational Climate; Recovery Markers; & Consumer Feedback [2] Note: Fees are to be determined; contains a free-standing subscale that measures individual recovery	Consumer	166	Y	Y	-	http://www.recoverydevon.co.uk/download/DREEM%20total%20dft4%20no%20tc.pdf	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for More Information	In Appendix
Recovery Interventions Questionnaire (RIQ)	Assesses the aspects of support and treatment that facilitate recovery; focuses on the relationship with a case manager [8] 4 subscales: <i>Medication use; self-monitoring; Strengths-based interventions; & Relationship with case manager and service</i> [13]	Consumer; Case Managers	50	-	-	-	http://www.springerlink.com/content/r2gj8233x8285222/	N
Recovery Knowledge Inventory (RKI)	Includes staff assessment of knowledge and attitudes; "Encourages conversations about the recovery process" as well as the meaning of "resiliency and wellness" [14]; 4 domains: <i>Roles and responsibilities in recovery; Non-linearity of the recovery process; Roles of self-definition and peers in recovery; & Expectations regarding recovery</i> [3]	Provider (self-report)	20	Y	-	Y	http://wellness.acbhcs.org/doc/Recovery_Knowledge_Inventory.pdf	N
Recovery Promotion Fidelity Scale (RPFS)	Designed to "evaluate the extent to which public mental health services incorporate recovery principles into their practice" [4] ; Assess services' fidelity to recovery oriented practices 5 domains: <i>Collaboration; Participation and Acceptance; Self-determination and Peer Support; Quality Improvement; & Development</i> [3]	Provider	12	-	-	-	http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf	N
Recovery Promoting Relationships Scale (RPRS)	Assess providers' competence in promoting recovery [3]; and the consumers relationship with their provider [7] 5 domains: <i>Recovery-promoting strategies; Core relationship; Hope; Empowerment; & Self-acceptance</i> [28]	Consumer	24	Y	Y	-	http://cpr.bu.edu/wp-content/uploads/downloads/2011/11/Recovery-Promoting-Relationships-Scale.pdf	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for More Information	In Appendix
Recovery-Oriented Practice Index (ROPI)	ROPI is a fidelity measure of recovery at the organizational level; It is intended to help providers assess and consider their practice [16] 8 domains: Meeting basic needs; Comprehensive services; Customizations and choice; Consumer involvement and participation; Network supports and community integration; Strengths-based approach; Self-determination; & Recovery focus [4]	Consumer	20	Y	-	-	http://www.scotland.gov.uk/Resource/Doc/179043/0050926.pdf	N
Recovery Oriented Systems Indicators Measure (ROSI)	Designed to "assess the recovery orientation of a mental health system" and "examine factors which assist and hinder recovery" [3] ; Can support "systematic analyses and evaluation of change efforts" [2] Adult Consumer Report - 8 domains: Person-centered decision-making & choice; Invalidated personhood; Self-care & wellness; Basic life resources; Meaningful activities & roles; Peer advocacy; Staff treatment knowledge; Access; & Administrative Report - 6 domains: Peer Support; Choice; Staffing ratios; System culture & orientation; Consumer inclusion in governance; & Coercion [2] Note: ROSI will be in the public domain; It is highly recommended to obtain permission for use; fees include technical assistance	Consumer: Administrative Data Profile and Provider	42	N	Y	N	http://www.power2u.org/downloads/ROSI-Recovery%20Oriented%20Systems%20Indicators.pdf	N
Recovery Self-Assessment (RSA)	May be used for comparison of agency strengths as well as for identifying areas of improvement [2]"Designed to measure the extent to which recovery supporting practices are evident in mental health services" [3]; 5 domains: <i>Life Goals; Involvement; Diversity of treatment options; Choice, & Individually tailored services</i> [3] Note: It is recommended that you obtain permission for use	Providers; Consumers; Agency directors; Family; Advocate	36	N	Y	Y	http://www.yale.edu/PRCH/tools/rec_selfassessment.html	N



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Instrument and Acronym	Brief Description, Summary of Outcomes Assessed and Notes	Who completes the measure?	# of items	Copyrighted?	Permission required?	Free to use?	Resources for More Information	In Appendix
Recovery Culture Progress Report	<p>"Tool to measure indicators of a recovery based culture" [15]; it is designed around transformative dimensions necessary for recovery</p> <p>7 dimensions: Welcoming and Accessibility; Growth Orientation; Consumer Inclusion; Emotionally Healing Environments and Relationships; Quality of Life Focus; Community Integration; & Staff Morale and Recovery [15]</p>	Consumer; Family member; Staff; Supervisor	70	-	-	-	http://mhavillage.squarespace.com/storage/87ARecoverCultureProgressReport.pdf	Y
Scottish Recovery Indicator (SRI)	<p>Measures broad aspects of recovery [3]; Intended to be used to help providers assess and consider their practice in supportive and developmental way [16] 8 domains: Meeting basic needs; Comprehensive services; Customizations and choice; Consumer involvement and participation; Network supports and community integration; Strengths-based approach; Self-determination; & Recovery focus [4]</p> <p>Note: Instrument is equivalent to ROPI; Author added some additional content</p>	Consumer	~20	Y	-	-	<p>For more information, please visit:</p> http://www.scottishrecovery.net/SRI/sri.html ;	N
Staff Attitudes to Recovery Scale (STARS)	<p>An evaluation tool to assess the impact of a recovery-based training program on staff attitudes towards recovery [3]</p>	-	19	-	-	-	http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf	N

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IV. References

1. Phillips, D. (2000). Can We Measure Recovery? A Compendium of Recovery and Recovery-Related Instruments. *The Human Services Research Institute (HSRI) Evaluation Center*. Retrieved from http://www.tecathsri.org/pub_pickup/pn/pn-43.pdf
2. Campbell-Orde, Chamberlin, J., & Carpenter, J. (2005). Measuring the Promise: A Compendium of Recovery Measures Volume II. The Human Services Research Institute (HSRI) Evaluation Center. Retrieved from <http://www.power2u.org/downloads/pn-55.pdf>
3. Burgess, P. et al. (2011). Assessing the value of existing recovery measures for routine use in Australian mental health service. *Australian and New Zealand Journal of Psychiatry*, 45, 267-280.
4. Burgess, P. et al. (2010). Review of Recovery Measures. *Australian Mental Health Outcomes and Classification Network*. Retrieved from http://amhocn.org/static/files/assets/80e8befc/Review_of_Recovery_Measures.pdf.
5. Anderson, R., Caputi, P., & Oades, L.G. (2010). Do clinical outcome measures assess consumer-defined recovery? *Psychiatry Research*, 177 (3), 309-317.
6. Corrigendum, *Psychosis: Psychological, Social, and Integrative Approaches*, 2:1, 88-91. ("Corrigendum," 2010).
7. Williams J. et al. (2011). Measures of the recovery orientation of mental health services: systematic review [IN PRESS]. *Social Psychiatry and Psychiatric Epidemiology*.
8. Marshall, S.L. (2008). Mental health consumers' evaluation of recovery-oriented service provision. *University of Wollongong*. Retrieved from <http://ro.uow.edu.au/cgi/viewcontent.cgi?filename=0&article=1824&context=theses&type=additional>
9. Report of the Standards and Outcomes Pilot Project. ("Report," 2008/9). *Devon Primary Care Trust and Devon County Council*. Retrieved from http://www.recoverydevon.co.uk/download/Standards_and_outcomes_2008-9_FINAL.pdf
10. Rehmer, P. (2007). Mental Health Needs Assessment and Resource Inventory: Summary Report. *State of Connecticut*. Retrieved from <http://www.ct.gov/dmhas/lib/dmhas/transformationgrant/narireport.pdf>

