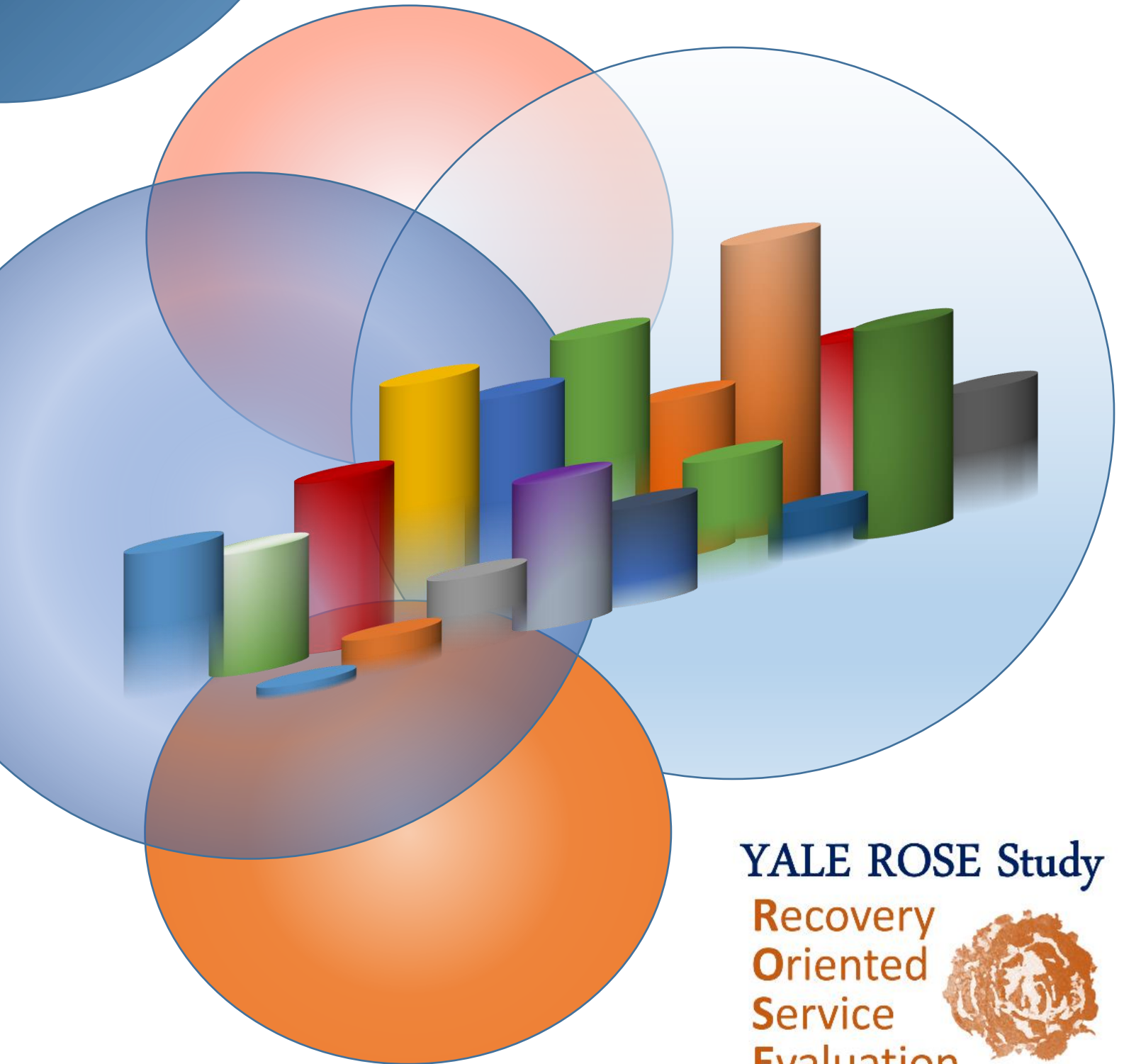


Recovery-Oriented Services Benchmarking Report

SAMPLE REPORT



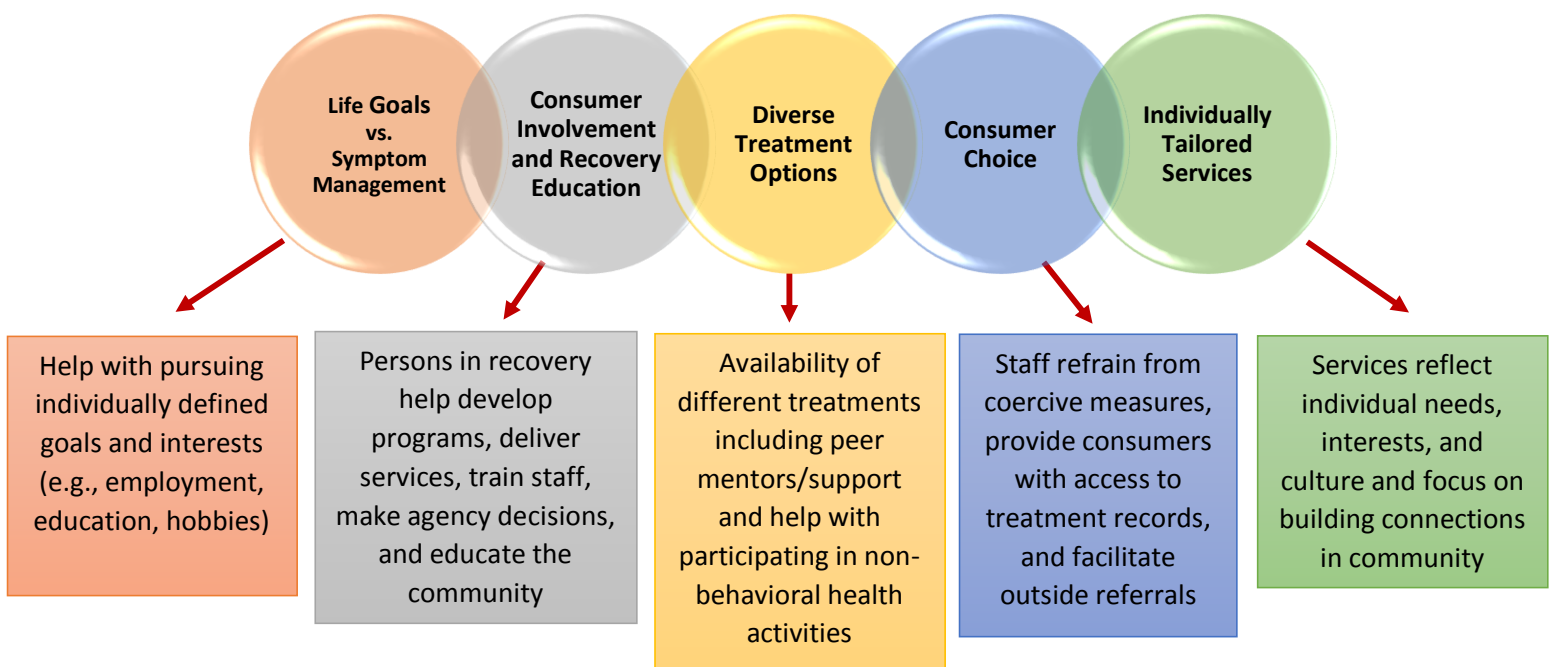
YALE ROSE Study
Recovery
Oriented
Service
Evaluation



OVERVIEW: As part of your agency's participation in the ROSE study, staff members completed the Recovery Self-Assessment (RSA), which assesses the degree of recovery supporting policies and practices at an agency. The RSA was developed to operationalize and measure practices that are supportive of a person's recovery, including an environment that:

