

# Montgomery County Partnership for Recovery Best Practices: Working Document

## Background

In 2003, the Montgomery County Department of Behavioral Health began the Partnership for Recovery: Journey of Hope. This system-wide initiative has promoted the adoption of a recovery framework to guide the delivery of services. Critical to this partnership is increased stakeholder voice and participation in change.

In order to facilitate this collaborative involvement, a Recovery Workgroup was created to provide direction to this effort. In 2004 the workgroup composed of people in recovery, family members, provider and county office staff developed a mission statement, values and principles to guide the Partnership for Recovery.

Since 2003, education and training have advanced our understanding of recovery. Programs and services have been added to Montgomery County's system of care that build recovery capital. Existing programs have been reorganized to emphasize recovery-oriented support. However, translating conceptual thinking into practice change has proven challenging. Providers have asked for support in identifying recovery-oriented practices. This document is a response to that expressed need and offers concrete examples of recovery practices in key areas that support providers in their efforts to make change.

The Recovery Best Practices document was developed in the tradition that created our mission and values statements. The Recovery Workgroup composed of people in recovery, family members, provider and County staff was reconvened with the task of developing practice guidelines. The format of this document is borrowed from the work of other groups, particularly the American Association of Community Psychiatrists and Allegheny County, although the content reflects the informed thinking of workgroup members.

# Montgomery County Partnership for Recovery Best Practices: Working Document

## How to Use the Document

The document is organized with a focus on three aspects of an organization's structure: Administration, Services and Resources for Recovery. The document identifies best practice and domains for each of these areas. Finally, within each domain there are multiple indicators that are intended to provide concrete practice examples.

It is recommended that this document be used by providers in collaboration with staff, people in recovery and family members. It will be most useful in developing an agency "recovery plan" that identifies agency best practice goals and prioritizes related indicators. Developing action steps and monitoring progress will be the responsibility of the agency. It is suggested that this document be used in conjunction with a quality improvement committee or similar entity within the agency.

The Recovery Workgroup will continue to meet quarterly to support the implementation of our system wide Partnership for Recovery. The Workgroup will provide a forum for intra-agency communication and brainstorming. It will also provide input to the County Department of Behavioral Health regarding successes and challenges related to recovery transformation. In this forum, system barriers that are beyond the scope of any single provider can be identified. The group will provide a vehicle for advocacy and promote needed changes when these barriers interfere with best practice implementation.

The Recovery Best Practices document is not exhaustive in relation to recovery practices. It represents a place to start and should be considered a "working" document. We expect that the document will be refined over time with input from all those interested in advancing recovery initiatives.

We look forward to continuing this journey with you. Thank you for your dedication to supporting individuals that experience mental health and co-occurring challenges, and a special thank you to all the participants of the Recovery Workgroup that developed this document.

**Workgroup Participants:** Karen Bitting, Jan Blumenthal, Carol Caruso, Kate Cornwell, Vera Dobson, Betsy Gorski, Marie Hendricks, Pam Howard, Marie Kearns, Peggy Maccolini, Fran McDonald, William Myers, Carla Neely, Shawn Palmer, Kathie Rittenhouse, Toni Ryan, Matt Sarafinas, Sue Shannon, Lauren Shawl, Sue Soriano, Lizanne Welding-Mills, Vera Zanders

**Montgomery County Partnership for Recovery Best Practices: Working Document**

DOMAINS	BEST PRACTICES	INDICATORS
<b>A. ADMINISTRATION</b>		
<i>Agency demonstrates a commitment to recovery philosophy and practice that is evident in administrative and management activities.</i>		
<b>A1 - Agency Philosophy &amp; Strategic Planning</b>	Agency clearly articulates agency philosophy that reflects recovery values, and consistently promotes recovery-oriented services.	<p>a. Agency has a mission statement which explicitly includes a recovery orientation (ROSI Indicator).</p> <p>b. Agency has affirmative action hiring policy regarding primary consumers (ROSI Indicator).</p> <p>c. Agency has people on their governing board that have self-identified as receiving or having received mental health services (ROSI Indicator).</p> <p>d. People in recovery and family members participate in, and are compensated for, their participation in strategic planning and CQI processes.</p> <p>e. Agency utilizes Dialogue Groups to promote understanding between providers and people in recovery.</p> <p>f. All policies and procedures reflect recovery-oriented language.</p> <p>g. Agency embraces a “no wrong door” approach. This includes additional support when needed to access programs and services. This would include a calls, transportation, and personal follow-up.</p> <p>h. The agency staff and people in recovery have access to, and awareness of, a comprehensive resource guide including agency services and community opportunities that are available.</p>

