Measuring Recovery-Oriented Principles and Practices Tool

This tool is intended to guide Recovery-Oriented Peer Specialists through the quality improvement monitoring review. This is a tool to determine evidence of the service providers’ adherence to recovery-oriented principles and practices. There will be some elements that are not on this list.

Additionally, not every element, or even a single element out of every section, will be present for each individual served.

Quick Tips

* Individualized Treatment Plans can be very similar for persons receiving treatment for similar situations, symptoms, and diagnoses. This is especially true at the beginning of treatment. The treatment plan, however, needs to reflect that the individual was taken into consideration which can be identified initially by using the person's first name, diagnosis, symptoms, etc. The treatment plan should become more individualized as treatment progresses.
* The same document may have different terms across agencies.
	+ A **treatment plan** may be called a service plan or plan of care. It is also often preceded with individualized or therapeutic (i.e. individualized treatment plan or ITP).
	+ An **assessment** may also be referred to as an evaluation, intake, or interview.
	+ A **recovery plan**, may be titled as such, but may also be referred to as an aftercare plan or discharge plan (which are different).
* An individual's main presenting issue (the reason they are seeking services) should be the driving force behind the service array. This should be initially identified in the assessment then continued to be identified in the treatment plan and progress notes. The main presenting issue may change throughout the course of care to a new stressor or refocused to another identified area.

| Domains for ROSC Principles and Practices | Elements and Key Phrases to Use in Determiningif Domain is Being Met | Where to Find Elements and Key Phrases  |
| --- | --- | --- |
| **Self-Determination/Person-centered Approach** |
| **Self-Determination**, also referred to as individual choice, is a primary right in an individual's treatment and overall recovery process. | * Individual is viewed as their own expert in recovery and was provided with personal choice in determining focus of and approach to treatment.
	+ in the beginning of treatment
	+ throughout treatment
	+ in discharge/recovery planning
 | * **Assessment** identifies that the individual was provided with an opportunity to identify their own concerns and direction of treatment.
* **Initial Treatment Plan** identifies that individual participated in the development of their own treatment plan goals.
* **Treatment Plan Updates**
* Identify that the individual was involved in the review and modification of their treatment plan, including the direction and substance of their own treatment.
* Identify that the individual was involved in the review and modification of their treatment plan, including the direction of their treatment.
* **Progress Notes** identify that the individual actively participated in their own treatment plan, including the direction of their treatment.
 |
| **Notes:** |
| **Self-Determination/Person-centered Approach** |
| **Person-Centered** language | * Neutral or positive terms about theindividual are used.

*While not everything about an individual's behaviors or actions will be positive, the individual themselves is not labeled with negative terms that could produce shame or tarnish their character.*  | * Core documents, such as the
	+ **assessment.**
	+ **treatment plan.**
	+ **progress note**.
 |
| **Person-Centered** approach | * Individual characteristics that may impact treatment effectiveness and success areaddressed directly or in directly by providersuch as the individual's
	+ current stage of change.
	+ resiliency.
	+ active stressors.
 | * Core documents, such as the
	+ **assessment**,
	+ **treatment plan**, and
	+ **progress note**,
	+ identify that the individual was considered when determining the therapeutic approach including alternative
	+ treatments and
	+ approaches to healing