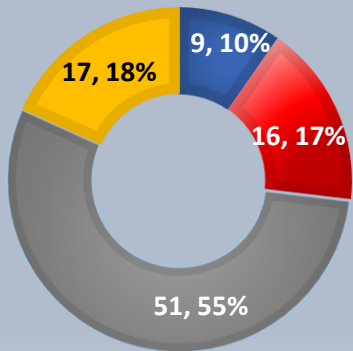
- encourages individuality and focuses on strengths;
- promotes accurate and positive portrayals of mental illness while fighting discrimination;
- uses a language of hope and possibility;
- offers a variety of options for treatment, rehabilitation, and support;
- supports risk-taking, even when failure is a possibility;
- actively involves service users, family members, and other natural supports in the development and implementation of programs and services;
- encourages user participation in advocacy activities;
- helps people develop connections with communities and develop valued social roles, interests and hobbies, and other meaningful activities.

The RSA has been used as a self-reflective tool for agencies to provide observable and measurable data to inform system change. The RSA provides an overall recovery-orientation score as well as sub-scales scores for the following five domains in consumer care.



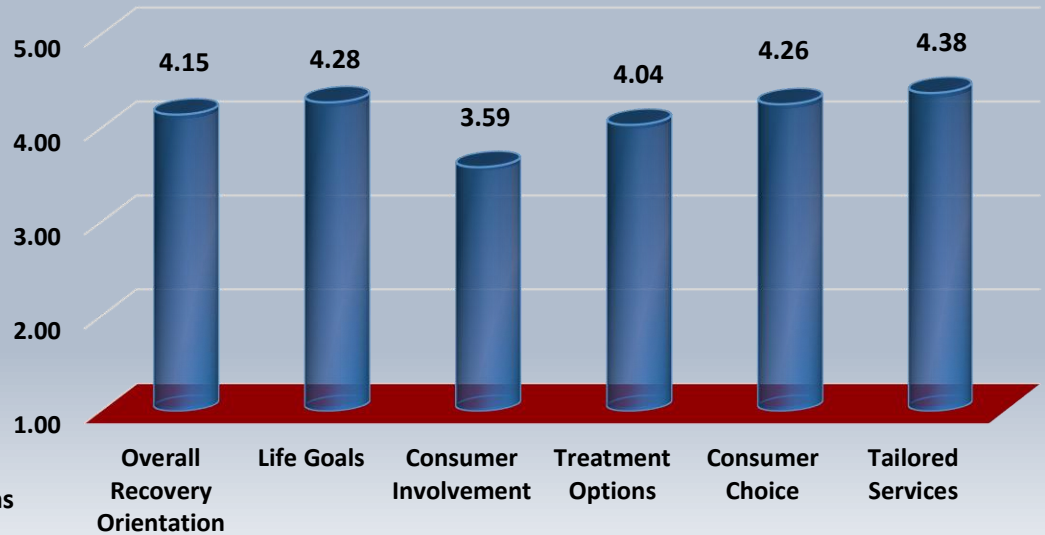
RESULTS: Based on the 93 survey responses provided by staff from your agency, the average RSA overall score and sub-scale scores are as follow:

Survey Respondents



- Directors / Administrators
- Supervisors / Team Leaders
- Direct Service Providers/Clinicians
- Other

