Recovery-Oriented System of Care Self Assessment
STAKEHOLDER ASSESSMENT

Please indicate to the degree to which you feel the following statements reflect the activities, values, and practices of your community.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
	1	2	3	4	5	D/K
Domain: Focusing on Clients and Families						
1. Service providers are trained regularly in recovery topics and resilience-based and trauma-informed assessments.	1	2	3	4	5	D/K
2. Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices.	1	2	3	4	5	D/K
3. Service providers offer specific services and programs for individuals with different cultures, life experiences, interests and specific needs.	1	2	3	4	5	D/K
4. Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g., clergy, neighbors, landlords, coaches) in the planning of services – if so desired.	1	2	3	4	5	D/K
5. People in recovery can choose (and change, if desired) the therapist, psychiatrist, physician, or other providers from whom they receive services.	1	2	3	4	5	D/K
6. Most services are provided in a person's natural environment (e.g., home, community, workplace).	1	2	3	4	5	D/K
7. People in recovery are given opportunities to discuss their spiritual needs and sexual preferences.	1	2	3	4	5	D/K
8. Service providers listen to and follow choices and preferences of participants.	1	2	3	4	5	D/K
9. Progress toward goals (as defined by the person in recovery) is regularly monitored.	1	2	3	4	5	D/K
10. Staff uses recovery language (e.g., hope, high expectations, respect) in everyday conversations.	1	2	3	4	5	D/K
11. Boards and service providers use people-first language.	1	2	3	4	5	D/K
12. Barriers (e.g., childcare, transportation) are addressed for participants.	1	2	3	4	5	D/K
13. Multi-disciplinary teams (e.g., clinician, peer support, family members, other cross-system partners) work together with the goal of recovery.	1	2	3	4	5	D/K
14. Stage-appropriate services (e.g., detox before treatment, crisis services) are offered.	1	2	3	4	5	D/K
15. Flexibility in outpatient care is allowed.	1	2	3	4	5	D/K
16. Provide low-intensity care for those who would not benefit from high-intensity treatment at that time (e.g., outpatient vs. residential).	1	2	3	4	5	D/K
17. Age appropriate services are offered to children, adolescents, young adults, and seniors.	1	2	3	4	5	D/K
Domain: Ensuring Timely Access to Care						
18. Individuals have timely access to the services and supports that are most helpful for them.	1	2	3	4	5	D/K

19. Groups, meetings, and other activities are scheduled in the evenings and on weekends to minimize conflict with other recovery-oriented activities (e.g., employment or school).	1	2	3	4	5	D/K
20. Staff routinely assists individuals in the pursuit of education and employment.	1	2	3	4	5	D/K
21. Partnerships exist for all ages in a variety of health care settings that will facilitate the use of evidenced-based behavioral health screenings, on-site assessments, early intervention and referral strategies, as well as wellness checks.	1	2	3	4	5	D/K
22. Co-occurring behavioral and physical health are addressed in integrated ways, including assertive referral to and coordination with primary care providers, with an aim to address co-occurring issues through integrated rather than consecutive care.	1	2	3	4	5	D/K
23. Collaborations exist with childcare centers to promote early interventions to better meet children's emotional and behavioral needs.	1	2	3	4	5	D/K
24. Connections with key community partners (e.g., housing and food shelters, halfway houses, church-based meal programs, community corrections facilities, recreation centers) exist for at-risk individuals.	1	2	3	4	5	D/K
25. Partnerships exist with peer support recovery programs, recovery community organizations and other support groups.	1	2	3	4	5	D/K
26. Partnerships exist with organizations that provide other resources (e.g., housing, childcare, employment services, transportation) that may benefit the individuals and families served.	1	2	3	4	5	D/K
27. Partnerships and learning exchanges exist with first responders to help stabilize individuals by providing education on: mental health and substance abuse issues, common responses to trauma, and facilitation of referrals.	1	2	3	4	5	D/K
28. Cross training and referrals with child and adult protective services are in place.	1	2	3	4	5	D/K
29. A no-wrong-door policy exists in the community for children, adolescents, and adults to engage individuals at whatever point they enter the system and determine the most appropriate type and level of care at that time.	1	2	3	4	5	D/K
30. Age-appropriate peers are used in community outreach and early engagement efforts.	1	2	3	4	5	D/K
31. Families, peer support staff, and volunteers are used in outreach efforts.	1	2	3	4	5	D/K
32. Interim services are available for people on waiting lists and/or who are not ready to commit to treatment.	1	2	3	4	5	D/K
33. Assertive linkages exist during transitions using peer-based recovery support staff and volunteers through levels of care.	1	2	3	4	5	D/K
34. Intake and engagement strategies use evidenced-based practices (e.g., motivational interviewing, contingency management and cognitive behavioral techniques).	1	2	3	4	5	D/K
35. Stages of change models are used in treatment (including motivational interviewing, and ensure that services provided are strength-based approaches that promote hope).	1	2	3	4	5	D/K
Domain: Promoting Healthy, Safe, and Drug-Free Communities						
36. Helping people build connections with their neighborhoods and communities is a priority.	1	2	3	4	5	D/K
37. The community receives education about mental illness and addictions.	1	2	3	4	5	D/K
38. Persons in recovery are involved with facilitating trainings and education programs.	1	2	3	4	5	D/K