MEASURING RECOVERY:
A TOOLKIT FOR MENTAL HEALTH SERVICE PROVIDERS IN NEW YORK CITY

11. INSPIRE. (“Refocus and INSPIRE,” n.d.). *King’s College of London*. Retrieved from <http://www.researchintorecovery.com/inspire/>
12. Higgins, A. (2008). A Recovery Approach within the Irish Mental Health Services. *Mental Health Commission*. Retrieved from <http://www.mhcirl.ie/documents/publications/A%20Framework%20for%20Development%20A%20Recovery%20Approach%20Within%20the%20Irish%20Mental%20Health%20Services%202008.pdf>
13. Ellis, G. & King, R. (2003). Recovery focused interventions: Perceptions of mental health consumers and their case managers. *Advances in Mental Health*, 2, 2, pp. 67-76.
14. Recovery Knowledge Inventory. (“RKI,” 2008). *Behavioral Health Care Services*. Retrieved from http://wellness.acbhcs.org/wellness_inventory.htm
15. A Recovery Culture Progress Report. (“Ragins’ Report,” 2009). *Mental Health America of Los Angeles*. Retrieved from <http://mhavillage.squarespace.com/storage/87ARecoveryCultureProgressReport.pdf>
16. Delivering for Mental Health: The Scottish Recovery Indicator Report of Conference. (“Scottish Recovery Indicator,” 2007). *Scottish Executive*. Retrieved from <http://www.scotland.gov.uk/Resource/Doc/179043/0050926.pdf>
17. Ralph, R.O. (n.d.) A Proposal: A Review and Synthesis of Recovery Published and Unpublished Literature. *University of Southern Maine*. Retrieved from <http://www.mhsip.org/recovery.html>
18. Armstrong, N.P. & Steffen, J.J. (2009) The Recovery Promotion Fidelity Scale: Assessing The Organizational Promotion of Recovery. *Community Mental Health Journal*, 45, 163-170.



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V. Appendices

Appendix A: Individual level measures of recovery included in Appendix A

1. Illness Management and Recovery Scale (IMR)
2. Relationships and Activities that Facilitate Recovery Survey (RAFRS)
3. Recovery Assessment Scale (RAS)
4. Reciprocal Support Scale (RSS)

Illness Management and Recovery Scale (IMR)

Illness Management and Recovery Scale:
Client Self-Rating

ID Number: _____ Date: _____

Please take a few minutes to fill out this survey. We are interested in the way things are for you, so there is no right or wrong answer. If you are not sure about a question, just answer it as best as you can.

Just circle the number of the answer that fits you best.

1. Progress towards personal goals: In the past 3 months, I have come up with...

1	2	3	4	5
<u>No</u> personal goals	A personal goal, but have <u>not done</u> <u>anything</u> to finish my goal.	A personal goal and made it a <u>little way</u> toward finishing it.	A personal goal and have gotten <u>pretty far</u> in finishing my goal.	A personal goal and have <u>finished</u> <u>it</u> .

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

1	2	3	4	5
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 family members, friends, boyfriend/girlfriend, and other people who are important to you (outside your mental health agency) involved in your mental health treatment?

1	2	3	4	5
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 <u>and</u> they really help me with my mental health

4. Contact with people outside of my family: In a normal week, how many times do you talk to someone outside of your family (like a friend, co-worker, classmate, roommate, etc.)

1	2	3	4	5
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 do you 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 do you spend in doing activities for or with another person that are expected of you? (This would not include selfcare or personal home maintenance.)

1	2	3	4	5
2 hours or less/ week	3-5 hours/ week	6 to 15 hours/ week	16-30 hours/ week	More than 30 hours/ week

6. Symptom distress: How much do your symptoms bother you?

1	2	3	4	5
My symptoms <i>really</i> bother me <i>a lot</i> .	My symptoms bother me <i>quite</i> <i>a bit</i> .	My symptoms bother me <i>somewhat</i> .	My symptoms bother me <i>very</i> <i>little</i> .	My symptoms don't bother me <i>at all</i> .

7. Impairment of functioning: How much do your symptoms get in the way of you doing things that you would like to or need to do?

1	2	3	4	5
My symptoms <i>really</i> get in my way <i>a lot</i> .	My symptoms get in my way <i>quite a bit</i> .	My symptoms get in my way <i>somewhat</i> .	My symptoms get in my way <i>very little</i> .	My symptoms don't get in my way <i>at all</i> .

8. Relapse Prevention Planning: Which of the following would best describe what you know and what you have done in order not to have a relapse?

1	2	3	4	5
I don't know how to prevent relapses.	I know a little, but I haven't made a relapse prevention plan.	I know 1 or 2 things I can do, but I don't have a written plan	I have several things that I can do, but I don't have a written plan	I have a written plan that I have shared with others.

9. Relapse of Symptoms: When is the last time you had a relapse of symptoms (that is, when your symptoms have gotten much worse)?

1	2	3	4	5
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	I haven't had a relapse in the past year

10. Psychiatric Hospitalizations: When is the last time you have been hospitalized for mental health or substance abuse reasons?

1	2	3	4	5
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	I haven't been hospitalized in the past year

11. Coping: How well do you feel like you are coping with your mental or emotional illness from day to day?

1	2	3	4	5
Not well at all	Not very well	Alright	Well	Very well

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

1	2	3	4	5
I don't know about any self-help activities	I know about some self-help activities, but I'm not interested	I'm interested in self-help activities, but I have not participated in the past year	I participate in self-help activities occasionally.	I participate in self-help activities regularly.

13. Using Medication Effectively: (Don't answer this question if your doctor has not prescribed medication for you). How often do you take your medication as prescribed?

1	2	3	4	5
Never	Occasionally	About half the time	Most of the time	Every day

14. Functioning affected by alcohol use. Drinking can interfere with functioning when it contributes to conflict in relationships, or to money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drinking get in the way of your functioning?

1	2	3	4	5
Alcohol use really gets in my way a lot	Alcohol use gets in my way quite a bit	Alcohol use gets in my way somewhat	Alcohol use gets in my way very little	Alcohol use is not a factor in my functioning

15. Functioning affected by 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 money, housing and legal concerns, to difficulty showing up at appointments or paying attention during them, or to increased symptoms. Over the past 3 months, how much did drug use get in the way of your functioning?

