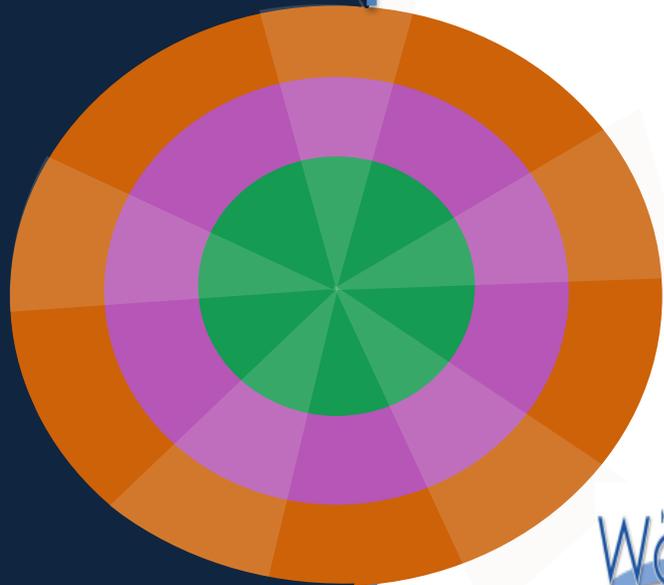


**Workbook**

**Recovery-  
Enhancing  
Environment:  
Integrating Health,  
Home, Purpose,  
and Community**

(Based on SAMHSA 2012  
Recovery principles)



Robert A. Ficano  
Wayne County Executive



School of Medicine



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# Introduction

Wayne County Member,

It is the policy of the Detroit-Wayne County Community Mental Health Agency (Agency) to foster an environment where all served can recovery. Whether the individual is a child or adult, we believe they can recover. Similarly, we believe that regardless of a person's ability level, more is possible.

This means new roles for those responsible for the administration (e.g., Board members, Executive Directors, CEOs, etc.) delivery (e.g., psychiatrists, psychosocial supports, peer supports, etc.), and supportive services (e.g., office assistants, property care takers, drivers, or volunteers services), but also for those who are served by these community mental health professionals. As we all make the shift from a medical model focusing on deficits and symptoms to a recovery-enhancing environment, it is important that all system professionals support this new direction for all served – regardless of their age, race, economic status, or disability.

Whether you are an office assistant, property care taker, driver, security guard, or volunteer, peer support specialists, administrator, or clinician, you have a personal and professional responsibility to work as if every individual served by this system has the same goal - **to Recover!**

Making the shift to a recovery-enhanced environment comes with its opportunities and challenges, and we hope these materials further your own personal and professional journey in that direction.

Thanks,

Recovery Subcommittee

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# Workbook Instructions

As system professionals and beneficiaries, the information found in this workbook can be used to enhance your insight and knowledge of recovery. The booklet is divided into three sections:

1. Levels of Responsibility
2. Personalizing the Recovery Principles
3. Recovery Policy

In Section 1, you should consider your role(s) and responsibilities in a Recovery-enhancing environment. Section 2 then discusses each principle (Person-Driven, Respect, Trauma, Strengths/ Responsibility, Holistic, Culture, Peers and Allies, Pathways, Relations, Hope) and prompts you to personalize how you might apply each in your unique role (e.g. person served, clinician, Peer, executive director, etc.).

Section 3 includes the **Recovery Policy** which every professional working within the Detroit-Wayne County Community Mental Health system should become familiar.

# Section 1: Levels of Responsibility in a REE?

*Everyone has a role in a recovery-enhancing environment*

**Organizational support staff** (e.g., receptionists, intake workers, drivers, family members, and/or volunteers, etc.) do not provide clinical services, however, they also have an important role in creating a recovery-enhancing environment. Often, transportation workers, security guards and receptionists are often among the first professionals that people will encounter when coming for services.

**Service delivery** professionals such as psychiatrists, family members, psychosocial supports, direct care workers, peer providers, are all responsible for providing recovery-oriented services. This group of professionals is in the best position to cultivate relationships that foster an expectation of recovery.

**Leaders** (e.g., board members, executive directors, departmental directors, and supervisors) must ensure that recovery concepts get reflected in all aspects of the organization, including its policy, philosophy, language, and through meaningful and thorough documentation.

Professionals at all levels of the system must work with those served to advance the use of recovery guiding principles and practices.

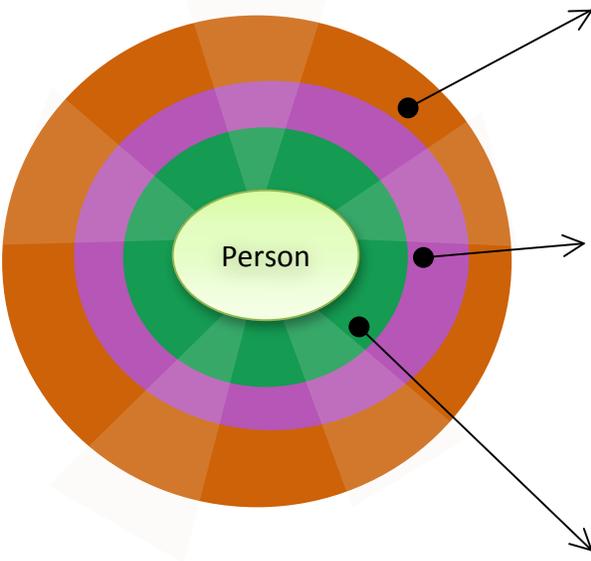
**Persons served** work with professionals at all levels to help achieve their goals, and ultimately are placed in control of their lives and the decisions made.

What is your unique role(s) (e.g., person served, transportation worker, therapist, psychiatrist, etc.) in a Recovery-enhancing environment?

## **Section 2: Personalizing the Recovery Principles**

# Person-Driven

**Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In that way, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives (SAMHSA, 2012).



Organizational Leadership	<ul style="list-style-type: none"> <li>• Support peer run services and organizations</li> <li>• Support individuals on councils and boards</li> <li>• Ensure self-determination for all served</li> </ul>
Service Delivery	<ul style="list-style-type: none"> <li>• Encourage self-management and self-help groups</li> <li>• Work in partnership with person</li> <li>• Use shared decision-making</li> </ul>
Person served	<ul style="list-style-type: none"> <li>▪ Participate in person-centered planning</li> <li>▪ Envision good things for yourself</li> <li>▪ Take control of your life</li> </ul>