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<p><b>A2. Education and Training</b></p>	<p>Agency demonstrates education and training commitment focusing on recovery values, principles and practices. These opportunities are available to both providers and people who utilize services as well as the community at large.</p>	<p>a. Training plan establishes an orientation series for people in recovery, family members, interested community members, all employees and volunteers, including those that work non-traditional hours. Training plan reflects key recovery components and recovery oriented practices, agency mission and services.</p> <p>b. Agency demonstrates commitment to county-funding as well as other trainings by setting and reaching goals for staff participation.</p> <p>c. Agency training plan demonstrates the effort to inform and include people who utilize their services in county-funded and other training opportunities.</p> <p>d. Agency training plan includes a minimum training requirement that is monitored for all staff.</p> <p>e. Agency training plan includes strategies for addressing educational needs of fee-for-service staff and staff that work non-traditional hours.</p> <p>f. Agency training plan provides training opportunities and expectations regarding the continuing education of staff and people who utilize their services as it relates to co-occurring disorders and trauma.</p> <p>g. People in recovery provide education and training about recovery for staff, service participants, and family.</p>
<p><b>A3 - Continued Quality Improvement (CQI)</b></p>	<p>CQI is driven by recovery oriented principles. These principles become the lens through which events and systems are explored and evaluated. The process incorporates the perspective of those who utilize services.</p>	<p>a. Each agency has a written Continuing Quality Improvement (CQI) process.</p> <p>b. The agency utilizes this document (Recovery Best Practices) and Evidence Based Practices as part of ongoing QI process.</p> <p>c. Processes are in place to ensure that people in recovery and family members are included in the CQI activities as equal partners.</p>
<p><b>A4 - Outcomes</b></p>	<p>Evaluation is a continuous process with expectations for successful outcomes being drawn from a broad range of quality of life dimensions.</p>	<p>a. Evaluation processes should include the ability to capture information related to outcomes which lead to personally meaningful and valued community life.</p> <p>b. Agency outcomes reflect the uniqueness of the services provided while maintaining the holistic perspective of all recovery oriented services.</p> <p>c. Individuals that receive services are involved in the evaluation process.</p>

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<p><b>A5 - Environment and Physical Plant</b></p>	<p>The environment and physical plant demonstrates respect and dignity for both staff and people that utilize services. The environment promotes opportunities for engagement. Whenever possible, the physical site is integrated within the community setting and is not clustered.</p>	<p>a. Environments are expected to be:</p> <ul style="list-style-type: none"> <li>• Clean</li> <li>• Safe</li> <li>• Provide adequate personal space</li> <li>• Well Lit</li> <li>• Opportunity for privacy</li> <li>• Ensure confidentiality</li> <li>• Accessible (transportation; handicap, parking etc)</li> <li>• Culturally relevant (For example artwork is reflective of the community you serve)</li> </ul> <p>b. Agency has utilized staff and people in recovery input to define,develop and maintain a welcoming environment .</p>
<p><b>A6 - Leadership</b></p>	<p>Agency assures that all employees demonstrate respect, compassion, and dignity in accordance with the vision, mission and values of a recovery-oriented service. Agency recognizes the importance of individuals with lived experience as providers of service. Staffing levels are efficient and effective in order to provide the support necessary. Leadership exemplifies a recovery-oriented system and promotes a culture of open communications.</p>	<p>a. Agency provides orientation for all employees and people in recovery which articulates the vision, mission &amp; values of the agency.</p> <p>b. Agency conducts satisfaction surveys to determine if services are meeting the needs of the individuals served.</p> <p>c. Agency has a process for addressing grievances.</p> <p>d. Agency assures that there are opportunities for open communication (which can include focus and/or dialogue groups) around resolution of grievances, programmatic issues, or any situation which may require mediation. People can feel free to speak without judgment or repercussions.</p> <p>e. Agency employs staff with lived experience at all levels of staffing with the purpose of enhancing the recovery orientation of the agency and services.</p> <p>f. Policies and Procedures reflect recovery-oriented practices.</p>

