PENNSYLVANIA

Department of Public Welfare

Office of Mental Health and Substance Abuse Services

November 2005

TOWARD A RECOVERY-ORIENTED

MENTAL HEALTH SERVICE SYSTEM

FOR ADULTS

RECOVERY DOMAIN 1: Validated Personhood

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*County, Regional, or Statewide*
Demonstration of hope & positive expectations	• Staff expects that I can and will function well. • Staff believes that I can grow, change, and recover. • Workers help me feel positive about myself. • I feel confident about my abilities and myself. • People appreciate what I do. • I do things that make me feel good about myself.	• Consistent use of person-first language in all written and verbal communication. • Demonstrate efforts to identify and eliminate stigma within the service system itself.	• Evidence of these values and indicators in each County Annual Plan.
Evidence that consumers, workers, administrators understand recovery	• I am treated as a whole person, not as a psychiatric patient or label. • Staff encourages me to take responsibility for how I live. • I can attend staff trainings about topics that interest me. • I am asked to "tell my story" and to help others learn about recovery.	• Evidence of explicit recovery language in mission, vision, and guiding principles documents. • Evidence of visible and immediate availability of information about recovery and recovery services/ options. • Evidence of regular and ongoing recovery-education for consumers and family members. • Evidence that 100% of workers have participated in orientation training about recovery. • Evidence of policies and enforcement of policies requiring person-first, respectful language in all written and verbal communication. • Evidence of encouragement and support for "co-learning" activities where staff and consumers participate in training together. • Evidence that 100% of board of directors and administrators have participated in recovery education.	• Evidence of explicit recovery language in mission, vision, and guiding principles documents. • Recovery oriented outcomes and procedures evident in all contracts, training, and policies. • Institute recovery training for administrators and staff. • Require agencies/contractors to demonstrate recovery orientation, and outcomes are requisite for all contracts and grants. • Provide opportunities for "recovery dialogues" between various stakeholder groups, including psychiatrists and consumers to move toward shared understanding. • Evidence that 100% of staff in policy and administrative organizations have participated in recovery training.
Respect for diverse cultural backgrounds, ethnicity, sexual orientation, etc.	• I feel my culture and lifestyle are understood and respected. • I have access to translators if needed. • I feel I can tell people about my heritage and healing traditions.	• Evidence of information available in a range of locally relevant languages. • Demonstration of adaptation of services and treatment approaches to respect or support cultural differences. • Demographics of provider staff reflect race/ethnicity demographics of consumers served.	

RECOVERY DOMAIN 2: Person Centered Decision-Making & Choice

Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Person-centered / person-authored service planning	• Staff sees me as an equal partner in my treatment program. • My treatment goals are stated in my own words. • Staff respects me as a whole person. • I chose my services. • Staff understands my experience as a person with mental health problems. • Staff listens carefully to what I have to say. • Staff treats me with respect regarding my cultural background, (race, ethnicity, language, etc.) • I make decisions about things that are important to me. • I, not workers, decide what should be in my treatment plan. • I feel comfortable talking with workers about my problems, treatment, personal needs and hopes.	• Inclusion of persons own language re goals, objectives, etc. Service plan clearly reflects individual's preferences, goals, lifestyle, and interests. • ROSA type assessment and dialogue – conversational, broad based, outcome focused. • ALL consumers have an in-pocket copy of their personal plan. • Individuals can easily state why they receive services, what their service/treatment goals are, and how services help them achieve those goals. • Inclusion of consumer selected others in planning process. • Ongoing discussions regarding progress and changes needed. • Evidence that consumers can change their plans upon request. • Persons have regular access to their personal records and charts upon request for both review and input. • Demonstration of creative approaches to meet individualized needs.	• Mandates all contractors and local systems to demonstrate evidence of person-centered planning. • Address existing policies and standards to identify and remove barriers to person centered planning.
Service planning is built around building, enhancing, and sustaining strengths	• My service plan helps me build on my strengths and assets. • My provider asked who in my life is supportive of me. • I get help to prepare for and pursue employment that is acceptable and rewarding to me.	• A recovery oriented service plan is negotiated and developed with each person served. • The provider uses a strength-based assessment. • Qualified individuals are employed.	• Qualified individuals are employed.