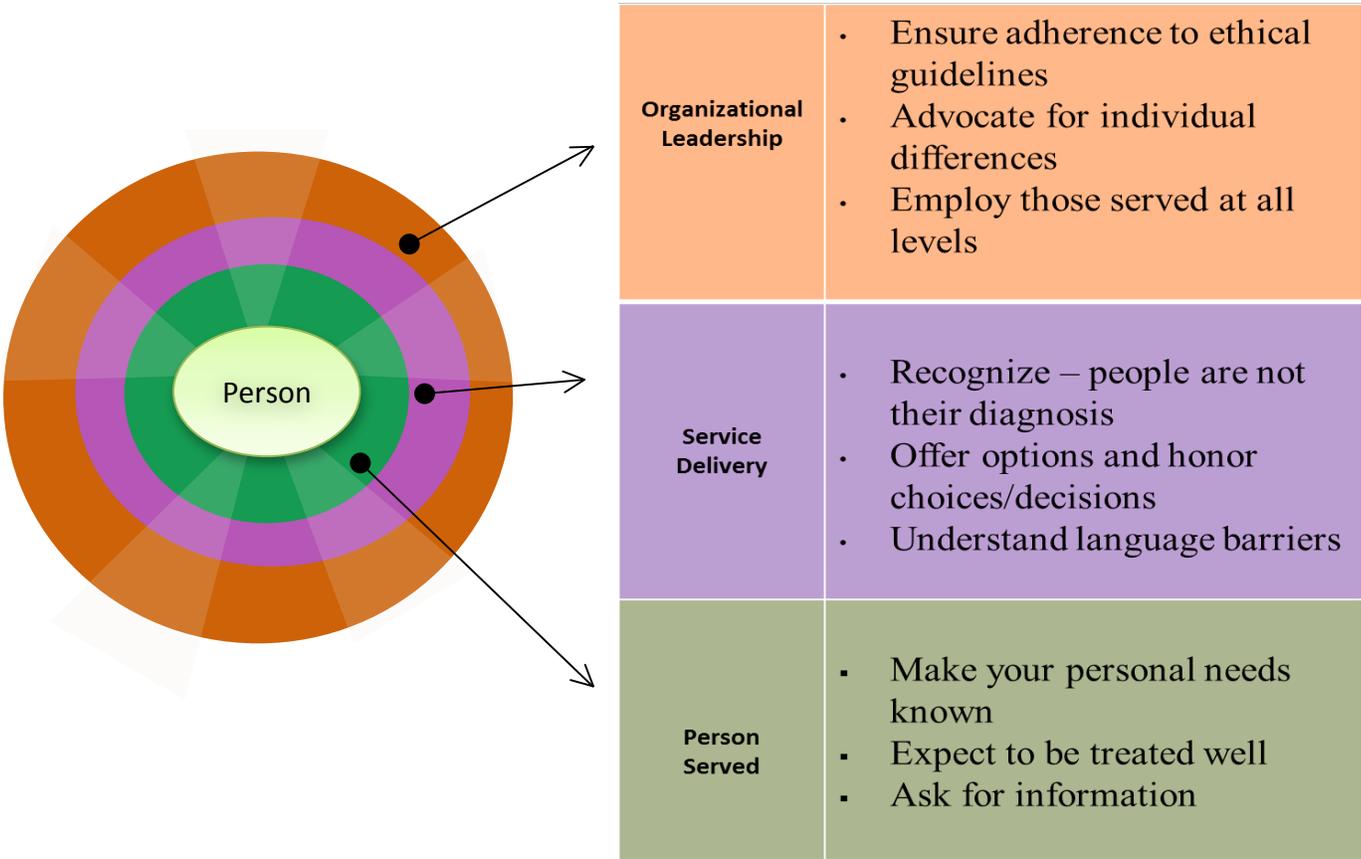
**What ideas do you have for being more PERSON-DRIVEN?**

**What challenges might you face to being PERSON-DRIVEN?**

**What ideas do you have for overcoming those challenges?**

# Respect

**Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important (SAMHSA, 2012)



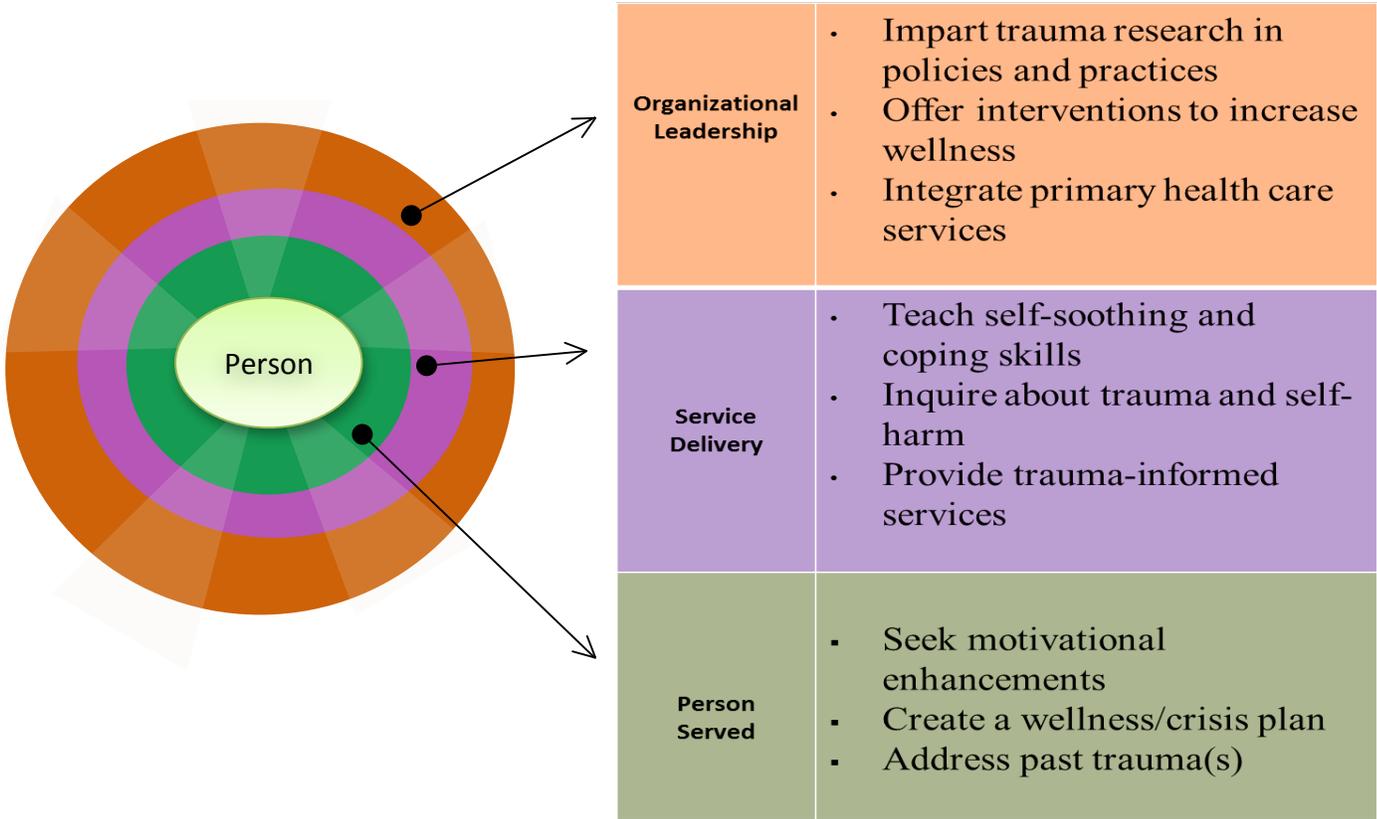
**What ideas do you have for being more RESPECTFUL?**

**What challenges might you face to being RESPECTFUL?**

**What ideas do you have for overcoming those challenges?**

# Addressing Trauma

**Recovery is supported by addressing trauma:** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with: alcohol, drug use, mental health problems and related issues. Services and supports should be trauma-informed to foster safety and trust, as well as promote choice, empowerment, and collaboration (SAMHSA, 2012).



