|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Record #**  | **Clinical Record Average Score** |  | **Individual Interview** | **Average Score** |  | **Average Score of Clinical Record and Individual Interview** |
| 1. **Meeting Basic Needs**
 |  | **+** | 1. **Life Goals**
 |  | **÷ 2 =** |  |
| 1. **Comprehensive Services**
 |  | **+** | 1. **Involvement**
 |  | **÷ 2 =** |  |
| 1. **Medication Assisted Treatment (MAT)**
 |  | **+** | 1. **Diversity of Treatment Options**
 |  | **÷ 2 =** |  |
| 1. **Strengths Based Approach**
 |  | **+** | 1. **Choice**
 |  | **÷ 2 =** |  |
| 1. **Customization and Choice**
 |  | **+** | 1. **Individually-Tailored Services**
 |  | **÷ 2 =** |  |
| 1. **Opportunity to Engage in Self-Determination**
 |  | **+** | 1. **Inviting Factor**
 |  | **÷ 2 =**  |  |
| 1. **Network Supports/ Community Integration**

 |  |  |  |  |  **=**  |  |
| 1. **Recovery Focus**
 |  |  |  |  |  **=**  |  |
| **Reviewer’s Name:** | **Overall Score of Averages for** **Clinical Record** |  |  | **Overall Score of Averages for** **Individual Interview Total.** |  |  |
| **If MAT is** **not applicable,** **divide by** **7 instead of 8** | **÷ 8 (or 7) =****Overall Average for** **Clinical Record**  | **+** |  | **÷ 6 =****Overall Averages for** **Individual Interview** | **÷ 2 =** | **Overall Average Score for** **All Domains** |

|  |  |  |
| --- | --- | --- |
| **Identifier of Individual Record Reviewed****(i.e. Name, MR #):** | **Clinical Record** | **Interview** |
| **Date Record Review: .** |  **/ /20** | **Date Interviewed: .** |  **/ /20** |

|  |  |  |
| --- | --- | --- |
| **Review completed by:** | **(Print)** | **(Sign)** |

**Notes:**

1. **Meeting Basic Needs:**

1. **Comprehensive Services:**

1. **Medication Assisted Treatment:**

1. **Strengths Based Approach:**

1. **Customization and Choice:**

1. **Opportunity to Engage in Self-Determination:**

1. **Network Supports/Community Integration:**

1. **Recovery Focus:**

*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

# ***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* – individual has consistent access to safe housing.

 2) *Food* – individual routinely has access to resources for food.

 3) *Medical* – individual has access to medical care.

 4) *Entitlements* – individual has access to entitlements to assist with basic needs, such as Section 8, ACCESS, and Medicaid.

 5) *Safety* – individual feels safe in environment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 address basic needs in a cursory fashion (e.g., brief description of current housing or some assessment of medical issues). | Assessments typically cover 1 or 2 basic needs in detail. | Assessments typically cover 3 or 4 basic needs in detail. | Assessments typically cover all 5 areas in detail. |
|  | **1** | **2** | **3** | **4** | **5** |
| **1b. Services** - services related to basic needs should be provided routinely. | Service provider ensures that individual is able to routinely access 1 or no services related to basic needs. | Service provider ensures that individual is able to routinely access 2 services related to basic needs, as indicated. | Service provider ensures that individual is able to routinely access 3 services related to basic needs, as indicated. | Service provider ensures that individual is able to routinely access 4 services related to basic needs, as indicated. | Service provider ensures that individual is able to routinely access 5 services related to basic needs, as indicated. |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 2 =** **Total** | **Average Score** |

# ***Comprehensive services*** – indicating that treatment and recovery-oriented services and supports provide a menu of options, such as traditional treatment services, use of medications, natural supports, alternative therapies, faith-based approaches, and peer recovery. A variety of treatment modalities are also used such as individual, group, and peer-based services. These services should be provided by the individual's team members and community supports including:

#

 1. ***Medication-Assisted Treatment (MAT)***is provided as an option to individual as indicated. Individuals who meet criteria for MAT are provided with benefits, risks, and alternatives to medication-assisted treatment*.* (For our purposes, medication-assisted treatment will be inclusive of medications that address opioid or alcohol use disorders.)

 2. ***Medication***– Individual receives medication evaluations along with prescriptions for psychotropic or other medication as indicated.

 3. ***Counseling***– Individuals have access to both individual and group counseling to address their struggles with mental health, substance use, or both.

 4. ***Community and Personal Linkages*** *–* Individual has linkages to various support individuals and organizations that comprise a healthy recovery support network.