1	2	3	4	5
Drug use really gets in my way a lot	Drug use gets in my way quite a bit	Drug use gets in my way somewhat	Drug use gets in my way very little	Drug use is not a factor in my functioning

Illness Management and Recovery Scale: Clinician Rating

Clinician/Team Name: _____

Date: _____

Study ID#: _____

Please take a few moments to fill out the following survey regarding your perception of your client's ability to manage her or his illness, as well as her or his progress toward recovery. We are interested in the way you feel about how things are going for your client, so please answer with your honest opinion. If you are not sure about an item, just answer as best as you can.

Please circle the answer that fits your client the best.

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

1	2	3	4	5
No personal goals	A personal goal, but has <u>not done anything</u> to finish the goal	A personal goal and made it a <u>little way</u> toward finishing it	A personal goal and has gotten <u>pretty far</u> in finishing the goal	A personal goal and has <u>finished it</u>

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

1	2	3	4	5
Not very much	A little	Some	Quite a bit	A great deal

3. Involvement of family and friends in his/her 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 treatment?

1	2	3	4	5
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 <u>and</u> they really help with his/her mental health

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

1	2	3	4	5
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.)

1	2	3	4	5
2 hours or less/ week	3-5 hours/ week	6 to 15 hours/ week	16-30 hours/ week	More than 30 hours/ week

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

1	2	3	4	5
Symptoms <i>really</i> bother him/her <i>a</i> <i>lot</i>	Symptoms bother him/her <i>quite a bit</i>	Symptoms bother him/her <i>somewhat</i>	Symptoms bother him/her <i>very little</i>	Symptoms don't bother him/her <i>at all</i>

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 needs to do?

1	2	3	4	5
Symptoms <i>really</i> get in her/his way <i>a lot</i>	Symptoms get in his/her way <i>quite a bit</i>	Symptoms get in his/her way <i>somewhat</i>	Symptoms get in his/her way <i>very little</i>	Symptoms don't get in his/her way <i>at</i> <i>all</i>

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?

1	2	3	4	5
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 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)?

1	2	3	4	5
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?

1	2	3	4	5
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 her/his mental or emotional illness from day to day?

1	2	3	4	5
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?

1	2	3	4	5
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 her/his doctor has not prescribed medication). How often does s/he take his/her medication as prescribed?

1	2	3	4	5
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 attending 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?

1	2	3	4	5
Alcohol use <i>really</i> gets in her/his way <i>a lot</i>	Alcohol use gets in his/her way <i>quite a bit</i>	Alcohol use gets in his/her way <i>somewhat</i>	Alcohol use gets in his/her way <i>very little</i>	Alcohol use is <i>not a factor</i> 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 attending 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?

1	2	3	4	5
Drug use <i>really</i> gets in her/his way <i>a lot</i>	Drug use gets in his/her way <i>quite a bit</i>	Drug use gets in his/her way <i>somewhat</i>	Drug use gets in his/her way <i>very little</i>	Drug use is <i>not a factor</i> in his/her functioning

Relationships and Activities that Facilitate Recovery Survey (RAFRS)

Relationships and Activities that Facilitate Recovery Survey (RAFRS)

We are interested in the relationships and activities that you feel have been helpful in your own recovery from mental illness. By recovery, we mean the way you have learned to cope with your mental illness and go forward with your life. Please answer all the questions, whether or not you consider yourself to be in recovery right now.

Please read each of the statements and circle the rating that most closely matches your opinion.

1. In the last 6 months, my community support person (case manager) has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

2. In the last 6 months, my parents have been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

3. In the last six months, my siblings (brothers and sisters) have been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

4. In the last 6 months, my children have been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

5. In the last 6 months, my spouse or partner has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

6. In the last 6 months, my best friend has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

7. In the last 6 months, my pet has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

8. In the last 6 months, staff members who work for the Mental Health Board have been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

9. If you were employed in the last 6 months, my boss or work supervisor has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

10. In the last 6 months, attending mental health center groups has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

11. In the last 6 months, attending training session about the Recovery Model has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

12. In the last 6 months, attending drop-in center and other self-help activities has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

13. In the last 6 months, going to work has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

14. In the last 6 months, taking medication has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

15. In the last 6 months, talking with other people who have problems like mine has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

16. In the last 6 months, talking with people who have a psychiatric history has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

17. In the last six months, prayer and worship services have been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

18. In the last 6 months, vigorous exercise has been helpful in my recovery.

No contact Yes, helped a lot Yes, helped a little No, didn't help Made things worse

Please indicate any other people who you think have been helpful in your recovery.

Please indicate any other activities that you think have been helpful in your recovery.

Review all of the relationships and activities you rated about. Please indicate the TWO (2) that you feel have been the most helpful in your recovery over the past six months:

1. _____

2. _____

Recovery Assessment Scale (RAS)

RECOVERY ASSESSMENT SCALE

I am going to read a list of statements that describe how people sometimes feel about themselves and their lives. Please listen carefully to each one and indicate the response that best describes the extent to which you agree or disagree with the statement. For each of these statements, please indicate whether you strongly disagree (1), disagree (2), not sure (3), agree (4), or strongly agree (5) with these statements.

† [Hand respondent scale card #32]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
1. I have a desire to succeed.	1	2	3	4	5	8	9
2. I have my own plan for how to stay or become well.	1	2	3	4	5	8	9
3. I have goals in life that I want to reach.	1	2	3	4	5	8	9
4. I believe I can meet my current personal goals.	1	2	3	4	5	8	9
5. I have a purpose in life.	1	2	3	4	5	8	9
6. Even when I don't care about myself, other people do.	1	2	3	4	5	8	9
7. I understand how to control the symptoms of my mental illness.	1	2	3	4	5	8	9
8. I can handle it if I get sick again.	1	2	3	4	5	8	9
9. I can identify what triggers the symptoms of my mental illness.	1	2	3	4	5	8	9
10. I can help myself become better.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
11. Fear doesn't stop me from living the way I want to.	1	2	3	4	5	8	9
12. I know that there are mental health services that do help me.	1	2	3	4	5	8	9
13. There are things that I can do that help me deal with unwanted symptoms.	1	2	3	4	5	8	9
14. I can handle what happens in my life.	1	2	3	4	5	8	9
15. I like myself.	1	2	3	4	5	8	9
16. If people really knew me, they would like me.	1	2	3	4	5	8	9
17. I am a better person than before my experience with mental illness.	1	2	3	4	5	8	9
18. Although my symptoms may get worse, I know I can handle it.	1	2	3	4	5	8	9
19. If I keep trying, I will continue to get better.	1	2	3	4	5	8	9
20. I have an idea of who I want to become.	1	2	3	4	5	8	9
21. Things happen for a reason.	1	2	3	4	5	8	9
22. Something good will eventually happen.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
23. I am the person most responsible for my own improvement.	1	2	3	4	5	8	9
24. I'm hopeful about my future.	1	2	3	4	5	8	9
25. I continue to have new interests.	1	2	3	4	5	8	9
26. It is important to have fun.	1	2	3	4	5	8	9
27. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5	8	9
28. My symptoms interfere less and less with my life.	1	2	3	4	5	8	9
29. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5	8	9
30. I know when to ask for help.	1	2	3	4	5	8	9
31. I am willing to ask for help.	1	2	3	4	5	8	9
32. I ask for help, when I need it.	1	2	3	4	5	8	9
33. Being able to work is important to me.	1	2	3	4	5	8	9
34. I know what helps me get better.	1	2	3	4	5	8	9

[INTERVIEWER: Scale continues on next page.]