**What ideas do you have for ADDRESSING TRAUMA?**

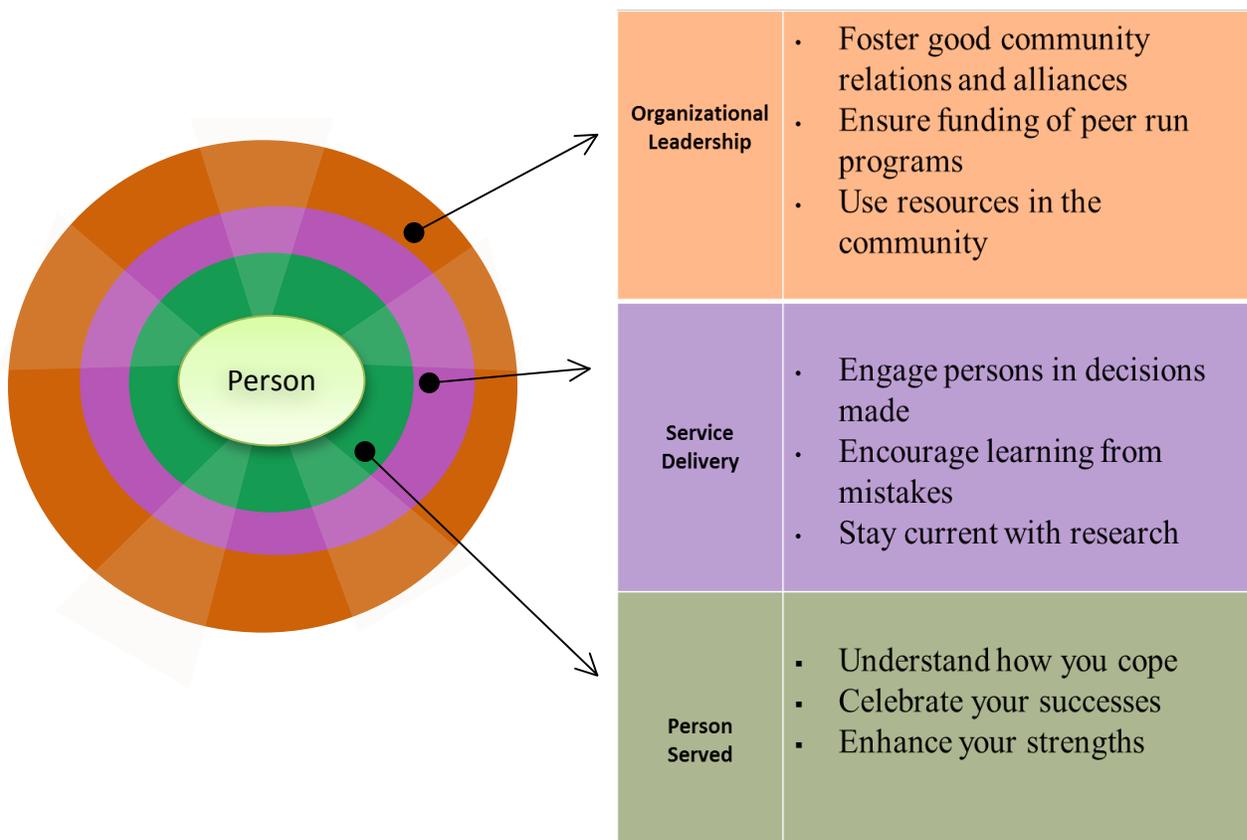
**What challenges might you face to ADDRESSING TRAUMA?**

**What ideas do you have for overcoming those challenges?**

# Strengths/Responsibility

**Recovery involves individual, family, and community strengths and responsibility:**

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery; individuals have a personal responsibility for their own self-care and journeys of recovery also should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery (SAMHSA. 2012).



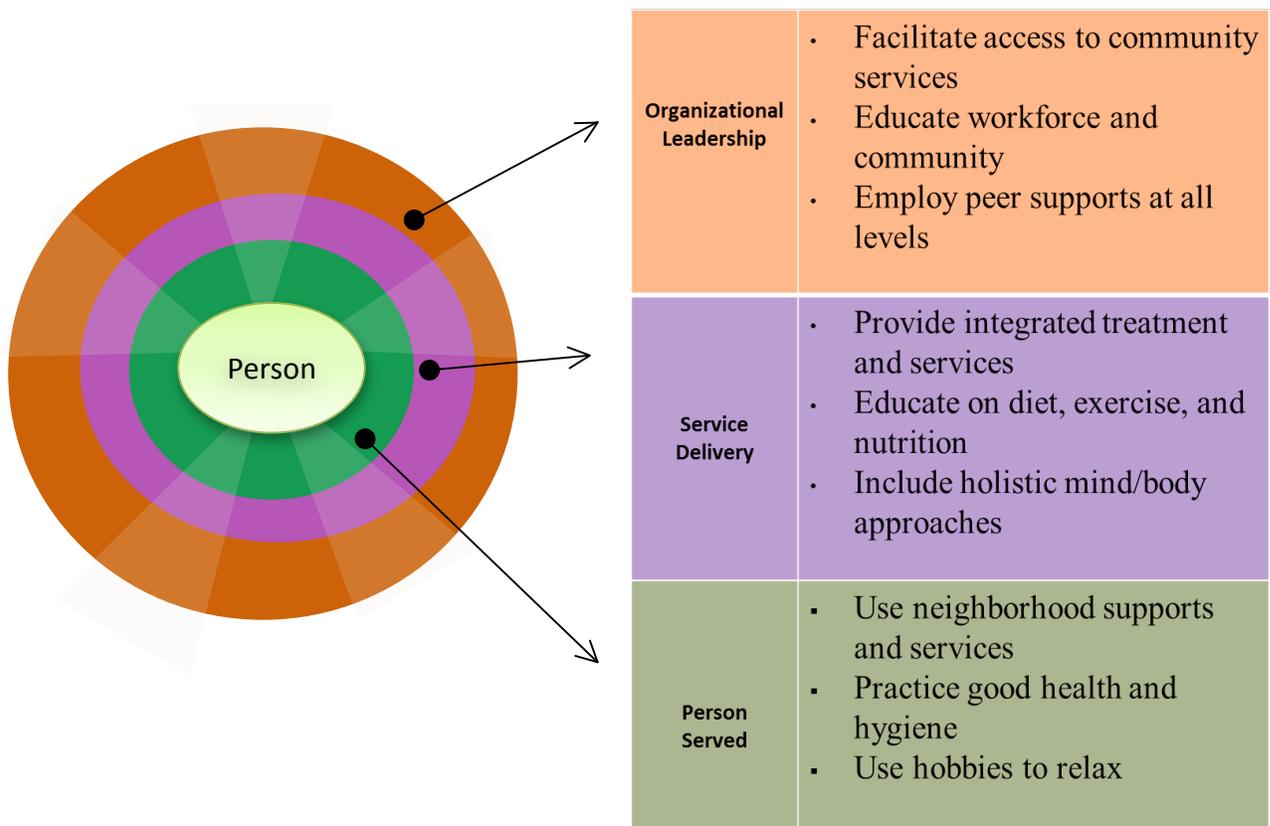
**What ideas do you have for encouraging use of STRENGTHS/RESPONSIBILITIES?**

**What challenges might you face to encouraging use of STRENGTHS/RESPONSIBILITIES?**

**What ideas do you have for overcoming those challenges?**

# Holistic

**Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, addictions and mental illness treatment, services and supports, primary healthcare, dental care, complementary and alternative services, spirituality, creativity, social networks, recreation, and community participation (SAMHSA, 2012).



