

Recovery-Oriented Practices Index (ROPI) (DRAFT)

The item narrative and 5 behaviorally anchored scale points are meant to serve as a guide for scoring a program on the principle represented in each item. However, it is impossible to anticipate all circumstances and characteristics that may be displayed by a program. For those cases in which a particular program does not fit into any of the scale points provided, use the following general instructions for scoring the item (adapted from the Quality of Supported Employment Implementation Scale):

- 5 = Full and complete adherence to all components of the principle stated in the item narrative.
- 4 = A close approximation to the principle, but falls short on 1 or more of the necessary components.
- 3 = A significant departure from the principle, but nonetheless partially embodies the necessary components.
- 2 = Very little presence of the principle.
- 1 = Absence of the principle

1. Meeting Basic Needs – Indicating that the assessment, planning and delivery of all services should first address basic needs. Services should include assistance in these areas:

- ___1) *Shelter* – program has relationships with housing providers and has placed clients in housing through referrals; housing services are a basic component of care and not merely addressed in isolated situations. (Respondent should discuss role of housing in care.)
- ___2) *Food* – program routinely provides clients with help locating resources for food. (This is reflected in detailed knowledge of soup kitchens and food pantries and other resources in the community. Lack of such knowledge indicates the service isn't being provided and thus credit should not be given.)
- ___3) *Medical* – program assesses medical issues of clients, makes referrals to medical providers when necessary, and follows-up on clients with any medical difficulties. (Ask about two clients with significant medical issues and how program facilitated care.)
- ___4) *Entitlements* – program assists with entitlements for all clients that need them.
- ___5) *Clothing* – program provides clients with help locating resources for clothing, such as community organizations and thrift shops in the community. (Respondent must identify such resources or no credit is given.)

	1	2	3	4	5
1a. Assessments - assessment should cover basic needs in detail.	Assessments do not cover any basic needs, including shelter, food, medical care, entitlements, and clothing	Assessments typically (>60%) address basic needs in a cursory fashion (e.g., brief description of current housing or some assessment of medical issues)	Assessments typically (>60%) cover 1 or 2 basic needs in detail	Assessments typically (>60%) cover 3 or 4 basic needs in detail	Assessments typically (>60%) cover all 5 areas in detail
1b. Services - services related to basic needs should be provided routinely.	Program routinely provides 1 or no services related to basic needs	Program routinely provides 2 services related to basic needs	Program routinely provides 3 services related to basic needs	Program routinely provides 4 services related to basic needs	Program routinely provides all 5 services related to basic needs

2. Comprehensive services – indicating that a range of treatment services (medication, vocational, family-based, substance abuse, wellness, counseling, trauma) using different modalities (individual, group, peer) should be provided by the team, including the following:

- ___1) *Medication* – program provides prescriptions, medications, and delivery of medications.

___2) *Vocational* – program provides a range of proactive employment services, including job assessment, development, placement, coaching, and ongoing supports. (If program only assesses job needs and provides some coaching, then it doesn't pass for this indicator; there should be evidence of active job assistance that has resulted in at least 1 job placement.)

___3) *Substance abuse* – program provides both individual and group substance abuse counseling for clients. (No credit given if there is no group treatment.)

___4) *Counseling* – program provides individual counseling and symptom management. (Respondent should identify an instance in which counseling or psychotherapeutic intervention was provided to address a specific client difficulty. For example, helping a client suffering from panic symptoms overcome fears related to leaving the house.)

___5) *Family-based treatment* – program provides services to families designed to engage them in clients' treatment as demonstrated by frequent collateral visits with clients' families. (This should include frequent visits with collaterals and family-based groups run by the team. If one or the other is not present, no credit is given.)

___6) *Trauma services* – program assesses and provides services related to trauma for clients in need of such services. (This should include proactive efforts to identify clients suffering from trauma and targeted interventions to address it. Respondent should be able to identify at least two instances in which the team addressed an issue related to trauma.)

___7) *Wellness management* – program provides services designed to help clients manage their own symptoms and achieve valued personal goals. (This should include a group or use of a curriculum designed to promote clients ability to manage their symptoms. In the absence of a group or curriculum, no credit is given.)

	1	2	3	4	5
2a. Services – program should provide services in each of the above areas.	Program provides at least 2 of the services as part of routine care	Program provides 3 of the services as part of routine care	Program provides 4-5 of the services as part of routine care	Program provides 6 of the service as part of routine care	Program provides all 7 of the services as part of routine care

3. Customization and Choice – indicating that the planning and delivery of all services should be designed to address the unique circumstances, history, needs, expressed preferences, and capabilities of each consumer.

