

A Recovery Culture Progress Report

(2009)

Many programs around the country have been inspired by the recovery movement and are trying to transform their programs into recovery based programs. They have been impressed both by the values underlying the movement and by the results:

- Recovery is the treatment culture that facilitates the integration of the evidence based practices into one seamless program
- Recovery includes and engages many people previously considered “inappropriate for treatment” or “noncompliant”
- Recovery programs focus on and create the quality of life outcomes the deinstitutionalization movement dreamed of
- Recovery supports the consumers’ civil rights movement and fights stigma

But it can be frustrating trying to know exactly what it means to be a recovery based program. In some places there is a desire to have some “fidelity” standard to know what they’re supposed to do as many of the “evidence based practices” have, but there isn’t one; and there probably never will be. This is because fundamentally recovery is not a practice; it is a culture. It’s not as much what you do, but how you do it. Recovery focuses on values and meaning more than on behaviors which makes it, like any aspiring “evidence based culture,” hard to evaluate.

For example, the SAMSHA description of recovery practices relies on 10 values:

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope

These are almost all difficult to observe or quantify yet they are likely to be correlated with better outcomes.

Many recovery advocates complain that programs claim they are recovery based when, in their opinion, they really aren’t. As a result, a number of the leaders of the recovery movement (probably most notably Bill Anthony’s four “Elements of a Recovery Oriented Mental Health Program” - Person Orientation, Person Involvement, Self Determination / Choice, and Growth Potential) have attempted to

define more clearly what really determines if a program is recovery based or not. This Progress Report is our effort.

We made several choices in the design of this progress report:

1. It is designed around seven value laden dimensions, that I feel distinguish recovery cultures from other compassionate, responsible, helpful treatment cultures. They are also transformative dimensions that I feel are necessary to achieve recovery based transformation. Good programs should also be doing many other things besides recovery transformation, not captured in this progress report. This progress report is not a list of needed services or a tool for reducing waste or corruption. It is a tool to measure indicators of a recovery based culture.
2. Instead of trying to define these dimensions, beyond the values they embody, we created a long list of observable practice “indicators” for each dimension. The inspiration for this choice came from the way the value of “handicapped accessibility” has been concretized in the ADA with a series of observable practices. Taken together, we hope the indicators concretely illustrate the values of each dimension and how fully they can be concretely realized in a given program.
3. We got these indicators from a series of recovery culture workshops with staff, administrators, and consumers at a variety of programs, with an especially large contribution from the staff at MHA Village. These are all things people are already doing somewhere. You may have your own indicators to add to the lists. We ordered them according to our vision and experience.
4. Instead of being a pass-fail audit tool, this is a progress report. For each dimension a program can be rated as exploring, emerging, maturing, or excelling and can have a clear idea of what next steps could be to continue their transformation. The process is never finished, but we need to celebrate our progress along the way. To achieve a rating a program doesn’t have to do everything in a given rating. Figure out which rating the program most closely resembles. The rating is meant to reflect a program’s overall progress and recovery culture, not an extensive “to do check-list”. On the other hand, we believe each of the indicators are worth doing in their own right.
5. This report card can be used (and presumably abused) by administrators or auditors evaluating a program from the outside or by a program and its clients evaluating themselves and getting ideas and guidance for further improvements.
6. It can also be used as a research tool (if validated) as either the outcome of an intervention when studying how to make programs more recovery based or as a treatment variable - either on its own (Does a program rated higher on these dimensions have better client outcomes?) or as a co variable (Do medications, or various Evidence Based Therapies promote better client outcomes if the program they are used in rates higher on these dimensions?)
7. This progress report is designed to be applied to adult, multicultural, community based, public mental health programs, our area of expertise.

8. We have attempted to be sensitive in our use of language while being as concise and consistent as possible. In general, anyone receiving services at the program being evaluated is called a client and anyone paid to be working with them is a staff, while people who have used mental health services, whether in this program or not, working in mental health or not, are called consumers.

The overall format is:

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					

These seven dimensions have been chosen as key to recovery based services and cultures as expressed by various leaders and documents of the recovery movement. Within each dimension we have categorized indicators within a number of components to more completely portray each dimension.

Recovery Culture 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 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
Hours	<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 <input type="checkbox"/>
Welcome / Greeting into program	<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 <input type="checkbox"/>
Where services take place	<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 <input type="checkbox"/>
Reduce barriers to services	<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 <input type="checkbox"/>
Walk-ins	<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 <input type="checkbox"/>
After hour system	<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 <input type="checkbox"/>

Welcoming and Accessibility

Support for people accessing other community services	<input type="checkbox"/>	People seeking services who are not eligible are told that they cannot 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 <input type="checkbox"/>
Welcoming inclusive atmosphere	<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 <input type="checkbox"/>
Community based outreach efforts	<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 <input type="checkbox"/>
Cultural competence	<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) <input type="checkbox"/>
Total in Each Column					
% Score (total/10)					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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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
Program outcomes based on growth	<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 <input type="checkbox"/>
Staff tools to promote client growth	<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 <input type="checkbox"/>
Growth celebration	<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) <input type="checkbox"/>
Client Graduation	<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 <input type="checkbox"/>
Staff roles in promoting client dependence or independence	<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 <input type="checkbox"/>