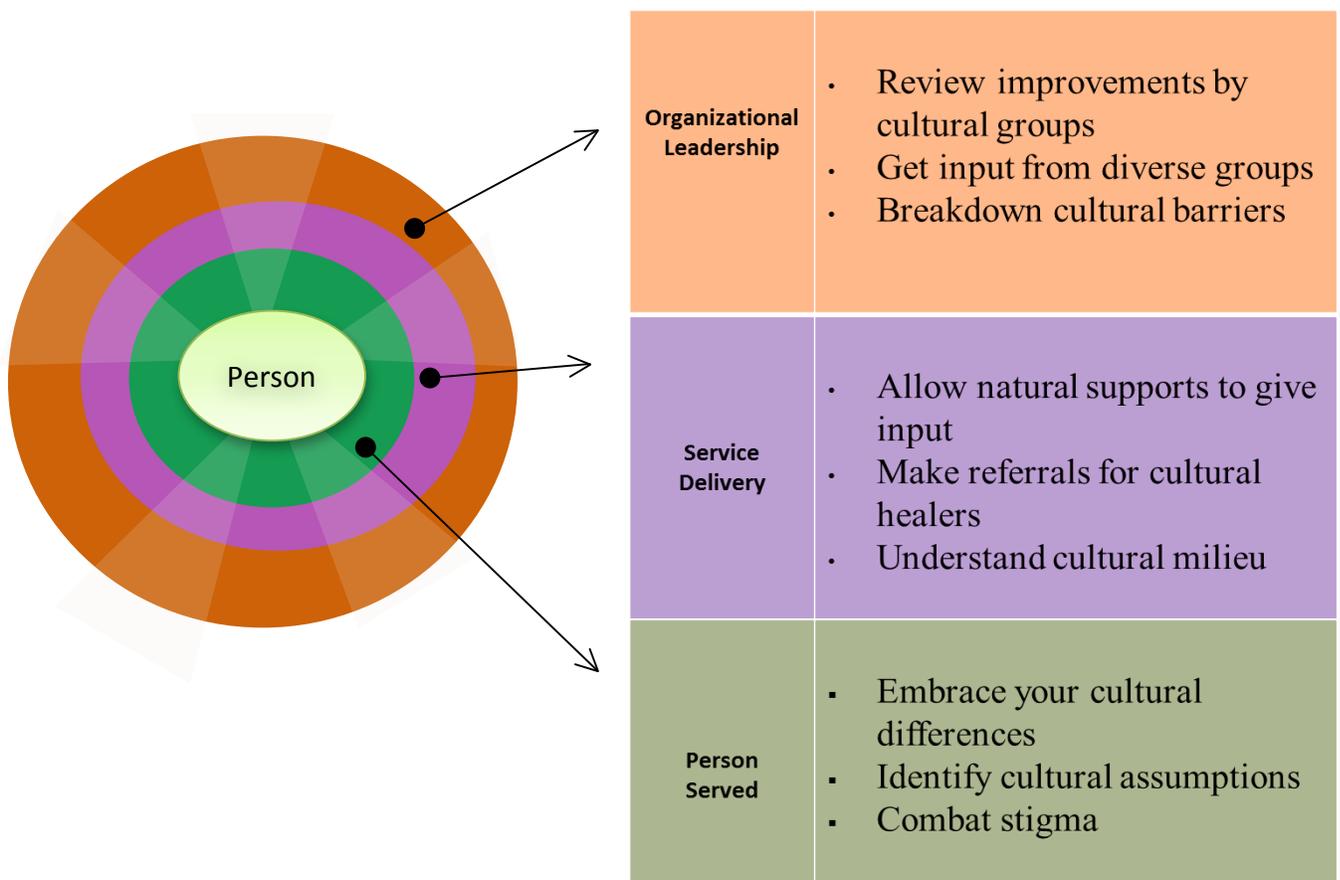
**What ideas do you have for taking a HOLISTIC approach?**

**What challenges might you face to taking a HOLISTIC approach?**

**What ideas do you have for overcoming those challenges?**

# Culture

**Recovery is culturally-based and influenced:** Culture and cultural background in all of its diverse representations – including values, traditions, and beliefs – are keys in determining a person’s journey and unique pathway to recovery. Those services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each other individual’s unique needs (SAMHSA, 2012).



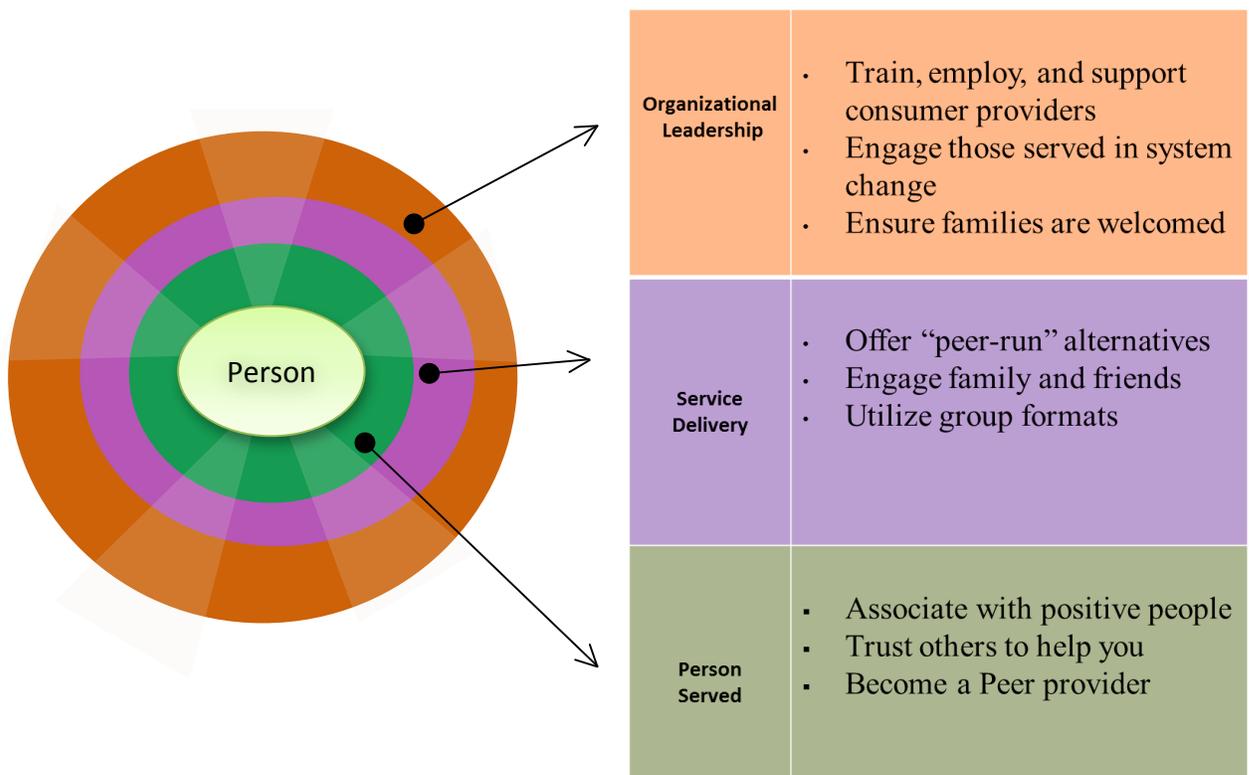
**What ideas do you have for making services more CULTURALLY-BASED?**

**What challenges might you face to making services more CULTURALLY-BASED?**

**What ideas do you have for overcoming those challenges?**

# Peers and Allies

**Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community also helping others and giving back to the community. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery (SAMHSA, 2012).