 5. ***Family-based treatment***– Individual is provided with opportunities to involve family, directly or indirectly, in treatment process. This may include frequent collateral sessions, visits, or phone calls with family members to gather information that can assist treatment team and individual in meeting treatment goals.

 6. ***Trauma-informed services***– Services provided to individual contain primary components of trauma-informed care. This should include proactive efforts to identify individuals who have experienced trauma. Targeted interventions are offered to address ongoing symptoms related to past trauma.

 7. ***Wellness management***– Individual receives services designed to help manage distressing triggers or symptoms, and achieve personal goals identified by the individual. (This should include a psychoeducational group or use of a curriculum designed to promote individual’s ability to manage their symptoms. individual has access to healthy leisure and recreational activities.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **2a. Services** – individual should have access to services in each of the above areas. | Individual has access to 1 of the services as part of routine care. | Individual has access to 2 of the services as part of routine care, as needed. | Individual has access to 3-4 of the services as part of routine care, as needed. | Individual has access to 5 of the service as part of routine care, as needed. | Individual has access to 6-7 of the services as part of routine care, as needed. |
|  | **1** | **2** | **3** | **4** | **5** |
| **2b. Treatment** directly addresses individual’s primary behavioral health diagnoses, distressing symptoms, and/or concerning behavior(s) of the individual. | Treatment does not address the diagnosis and associated symptoms/behaviors.  |  | Treatment only partially addresses the diagnosis and associated symptoms/behaviors. |  | Treatment does address the diagnosis and associated symptoms/behaviors. |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 2 =** **Total** | **Average Score** |

1. ***Medication-assisted Treatment (MAT)*** indicates that individual was provided with information on psychotropic medication and medication-assisted treatment (MAT).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **3a. Identification** – Individual was screened for criteria to determine if medication is appropriate to assist in the individual’s treatment. If individual has an opioid or alcohol use condition, MAT treatment is considered. | Individual was not screened for potential psychotropic medication or Medication-Assisted Treatment. |  | Individual was screened for and potentially met criteria for psychotropic medication or MAT but provider did not discuss this option with the individual. |  | Individual was screened for psychotropic medication or MAT and 1. after meeting criteria, individual was presented with the option of participating in MAT as part of their treatment plan, **or**
2. Neither psychotropic medication nor MAT is indicated for individual.
 |
|  | **1** | **2** | **3** | **4** | **5** |
| **3b. Informed Consent** – Individual was provided with the pros and cons of adding medication-assisted treatment to their treatment plan along with potential desired and undesired side effects of proposed medication(s). | Individual was provided with no information on psychotropic medication or MAT. | Individual was provided with information on psychotropic medication or MAT only after requesting it themselves. | Individual was provided with written information on psychotropic medication or MAT; no verbal discussion identified. | Individual was provided with written information on psychotropic medication or MAT followed by a discussion with provider; no specific identified of the pros *and* cons of MAT identified. | 1. Individual met criteria for psychotropic medication or MAT and was provided with written information and the potential pros and cons of treatment, and had the opportunity to ask provider questions in order to make an informed and independent decision.
2. Individual refused appropriate psychotropic medication and/or MAT services after sufficient explanation of treatment.
 |
|  | **1** | **2** | **3** | **4** | **5** |
| **3c. MAT Management** – Indication of treatment progress documented (i.e. negative drug tests, reduced drug use). | Individual was not screened appropriately for psychotropic medication or medication-assisted treatment. | Individual was screened as appropriate for psychotropic medication and/or medication-assisted treatment and consented to treatment but did not begin receiving MAT services. | Individual began psychotropic medication regimen and/or medication assisted treatment but did not receive services consistently or dropped out of treatment. | Individual began psychotropic medication and/or medication assisted treatment but only received some services consistently. | Individual began and was compliant with psychotropic medication and/or medication-assisted treatment and received services consistently. |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 3 =** **Total** | **Average Score** |

# ***Strengths-based approach*** indicates that treatment delivery and planning are fundamentally oriented toward individual’s strengths rather than deficits.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **4a. Assessment** – individual’s assessment addresses individual strengths in multiple areas. | Assessment does not address individual’s strengths. |  | Assessment includes identification of a strength in just one area of functioning. |  | Assessment addresses individual’s strengths in multiple areas of functioning. |
|  | **1** | **2** | **3** | **4** | **5** |
| **4b. Treatment planning** integrates individual strengths into treatment goals. | Individual’s treatment plan does not address their individual strengths. |  | Treatment plan includes one strength of individual. |  | Treatment plan promotes integration of strengths into the achievement of treatment goals. |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 2 =** **Total** | **Average Score** |