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<b>B. SERVICES</b>		
<b>Agency provide services that are accessible, welcoming, culturally competent, person-directed and support the use of practices which have been identified as effective.</b>		
<b>B1 - Recovery Orientation</b>	Services are person-directed and collaborative and are based on current research and stakeholder input. Services are focused to build natural supports and meaningful community connections for growth and recovery. Peer support is a valued vehicle for promoting recovery.	a. Provider has a mechanism for gathering information about the services people want and /or need and the agency incorporates feedback in planning and development.
		b. Strategies are in place to expand the availability of EBP within the service and can include interagency collaboration of resources.
		c. Education and employment are promoted as pathways to recovery - e.g. awareness of education, employment and training opportunities, work incentives and community training programs.
		d. Psychoeducation is available to people in recovery and family members for increased personal understanding and self determination.
		e. Staff and people in recovery are provided ongoing education about recovery approaches.
		f. Peer support is an integral part of the agency culture (both formal and informal support).
		g. Formal peer support is focused on enhancing quality of life through increased community connection.
<b>B2 - Array of Services</b>	Staff and people in recovery are aware of and know how to access the variety of supports and services required for a recovery journey.	a. The agency has developed collaborative relationships with community organizations and promotes and encourages leadership of staff and people in recovery in those organizations by dedicating agency time to these activities.
		b. Recovery planning demonstrates a holistic view of treatment and supports. Agencies develop working relationships and collaborations to assure goal support for recovery domains identified by the individual.
		c. Agency has a resource list, and contracts where needed, to support the delivery of service to people with physical, linguistic and other special needs.
		d. Agency recognizes the empowering and stigma-reducing role of agency presence in the larger community and provides opportunities for staff and people in recovery to “give back” as demonstrated by agency commitments to community service.

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<p><b>B3 - Engagement</b></p>	<p>The agency promotes available, accessible, positive, accountable, genuine relationships with service participants.</p>	<p>a. Agency routinely measures satisfaction with the quality of the support provided.</p> <p>b. Agency hours extend beyond Monday through Friday, 9 -5 and activities are developed for holidays.</p> <p>c. An explanation of peer services occurs at intake and efforts are made to facilitate referral.</p> <p>d. Family and others are included in all processes as desired by the individual in recovery.</p> <p>e. Supervision and training focus on skill development related to relationship building.</p> <p>f. The agency has an active practice to support adherence to appointments i.e. phone calls, agency provides outreach to support individuals who miss appointments or scheduled services.</p> <p>g. There is a method to outreach to individuals that end services in ways that are not mutual and/or planned. Reasons for ending services are explored and addressed.</p>
<p><b>B4 - Cultural Competence</b></p>	<p>Agency respect the beliefs and lived culture of service participants and recognize their importance in promoting the recovery process.</p>	<p>a. Agencies make available bicultural, bilingual staff, based on the needs of surrounding community.</p> <p>b. Physical environment and staff diversity reflects the cultural mix of the population served.</p> <p>c. Agency has developed a cultural competency policy and routinely train their staff in cultural awareness; an understanding of cultural norms and mores guides the provision of service.</p> <p>d. Agency outreaches to community based agencies and provides on-site MH awareness and education.</p> <p>e. Agency brochures and MH information pamphlets are published in languages consistent with the ethnicity of the population served or potentially served.</p>

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<b>Montgomery County Partnership for Recovery Best Practices: Working Document</b>		
<b>B5 - Recovery Planning</b>	The recovery plan is a living document that reflects the participant's vision of a meaningful life. Goals and action steps are written as expressed by the individual in recovery . Plans are modified based on the recovery process of the individual.	a. Plans include input and direction for all involved supports and provide for coordination across providers moving toward a unified plan.
		b. Plan development is preceded by an exploration of the following areas related to an individual's quality of life: education; housing; leisure; relationships, especially family; spiritual; vocational; wellness, mental health, physical health including nutrition.
		c. The action steps of the plan facilitate success.
		d. Reevaluation and modification of recovery plans is an on-going person-centered process.
		e. There are opportunities to develop Advance Directives and WRAPs. Use of these plans is promoted.
		f. Advance Directives and WRAP plans are shared at the discretion of the person receiving services, and implemented by the provider when requested by the person.
<b>C. RESOURCES FOR RECOVERY</b>		
<i>Individuals will have opportunities for growth, change and recovery through involvement in the community. The agency role includes the creation and expansion of opportunities within the community.</i>		
<b>C-1 - Family</b>	The potential of families, as defined by the individual, as resources for healing and growth in a recovery process is acknowledged and supported.	a. The individual's definition, perception, and needs and wants in relation to family is explored, understood and respected.
		b. Family support needs are identified, addressed and revisited when needed.
		c. Family involvement in agency will be reflected in educational, social and advocacy opportunities
		d. Agency develop liaisons and collaboration with family advocacy groups e.g. NAMI and PIN.