Navigation of services towards growth	<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 <input type="checkbox"/>
Use of clinical expertise to promote growth	<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 <input type="checkbox"/>
Clients as Role Models	<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 <input type="checkbox"/>
Use of motivational skills to promote growth	<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 <input type="checkbox"/>
Use of exposure to promote growth	<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 <input type="checkbox"/>
Total in Each Column					
%Score (total/10)					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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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
<i>Treatment/ service choices</i>	<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 <input type="checkbox"/>
<i>Treatment / Service collaboration</i>	<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) <input type="checkbox"/>
<i>Treatment / service Autonomy</i>	<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 <input type="checkbox"/>
<i>Client choice of service provider</i>	<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 <input type="checkbox"/>
<i>Involvement with consumer movement and</i>	<input type="checkbox"/>	Consumer movement speakers and literature	Clients involved in larger consumer movement activities including advocacy	Active support for clients to become leaders in and be hired by the	Clients host consumer run advocacy and community education / anti-stigma efforts <input type="checkbox"/>

<i>fighting stigma</i>		available <input type="checkbox"/>	(e.g. state capital trips, letter writing campaigns) <input type="checkbox"/>	consumer movement <input type="checkbox"/>	
<i>Client inclusion in creative and social activities</i>	<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) <input type="checkbox"/>
<i>Consumer run services</i>	<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 <input type="checkbox"/>
<i>Consumer mental health employment</i>	<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 <input type="checkbox"/>
<i>Advocacy within clinic</i>	<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 <input type="checkbox"/>
<i>Consumer participation in program management</i>	<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 <input type="checkbox"/>
<i>Total in Each Column</i>	<input type="checkbox"/>				
<i>% Score (total/10)</i>	<input type="checkbox"/>				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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**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
<i>Listening</i>	<input type="checkbox"/>	Avoiding and challenging commonly offensive language <input type="checkbox"/>	Use of “person centered” language in documentation and communication <input type="checkbox"/>	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) <input type="checkbox"/>
<i>Partnerships</i>	<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 <input type="checkbox"/>
<i>Rituals</i>	<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) <input type="checkbox"/>
<i>Spirituality</i>	<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 <input type="checkbox"/>
<i>Expanding “therapy”</i>	<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 <input type="checkbox"/>

				<input type="checkbox"/>	
Healing focused activities	<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) <input type="checkbox"/>
Safety	<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.) <input type="checkbox"/>
Emotional reciprocity	<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 <input type="checkbox"/>
Family Inclusion	<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 <input type="checkbox"/>
Staff Self disclosure and genuine emotional availability	<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 anything for them" <input type="checkbox"/>	Staff currently working with mental illness feel safe enough to disclose their conditions <input type="checkbox"/>
TOTAL IN EACH COLUMN	<input type="checkbox"/>				
% Score (total / 10	<input type="checkbox"/>				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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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"/>	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. <input type="checkbox"/>
<i>Charity Services</i>	<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" <input type="checkbox"/>
<i>Focus on employment</i>	<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 internships, supported employment, agency run businesses, client run businesses, disclosure and non-disclosure competitive community employment) <input type="checkbox"/>
<i>Focus on education</i>	<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 <input type="checkbox"/>
<i>Focus on housing</i>	<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) <input type="checkbox"/>

Focus on budgeting and finances	<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 <input type="checkbox"/>
Focus on physical health	<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 <input type="checkbox"/>
Collecting outcomes data on Quality of Life domains for clients	<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 <input type="checkbox"/>
Focus on substance use	<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 <input type="checkbox"/>
Focus on improving parenting skills and familial relationships	<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. Mommy and Me) <input type="checkbox"/>
TOTAL IN EACH COLUMN	<input type="checkbox"/>				
% Score (total / 10	<input type="checkbox"/>				

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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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"/>	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 <input type="checkbox"/>
<i>Involvement in the community</i>	<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 <input type="checkbox"/>
<i>Relationships to support community living</i>	<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 <input type="checkbox"/>
<i>Integration of services in the community</i>	<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 <input type="checkbox"/>
<i>Use of hospitals</i>	<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 <input type="checkbox"/>
<i>Legal issues</i>	<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) <input type="checkbox"/>

Community social activities	<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 (“ladies night out”) <input type="checkbox"/>	Monthly staff and consumer outings using public transportation together <input type="checkbox"/>
Citizenship	<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) <input type="checkbox"/>
Natural supports	<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 <input type="checkbox"/>
Cultural diversity	<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 from 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 <input type="checkbox"/>
TOTAL IN EACH COLUMN					
% Score (total / 10					

Row Name	Excelling Activity/Practice beyond what is specified in that particular row
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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"/>	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 <input type="checkbox"/>
Staff training	<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 <input type="checkbox"/>
Where ideas are generated in the organization	<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 <input type="checkbox"/>
Staff interaction with other staff	<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 <input type="checkbox"/>
Team building and staff trust in each other	<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 <input type="checkbox"/>
Process in place for clinical supervision/ support	<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 <input type="checkbox"/>
Staff burnout	<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 <input type="checkbox"/>
Emotional support from supervisors	<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 <input type="checkbox"/>

Orientation	<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 <input type="checkbox"/>
Inclusion of all staff (not just direct service staff)	<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 <input type="checkbox"/>
Total in Each Column	<input type="checkbox"/>				
% Score (total / 10)	<input type="checkbox"/>				

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					