RECOVERY DOMAIN 3: Connection -- Community Integration, Social Relationships

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Focus on community connections	• I have friends I like to do things with. • I have people I can count on when things are difficult. • I am free to associate with people of my choice. • I receive support to parent my children. • There is at least one person who believes in me. • I have support to develop friendships outside the mental health system. • There are people who rely on me for important things. • I have support for challenging negative stereotypes, stigma, and discrimination. • I feel comfortable interacting with businesses and organizations in my community.	• Evidence that workers help individuals develop positive personal relationships. • Evidence in service plans that workers encourage and help individuals to access services and resources outside the mental health system. • Evidence that workers attend to consumers roles as regular people (e.g. parents, workers, tenants, students), not just as patients. • Signature pages in service plans often reflect participation of persons across programs, agencies, and families/friends.	• Develop public education campaigns to increase awareness and reduce stigma about mental health problems. • Develop mechanisms to coordinate service systems at regional and state levels, e.g. mental health/vocational rehabilitation, public welfare services, adult basic education, faith-based service initiatives, and so forth. • Public relations activities actively promote and help others understand recovery. • Consumer success is highlighted in public education and relations campaigns. • Consumers are involved in all public education and relations campaigns.
Family Support	• My family gets the education or supports they need to be helpful to me.	• Evidence of good working relationships with family support groups. • Evidence that consumers are encouraged and supported to involve family members and significant others in treatment decisions. • Evidence that consumers are encouraged and supported to develop constructive relationships with family members and significant others. • Families train providers about their experiences and needs.	
Addresses issues relating to stigma and discrimination both in the community and within behavioral healthcare services	• Workers really believe in me and in my future. • I believe my provider helps educate the community about mental illnesses.	• Evidence of staff awareness and training programs that challenge common stereotypes and assumptions about mental illness.	• Evidence of staff awareness and training programs that challenge common stereotypes and assumptions about mental illness.

RECOVERY DOMAIN 4: Basic Life Resources

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Attention to basic material needs	• I have transportation to get where I need to go. • I have enough income to live on. • I believe my basic needs are met.	• Evidence that agencies assist individuals with basic material needs such as transportation and income.	• Individuals are paid for work by the county, region or state.
Strong focus on Work/Employment/Education and Meaningful activity	• I choose where I work or learn. • I have a job or work that I like doing (paid, volunteer, part-time, and full-time). • I have things to do that are interesting and meaningful to me. • I have interesting options to choose from for where I work or learn. • I have a chance to advance my education if I want to. • There are things I want to do or achieve in my life that have nothing to do with mental health treatment. • My provider believes that I can work and supports me in my efforts to obtain employment.	• Attention to and evidence of wide range of work and education options. • Use of interest inventories and other career selection tools, in addition to skill assessments. • Opportunities to "job sample."	• Ensure funding for employment training and job-site support, stipends/scholarships for educational development, etc.
Securing safe, decent, affordable home/housing	• I choose where and with whom I live. • I have housing I can afford. • I feel safe where I live. • I feel comfortable and at home, where I live.	• Active and ongoing assistance to help individuals find and keep community housing of choice. • The County has a housing development plan.	• Complaints about living facilities are addressed by advocates or ombudsman.
Ensuring good physical healthcare	• Staff talks to me about my physical health.	• Availability of regular and low/no cost physical health screenings and wellness services.	• Nurses are employed to assist with health issues.

	• I have access to medical benefits that meet my needs. • I have access to health services I need. • I have information about health issues that relate to me. • I have the best possible health.	• Evidence that workers help individuals get healthcare benefits that meet their needs. • Evidence workers are knowledgeable about psychiatric manifestations of physical illness. • Evidence that workers "rule out" physical illness before assuming psychiatric etiology for problems. • Healthcare history is collected as part of basic assessment. • Attention to healthcare issues integrated into discussion about psychiatric services/treatment. • Evidence of worker knowledge about physiological side effects and risky interactions of common medications. • Skilled nursing staff available easily for consultation to both workers and consumers about consumer health care issues.	