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

# ***Customization and Choice*** indicates that the planning and delivery of all services and supports are designed to address the unique circumstances, history, needs, expressed preferences, and capabilities of each individual receiving services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **5a. Clinical Record Documentation** identifies that the services are built upon a foundation of recovery principles that provide the individual with personal choice. | Clinical record documentation contains no mention of individual’s choice in treatment. |  | Clinical record documentation refers to individual choice in treatment but does not clearly reflect the areas in which choice was given. |  | Clinical record documentation clearly identifies which service areas were derived from a collaborative process and that the individual choice is guiding their treatment. |
|  | **1** | **2** | **3** | **4** | **5** |
| **5b. Treatment Planning** should reflect individualized goals, objectives, interventions, and discharge planning that become more customized as treatment progresses. | Treatment plans and subsequent updates have little to no variation. There is no indication in the treatment plan that it has been individualized for the person receiving services. | Treatment plans show minimal individualization with only a slight indication that it is individualized for the person being served. | Treatment plans show moderate degree of variation with some areas showing individualization and other areas not indicating any individualization for the person being served. | Treatment plans show high degree of variation but some areas still lack individualization for the person being served. | Treatment plans show substantial variation with each area indicating individualization for the person being served. |
|  | **1** | **2** | **3** | **4** | **5** |
| **5c. Services** for individuals should show considerable variation, reflecting efforts to address individual’s mental, emotional, physical, spiritual, and cultural needs. | Treatment appears to be generic with no indication of tailoring services to individual needs. |  | Treatment shows some individual tailoring to individual goals and objectives but overall treatment is generic. Difficult to identify that treatment plan belongs to any one individual. |  | Services show substantial tailoring of services to individual. Active efforts are made to address unique individual needs (*individual should be able to identify at least 3 objectives that are unique to them).* |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 3 =** **Total** | **Average Score** |

1. ***Opportunity to Engage in Self Determination*** indicates the level of involvement of the individual determining treatment approaches and other recovery-oriented services. Evidence should show that the individual was integral to the planning and delivery of all services including goals and objectives.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **6a. Individual-Directed Treatment Planning –**individual has taken an active role in treatment planning which was encouraged by provider. | There is no indication that individual has been actively involved in their own treatment planning. |  | Individual was notified of process involving individual in treatment planning, however, there was no follow-up to encourage individual to actively engage in treatment planning |  | Individual has taken an active role in their own treatment planning which was encouraged by provider. |
|  | **1** | **2** | **3** | **4** | **5** |
| **6b. Individual Input** was provided that resulted in demonstrable changes in individual’s treatment plan. | Treatment plan does not specifically address individual’s chief complaint(s) with little to no involvement in identifying treatment plan goals or objectives. There is no indication in individual’s treatment plan or progress notes that provider promoted individual involvement. | Treatment plan specifically addresses individual’s chief complaint(s) with little to no involvement in identifying treatment plan goals or objectives. However, there is no indication in individual’s treatment plan or progress notes that provider promoted individual involvement. | Treatment plan specifically addresses individual’s chief complaint(s). Individual is involved in identifying treatment plan goals or objectives. The indicators in individual’s treatment plan or progress notes that provider promoted individual involvement is superficial and has not significantly impacted the individualization of services. | Provider specifically addresses individual’s chief complaint(s). Individual is involved in treatment planning that has clearly resulted in at least one significant change to individual’s services (*individual must verify this*). | Provider specifically addresses individual’s chief complaint(s). Individual’s involvement in treatment planning has resulted in at least one significant change to individual’s services. Individual has also helped write their own treatment plan with active involvement in treatment team meetings and treatment plan updates (*individual must identify this*). |
|  | **1** | **2** | **3** | **4** | **5** |
| **6c. Peer Services –** individual has access to peer services in administrative support and/or clinical services. | Individual has no peer assigned or has no indication of active peer services. |  | Individual has a peer assigned but only receives some of the services they are entitled to. |  | Individual has a peer assigned and has full array of services available to them. |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 3 =** **Total** | **Average Score** |