that may be* + culturally,
	+ spiritually, or
	+ religiously based.
 |
| **Notes:**  |
| **Comprehensive Individualized Services**  |
| * Treatment should address identified problem behaviors as well as distressing thoughts and emotions of the individual. *This may also include deferring the treatment of certain symptoms, behaviors, or stressors until a later time.*
 | * Treatment directly addresses diagnosis, distressing symptom, or concerning behavior of the individual.
* Integrated/coordinated services among all providers to improve overall delivery of services and treatment outcomes.
* Individual has identified supportive activities to assist in the treatment and recovery process.
* The problem areas identified by the individual are the same areas that are being addressed in treatment.
* The interventions on the treatment plan match the dialogue in the progress notes.
 | * **Assessment** should identify many or all of the core issues the individual is experiencing.
* **Treatment Plan**
* Must address, at a minimum, each area identified by the person receivingservices, even if it is deferred.
* Identifies the techniques that will be used to assist the individual receiving services.
* **Treatment Plan Updates** and **Progress Notes**
* May provide additional information of issues that were identified at a later date as well as any (lack of) progresson issues actively being addressed in treatment.
* Identify when and how the treatment plan interventions have been integrated into treatment.
* **Interview with Person Served**
	+ Ask the individual if the treatment plan was individualized.
	+ The individual was involved in the creation of the goals and objectives on the treatment plan.
 |
| **Notes:**  |
| **Comprehensive Individualized Services**  |
| **Strengths-Based** **Approach** | * In addition to therapeutic target areas, an individual's strengths and assets are identified in order to provide a foundationto manage or overcome their stressors.
* The focus is largely on how the individual's strengths can be used to overcome their stressors.
* Substance use and mental health disorders will bring with them some attributes that can be isolated and built upon for a positive outcome.
* Mistakes are used as a learning opportunity.
 | * **Assessment** identifies individual strengths including what has helped or how they have been successful in the past under similar circumstances.
* **Treatment Plan** uses the strengths and positive recovery focus when customizing objectives and interventions to assist individual in specific problem areas.
* **Treatment Plan Updates** and **Progress Notes** identifies how an individual using strengths and assets to meet objectives and the overarching goal.
* **Peer Interview** - Individual believes that provider places emphasis on their strengths, overcoming stressors and deficits, and healing.
 |
| **Notes:** |
| **Comprehensive Individualized Services**  |
| **Recovery/Asset-**based perspective | * Approach to treatment focuses on the individual's strengths, assets, resources, and connections.
* Focus is on recovery and wellness, not substance use, relapse (prevention), or illness.

*While deficits are identified as barriers or particular areas of difficulty for the individual, these limitations and vulnerabilities are not the focus of treatment.* | * Core documents, such as the
	+ **assessment**,
	+ **treatment plan**, and
	+ **progress note**,

use strength's based terms. While not everything about an individual's behaviors or actions will be positive, the overall focus and sense* + provided in **documentation** and
	+ as identified in the **peer interview**