RECOVERY DOMAIN 5: Self-Care, Wellness, & Meaning

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Focus on wellness/self-management	• Staff supports my self-care and wellness. • Staff helps me to build on my strengths. • Staff helps me explore resources for spiritual growth, if I want such help. • Services have helped me to be more independent and to take care of my needs. • I am comfortable asking for help when I need it. • I have found ways to effectively manage symptoms (of mental illness, substance abuse, and trauma) and problems in my life.	• Evidence of mechanisms, training, and support for consumers to develop personal Wellness Recovery Action Plans (WRAP). • Evidence of support for and willingness to help individuals explore holistic or alternative approaches to self-care. • Evidence of regular curriculum and resources for wellness education. • Evidence that workers model good wellness attitudes and activities. • Demonstration of willingness to help individuals find ways and resources for spiritual growth.	
Proactive crisis planning, effective response and hospital alternatives	• I have a say in what happens to me when I am in a crisis. • I have assistance in creating a plan for how I want to be treated in the event of a crisis, such as an advance directive. • I have a personal plan to help me and my supporters get through a crisis. • I have found ways to manage with symptoms and difficult situations that work effectively for me.	• Encouragement, education, and support for consumer use of psychiatric advance directives. • Availability of respite or other crisis prevention services. • Established mechanism for helping consumers be aware, understand, and complete personal psychiatric advance directives.	• Evidence of leadership in promoting and supporting advance directives. • Identification and minimization of policies or practices that may interfere with implementation of advance directives when needed. • Evidence of providers working together to assure easy maneuverability among programs. • Individuals have choice in where to receive crisis services independent of county of residence.
Attention to spirituality & finding meaning	• I have support and encouragement to explore and express my spirituality, if it is important to me. • I have support and encouragement to use my spirituality as a path to wellness.	• Evidence of training and supervision for staff around spirituality in mental health treatment and support.	

RECOVERY DOMAIN 6: Rights & Informed Consent

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Emphasis on rights and informed consent	• Staff gives me complete information in words I understand before I consent to treatment or medication. • My right to refuse treatment is respected. • I know my rights and what to do if they are abused. • Staff respects my wishes about who is and who is not given information about my treatment. • I receive information about my rights as a client, as a citizen, and as a human being in words I understand. • Staff "goes to bat" for me to help me protect and uphold my rights.	• Provide information about individual rights. • Evidence of actively upholding, protecting, and advocating for individual rights. • Evidence that ensuring fully informed consent is day-to-day practice in all aspects of care, treatment, planning, and personal decision-making. • Promotion and support for voter registration, voting, and other civic activities.	• Demonstrate development and implementation of an informed consent policy applicable to all services and programs. • Establish and ensure widespread understanding of consumer rights and responsibilities by developing a statewide consumer bill of rights.

RECOVERY DOMAIN 7: Peer Support & Self-Help

Elements of a recovery-oriented system	Ways this indicator can be demonstrated		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Availability and support for self-help, peer support, consumer-operated services	• I have access to other consumers who act as role models. • There is a consumer advocate to turn to when I need one. • I am encouraged to use consumer-run programs.	• At least 1% of total mental health budget set aside for development and operation of peer services. • Training and education programs available to educate and prepare consumers for employment in human service arena. • At least one independent (501-c-3) consumer operated service in each locality. • Evidence that workers are knowledgeable about peer support, self-help, and consumer operated services available locally. • Evidence that workers support and promote consumer participation in these services. • Evidence of collaborative agreements and positive working relationships between consumer operated and traditional services.	• There is at least one freestanding peer/consumer operated service in each service area. • At least 1% of the total mental health budget is allocated for the development, operation, support, and evaluation of peer services.
Employment of consumers as workers in traditional and non-traditional service & administrative/ policy organizations	• I personally know consumers who are working as paid staff in the mental health services.	• Evidence of workers at all levels of traditional and non-traditional organizations that are consumers – and "out" as personal experiences with mental illness. • Career paths open to individuals within traditional organizations. • Mechanisms for dialogue regarding challenges presented by and faced by consumer workers. • Attention to agency ethics policies and practices in light of impact of consumer workers. • Evidence of affirmative action program within organizations. • At least 5% of all staff in mental health agency are individuals who receive or received services.	• Evidence of affirmative action program for hiring C/S/X into regular positions. • Evidence of advocacy for or use of Medicaid as source of funding for peer delivered services.