	1	2	3	4	5
3a. Program Documentation – program documentation should identify consumer choice as a fundamental principle of program philosophy.	Program brochures and documentation contain no mention of consumer choice		Program brochures and documentation refer to consumer choice but do not make it cornerstone of expressed program philosophy		Program brochures and documentation make clear that consumer choice is a fundamental principle guiding policies, procedures, and services

	1	2	3	4	5
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<p>3b. Service Planning – service planning should reflect individualized client goals, with substantial variation across charts.</p>	<p>Treatment plans are boilerplate, with minimal to no variation across charts</p>	<p>Treatment plans show minimal variation in treatment goals, with 90% of charts having at least 1 similar or identical goal (for example, psychiatric stabilization, med adherence)</p>	<p>Treatment plans show moderate degree of variation in treatment goals, with 50-89% of charts having at least 1 similar or identical goal</p>	<p>Treatment plans show high degree of variation in treatment goals, with 20-49% of charts having at least 1 similar or identical goal</p>	<p>Treatment plans show substantial variation in treatment goals, with < 20% of charts having at least 1 similar or identical goal in most recent treatment plan</p>
<p>3c. Services – services should show considerable variation across clients, reflecting efforts to address individual client needs.</p>	<p>Services show minimal to no variation across client</p>	<p>Services show some variation (for example, some clients have an outside psychiatrist) but treatment is substantially the same across clients</p>	<p>Services show a moderate level of variation (e.g., substance abuse; some employment services)</p>	<p>Services show substantial variation (e.g., clients participate in range of groups) but efforts to address unique needs of individual consumers are minimal</p>	<p>Services show substantial variation and active efforts are made to address unique client needs (<i>respondent should be able to identify at least 3 clients with services that are unique to them</i>)</p>

4. Consumer Involvement/Participation – indicating consumer involvement should be integral to the planning and delivery of all services and to the determination of policies and procedures for program operations. Program should also actively recruit consumers who are hired with equality in pay, benefits, and responsibilities.

	1	2	3	4	5
<p>4a. Policies & Formal Mechanism for Consumer Input – program has policy and formal mechanism for soliciting consumer input that has resulted in demonstrable changes in program policies, procedures, or services.</p>	<p>Program policies do not specifically address consumer involvement in program activities or operations and there is no formal mechanism for promoting consumer involvement</p>	<p>Program has policies regarding consumer involvement but no formal mechanism for promoting consumer involvement</p>	<p>Program has policy and formal mechanism for promoting consumer involvement but mechanism is cursory (e.g., yearly satisfaction survey) and has not significantly informed program development</p>	<p>Program has policy and formal mechanism for promoting consumer involvement that has resulted in at least one significant change to program services (<i>respondent must identify this change</i>)</p>	<p>In addition to 4, program has consumer advisory board or consumer on program's governing body</p>
<p>4b. Policies for Consumer-Directed Service Planning – program has policy and protocol for promoting consumer involvement and control over service planning process.</p>	<p>Program has no policy or protocol regarding consumer's role in treatment planning</p>		<p>Program has policy but no protocol for consumer-directed service planning</p>		<p>Program has policy and protocol for consumer-directed service planning</p>

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4c. Staffing – program employs consumers in administrative and/or clinical staff positions at equal pay and with equal responsibility	Program employs no consumers or consumers are not paid equally		Program employs consumers in part-time positions or with limited responsibilities		Program employs consumers in full-time positions with equal pay and responsibilities
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5. Network supports/community integration – indicating there should be active efforts in the planning and delivery of services to involve environmental supports in the consumer’s recovery and to promote community integration.

	1	2	3	4	5
5a. Services – Network Supports – program makes active efforts to involve clients’ support system in clients’ treatment. ¹	Fewer than 10% of clients have some member of their support network involved in treatment	11-20% of clients have some member of their support network involved in treatment	21-30% of clients have some member of their support network involved in treatment	31-40% of clients have some member of their support network involved in treatment)	> 41% of clients have some member of their support network involved in their treatment

5b. Services to promote community integration include:

___1) *Self-Help* – program makes routine referral to self-help groups. (A list or detailed knowledge of self-help groups in team’s immediate area should be readily available.)

___2) *Non-mental Health Activities* – program routinely facilitates clients’ participation in non-mental health activities. (Respondent should be able to identify at least 3 instances in which clients were given assistance to participate in a desired activity, which may include educational, recreational or other pursuits. Group outings should not be counted toward this indicator)

___3) *Vocational Services* - program provides a range of proactive employment services, including job assessment, development, placement, coaching, and ongoing supports. (If program only assesses job needs and provides some coaching, then it doesn’t pass for this indicator; there should be evidence of active job assistance that has resulted in at least 1 job placement.)