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	NANS	NASK
35. I can learn from my mistakes.	1	2	3	4	5	8	9
36. I can handle stress.	1	2	3	4	5	8	9
37. I have people I can count on.	1	2	3	4	5	8	9
38. I can identify the early warning signs of becoming sick.	1	2	3	4	5	8	9
39. Even when I don't believe in myself, other people do.	1	2	3	4	5	8	9
40. It is important to have a variety of friends.	1	2	3	4	5	8	9
41. It is important to have healthy habits.	1	2	3	4	5	8	9

Reciprocal Support Scale (RSS)

Reciprocal Support Scale items and response format

Responses are in Likert format:

1. Almost Never 2. Rarely 3. Sometimes 4. Often 5. Almost Always

1. I find it easy to communicate my needs to my recovery partner.
2. I value my recovery partner as a person.
3. My recovery partner values me as a person.
4. My recovery partner serves as a role model.
5. I serve as a role model to my recovery partner.
6. I am supportive of my recovery partner.
7. My recovery partner is supportive of me.
8. I trust my recovery partner.
9. I think my recovery partner trusts me.
10. My recovery partner helped me with problem-solving.
11. I helped my recovery partner with problem-solving.
12. We can count on each other for advice.
13. We help each other.
14. We respect each other.



MEASURING RECOVERY:

A TOOLKIT FOR MENTAL HEALTH SERVICE PROVIDERS IN NEW YORK CITY

Appendix B: System Level Recovery Measures Included in Appendix B

1. Recovery Culture Progress Report Card

Recovery Culture Progress Report Card

RECOVERY TRANSFORMATION PROGRESS REPORT
(RAGINS REPORT CARD)

Recovery Transformation Progress Report Scoring Instructions

Choosing Indicators for each Dimension:

- 1) Pick an indicator in each row that most clearly resembles the program's services.
- 2) Choose ONE rating (not yet explored, exploring, emerging, maturing or excelling) for each row.
- 3) If there is more than one indicator in a row that applies, choose the highest rating that honestly applies for that row.
- 4) If the program has not yet begun exploring that area, select **NOT YET EXPLORED**
- 5) Make every attempt to select one indicator for each row. If you find that your particular agency excels at a particular item but that practice is not one of the indicators, write the row name and the excelling practice at the end of the section beneath the scoring summary.

Once you have finished picking Indicators in a Dimension:

- 1) Add up each column (not yet explored, exploring, emerging, maturing or excelling) within that dimension
- 2) Divide each column's total by the total number of rows for that dimension.
- 3) Write the percentage in the last row for each column.

When you have finished picking indicators for all of the Dimensions:

- 1) Take the percentages in each column of each indicator and rewrite them in the empty form at the end of this progress report.
- 2) Note the high and low categories for each Dimension.
- 3) Write where the organization currently rates itself (exploring, emerging, maturing or excelling) in each dimension based on the highest percentage for that dimension.

To begin, please provide the following information.

Agency/Program/Clinic Rated _____

Date of Rating _____

Rater Identification (Select the all that apply)

- Consumer/receiver of services
- Family member
- Line staff
- Supervisor/Administrator

Other (please specify: _____)

Welcoming and Accessibility

Recovery programs are fundamentally relationship based. We try to “meet people where they are at.” We realize most people with serious mental illnesses don’t accept any services and that symptoms, stigma, trauma, low motivation, and negative treatment experiences can all be obstacles to getting help.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
<i>Hours</i>	<input type="checkbox"/>	<input type="checkbox"/> Program only open 9 - 5	<input type="checkbox"/> Staff can keep program open after hours for crisis	<input type="checkbox"/> Staff regularly flex hours to be available for services and activities after hours or on weekends and holidays	<input type="checkbox"/> Program open hours are based upon an assessment of the demographics and needs of the clients
<i>Welcome / Greeting into program</i>	<input type="checkbox"/>	<input type="checkbox"/> Office staff and security greets all clients in friendly manner at the door	<input type="checkbox"/> New clients are shown around the building and introduced to a variety of staff and programs	<input type="checkbox"/> Clients are volunteer or paid greeters and “internal navigators” helping access program services	<input type="checkbox"/> Rituals are practiced to introduce new clients to the program’s community
<i>Where services take place</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff can make emergency home / field visits	<input type="checkbox"/> Initial face to face visit can take place in the community	<input type="checkbox"/> Staff provide mobile care services, “in home services” not just in emergencies	<input type="checkbox"/> Arrangements can be made to work with people outside of the building – e.g. if they are too paranoid, disrupts other clients, steals
<i>Reduce barriers to services</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff refer to multiple services within the program	<input type="checkbox"/> Clients choose services they want to participate in	<input type="checkbox"/> Can begin with services directed towards any goal, even if not taking meds or clean and sober	<input type="checkbox"/> Able to serve clients who don’t “admit” they have a mental illness or substance abuse problem even with active symptoms
<i>Walk-ins</i>	<input type="checkbox"/>	<input type="checkbox"/> Walk-ins available for emergencies or hospital referrals	<input type="checkbox"/> Accommodate walk-ins for first appointment and missed appointments	<input type="checkbox"/> Staff work as teams to accommodate walk-ins and outreach lost clients - including home visits	<input type="checkbox"/> everyone accessible for drop-ins, not just “on call” person
<i>After hour system</i>	<input type="checkbox"/>	<input type="checkbox"/> After hours call system is operated by a third party	<input type="checkbox"/> Staff willing to work on-call are identified	<input type="checkbox"/> After hours coverage by staff who know the clients	<input type="checkbox"/> Staff proactively reach out to at risk clients beyond 9-5

Welcoming and Accessibility

Support for people accessing other community services	<input type="checkbox"/>	<input type="checkbox"/> People seeking services who are not eligible are told that they can not receive services and are given a resource list	<input type="checkbox"/> Assistance provided in confirming service eligibility for various services	<input type="checkbox"/> Staff have personal connections with staff at other agencies they use to facilitate clients accessing services	<input type="checkbox"/> "no wrong door" - personally supported referrals to other programs - may include calls, transportation, and personal follow-up
Welcoming inclusive atmosphere	<input type="checkbox"/>	<input type="checkbox"/> Clients restricted to waiting room - Staff chosen furniture, paint, "hominess" in waiting room	<input type="checkbox"/> Clients encouraged to help with groups /activities, decorations even without staff in the room overseeing them	<input type="checkbox"/> Program is "shared space" with open access to most areas - including bathrooms	<input type="checkbox"/> Observers can't tell who the clients are and who the staff is by walking around
Community based outreach efforts	<input type="checkbox"/>	<input type="checkbox"/> Brochures that describe services are passed out to community	<input type="checkbox"/> Program participates in local health fairs, mental health screening, public education	<input type="checkbox"/> Staff doing open ended outreach in community (homeless, jails, hospitals, library) or co-located part time at other social service agencies	<input type="checkbox"/> Program facilitates and educates any community member to be a natural support for people with mental illnesses
Cultural competence	<input type="checkbox"/>	<input type="checkbox"/> Staff trainings on cultural competence	<input type="checkbox"/> Hire staff who reflect the cultural makeup of the clients	<input type="checkbox"/> Services are modified to take into account staff and client culture (e.g. Spanish speaking NAMI group, White Buffalo healing group), with some services designed explicitly to serve a specific culture (e.g. Afghan refugee group)	<input type="checkbox"/> Non-dominant culture values and practices included and welcomed knowing full well they may change the dominant culture values and practices (e.g. inclusion of a native American healer on the staff with active referrals from and collaborations with all staff and included in team meetings)