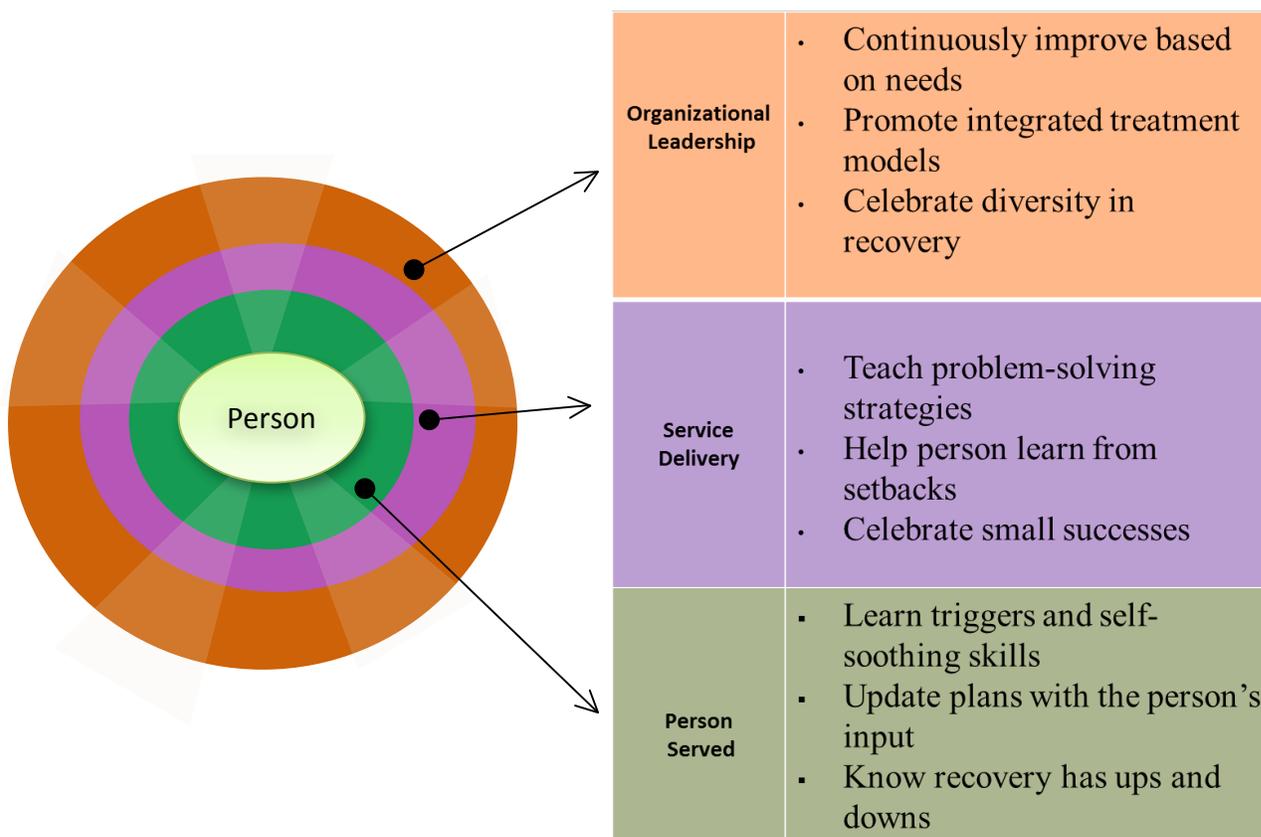
**What ideas do you have for including PEERS AND ALLIES?**

**What challenges might you face to including PEERS AND ALLIES?**

**What ideas do you have for overcoming those challenges?**

## Many Pathways

**Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds – including trauma experiences – that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized and non-linear in that they are characterized by continual growth and improved functioning that may involve setbacks because are natural though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families (SAMHSA, 2012).



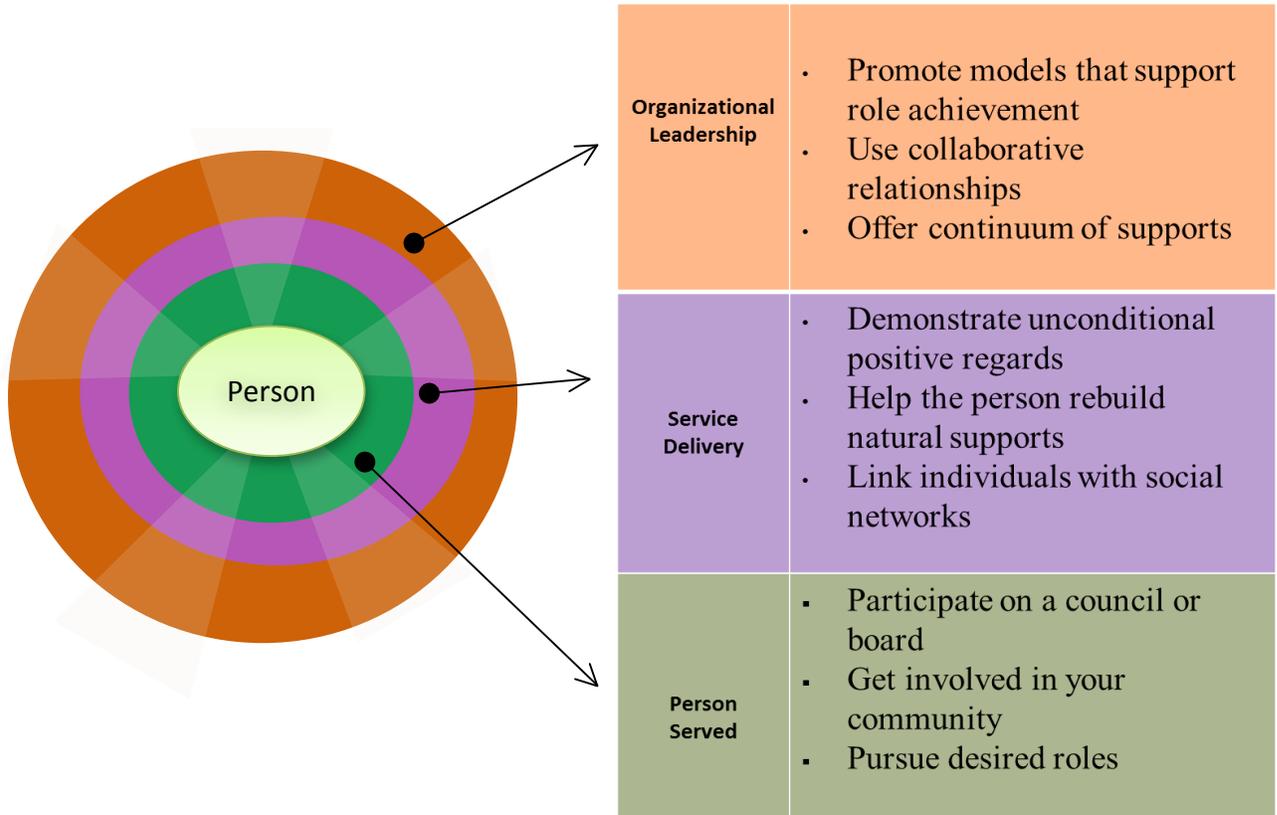
**What ideas do you have for considering a Person's MANY PATHWAYS?**