Agency Average Scores

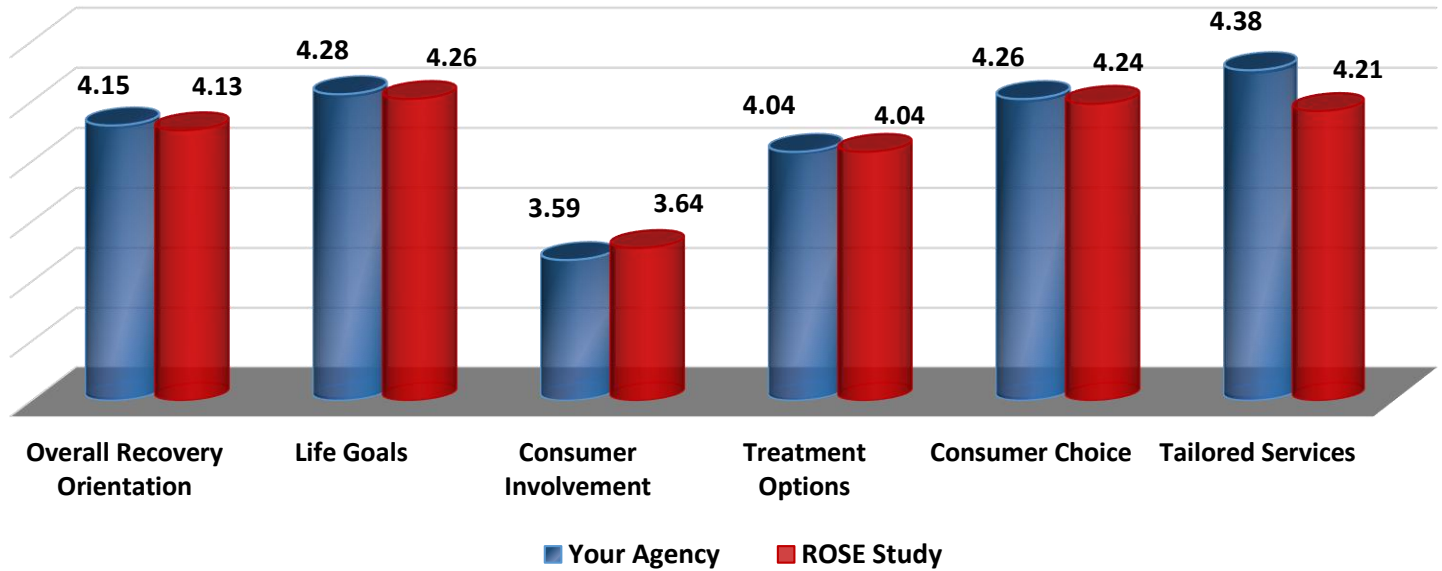


AVERAGE SCORES BY RESPONDENT TYPE

	Director or Administrator	Supervisor or Team Leader	Direct Service Provider	Other
Overall Recovery Orientation	4.05	4.08	4.16	4.30
Life Goals	4.27	4.32	4.25	4.37
Consumer Involvement	3.37	3.20	3.66	3.94
Treatment Options	3.98	3.91	4.05	4.22
Consumer Choice	4.34	4.24	4.24	4.30
Tailored Services	4.25	4.44	4.37	4.43

INTERPRETATIONS: To provide some context to your scores, we compared your agency's scores to the current national sample of participating behavioral health agencies in the ROSE Study. We have also provided an item analysis for each of the RSA sub-scales to provide further information about the survey responses from your agency.

YOUR AGENCY COMPARED TO NATIONAL SAMPLE



ITEM ANALYSIS OF SUB-SCALES

Life Goals	% Agree or Strongly Agree
Staff believe that program participants have the ability to manage their own symptoms.	89.4%
Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	88.3%
Staff believe in the ability of the program participants to recover.	87.8%
Staff encourage program participants to have hope and high expectations for their recovery.	87.1%
The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	86.8%
Staff believe program participants can make their own life choices regarding things such as where to live, when, to work, whom to be friends with, etc.	80.0%
Staff encourage program participants to take risks and try new things.	79.1%
Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	76.8%
Staff are knowledgeable about special interest groups and activities in the community.	75.6%
Staff routinely assist program participants with getting jobs.	67.3%
Consumer Involvement	% Agree or Strongly Agree
People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	68.3%
Staff actively help people find ways to give back to their community (e.g., volunteering, community services, neighborhood watch/cleanup).	65.0%