Welcoming and Accessibility

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Growth Orientation

Recovery programs believe that people can recover. They may not be able to eliminate all their symptoms, but they can regain control of their lives, rebuild their lives, grow, heal, and achieve meaningful lives. We try to provide encouragement, support, opportunities, and skills. We have an overarching expectation that people will learn and grow from their experiences, eventually even moving beyond us.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
<i>Program outcomes based on growth</i>	<input type="checkbox"/>	<input type="checkbox"/> Identify markers of growth (e.g. living situation, employment, substance abuse recovery)	<input type="checkbox"/> Service goals reflect personal growth rather than stability or symptom control	<input type="checkbox"/> Agency wide reports of documentation of client growth, including movement across levels of care	<input type="checkbox"/> Disseminate results back to staff, consumers, and community for use to improve program
<i>Staff tools to promote client growth</i>	<input type="checkbox"/>	<input type="checkbox"/> Charts document to growth goals and dreams	<input type="checkbox"/> Growth oriented service planning tools	<input type="checkbox"/> Tools for exploring and defining clients' vision for their future and growth oriented goals	<input type="checkbox"/> Staff review growth data w/ consumer for future services and growth
<i>Growth celebration</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff acknowledges growth milestones with clients	<input type="checkbox"/> Celebrate independent living, employment, substance abuse, etc. recovery milestones on site	<input type="checkbox"/> Movement within program has milestones of accomplishment and growth that are recognized	<input type="checkbox"/> Community recognition and celebration of accomplishments (e.g. Golden Ducky Awards)
<i>Client Graduation</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff can name some clients who have successfully completed the program	<input type="checkbox"/> Graduation for moving successfully between program elements and for leaving program	<input type="checkbox"/> Special program exists to help people to graduate from program (purposeful, accomplishment driven)	<input type="checkbox"/> Widespread development of community connections with services and resources for clients to graduate into
<i>Staff roles in promoting client dependence or independence</i>	<input type="checkbox"/>	<input type="checkbox"/> Teach staff skills they need to teach consumers and teach staff skill building skills	<input type="checkbox"/> Always looking for "teachable moment" while doing case management – "teach to fish instead of giving a fish" – documentation of teaching in progress notes	<input type="checkbox"/> Skill building in "natural environment" where skill is to be used utilizing "natural consequences" to help clients learn from their experiences and risk taking while providing "high support" –	<input type="checkbox"/> Program and staff model growth for clients by growing themselves and sharing their experiences

Growth Orientation

Navigation of services towards growth	<input type="checkbox"/>	<input type="checkbox"/> List available services	<input type="checkbox"/> Navigation map / flow chart of program is created	<input type="checkbox"/> Navigational tool of progression in program for clients to track their progress and hopes reviewed annually with client	<input type="checkbox"/> Develop tool which matches services with stages of change / "readiness" for each client
Use of clinical expertise to promote growth	<input type="checkbox"/>	<input type="checkbox"/> Multi-disciplinary involvement in staff meetings and treatment planning	<input type="checkbox"/> Actively track symptom improvement with medication change	<input type="checkbox"/> Widespread incorporation of growth oriented therapies – CBT, DBT, ITP – and self help growth oriented tools	<input type="checkbox"/> Inclusion of multidisciplinary providers and informal support from the community – using all available expertise
Clients as Role Models	<input type="checkbox"/>	<input type="checkbox"/> Availability of stories and/or photos of clients who have done well	<input type="checkbox"/> Share client success stories with other clients	<input type="checkbox"/> Consumer "life coach" or consumer "bridger" program	<input type="checkbox"/> Creation of "alumni group" and track their outcomes after they leave the program
Use of motivational skills to promote growth	<input type="checkbox"/>	<input type="checkbox"/> Chart documents client's response to staff recommendations	<input type="checkbox"/> Staff act as "personal coaches" promoting "just hard enough challenges" to keep clients moving forwards without overwhelming them	<input type="checkbox"/> Widespread use of motivational interviewing for all growth areas (not just substance abuse) matching responses to where client is at in their stages of change	<input type="checkbox"/> Alter ways of teaching clients depending on their developmental stage (e.g. separateness, logical thinking, time, ethics) and abilities
Use of exposure to promote growth	<input type="checkbox"/>	<input type="checkbox"/> Staff explores ideas for client's future growth and shares examples of growth of other people with mental illnesses	<input type="checkbox"/> Staff and clients go into community to expose clients to new things that would require growth (e.g. education, work, community groups, volunteering)	<input type="checkbox"/> Staff actively support clients in taking first steps in beginning new activities (e.g. accompany them to register in school, job interview, free concert)	<input type="checkbox"/> Staff actively connect clients with other clients already doing things in community to expose new clients

Growth Orientation

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Consumer Inclusion

Recovery is a collaborative process that requires ongoing effort and commitment from the person who is recovering. Recovery is built upon the strengths inside a person that enable them to overcome, not upon the strengths of the staff's caretaking or even treatment. Recovery is most clearly seen from the client's point of view. Recovery programs emphasize client inclusion and active participation – "nothing about us without us."

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Treatment/ service choices	<input type="checkbox"/>	<input type="checkbox"/> Treatment planning includes clients' words and goals and signed by clients	<input type="checkbox"/> Clients can choose what services they want to participate in	<input type="checkbox"/> Informed client choice of service options	<input type="checkbox"/> Client is author of treatment plan with collaboration actually writing it
Treatment / Service collaboration	<input type="checkbox"/>	<input type="checkbox"/> Staff solicits input from clients about their treatment / services	<input type="checkbox"/> Guided collaborative client choice of services (e.g. type of therapy, medications with psychiatrist / budget choices with staff payee)	<input type="checkbox"/> Widespread tools to help clients "negotiate" with psychiatrists and other staff (e.g. Shared decision making tools)	<input type="checkbox"/> Widespread tools to help clients take ownership and responsibility for own wellness (e.g. WRAP)
Treatment / service Autonomy	<input type="checkbox"/>	<input type="checkbox"/> Forms to help clients think through what they want and what services would lead to those goals	<input type="checkbox"/> Staff continue to follow clients as they try paths the staff don't approve of	<input type="checkbox"/> Active staff support for client goals and services that aren't the choice the staff would've made	<input type="checkbox"/> Broad implementation of Advanced directives both in the program and with local hospitals and ERs
Client choice of service provider	<input type="checkbox"/>	<input type="checkbox"/> Client can talk to supervisor if they have complaints to change staff	<input type="checkbox"/> Client may choose provider within program based on list with staff's traits, skills and interests	<input type="checkbox"/> "Open enrollment" – clients can periodically change staff and psychiatrist to another available staff of their choice without having to give justification	<input type="checkbox"/> Possible to "hang out" without intake observing to see they can trust program and watch staff to choose who they want to work with
Involvement with consumer movement and fighting stigma	<input type="checkbox"/>	<input type="checkbox"/> Consumer movement speakers and literature available	<input type="checkbox"/> Clients involved in larger consumer movement activities including advocacy (e.g. state capital trips, letter writing campaigns)	<input type="checkbox"/> Active support for clients to become leaders in and be hired by the consumer movement	<input type="checkbox"/> Clients host consumer run advocacy and community education / anti-stigma efforts