**What challenges might you face to addressing MANY PATHWAYS?**

**What ideas do you have for overcoming those challenges?**

# Relational

**Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Peers, family members, providers, faith groups, community members, and other allies form vital support networks. People leave unhealthy and/or unfulfilling life roles behind and engage in new roles that lead to greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation(SAMHSA, 2012).



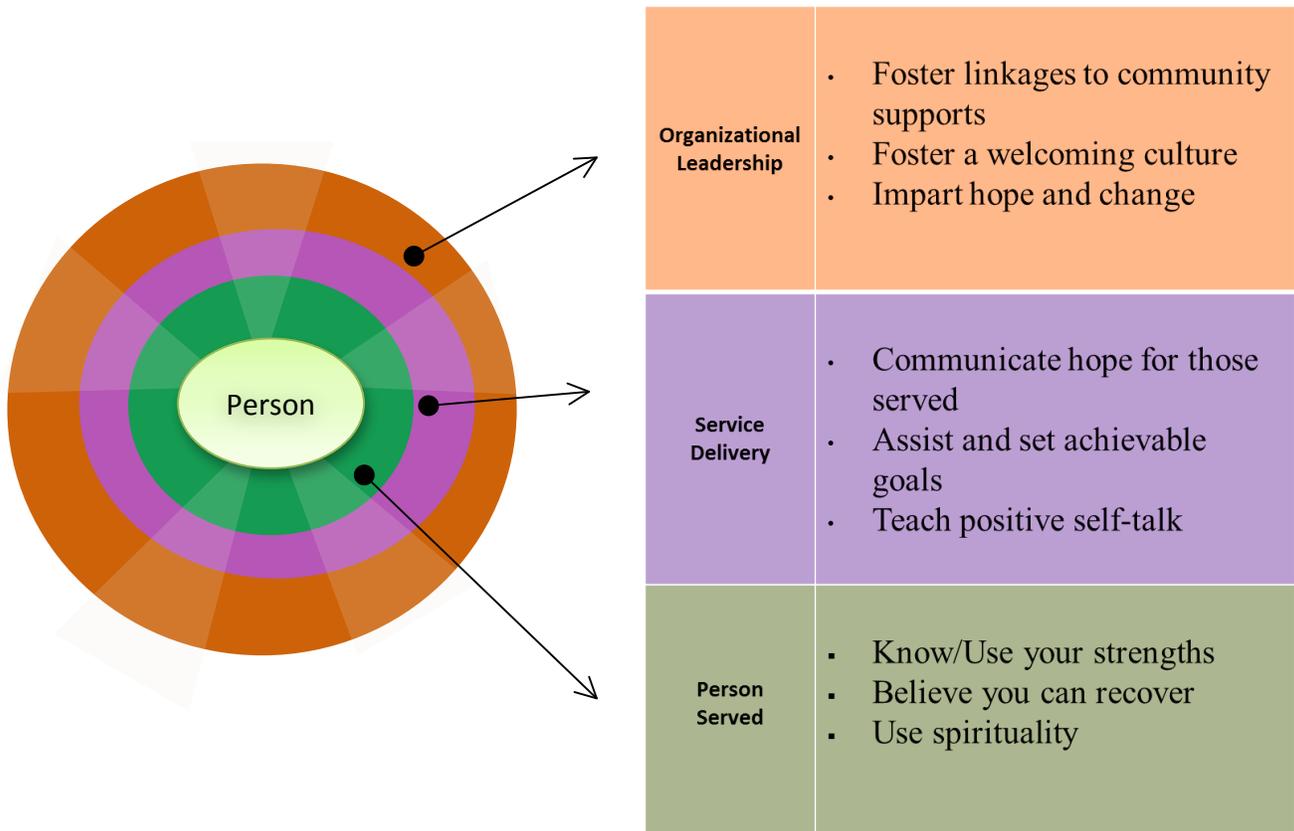
**What ideas do you have for using RELATIONS to advance recovery?**

**What challenges might you to using RELATIONS?**

**What ideas do you have for overcoming those challenges?**

# Hope

**Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, others. Hope is the catalyst of the recovery process (SAMHSA, 2012).



**What ideas do you have for being more HOPEFUL?**

**What challenges might you face to being HOPEFUL?**

**What ideas do you have for overcoming those challenges?**

## **Section 3: Agency Recovery Policy**

**Detroit-Wayne County  
Community Mental Health Agency**

**Name of Policy:** Recovery  
**Effective Date:** June 3, 2013

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**Approved By:**  **Title:** Acting Chief Operating Officer

**I. POLICY:**

It is the policy of the Detroit-Wayne County Community Mental Health Agency (Agency) that all members of its workforce promote a recovery environment for all served.

**II. PURPOSE:**

The purpose of this policy is to ensure the development of a recovery-enhancing environment in which all members of the behavioral health (mental health and substance use) workforce possess the attitude, awareness, and competencies to promote the shift from a curative model of care to a recovery-oriented service system.

**III. APPLICATION:**

This policy applies to MCPNs and their provider network for all applications to employment and all paid employees.

**IV. DEFINITIONS:**

Developmental Disability: If applied to an individual older than five years of age, who has a severe, chronic condition who meets all of the following requirements:

1. Is attributable to a mental, physical impairment, or a combination of mental and physical impairments
2. Is manifested before the individual is 22 years old and is likely to continue indefinitely
3. Results in substantial functional limitations in three or more of the following major life activities:
  - a. Self-care
  - b. Receptive and expressive language
  - c. Learning
  - d. Mobility
  - e. Self-direction
  - f. Capacity for independent living

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g. Economic self-sufficiency

Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration, and are individually-planned and coordinated (Michigan Mental Health Code, MCL 330.1100 (25)).

Peers: An occupational category of community mental health professionals who have progressed in their own recovery, and are willing to self-identify to assist other individuals to progress in their own recovery.

Person-Centered Planning (PCP): A process that involves planning and supporting an individual receiving services and builds upon the expressed goals, dreams and desires for their lives and engages in activities that promote community life and honors their preferences, choices and abilities.

Recovery: A strength-based process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery Environment: A workplace where the attitudes, knowledge-base, and competencies of the professionals are all aligned to recovery principles.

Substance: A chemical (i.e., alcohol or other drug) which upon entering a human body alters its physical and/or psychological status.

Substance Abuse and Mental Health Services Administration (SAMHSA): A branch of the U.S. Department of Health and Human Services that is charged with improving the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illness.