is one of optimism based on hope and strength.  |
| **Notes:** |
|  **Comprehensive Individualized Services**  |
| A variety of techniques, approaches, and supports should be used to address the individual's needs.New approaches in treatment and emerging theories are considered. | * **Clinical Approach** is
	+ evidence-based (such as CBT or MAT),
	+ person-centered, and
	+ trauma-informed.
	+ Services and supports are both
	+ clinical and
	+ non-clinical.
	+ Individual is provided only with recommendations of services and supports that are available to them (i.e. individual is not provided with a referral to a service that is not available in the community).
 | * **Treatment Plan** identifies different  therapeutic activities and/or techniques to  address the individual's identified areas  and help the individual reach their stated  therapeutic goals.
* **Progress Notes** identify specific therapeutic approaches.
 |
| **Notes:** |
| **Comprehensive Individualized Services**  |
| **Cultural** and **Linguistic** Responsiveness | * Individual's beliefs and values are taken into consideration including spiritual, cultural, and ethnic backgrounds.
* Cultural adaptations for traditional and evidence-based practices are made.
* Practices relevant in specific cultures are considered. The provider responds to and incorporates culture-bound healing practices such as sweat lodges, shamans, and other faith-based healing.
* Individual's receive services and written documentation in language they can understand. This includes both the actual language and the simplicity vs. complexity of the terms used.
 | * **Assessment** identifies religious preferences, race, and ethnic identification. Any cultural concerns or problems that the individual is experiencing is identified here.
* **Treatment Plan** and **Progress Notes** address any cultural concerns of the individual.
* **Peer Interview** - Individual believes that provider addresses their individuality including any accessibility needs, personal values and beliefs, and characteristics that potentially impact the effectiveness of treatment.
* Individuals are provided forms, documentation, and treatment in their **preferred language**. An **Interpreter** is used as necessary for individuals whose first language is not English.
 |
| **Notes:** |
| **Medication-Assisted (MAT) and Psychotropic Treatments** |
| **Medication-Assisted Treatment (MAT)** | * Individual was provided with enough information to make an informed decision
	+ on the pros and cons of MAT.
	+ on alternative treatment methods.
* Individual was not coerced or manipulated in making their decision.
* MAT is an indicated treatment based upon individual's identified concerns.
 | * **Assessment** identifies difficulty with the use of a substance that is approved for Medication Assisted Treatment.
* **Treatment Plan i**dentifies the individual's past treatment approaches and effectiveness. Current overall approach and (lack of) progress in addressing addiction to attain/maintain sobriety is also addressed.
	+ did provider/treatment team consider MAT as a treatment option?
	+ was individual provided with pros and cons of MAT options?
	+ was individual provided with complimentary treatment approaches to MAT?
	+ was individual provided with alternatives to MAT?
	+ **Treatment Plan (Updates)** and **Progress Notes** identify the individual's progress in
	+ coping with cravings, impulsivity, habits, and routines regarding use of substance.
	+ maintaining sobriety.
	+ managing physical and emotional pain in a healthy manner.
	+ any changes in MAT is documented with rationale.
	+ there is a long-term plan to wean the individual off MAT.
	+ **Peer Interview** - Individual identifies  they freely chose to participate in MAT with  full understanding of the potential risks,  consequences, and benefits.
	+ **Drug Tests** identify the individual
	+ is being honest in treatment regarding substance use.
	+ has increasingly reduced use and ultimately maintains sobriety.
 |
| **Notes:** |
| **Medication-Assisted (MAT) and Psychotropic Treatments** |
| **Psychotropic Medications** | * Individual was provided with enough  information to make an informed decision
	+ on the pros and cons of psychotropic medications.
	+ on alternative treatment methods.
* Individual was not coerced or manipulated in making their decision.
* Psychotropic medication is an indicated treatment based upon individual's identified concerns.
 | * **Assessment** identifies difficulty with the symptoms of a mental health condition that is indicated for treatment with psychotropic medication.
* **Treatment Plan** identifies the individual's past treatment approaches and effectiveness. Current overall approach and (lack of) progress in addressing mental health concerns to attain/maintain minimization/management of symptoms is also addressed.
	+ did provider/treatment team consider psychotropic medication as a treatment option?
	+ was individual provided with pros and cons of psychotropic medication options?
	+ was individual provided with complimentary treatment approaches to psychotropic medication?
	+ was individual provided with alternatives to psychotropic medication?
	+ **Treatment Plan (Updates)** and **Progress Notes** identify the
	+ individual's progress in coping with signs, symptoms, and behaviors of mental health condition(s).
	+ use of co-occurring disorders treatment.
	+ any changes in psychotropic medication is documented with rationale.
	+ **Peer Interview** - Individual identifies they freely chose to participate in the decision to use psychotropic medication with a full understanding of the potential risks, consequences, and benefits.
 |
| **Notes:** |
| **Recovery Focus** |
| **Discharge Plan** | * Specific plans for individual's next level of care. For example, this may include stepping down to a lower level of outpatient care or only using mediation management and mutual support groups.
 | * **Assessment** identifies individual'spast use of professional and non-professional services.