RECOVERY DOMAIN 8: Participation, Voice, Governance & Advocacy			
Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Active involvement of consumers and family members in advocacy, leadership, with representative voice in governance	• I have a say in how my agency operates. • I sometimes get active in causes that are important to mental health consumers. • If I am not happy with services or conditions, I know what to do to file a grievance or get changes made.	• Evidence of consumers as voting members of governance boards, advisory committees, and formal planning groups. • Accommodation mechanisms in place to assist/support consumer involvement in boards, committees and other advisory and governance bodies. • Regular use of various input mechanisms for ideas, feedback, and complaints (e.g. surveys, focus groups, etc.) • Consumers/family members report feeling heard and respected as part of these groups and processes. • Evidence that consumer input is valued and used in decision-making and planning. • Leadership/advocacy training programs and mentorship available.	• Evidence of consumers as voting members of boards, advisory committees, and formal planning groups. • Development of an "expert pool" of trained/experience consumers/families that can provide leadership/advocacy education and mentorship. • Evidence of efforts to recruit, invite, train, accommodate and support consumers and families in leadership, governance, advisory roles. • Evidence of consumer involvement in provider contract development and review. • Evidence of an "Office of Consumer Affairs", or its equivalent, at high levels in state, regional, and local administrations.

RECOVERY DOMAIN 9: Treatment Services			
Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Access to appropriate and effective pharmacology	• The doctor worked with me to get me on medications that were most helpful to me. • I get information about medications and side effects in words I understand.		
Access to range of effective treatment approaches	• I have good service options to choose from. • Services are helpful to me. • Services help me develop the skills I need. • Staff has up- to- date knowledge about effective treatment approaches. • I have information and guidance I want about services and supports both inside and outside the mental health agency. • I can get services when I need them. • I can see a therapist when I need to. • I have enough time to talk with my psychiatrist.		
Availability and integration of trauma specific treatment and support	• I can get specialized services for past or present trauma or abuse if I need or want them. • I feel safe from violence, trauma, abuse, and neglect.	• Evidence of work to identify and eliminate practices that may be re-traumatizing. • Consumer operated self-help groups for individuals dealing specifically with mental illness and trauma related issues. • Employment of staff trained in providing trauma-informed treatment.	• Inclusion of trauma support services in all contracts. • Evidence of work to reform insurance and Medicaid policies that do not include trauma treatment or support. • Development and promulgation of training and technical assistance to promote trauma informed services at local/regional levels. • Establishment of Trauma Advisory Committees to better identify needs.

			• Evidence of efforts to improve detection and prevention of abuse in institutional settings
Integrated substance abuse services and treatment	• I can get combined treatment for mental health and substance abuse issues. • I can chose from a range of services that may help me manage substance use issues.		• Evidence of training for county staff about regulations and competencies for co-occurring mental illness and substance abuse disorders.
Access to jail diversion and jail-based services	• I have access to jail diversion services if I need them.	• Evidence of coordination and collaboration with law enforcement services. • Evidence that jail diversion services are available in the community for persons with mental health problems. • Evidence that mental health services are available and delivered in jail settings.	• Evidence of inclusion of law enforcement and judicial personnel in county recovery efforts.

RECOVERY DOMAIN 10: Worker Availability, Attitude and Competency

Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Ongoing attention to building worker positive characteristics and competency in recovery practices	• Workers have up-to-date knowledge about the most effective treatments for me. • I feel respected and understood by mental health workers.	• Evidence of establishment of recovery-oriented competencies. • Evidence of recovery- oriented training included in all aspects of orientation, in-service and professional development activities. • Evidence of organizational support for workers to develop and use recovery-oriented approaches. • Evidence of ongoing training and supervision activities that help deepen worker understanding of recovery practices. • Evidence of ongoing training in up-to-date promising and evidence-based practices. • Supervision practices help workers develop and implement recovery-oriented approaches for each person served.	• Evidence of efforts to influence university curricula for all human service and medical fields to include recovery information as part of basic training. • Establishment of core competency standards regarding knowledge of recovery principles and practices. • Include recovery competencies in credentialing and certification processes. • Requirement that recovery-oriented training is part of every application for continuing education for renewal of state licensure.