Consumer Inclusion

<i>Client inclusion in creative and social activities</i>	<input type="checkbox"/>	<input type="checkbox"/> Displays of client artwork / writings	<input type="checkbox"/> Staff facilitate client chosen social activities and classes (e.g. art, poetry , newsletter)	<input type="checkbox"/> Client run program social calendar or newsletter or client run program events – (e.g. awards ceremony, fashion show, Christmas party, talent show, "make a difference day")	<input type="checkbox"/> Client run social and creative activities in the community (e.g. bowling team, booth at art fair, library reading to kids program)
<i>Consumer run services</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff facilitate client support groups	<input type="checkbox"/> Consumer run peer support groups and networks	<input type="checkbox"/> Consumer run groups – social support, non mental health skills (e.g. flower arranging, cooking, using the internet)	<input type="checkbox"/> Consumer run drop-in / club house services / consumer run agency "businesses" – snack shop, garden, flower shop
<i>Consumer mental health employment</i>	<input type="checkbox"/>	<input type="checkbox"/> Consumers able to volunteer in program	<input type="checkbox"/> Consumers hired as "peers" or "mentors", peer support /advocate staff	<input type="checkbox"/> Consumers hired into a variety of entry level positions in program – community worker, van driver, clerical, case worker, etc.	<input type="checkbox"/> Consumers integrated into general employment at program, Jobs throughout the agency including leadership and professional open to consumers
<i>Advocacy within clinic</i>	<input type="checkbox"/>	<input type="checkbox"/> Grievance process is posted	<input type="checkbox"/> Staff run grievance process	<input type="checkbox"/> Grievance process involves other consumers	<input type="checkbox"/> Program has internal client run advocacy service
<i>Consumer participation in program management</i>	<input type="checkbox"/>	<input type="checkbox"/> Client satisfaction surveys and interviews or "Complaint / Suggestion" box is available	<input type="checkbox"/> Clients assist in satisfaction survey data collection. Data is collected regarding client perceptions is shared with staff	<input type="checkbox"/> Clients help develop program policies and procedures	<input type="checkbox"/> Clients have real impact on interviewing, hiring, promotions, raises, and firing of staff

Consumer Inclusion

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Emotional Healing Relationships and Environments

Recovery includes a process of healing – from the symptoms of the illness itself, and also from trauma, destruction, and rejection. Many people are unable to participate in structured psychotherapy and therefore need us to expand our ability to be emotionally healing beyond the confines of therapy. Our program environments often need to be a place of listening and empathy, acceptance and safety – a sanctuary to grow beyond

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Listening	<input type="checkbox"/>	<input type="checkbox"/> Avoiding and challenging commonly offensive language	<input type="checkbox"/> Use of “person centered” language in documentation and communication	Using client’s own words to describe their story and experiences in the delivery of services (e.g. if the client uses another word for hallucinations or voices, use their word)	<input type="checkbox"/> Reciprocal use of personalized endearing language (e.g. “inside” jokes and mutual nicknames)
Partnerships	<input type="checkbox"/>	<input type="checkbox"/> Initial interactions are prior to reviewing client chart and learning diagnosis, learning about client directly from client	<input type="checkbox"/> Making plans that include respecting consumer’s knowledge and skills and believing in their ability to know what is best for them and evidence of including natural supports	<input type="checkbox"/> Diminish “arms length” between staff and clients – “boundaries”, not “barriers”	<input type="checkbox"/> Staff interact with clients in non-clinical settings after hours and on weekends
Rituals	<input type="checkbox"/>	<input type="checkbox"/> Celebrating client and staff birthdays together	<input type="checkbox"/> Celebrating holidays together	<input type="checkbox"/> Personal rituals for acceptance / welcoming into the program as well as for rites of passage for clients	<input type="checkbox"/> Inclusion of staff and clients in community rituals in each other’s lives (e.g. graduations, weddings, baby showers, funerals)
Spirituality	<input type="checkbox"/>	<input type="checkbox"/> Spirituality included in initial assessment and service planning	<input type="checkbox"/> Tools to explore spirituality with clients including spiritual / faith based healing and other interventions related to one’s culture	<input type="checkbox"/> Develop referral list and support clients to connect with spiritual settings that are reasonably welcoming to people with mental illnesses	<input type="checkbox"/> Program facilitates creation of spiritual activities and healing both within the program and collaborating with community resources

Emotional Healing Relationships and Environments

Expanding "therapy"	<input type="checkbox"/>	<input type="checkbox"/> Educationally structured emotional skill building groups (e.g. stress reduction, anger management, coping with trauma)	<input type="checkbox"/> Integrate "therapy" in case management, including "in the field"	<input type="checkbox"/> Provide specialized therapeutic services for clients "inappropriate" for traditional therapy (e.g. dual diagnosis, ACT, DBT, "in vivo corrective emotional experiences")	<input type="checkbox"/> Staff are knowledgeable and clients utilize non-traditional and holistic interventions
Healing focused activities	<input type="checkbox"/>	<input type="checkbox"/> Healing through art, music, poetry, creative writing, etc.	<input type="checkbox"/> Tools for clients to explore what healing means to them	<input type="checkbox"/> Inclusion of "core gifts" and wounds / helping people find the meaning and blessing in their suffering	<input type="checkbox"/> Facilitating events designed to heal our communities (e.g. group mourning after a tragedy, community rebuilding efforts, prayer circles)
Safety	<input type="checkbox"/>	<input type="checkbox"/> Program staff are knowledgeable of program safety and response protocols	<input type="checkbox"/> Program safety rules are based on current behavior and self responsibility and not diagnosis, symptoms or sobriety	<input type="checkbox"/> Reduction of bannings, physical controls, seclusion and restraints through increased empathy and "trauma informed" services/culture	<input type="checkbox"/> Program safety by shared "community watch" not by segregating and guarding clients, elimination of physical barriers (Plexiglas, keypads, etc.)
Emotional reciprocity	<input type="checkbox"/>	<input type="checkbox"/> Staff share of themselves during engagement to build trust	<input type="checkbox"/> Staff accept gifts of gratitude from clients and clients have opportunities to give awards to staff	<input type="checkbox"/> Regular expressions of reciprocal concern (e.g. clients sign get well cards for staff)	<input type="checkbox"/> Shared memorial services for clients who die including staff, clients, family, and community grieving together
Family Inclusion	<input type="checkbox"/>	<input type="checkbox"/> Intake form lists which family members client consents for staff to communicate with	<input type="checkbox"/> Inclusion of family and others in first contacts and plans to increase client's comfort level	<input type="checkbox"/> Regular programs to welcome family members (e.g. Family nights")	<input type="checkbox"/> Family members are integrated in the recovery process
Staff Self disclosure and genuine emotional availability	<input type="checkbox"/>	<input type="checkbox"/> Staff encouraged to have personal items around work area	<input type="checkbox"/> Therapeutic use of self disclosure commonly used by staff	<input type="checkbox"/> "Companioning" – staff accompany clients as they struggle as fellow travelers sharing their own reactions and journeys, "being there for them without needing to fix	<input type="checkbox"/> Staff currently working with mental illness feel safe enough to disclose their conditions

				anything for them"	
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Emotionally Healing Relationships and Environments