People in recovery are encouraged to help staff with development of new groups, programs, or services.	55.4%
People in recovery are encouraged to attend agency advisory boards and management meetings.	43.6%
Persons in recovery are involved with facilitating staff trainings and education at this program.	40.0%
Diverse Treatment Options	% Agree or Strongly Agree
Staff talk with program participants about what it takes to complete or exit the program.	79.8%
Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	79.3%
Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	77.6%
Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	66.0%
Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	63.3%
Consumer Choice	% Agree or Strongly Agree
Staff listen to and respect the decisions that program participants make about their treatment and care.	88.5%
Progress made towards an individual's own personal goals is tracked regularly.	86.9%
Program participants can change their clinician or case manager if they wish.	83.7%
Program participants can easily access their treatment records if they wish.	78.3%
Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	70.6%
Individually Tailored Services	% Agree or Strongly Agree
Staff regularly ask program participants about their interests and the things they would like to do in the community.	88.8%
Staff work hard to help program participants to include people who are important to them in their recovery/treatment plannings (such as family, friends, clergy, or an employer).	83.1%
This program offers specific services that fit each participant's unique culture and life experiences.	77.7%
Staff at this program regularly attend trainings on cultural competency.	70.0%
Inviting Space	% Agree or Strongly Agree
Staff at my agency make a concerted effort to welcome people in recovery and help them to feel comfortable here.	88.5%
This agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	78.4%

CONCLUSIONS & RECOMMENDATIONS: Your agency’s scores suggest a number of practices and policies that are supportive of recovery-oriented care to your consumers. Below we have provided a list of your agency’s strengths and areas for growth. Based on the responses from your agency staff, we have also provided a list of specific action steps that may potentially increase the level of recovery-oriented care at your agency.

Highest rated items by respondents at your agency	
STRENGTHS	Staff believe that program participants have the ability to manage their own symptoms.
	Staff regularly ask program participants about their interests and the things they would like to do in the community.
	Staff at my agency make a concerted effort to welcome people in recovery and help them to feel comfortable here.
	Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).
	Staff listen to and respect the decisions that program participants make about their treatment and care.

Lowest rated items by respondents at your agency	
GROWTH AREAS	Persons in recovery are involved with facilitating staff trainings and education at this program.
	People in recovery are encouraged to attend agency advisory boards and management meetings.
	People in recovery are encouraged to help staff with development of new groups, programs, or services.
	Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
	Staff actively help people find ways to give back to their community (e.g., volunteering, community services, neighborhood watch/cleanup).

RECOMMENDATIONS TO CONSIDER

- 1) **Employ adults in recovery** to work at your agency as direct care providers (e.g., peer support specialists, recovery guides).
- 2) **Invite consumers and family members** to sit on advisory boards and have representatives on their behalf participate in administrative meetings and staff trainings.
- 3) **Have persons in recovery** co-facilitate staff trainings.
- 4) **Include consumers and family members** as part of all program/staff evaluation procedures.
- 5) **Devote more time to discussing a range of potential concerns and interests** including personal intimacy and community involvement.
- 6) **Use consumer expertise to make decisions** regarding services, programs, trainings, etc.
- 7) **Focus on life goals, including work, schooling, and volunteerism**, as part of treatment.
- 8) **Celebrate achievements** by staff and persons in recovery.

ADDITIONAL RESOURCES ABOUT THE RSA

http://medicine.yale.edu/psychiatry/prch/tools/rec_selfassessment.aspx

http://hsrc.ucsd.edu/public/RSA_Report_May08_8-26-08.pdf

http://www.mentalhealth.va.gov/communityproviders/docs/review_recovery_measures.pdf

ADDITIONAL RESOURCES ABOUT RECOVERY-ORIENTED CARE PRACTICES AND PRINCIPLES

Peer Services	http://inaops.org/ http://www.mentalhealthamerica.net/peer-services
Recovery-Oriented Approaches	http://www.samhsa.gov/recovery/publications-resources http://www.ct.gov/dmhas/lib/dmhas/recovery/mhmodel.pdf https://store.samhsa.gov/shin/content/SMA09-4371/SMA09-4371.pdf
Self-Help	http://www.mhselfhelp.org/