* **Treatment Plan** and **ProgressNotes**
	+ Identify the individual's goals for current treatment. Movement toward those goals is documented to identify progress in treatment.
	+ Identify an aftercare plan for follow-up services.
* **Peer Interview** - Individual is aware that provider is actively addressing discharge plan and has been active in its development.
* Individual has been asked to sign **releases of information** for past, current and prospective providers.
* Individual has been provided with  professional and community referrals.
 |
| **Notes:** |
| **Recovery Focus** |
| **Recovery Plan** | * Also referred to as **recovery capital**, individual’s recovery assets are identified. These are the individual's protective factors that help support their recovery efforts.
* Building and using healthy connection to (natural) support systems are identified including:
	+ recreational.
	+ social.
	+ occupational.
	+ community-based.
	+ faith-based.
	+ Specific positive coping skills and healthy alternatives to stressors, triggers, and cravings for substances are identified and practiced.
 | * **Assessment/Treatment Plan** identify individual's stage of change and goals for treatment.
* **Treatment Plan** and **Progress Notes** demonstrate individual is provided with the skills and tools necessary to be successful in treatment. Provider is encouraging/monitoring the use of those tools and skills.
	+ Substance Use Only
	+ Co-occurring Conditions
	+ Mental Health Only
	+ **Peer Interview** - Individual believes that they are being provided with the tools and skills necessary to heal and recover. Attention is paid to the personal values, beliefs, and characteristics that potentially impact the effectiveness of treatment.
	+ Substance Use Only
	+ Co-occurring Conditions
	+ Mental Health Only
	+ Does the individual have a **Recovery Plan**?
	+ Yes
	+ No
 |
| **Notes:** |
| **Recovery Focus** |
| **Support** Network | * Healthy Connection to (natural) support system
	+ family
	+ friends
	+ peers
	+ co-workers
* Healthy Connection to community services and supports
	+ peer/mutual support groups
	+ professional/therapeutic support groups
	+ case manager
	+ church
 | * **Assessment** identifies the individual's relationships and connections and whether these relationships are healthy, unhealthy, strained, or distant.
* **Treatment Plan** and **Progress Notes** identify any current goals regarding individual's support system.
* **Discharge and Recovery Plans** promote access to and integrate the development, maintenance, and use of a healthy support system.
 |
| **Notes:** |
| **Basic Needs Accessibility** |
| Safe **Housing**  | * **Stability**
* lives in own home
* living with friends/relatives
* lives in temporary housing
* homeless, lives in shelter, or lives inhomeless community
* residential instability, transient
* concerned about making utility payments or at least one main utility currently shut off
* concerned about making rent/mortgage payments
* concerned about or has received eviction notice
* Section 8 Housing/Waiting List/ Paperwork, living in "the projects", or low-income housing
* **Safety**
	+ abusive home
	+ domestic violence
	+ community gangs, visible drug dealings, or frequent police calls
 | * **Assessment** - is housing identified
	+ as a need or problem area?
	+ as a strength or non-issue?
	+ no - not addressed.
* **Treatment Plan**
* Identifies at least one objective to address unstable or unsafe housing.
* **Treatment Plan and Progress Notes** identify increased access to resources, supports, and community services.
* **Progress Notes** - if housing is identified as a problem area....
* Has safe and accessible housing been  identified?
* Is there violence or abuse inside thehome or out in the immediate community?
* Are there concerns about the permanency or structural stability/safety of housing?
* **Safety Plan** is identified with viable options if safety is an issue, particularly issues regarding safety at home (vs. safety in the community)
 |
| **Notes:** |
| **Basic Needs Accessibility** |
| **Food/Utilities** | * Identifying financial concerns, living paycheck-to-paycheck, or use of cash advance services.
* Receives public assistance, DCF/Access Floridabenefits, EBT card, or SUNCAP program.
* Use of food pantries or meals on wheels.
* Identifying the individual is receiving Medicare or Medicaid benefits.
 | * **Assessment** - are finances, food, or utilities such as gas or electric identified.
	+ as a need or problem area?
	+ as a strength or non-issue?
	+ no - not addressed.
* **Treatment Plan** - if finances are identified as a need or problem area, is obtaining food or maintaining primary utilities a specific area of concern?
* No
* Yes. Do you see an objective on the  treatment plan to address it?
	+ Yes
	+ No
* **Treatment Plan** and **Progress Notes** identify increased access to resources, supports, and community services.
 |
| **Notes:** |
| **Basic Needs Accessibility** |
| Preventative and Curative **Medical Care** | * Any factors that might interfere with the  individual's ability to meet their goals or  objectives are addressed including hearing  impairments, reading difficulties, language  barriers, etc.
 | * **Assessment** - Are there any short or long term medical concerns for which the individual is actively being treated for, has been diagnosed with, or has otherwise identified as a problem area?
	+ No
	+ Is the individual receiving medical care to address concerns?
	+ Yes
	+ No
* **Treatment Plan** - If continued medical care or durable medical equipment is identified as a current need, do you see an objective on the treatment plan to address it?
	+ Yes
	+ No
	+ **Treatment Plan** and **Progress Notes** identify increased access to resources, supports, and community services.
* **Progress Notes**
	+ Has the individual received appropriate  referrals for providers and services?
* Identifies increased access to resources, supports, and community services.
 |
| **Notes:** |