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Quality of Life Focus

Recovery isn't achieved when an illness is successfully treated. Recovery is achieved when a life is rebuilt, even if the illness persists. People may need a great deal of direct support, guidance, opportunity creation, and learning skills to rebuild their lives. People need roles beyond chronic mental patient, meaning beyond treatment and connections beyond staff.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
<i>Sharing and celebrating Quality of Life success</i>	<input type="checkbox"/>	<input type="checkbox"/> One to one recognition of QOL accomplishments	<input type="checkbox"/> Shared QOL accomplishment stories with other clients in groups	<input type="checkbox"/> Celebrations and acknowledgement of QOL accomplishments.	<input type="checkbox"/> Sharing QOL accomplishments with community and/or media.
<i>Charity Services</i>	<input type="checkbox"/>	<input type="checkbox"/> List of charity resources (e.g. food, clothes)	<input type="checkbox"/> Available emergency housing resources or vans to food bank, shelter, thrift store	<input type="checkbox"/> Collaboration agreements with community charity organizations (e.g. bus tokens donated by a church, thrift store gives free "move in" setups with furniture and dishes)	<input type="checkbox"/> Clients work with staff at local charity organizations as volunteers to "give back"
<i>Focus on employment</i>	<input type="checkbox"/>	<input type="checkbox"/> Employment/career goals are explored during intake	<input type="checkbox"/> State Vocational rehab staff co-located at clinic or dedicated in-house employment specialist staff is identified	<input type="checkbox"/> A stepwise array of employment services are offered (Job development, on the job training, supportive employment services, and "job club")	<input type="checkbox"/> Easily accessible menu of paid employment opportunities are offered to all clients (including e.g. internships, supported employment, agency run businesses, client run businesses, disclosure and non-disclosure competitive community employment)
<i>Focus on education</i>	<input type="checkbox"/>	<input type="checkbox"/> Educational goals are explored during intake	<input type="checkbox"/> Disabled student services staff are co-located or dedicated in-house education staff identified	<input type="checkbox"/> Educational assistance offered at all levels including in the community based options	<input type="checkbox"/> Actively facilitate changes in local community educational institutions to integrate people with mental illness

Quality of Life Focus

Focus on housing	<input type="checkbox"/>	<input type="checkbox"/> Housing goals are explored during intake	<input type="checkbox"/> Housing specialist at clinic	<input type="checkbox"/> Accessible menu of housing services suited to clients (including e.g. emergency housing, hotels, Board and Cares, transitional housing, supportive housing services in scattered apartments in the community)	<input type="checkbox"/> Develop and run collaborative HUD subsidy programs (e.g. shelter plus, safe haven)
Focus on budgeting and finances	<input type="checkbox"/>	<input type="checkbox"/> Chart includes financial goals and referrals available	<input type="checkbox"/> Active SSI advocacy and benefits assistance	<input type="checkbox"/> Financial guidance and budgeting skills services and/or coordinating effects of earned income on benefits	<input type="checkbox"/> Advocacy and facilitation for community based banking services
Focus on physical health	<input type="checkbox"/>	<input type="checkbox"/> Monitor physical health and make referrals	<input type="checkbox"/> Tools to screen for and address physical health QOL and staff designated to physical health care and/or some wellness activities	<input type="checkbox"/> Networking with physical health services and/or range of wellness activities (e.g. nutrition, exercise, health education, prevention, healthy cooking class)	<input type="checkbox"/> Actively facilitate changes at local physical health care providers to effectively serve people with mental illness
Collecting outcomes data on Quality of Life domains for clients	<input type="checkbox"/>	<input type="checkbox"/> Chart has form to assess QOL needs and goals	<input type="checkbox"/> Charting of "Key Event Changes" when client's QOL changes	<input type="checkbox"/> QOL outcome data collection and reporting to staff (e.g. "report card")	<input type="checkbox"/> QOL outcomes incorporated into program contracts and/or promotional and advocacy materials
Focus on substance use	<input type="checkbox"/>	<input type="checkbox"/> Chart reflects substance abuse issues and referrals available	<input type="checkbox"/> Charting reflects discussions of 12 step work and progress. Celebrate sobriety anniversaries	<input type="checkbox"/> All staff are "dual diagnosis" competent – incorporating substance abuse treatment into their work - and "dual recovery" groups	<input type="checkbox"/> Widespread use of motivational interviewing and harm reduction
Focus on improving parenting skills and familial	<input type="checkbox"/>	<input type="checkbox"/> Staff have some interactions with and goals regarding client's children at the program	<input type="checkbox"/> Some advocacy and referrals for client's children (e.g. write letters for Children's Services and Dependency Court)	<input type="checkbox"/> Range of services on site and in the community to support parenting	<input type="checkbox"/> Collaborating and/or subcontracting with agencies for family social services and/or family enrichment activities (e.g.

<i>relationships</i>					Mommy and Me)
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Quality of Life Focus

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Community Integration

Recovery means moving beyond being a “good patient” and getting needs met from mental health professionals. Hospitalizations and jailings often reflect failures in community integrations. Life occurs out in the community, not inside a program, even a pleasant one. Recovery is a return to a web of personal relationships, familial, intimate, neighborly, even spiritual. Many other parts of our community need to contribute to recovery. It’s not a private journey isolated in a professional’s office. It is an embracing of life.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
<i>Educating the community</i>	<input type="checkbox"/>	<input type="checkbox"/> Community mental health awareness and promotion activities	<input type="checkbox"/> Open house inviting families and community	<input type="checkbox"/> Individuals or panel telling stories to community (e.g. Chamber of Commerce)	<input type="checkbox"/> Shared client and staff efforts to liaison with local media for positive publicity
<i>Involvement in the community</i>	<input type="checkbox"/>	<input type="checkbox"/> Postings of community activities / recreational opportunities	<input type="checkbox"/> Specialty staff to develop welcoming in the community and niches for clients	<input type="checkbox"/> Agency itself is involved in local community and seen as a “good neighbor”	<input type="checkbox"/> Organization is community leader for widespread charity and volunteering activities
<i>Relationships to support community living</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff visits consumers in their homes for support	<input type="checkbox"/> House warming parties with just staff and clients	<input type="checkbox"/> House warming parties including neighbors / community friends	<input type="checkbox"/> Establish and nurture relationships with community landlords
<i>Integration of services in the community</i>	<input type="checkbox"/>	<input type="checkbox"/> Identify an existing consumer group / social center for activities in the community	<input type="checkbox"/> Program runs group social activities in the community	<input type="checkbox"/> Staff working in the community with clients giving support, mentoring, encouragement	<input type="checkbox"/> Client bridgers to help clients get involved in the community
<i>Use of hospitals</i>	<input type="checkbox"/>	<input type="checkbox"/> Staff contact hospital staff regarding discharges and help identify community resources	<input type="checkbox"/> Staff visit clients in hospital and actively coordinate discharge plans	<input type="checkbox"/> Community based problem solving and crisis stabilization to keep clients in the community even while struggling	<input type="checkbox"/> Hospitals develop range of recovery culture programs to respond to crises
<i>Legal issues</i>	<input type="checkbox"/>	<input type="checkbox"/> Write letter for court	<input type="checkbox"/> Discuss legal issues with lawyers, probation, parole on phone	<input type="checkbox"/> Supporting clients in court and probation and parole offices, and visit in jail	<input type="checkbox"/> Engage in active efforts to reform legal systems treatment of people with mental illness (e.g. participate in creation of mental health court or new diversion program)