**Montgomery County Partnership for Recovery Best Practices: Working Document**

<b>C-2 - Education and Training</b>	Educational opportunities for individuals in recovery offer a pathway to a more fulfilling life. An array of educational opportunities are available and utilized to broaden people's experience and independence.	a. Educational aspirations are explored and respected. Assistance is provided to assure access when desired.
		b. Providers offer learning environments which include educational materials and resources.
		c. Partnerships with educational institutions, funding resources and training programs are in place.
<b>C-3 - Employment</b>	Employment provides individuals with the opportunity for an improved quality of life. A person's desire to work is paramount in the provision of services resulting in increased flexibility, assistance with exploration and overall support for goal. A variety of employment resources and opportunities are available to support to the needs and wants of the individual.	a. Psychoeducation includes: accurate information about work incentives including Medical Assistance for Workers with Disabilities American's with Disabilities Act (ADA). Other topics may include employer/employee relationship and development of work skills/attitudes.
		b. Staff training reflects the agency's commitment toward supporting employment. This includes an overview of the Evidenced Based Practice of Supported Employment and the concepts related to it.
		c. Employment goals and dreams are a component of all recovery planning and supported by all members of a recovery team.
		d. Agency supports employment opportunities for people in recovery by providing work opportunities within the agency and developing community relationships that foster employment opportunities.
		e. Agency supports employment opportunities by offering flexibility in scheduling, if needed.
		f. Peer support services, groups, and WRAP planning related to employment are available.

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<p><b>C-4 - Self-advocacy and Mutual Support</b></p>	<p>The healing power of mutual aid and self-advocacy is recognized and promoted. Peer-operated services and advocacy agencies are available and utilized.</p>	<p>a. An adequate number of peer support positions are available to meet the needs of the people in recovery connected with the agency.</p> <p>b. Resources are available to provide peer support services. This includes workspace and equipment as well as transportation.</p> <p>c. Agency values clearly articulate and promote the importance of peer support, both formal and informal.</p> <p>d. Agency forms relationships with local advocacy and support groups, e.g. Montgomery County Community Advocates, NAMI, PIN. This can include advertising meeting times, providing space for meetings, and other collaborative efforts.</p> <p>e. Opportunities, space and support are provided for informal dialogue and networking among peers.</p> <p>f. Agency creates forums where people can come together to identify areas of mutual concerns and provides a mechanism for those concern to be heard and addressed.</p>
<p><b>C- 5 - Housing</b></p>	<p>A full array of housing options are available and efforts are made to support preferences regarding living situation.</p>	<p>a. Recovery planning includes exploration of housing preferences and incorporates goals related to obtaining housing of one's choice.</p> <p>b. Services are focused on assisting people in both obtaining and maintaining safe, affordable and geographically diverse housing.</p> <p>c. Opportunities are available for shared and single living situations.</p> <p>d. Information and access is available to community resources that assist in maintaining housing.</p> <p>e. Recovery planning anticipates individual barriers to maintaining housing and includes strategies to address them.</p> <p>f. Psychoeducation opportunities include tenant responsibilities, landlord obligations, awareness of fair housing practices.</p>

**Montgomery County Partnership for Recovery Best Practices: Working Document**

<b>Montgomery County Partnership for Recovery Best Practices: Working Document</b>		
<b>C-6 - Social and Recreational</b>	People have the opportunity to participate in their community as they choose. Agency recognizes the primary value of connections to community.	a. Agency provides access to information concerning availability of social and recreational opportunities.
		b. Staff facilitate early efforts to gain access to community events through creative engagement to encourage participation.
		c. Community involvement is recognized and celebrated.
<b>C-7 Transportation</b>	Transportation that meets the needs of the community is affordable and sufficiently available.	a. Education and learning opportunities regarding transportation are shared and facilitated.
		b. There are creative transportation options such as ride sharing, bike sharing, ride boards.
		c. Increasing an individuals independence with travel is facilitated, e.g. assisting with driver's license, tokens, Transpass.
<b>C-8 Spirituality</b>	People have the opportunity to explore and practice their spirituality.	a. Agency liaisons with the spiritual community to cross-educate and facilitate opportunities for inclusion.
		b. When access to the community is restricted ( i.e. inpatient treatment), spiritual resources are routinely brought into the setting.
		c. Recovery planning explores the role of spirituality in the context of a person's life and incorporates goals as desired by the person.
<b>C-9 Civic</b>	The agency recognizes the importance of knowing the community and being known by the larger community. The benefits of this membership includes reduced stigma, increased resources, and being identified as a contributing member of the community.	a. Opportunities for staff and people in recovery to educate and raise community awareness about recovery are valued.
		b. Volunteerism is promoted and encouraged as both a means of civic engagement and a possible employment path.
		c. Agency develops a culture of civic responsibility by "giving back" to the community through sponsoring or participating in community events and activities. These opportunities include both staff and people in recovery experiencing these events together.
		d. Education about, and participation in the political process is encouraged, including voter registration, voting, and legislative advocacy.