Self-Determination: A set of principles (i.e., freedom, authority, support, responsibility) which promote those served controlling the supports needed to get the life they choose. Arrangements to support self-determination are identified during the PCP process.

Serious Mental Illness (SMI): A diagnosable mental, behavioral or emotional disorder affecting an adult that meets the diagnostic criteria specified in the most current Diagnostic and Statistical Manual of Mental Disorders (DSM).

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Severe Emotional Disorder (SED): A diagnosable mental, behavioral or emotional disorder affecting a minor (under age 22) that meets the diagnostic criteria specified in the most current DSM.

Substance Use Disorders: Includes Substance Dependence and Substance Abuse according to selected specific diagnostic criteria specified in the most current DSM.

Workforce: Consists of individuals who are paid or non-paid, yet employed within the behavioral health (mental health and substance use) service array.

**V. STANDARDS:**

- A. The standards are guided by the SAMHSA (2011) four major dimensions and ten fundamental recovery principles that support a life in recovery (*see the related wall-size poster and core competencies guide for professionals at vceonline.org: [http://www.vceonline.org/resource/attach/1779/REE\\_Poster1.pdf](http://www.vceonline.org/resource/attach/1779/REE_Poster1.pdf)*). The four major dimensions include:

Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way

Home: a stable and safe place to live

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors and the independence, income and resources to participate in society

Community: relationships and social networks that provide support, friendship, love and hope.

- B. Ten fundamental recovery principles:
1. Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers and obstacles that confront them.
  2. Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals

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and design their unique path(s).

3. Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
4. Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit and community. The array of services and supports available should be integrated and coordinated.
5. Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.
6. Recovery is supported through relationships and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover, who offer hope, support and encouragement and who suggest strategies and resources for change.
7. Recovery is culturally based and influenced: Culture and cultural background in all of its diverse representations including values, traditions and beliefs are keys in determining a person's journey and unique pathway to recovery.
8. Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment and collaboration.
9. Recovery involves individual, family, and community strengths and responsibility: Individuals, families and communities have strengths and resources that serve as a foundation for recovery.
10. Recovery is based on respect: Community, systems and societal acceptance and appreciation for people affected by mental health and substance use problems including protecting their rights and

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eliminating discrimination are crucial in achieving recovery  
(SAMHSA, 2012).

- C. All members of the workforce including office personnel, property care takers, drivers and volunteers, security guards, secretarial, board members etc. shall:
1. Promote an environment for recovery relative to respective roles and duties.
  2. Complete the mandatory vceonline.org video course, [Recovery Enhancing Environment \(REE\): Integrating health, home, community and purpose](#), one time prior to September 30, 2014.
  3. Continuously enhance recovery knowledge and competencies through training and education.
- D. Service delivery personnel such as psychiatrists, peers, psychosocial supports, etc., in addition, shall:
1. Provide evidence of meaningfully involving those served in planning and the identification of goals along the four dimensions of recovery: health, home, community and purpose.
  2. Demonstrate that goals are supported by strength-based, specific, measurable and time-sensitive action steps (i.e., scope, amount and duration), that are further delineated in the PCP.
  3. Maintain records on individual's satisfaction and progress toward identified goals.
  4. Specify how services are culturally relevant and based on the needs and choices as identified by the person, or where appropriate, their chosen supports and allies.
  5. Provide evidence of promoting peer-led services and organizations.
- E. Leadership or administrative staff such as governing Board members, Executive Directors, CEOs, administrators, etc. shall:

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1. Enforce standards relating to all workforce members completing the vceonline.org video course, [\*Recovery Enhancing Environment \(REE\): Integrating health, home, community and purpose\*](#), one time prior to September 30, 2014.
2. By October 1, 2014, enact a policy that includes a continuous improvement process to integrate recovery dimension and principles into the organizational culture, i.e., governing documents, procedures, language, training curriculums, documentation and assessments at the macro and micro levels.
3. Ensure delivery of a full array of services including peer and alternative services (e.g., pet therapy, holistic medicine), and ensure access and funding mechanisms exist to support access to chosen community services.
4. Demonstrate employment of a sufficient workforce of individuals with lived experiences throughout all levels of the organization who are paid fair and competitive wages, have multiple opportunities for a balance of full and part-time positions and are offered a viable career ladder.
5. Ensure that all position descriptions for all members of the workforce contain language of recovery.
6. Ensure that work responsibilities for all workforce members outline recovery-based, person-centered and culturally competent practices.
7. Ensure that job postings for all positions specify that persons with lived experiences with behavioral health issues are encouraged to apply and that job qualifications specify that lived experience with behavioral health conditions is desired.
8. Demonstrate evidence of collaborative agreements, communications and arrangements between substance use, mental health and primary care providers resulting in an integrated care plan for individuals.
9. Institute a policy to conduct a baseline and follow-up measures and address organizational attitudes and awareness related to stigma (see *Combating stigma within the Michigan mental health system: A toolkit for change at:* [http://www.michigan.gov/documents/mdch/A Toolkit for Change 403](http://www.michigan.gov/documents/mdch/A_Toolkit_for_Change_403))

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10. Ensure participation in Agency protocols to measure and continuously improve the recovery environment.
11. Document that all appropriate workforce members are knowledgeable of current regulatory requirements (e.g., Americans with Disabilities Act, etc.) and entitlement programs (e.g., Medicare, Medicaid, etc.).

**VI. QUALITY ASSURANCE/IMPROVEMENT:**

The Quality Management Unit shall review and monitor the Agency and its workforce adherence to this policy as one element in its Contract Performance Review program. Results of this review will become part of the data used to monitor the performance of MCPNs and direct contractors. The Quality Assessment and Performance Improvement Programs of MCPNs and direct contractors must include measures for both monitoring and continuous improvement of the process described in this policy.

**VII. COMPLIANCE WITH ALL APPLICABLE LAWS:**

Agency staff, MCPNs, their subcontractors, direct contractors, and Substance Abuse Coordinating Agencies (CAs) and their subcontractors are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state and county contractual requirements, policies and administrative directives in effect as may be amended.

**VIII. LEGAL AUTHORITY AND REFERENCES:**

1. Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991).
2. Anthony, W.A., & Huckshorn, K.A. (2008). *Principled leadership in mental health systems and programs*. Boston: Boston University Center for Psychiatric Rehabilitation.
3. Hoge, M. A, Morris, J. A., Daniels, A. S., et al. (2007). *An action plan on behavioral health workforce development*. Rockville, MD: US Department of Health and Human Services, Substance Abuse and

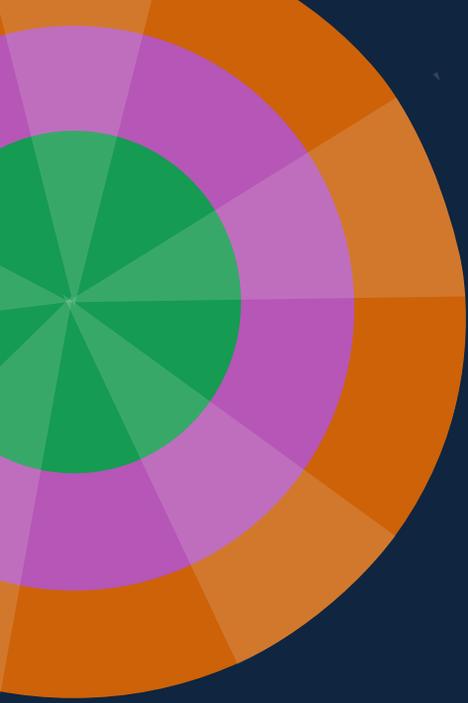
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Mental Health Services Administration.