	1	2	3	4	5
5b. Services – Community Integration – program provides a range of services designed to promote consumer’s integration into community.	Program provides no services related to community integration		Program provides 1 service related to community integration	Program provides 2 services related to community integration	Program provides all 3 of the services related to community integration

6. Strengths-based approach – indicating that service delivery and planning should be fundamentally oriented toward consumer’s strengths rather than deficits.

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¹ Involved is defined as having at least 1 visit or contact (by phone is okay) in last 2 months.

6a. Assessment – program assessment form addresses consumer strengths in multiple areas.	Assessment form does not address consumer strengths		Assessment form includes one generic section on strengths		Assessment form addresses strengths in multiple areas of functioning
6b. Service planning – program service planning form integrates strengths into treatment goals.	Service planning form does not address role of consumer strengths		Service planning form includes one generic section on strengths		Service planning form promotes integration of strengths into the achievement of treatment goals
6c. Program Documentation – program policies or brochures include documented goal of promoting consumer strengths	Program has no documented goal of promoting a strengths-based approach		Program documentation includes mention of promoting consumer strengths but it is not basic to program philosophy		Program documentation evinces clear emphasis on consumer strengths as a basic principle of care

7. Client as Source of Control/Self-Determination – indicating that the development of autonomous motivation and feelings of self-agency should be integral to the planning and delivery of all services, with minimal reliance on coercive treatment alternatives (e.g., rep payee, outpatient commitment orders, and involuntary hospitalization).

	1	2	3	4	5
7a. Representative Payee – program should use rep payee to a minimal extent.	>41% of clients have the program as its rep payee	31-40% of clients have the program as its rep payee	21-30% of clients have the program as its rep payee	6-20% of clients have the program as its rep payee	<5% of clients have the program as its rep payee
7b. Outpatient Commitment – program should minimally employ outpatient commitment.	Program has sought to <i>renew</i> the outpatient commitment orders of >80% of clients who have had AOT status in past 12 months	Program has sought to <i>renew</i> the outpatient commitment orders of 61-79% of clients who have had AOT status in past 12 months	Program has sought to <i>renew</i> the outpatient commitment orders of 50-60% of clients who have had AOT status in past 12 months	Program has sought to <i>renew</i> the outpatient commitment orders of 30-49% of clients who have had AOT status in past 12 months	Program has sought to <i>renew</i> the outpatient commitment orders of <30% of clients who have had AOT status in past 12 months

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7c. Involuntary Hospitalization – program should minimally employ involuntary hospitalization.	Involuntary hospitalizations are >21% of total # of hospitalizations in last 12 months	Involuntary hospitalizations are 16-20% of total # of hospitalizations in last 12 months.	Involuntary hospitalizations are 11-15% of total # of hospitalizations in last 12 months.	Involuntary hospitalizations are 5-10% of total # of hospitalizations in last 12 months.	Involuntary hospitalizations are <5% of total # of hospitalizations in last 12 months.
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8. Recovery Focus – indicating that services should be oriented toward life roles, client aspirations, and independence from services, including techniques for self-management of mental health symptoms, development of meaningful activities, and assistance with employment, parenthood, and romantic relationships.

	1	2	3	4	5
8a. Service Plan – service plan should address individual goals related to life roles, client aspirations, and relationships.	<20% of service plans include one goal related to life roles, client aspirations, or relationships	21-40% of service plans include one goal related to life roles, client aspirations, or relationships	41-60% of service plans include one goal related to life roles, client aspirations, or relationships	61-80% of service plans include one goal related to life roles, client aspirations, or relationships	>80% of service plans include one goal related to life roles, client aspirations, or relationships
8b. Services – program provides services designed specifically to promote participation in life roles, to achieve valued goals and aspirations, to self-manage illness, and to enhance relationships with others.	Approximately <10% of total service provided is designed to address life roles, client aspirations, self-management of illness, or improving relationships (e.g., one group on goals or illness management)	10-20% of total service provided is designed to address life roles, client aspirations, self-management of illness, or improving relationships	21-30% of total service provided is designed to address life roles, client aspirations, self-management of illness, or improving relationships	31-40% of total service provided is designed to address life roles, client aspirations, self-management of illness, or improving relationships	>50% of total service provided is designed to address life roles, client aspirations, self-management of illness, or improving relationships <i>(substantial focus on recovery is evident in range of programming and embrace of recovery as guiding philosophy)</i>
8c. Training – program provides routine training to all staff in topics relevant to recovery-oriented practice (e.g., recovery philosophy or person-centered treatment planning)	Program has provided no training in the last year on a topic related to recovery		Program has provided training in recovery, empowerment, or person-centered treatment planning within the last year		Program provides training on a topic related to recovery, empowerment, or person-centered treatment planning as a part of orientation for each staff person.