RECOVERY DOMAIN 11: Addressing Coercive Practices

Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Minimized use of coercive approaches (seclusion/ restraint, involuntary treatment, guardianships, payeeships, threats, etc)	• Staff helps me to stay out of psychiatric hospitals and avoid involuntary treatment. • Medication and treatment is not forced on me. • Staff does not use pressure, threats or force in my treatment. • If I have a payee or community commitment order, I know why and know exactly what I have to do to be released from these stipulations. • I chose how to manage my personal finances. • I am free from coerced treatment.	• Data collected and tracked regarding use of coercive approaches, with feedback to individual services. • Training for staff on alternatives to coercion. • Time limited: evidence that individuals are "graduating" from involuntary care, guardianships, payeeships. • Individuals on involuntary treatment, guardianships, and payeeships know the reasons why these mechanisms are in place and what they need to do to get out from under them. • Demonstration that agencies respect and attend to the dignity and rights of individuals subjected to involuntary or coercive practices. • Evidence that every person under a coercive mechanism (payee, conditional release, outpatient commitment) has a written plan of achieving self-management in this area of his/her life. • Evidence that alternatives to involuntary treatments or coercive approaches are identified, promoted, used in services. • All data is reviewed regularly by the Board of Directors.	• Evidence of mechanism to track data about incidence and prevalence of use of wide range coercive practices within system. • Transparency in data about number of clients receiving voluntary and involuntary inpatient hospitalization in public and private hospitals; involuntary outpatient commitments, etc. • Transparency in data about use of seclusion, restraint, restrictive holds in all settings. • Evidence of feedback loop to agencies, services, hospitals regarding coercive practices data. • Evidence that alternatives to involuntary treatments or coercive approaches are identified, promoted, used in services. • All data is reviewed regularly by administration, advisory committees, and other key stakeholders.
Managing risk & supporting safety for workers, consumers and family members	• I know what to do if I feel unsafe where I live, work, socialize, or travel. • I am aware of people, places, times, and things that cause me difficulty – my "triggers". • I am aware of ways to handle my "triggers" that work for me.	• Workers knowledgeable about assessing risk factors and probability. • Evidence of individualized approaches to managing and minimizing risk. • Availability of training and support for consumers about personal safety and develop skills for identifying and managing risk presented in their living situations/neighborhoods.	• Evidence that crisis response services are available and staffed with individuals trained and competent in mental health and substance abuse crisis intervention. • Evidence of service protocols that promote mental health crisis response prior to police intervention in most mental health crisis situations.

		• Ensure that workers have access to regular information and training about personal safety and risk management for office and community settings.	

RECOVERY DOMAIN 12: Outcome Evaluation & Accountability			
Elements of a recovery-oriented system	**Ways this indicator can be demonstrated**		
Indicator	*Individual Indicator/Outcome*	*By Program/Services*	*By County, Regional, or Statewide*
Orientation toward continual learning and improvement through regular outcome evaluation with data used to guide positive change	• I achieve personal outcomes that are meaningful to me. • Workers help me recognize when I am making progress.	• Personal outcomes identified and measured as evidence of progress and quality services. • Systemic outcomes evaluated regularly. • Evidence that consumers are involved in the identification of outcomes and in the process of evaluation of services. • An attitude of "catch 'em doing it right" is evidenced by workers who recognize progress and do not always focus on problems and crises. • Evidence that consumers receive regular positive feedback on progress. • All outcome data is reviewed regularly by the board of directors.	• Develop or adopt standardized recovery-focused outcome measures to be used as part of regular quality assurance activities. Included in this are both personal consumer outcomes as well as service or system outcomes. • Full transparency in data collection and reporting. • Evidence that findings from outcome assessments and evaluations are used to improve services and programs. • Evidence that recovery orientation and outcomes are part of all standards, licensing, and assessments for all services. • Involve consumers in outcome evaluation in multiple roles, including developing outcome indicators, instrument development, interviewers, data entry & review, etc. • Evidence of support for continuous quality improvement at levels.