Community Integration

Community social activities	<input type="checkbox"/>	<input type="checkbox"/> Staff help clients explore things they have an interest in	<input type="checkbox"/> Monthly calendar of community activities or recorded phone hotline "what's going on around town"	<input type="checkbox"/> Monthly calendar of community activities staff accompany clients to including nightlife activities ("lady's night out")	<input type="checkbox"/> Monthly staff and consumer outings using public transportation together
Citizenship	<input type="checkbox"/>	<input type="checkbox"/> Newspaper / current events groups	<input type="checkbox"/> Voter registration drive and voter education sessions	<input type="checkbox"/> Staff led efforts to be part of legislative process advocating with legislature	<input type="checkbox"/> Support client involvement with local political cause and community issues and campaigns (e.g. city council meetings, voting drives, volunteer for candidates, raising money for soldiers)
Natural supports	<input type="checkbox"/>	<input type="checkbox"/> Chart identifies client's natural supports	<input type="checkbox"/> Family education and support groups including NAMI	<input type="checkbox"/> Including client's natural support system in plans	<input type="checkbox"/> Facilitating development of more extensive natural client support system – reunite with families, big brother/ sisters, 12 step mentors
Cultural diversity	<input type="checkbox"/>	<input type="checkbox"/> Posting of community culture based activities (e.g. pow wows, black awareness month, women's forum, church)	<input type="checkbox"/> Individual staff post community activities form their own culture	<input type="checkbox"/> Clients and staff involved together in culture based activities	<input type="checkbox"/> Development of cultural, faith based, and charity partners to collaborate with on an ongoing basis

Community Integration

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Staff Morale and Recovery

Staff can only give what they have themselves. Staff needs to be hopeful, empowered, self responsible, and pursuing meaning in our own lives if we are to promote recovery in others. When faced with the burdens and tragedies of this work, we need resiliency and strong morale and we need to be nurtured and healed ourselves to keep our hearts open. We need to work together and support each other, to be “trench buddies” to work safely, ethically, and effectively with low barriers and walls.

	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Staff recognition-public	<input type="checkbox"/>	<input type="checkbox"/> Sharing success stories	<input type="checkbox"/> Staff generic recognition Awards – “U Rock,” “Gotcha” for good work	<input type="checkbox"/> Employee recognition events	<input type="checkbox"/> Staff accomplishments are honored in the community and/or media
Staff training	<input type="checkbox"/>	<input type="checkbox"/> Sharing history of agency	<input type="checkbox"/> Staff coaches and mentors	<input type="checkbox"/> Skills trainings for staff to learn to do recovery work better	<input type="checkbox"/> Leadership development for staff
Where ideas are generated in the organization	<input type="checkbox"/>	<input type="checkbox"/> Staff suggestion box	<input type="checkbox"/> Staff input regularly solicited when changes are made in program	<input type="checkbox"/> Staff are included in workgroups/activities where actual decisions and products are made	<input type="checkbox"/> Staff create vision and practices for program
Staff interaction with other staff	<input type="checkbox"/>	<input type="checkbox"/> Celebrate professional growth	<input type="checkbox"/> Staff celebrate and/or grieve personal life changes	<input type="checkbox"/> Playing together, being friends	<input type="checkbox"/> Emotional health of staff is mutually shared and supported
Team building and staff trust in each other	<input type="checkbox"/>	<input type="checkbox"/> Staff retreats with team building exercises	<input type="checkbox"/> Specific time set aside for staff shared story telling	<input type="checkbox"/> Staff input into hiring of their team mates	<input type="checkbox"/> Safety and ethics is a mutual staff responsibility
Process in place for clinical supervision/support	<input type="checkbox"/>	<input type="checkbox"/> Morning meetings	<input type="checkbox"/> Regularly scheduled 1:1 supervision with clinical supervisor	<input type="checkbox"/> Shared processing of difficult clients and work side by side in difficult situations	<input type="checkbox"/> Senior staff model vulnerability and self questioning
Staff burnout	<input type="checkbox"/>	<input type="checkbox"/> Open discussion about burnout occurs	<input type="checkbox"/> “Paper work parties”	<input type="checkbox"/> Supervisor provides work that regularly includes reenergizing and sustaining activities	<input type="checkbox"/> Staff work to actively heal and reenergize each other

Staff Morale and Recovery

Emotional support from supervisors	<input type="checkbox"/>	<input type="checkbox"/> Positive interactions between staff and supervisors are promoted	<input type="checkbox"/> Cards from supervisors to employees complementing achievements	<input type="checkbox"/> Supervisors have "open door" policy and practice	<input type="checkbox"/> Supporting staff through personal crisis
Orientation	<input type="checkbox"/>	<input type="checkbox"/> New staff are introduced and provided a tour	<input type="checkbox"/> Roles and responsibilities are discussed with new staff and team members	<input type="checkbox"/> Substantial orientation and welcoming for new staff	<input type="checkbox"/> Orientation for all staff includes exposing them to entire agency
Inclusion of all staff (not just direct service staff)	<input type="checkbox"/>	<input type="checkbox"/> Non-direct staff are informed of program/clinic activities	<input type="checkbox"/> Non-direct service staff are asked for input regarding program services	<input type="checkbox"/> Representatives of non-direct service staff participate in meetings, trainings	<input type="checkbox"/> All non-direct service staff / clerical participate as full part of team – trainings, team meetings, etc

Staff Morale and Recovery

TOTAL IN EACH COLUMN					
% Score (total / 10)					

Row Name

Excelling Activity/Practice beyond what is specified in that particular row

Overall Scoring Summary

Dimensions	Not Yet Explored	Exploring	Emerging	Maturing	Excelling
Welcoming and Accessibility					
Growth Orientation					
Consumer Inclusion					
Emotionally Healing Environments and Relationships					
Quality of Life Focus					
Community Integration					
Staff Morale and Recovery					