***7. Network Supports/Community Integration*** indicates there are active efforts in the planning and delivery of services to involve environmental supports in the individual’s treatment and overall recovery that promotes community integration.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** |  **2** | **3** | **4** | **5** |
| **7a. Network Supports *–***active efforts are made to involve individual’s support system in treatment and recovery planning.  | Individual has no member of their support network involved in their treatment and recovery process. |  | Individuals at least one member of their support network involved in their treatment and recovery process (family, sponsor, recovery network). |  | Individuals have several members of their support network involved in their treatment and recovery process (family, sponsor, recovery network). |
| *7b. Services to promote community integration include:* 1) ***Self-Help***– program makes routine referrals to self-help groups as a part of recovery-oriented services.  2) ***Non-behavioral Health Activities***– program routinely facilitates individuals’ participation in non-behavioral health activities. (Respondent should be able to identify at least 3 instances in which service recipients were given assistance to participate in a desired activity, which may include educational, vocational, recreational, social, or other pursuits.) 3) ***Vocational Services***- program provides a range of proactive employment services, including job assessment, development, placement, coaching, and ongoing supports.  |
|  | **1** | **2** | **3** | **4** | **5** |
| **7b. Community Services**provide a range of responses designed to promote the service user’s inclusion and integration into the community. | Individual is not provided any services related to community integration. |  | Individual is provided 1 service related to community integration | Individual is provided 2 services related to community integration | Individual is provided at least 3 of the services related to community integration |
|  | **1** | **2** | **3** | **4** | **5** |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 2 =** **Total** | **Average Score** |

1. ***Recovery Focus*** is indicated by providing services that are centered on the individual, helping him or her achieve recovery goals, and ensuring ongoing and seamless connections with services and supports for as long as the individual needs them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **8a. Recovery Plan –** A plan is in place thatallows the individual to move forward at his or her own pace and structures actions for wellness, recovery management, and life development beyond the primary course of treatment. | Individual reports they do not have a Recovery Plan. Treatment plan has no goals or one goal that addresses self-management, recovery capital, connection to community supports, etc. that can extend beyond the primary course of treatment and promote long-term recovery. |  | Individual reports they do not have a Recovery Plan, but their treatment plan has at least 50% of the goals that address self-management, recovery capital, connection to community supports, etc. that can extend beyond the primary course of treatment and promote long-term recovery. |  | Individual has a plan that is clearly labeled as a Recovery Plan that is focused on goals, aspirations, self-management, recovery capital, etc. that extends beyond the primary course of treatment and promote long-term recovery. |
|  | **1** | **2** | **3** | **4** | **5** |
| **8b. Services –** Services provide interventions designed specifically to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. | Individual reports <10% of total services provided are designed to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. | Individual reports 10-20% of total services provided is designed to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. | Individual reports 21-50% of total services provided is designed to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. | Individual reports 31-40% of total services provided is designed to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. | Individual reports >50% of total services provided is designed to promote participation in life roles, achieved valued goals and aspirations, and self-manage recovery. |
|  |  |  |  |  |  |
| **Column Score** |  |  |  |  |  |
| **Domain Total and Average** |  |  |  |  **÷ 2 =** **Total** | **Average Score** |

|  |  |  |
| --- | --- | --- |
| **Identifier of Individual Interview****(i.e. Name, MR #):** | **Clinical Record** | **Interview** |
| **Date Record Review: .** |  **/ /20** | **Date Interviewed: .** |  **/ /20** |

|  |  |  |
| --- | --- | --- |
| **Interview completed by:** | **(Print)** | **(Sign)** |