39. Cities, township ordinances are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups).	1	2	3	4	5	D/K
40. Coordination exists to link people in recovery with other persons in recovery who can serve as role models or mentors.	1	2	3	4	5	D/K
41. The community offers a variety of treatment options (e.g., individual, group, peer support, holistic healing, alternative treatment options, medical) that persons in recovery can access.	1	2	3	4	5	D/K
42. The community formally acknowledges and celebrates the achievement of goals of people in recovery.	1	2	3	4	5	D/K
43. The community offers opportunities to help people become involved in activities that give back to their community (e.g., volunteering, community services, neighborhood watch/clean up).	1	2	3	4	5	D/K
44. Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities.	1	2	3	4	5	D/K
45. Community coalitions and task forces use the Strategic Prevention Framework (5-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, and sustainable prevention activities).	1	2	3	4	5	D/K
46. Prevention, Treatment and Support services are available in the community.	1	2	3	4	5	D/K
47. Partnerships and learning exchanges exist with first responders and others in the community to provide education on mental health and substance abuse disorders, and common responses to trauma, facilitate referrals and alter them to types of situations you may be able to help them stabilize (e.g., Crisis Intervention Training, Mental Health First Aid).	1	2	3	4	5	D/K
Domain: Prioritizing Accountable and Outcome-Driven Financing						
48. People in recovery (service recipients) and their family members are actively involved in the evaluation of services and programs.	1	2	3	4	5	D/K
49. Criteria for completing and exiting treatment are clearly defined and discussed with participants upon entry to services.	1	2	3	4	5	D/K
50. The success of community-based screening processes is monitored regularly.	1	2	3	4	5	D/K
51. Indicators of initial treatment engagement (e.g., “no shows,” frequency with which people come back for return appointments) are monitored regularly.	1	2	3	4	5	D/K
52. Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from adults, youth and families receiving services and supports.	1	2	3	4	5	D/K
53. Peer leaders are developed and promoted to affect program development, evaluation and improvement.	1	2	3	4	5	D/K
54. Behavioral health is included as a health indicator in the community.	1	2	3	4	5	D/K
55. Participants, alumni, and family members are engaged in the evaluation of continuing care.	1	2	3	4	5	D/K
56. Evaluation procedures track the provision of research supported approaches to continuing support	1	2	3	4	5	D/K
57. Quantitative and qualitative evaluation approaches are used to prevent barriers to program participation and satisfaction.	1	2	3	4	5	D/K
58. Leveraging of resources is used to enhance and promote prevention, treatment and recovery support services.	1	2	3	4	5	D/K

59. Contracts are outcome-prioritized.	1	2	3	4	5	D/K
60. Outcomes are connected to community plan priorities.	1	2	3	4	5	D/K

Domain: Locally Managing Systems of Care

61. People in recovery are regular members of agency and community boards and their management meetings.	1	2	3	4	5	D/K
62. People in recovery work alongside providers to develop and provide new programs and services.	1	2	3	4	5	D/K
63. Procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of a participant.	1	2	3	4	5	D/K
64. Young adults as adolescent peer support specialists are active in the community.	1	2	3	4	5	D/K
65. Primary care and behavioral health follow-ups are integrated and coordinated.	1	2	3	4	5	D/K
66. Opportunities exist for people to share their stories.	1	2	3	4	5	D/K
67. Meaningful traditions to celebrate people's wellness exist and include individual and family member input.	1	2	3	4	5	D/K
68. The community ensures that age-appropriate, peer-run leisure activities are available.	1	2	3	4	5	D/K
69. Safe, sober, and fulfilling activities are offered in the community.	1	2	3	4	5	D/K
70. Communities are proactively addressing emerging issues.	1	2	3	4	5	D/K
71. Partnerships exist with local businesses to increase opportunities for employment.	1	2	3	4	5	D/K
72. Partnerships exist with other public and private entities (e.g., criminal justice, education, businesses, and community organizations).	1	2	3	4	5	D/K

Continuum of Care

	Yes	No	Don't Know
73. Prevention and wellness management services are available in the community.	Y	N	D/K
74. People in recovery work alongside providers to develop and provide new programs and services.	Y	N	D/K
75. Treatment services are available in the community, including outpatient, residential, partial hospitalization, and sub-acute detoxification.	Y	N	D/K
76. Recovery supports are available in the community, including peer support, housing, and transportation.	Y	N	D/K
77. Workforce programs and supports are available to help individuals get back to work.	Y	N	D/K

Do you have additional questions pertaining to the assessment? Is there anything that we should have asked but did not?

Additional Comments