**Notes:**

1. **Life Goals:**

1. **Involvement:**

1. **Diversity of Treatment Options:**

1. **Choice:**

1. **Individually-Tailored Services:**

1. **Inviting Factor:**

| **Factor** | **RSA-R****Item #** | **Item** | **Item Score:** |
| --- | --- | --- | --- |
| **1** |  | **Factor 1: Life Goals** |  |
| 1 | 16 | 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). |  |
| 1 | 17 | Staff help me find jobs. |  |
| 1 | 28 | Staff work hard to help me fulfill my personal goals. |  |
| 1 | 32 | Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. |  |
| 1 | 18 | Staff help me get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies. |  |
| 1 | 3 | Staff encourage me to have hope and high expectations for myself and my recovery. |  |
| 1 | 7 | Staff believe that I can recover. |  |
| 1 | 8 | Staff believe that I have the ability to manage my own symptoms. |  |
| 1 | 9 | Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc. |  |
| 1 | 12 | Staff encourage me to take risks and try new things. |  |
| 1 | 31 | Staff are knowledgeable about special interest groups and activities in the community. |  |
|  |  | **Domain Score:**  |  |
|  |  | (Domain Score divided by 11.) **Domain Average Score: .** |  |
| **2** |  | **Factor 2: Involvement** |  |
| 2 | 23 | I am encouraged to help staff with the development of new groups, programs, or services. |  |
| 2 | 25 | I am encouraged to attend agency advisory boards and management meetings if I want. |  |
| 2 | 29 | I am/can be involved with staff trainings and education programs at this agency. |  |
| 2 | 24 | I am encouraged to be involved in the evaluation of this agency’s programs, services, and service providers. |  |
| 2 | 22 | Staff actively help me find ways to give back to my community (i.e., volunteering, community services, neighborhood watch/cleanup). |  |
|  |  | (Domain Score divided by 5.) **Domain Average Score: .** |  |
| **3** |  | **Factor 3: Diversity of Treatment Options** |  |
| 3 | 20 | Staff actively introduce me to persons in recovery who can serve as role models or mentors. |  |
| 3 | 21 | Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs. |  |
| 3 | 26 | Staff talk with me about what it would take to complete or exit the program. |  |
| 3 | 14 | I am given opportunities to discuss my spiritual needs and interests when I wish. |  |
| 3 | 15 | I am given opportunities to discuss my sexual needs and interests when I wish. |  |
|  |  | **Domain Score:**  |  |
|  |  | (Domain Score divided by 5.) **Domain Average Score:**  |  |
| **4** |  | **Factor 4: Choice** |  |
| 4 | 5 | I can easily access my treatment records if I wish. |  |
| 4 | 6 | Staff do not use threats, bribes, or other forms of pressure to get me to do what they want. |  |
| 4 | 10 | Staff listen to me and respect my decisions about my treatment and care. |  |
| 4 | 4 | I can change my clinician or case manager if I want to. |  |
| 4 | 27 | Staff help me keep track of the progress I am making towards my personal goals. |  |
|  |  | **Domain Score:**  |  |
|  |  | (Domain Score divided by 5.) **Domain Average Score: .** |  |
| **5** |  | **Factor 5: Individually-Tailored Services** |  |
| 5 | 13 | This program offers specific services that fit my unique culture and life experiences. |  |
| 5 | 30 | Staff listen and respond to my cultural experiences, interests and concerns. |  |
| 5 | 11 | Staff regularly ask me about my interests and the things I would like to do in the community. |  |
| 5 | 19 | Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer). |  |
|  |  | **Domain Score:**  |  |
|  |  | (Domain Score divided by 4.) **Domain Average Score:**  |  |
| **RSA-R****Invite** |  | **RSA-R New Items: Inviting Factor** |  |
| RSA-RInvite | 1 | Staff welcome me and help me feel comfortable in this program. |  |
| RSA-RInvite | 2 | The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified. |  |
|  |  | **Domain Score:**  |  |
|  |  | (Domain Score divided by 2.) **Domain Average Score: .** |  |

**RSA-R**

 **Person in Recovery Version**

*Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| **Strongly Disagree** |  |  |  | **Strongly Agree** |
|  |  |  |  |  |

N/A= Not Applicable D/K= Don’t Know

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Staff welcome me and help me feel comfortable in this program.
 | 1 2 3 4 5 | N/A | D/K |
| 1. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff encourage me to have hope and high expectations for myself and my recovery.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I can change my clinician or case manager if I want to.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I can easily access my treatment records if I want to.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff believe that I can recover.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff believe that I have the ability to manage my own symptoms.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff listen to me and respect my decisions about my treatment and care.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff regularly ask me about my interests and the things I would like to do in the community.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff encourage me to take risks and try new things.
 | 1 2 3 4 5 | N/A | D/K |
| 1. This program offers specific services that fit my unique culture and life experiences.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am given opportunities to discuss my spiritual needs and interests when I wish.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am given opportunities to discuss my sexual needs and interests when I wish.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me 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).
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me to find jobs.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff introduce me to people in recovery who can serve as role models or mentors.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am encouraged to help staff with the development of new groups, programs, or services.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am encouraged to be involved in the evaluation of this program’s services and service providers.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am encouraged to attend agency advisory boards and/or management meetings if I want.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff talk with me about what it would take to complete or exit this program.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff help me keep track of the progress I am making towards my personal goals.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff work hard to help me fulfill my personal goals.
 | 1 2 3 4 5 | N/A | D/K |
| 1. I am/can be involved with staff trainings and education programs at this agency.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff listen, and respond, to my cultural experiences, interests, and concerns.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Staff are knowledgeable about special interest groups and activities in the community.
 | 1 2 3 4 5 | N/A | D/K |
| 1. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.
 | 1 2 3 4 5 | N/A | D/K |