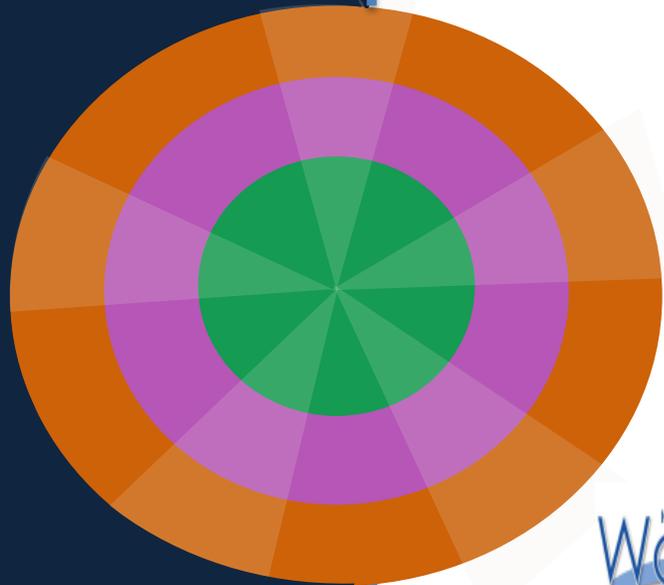
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6. Rapp, C.A. & Goscha, R.J., (2006). *The strength's model: Case management with people with psychiatric disabilities (2nd ed)*. United Kingdom: Oxford University Press.
7. Recovery Subcommittee of the Detroit-Wayne County Community Mental Health Agency Community Planning Council. (2012). *Recovery-enhancing environment: Integrating health, home, purpose, and community poster*. Retrieved from: [vceonline.org](http://vceonline.org)
8. Substance Abuse and Mental Health Services Administration. (2011). *The national consensus statement on mental health recovery*. <http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>.



# Core Competencies Guide

## Recovery- Enhancing Environment: Integrating Health, Home, Purpose, and Community

(Based on SAMHSA 2012  
Recovery principles)



Robert A. Ficano  
Wayne County Executive



School of Medicine



## Overview of the Core Competencies Guide

The *Recovery-Enhancing Environment Core Competencies Guide* is a crosswalk between the Substance Abuse and Mental Health Services Administration (SAMHSA) Guiding Principles of Recovery (2012) and the core competencies for recovery-oriented professionals as defined by the US Psychiatric Rehabilitation Association (USPRA) (2009). The tool was developed by the Recovery Subcommittee of the Detroit-Wayne County Community Mental Health Agency Community Planning Council as a reference for its workforce, including the network of providers, contractors, partners and collaborators.

This document was designed to identify the specific knowledge and skills with which the workforce must be equipped to foster an environment where recovery is possible for all served, regardless of the person's ability, age, gender, race, or ideology. The document is organized by the seven USPRA domains considered essential for recovery-oriented professionals:

- Interpersonal Competencies
- Professional Role Competencies
- Community Resources
- Assessment, Planning, and Outcomes
- Systems Competencies
- Interventions
- Diversity and Cultural Competency

These domains are then aligned with the 10 Recovery principles as defined by SAMHSA:

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

In this way, professionals can determine the necessary knowledge and skills for facilitating those core principles by which Recovery can be a reality for all served.

People with disabilities do the work of Recovery, while members of the mental health workforce facilitate those processes. Whether your work involves delivering direct services or leading the design, implementation and evaluation of those services; developing policies, standards and protocols, or writing grants, curriculums or training; providing maintenance, food or transportation supports, or ensuring the environment is safe and secure, you have a responsibility to do your job as if all served have the same goal – to Recover!

USPRA Domain	Core Competency	Knowledge	Skill	SAMHSA Guiding Principles									
				Hope	Person-driven	Many Pathways	Holistic	Peers and Allies	Relations	Culture	Trauma-informed	Strength/Responsibility	Respect
I: Interpersonal Competencies	Communicate with the individual in order to develop a collaborative relationship	How a disorder and its symptoms may affect communication	How a disorder and its symptoms may affect communication						X				
I: Interpersonal Competencies	Communicate with the individual in order to develop a collaborative relationship	Interpersonal communication theories and techniques (e.g., listening, paraphrasing, asking facilitative questions and responding clearly in verbal and non-verbal ways)	Interpersonal communication theories and techniques (e.g., listening, paraphrasing, asking facilitative questions and responding clearly in verbal and non-verbal ways)						X				
I: Interpersonal Competencies	Communicate with the individual in order to develop a collaborative relationship	How questions and questioning techniques impact response	How questions and questioning techniques impact response						X				
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	The Core Principles of Psychiatric Rehabilitations	Individualizing the following to match the needs of the person:						X				X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Strengths Model	Establishing trust						X				X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Distinctions between medical and rehabilitation models	Reassuring						X				X

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I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Impact of serious mental illness on behavior	Mentoring							X					X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Empowerment theories/approaches	Teaching							X					X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Recovery	Rewarding							X					X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Normalization	Supporting							X					X
I: Interpersonal Competencies	Use collaborative relationships in order to facilitate personal change in the individual	Various cultural differences in help-seeking behaviors	Guiding							X					X
I: Interpersonal Competencies			Setting goals							X					X
I: Interpersonal Competencies			Reinforcing achievements							X					X
I: Interpersonal Competencies			Prompting/Reminding							X					X
I: Interpersonal Competencies	Instill hope by engaging in positive interactions (verbal and non-verbal communication) regarding an individual's potential	Recovery process	Affirming individual's accomplishments	X											

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	for recovery																			
I: Interpersonal Competencies		Social learning theory	Setting and modifying measurable and incremental steps toward objectives and goals	X																
I: Interpersonal Competencies		Goal setting process	Highlighting opportunities to learn from disappointments	X																
I: Interpersonal Competencies		Motivational strategies	Explaining the recovery process, including varying courses	X																
I: Interpersonal Competencies		Strengths-based approaches	Pointing out accomplishments of peers	X																
I: Interpersonal Competencies			Involving peer support	X																
I: Interpersonal Competencies			Designing recognition activities	X																
I: Interpersonal Competencies			Using self-disclosure appropriately	X																
I: Interpersonal Competencies	Facilitate groups in order to engage the individual in a wide range of activities	Theories of group dynamics	Creating opportunities to interact in a group			X	X													

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I: Interpersonal Competencies		Strategies for developing cohesion, group leadership, and group activities	Preparing group activities in which individuals can learn specific skills			X	X							
I: Interpersonal Competencies		The difference between rehabilitation and therapy groups	Teaching problem solving and conflict resolution			X	X							
I: Interpersonal Competencies		Strategies for developing a group curriculum	Modeling leadership skills			X	X							
I: Interpersonal Competencies		Tools to evaluate individuals in groups and group outcomes	Providing feedback			X	X							
I: Interpersonal Competencies		Tools to conduct a group meeting	Reinforcing newly learned skills and behaviors			X	X							
I: Interpersonal Competencies		How to assist with group selection	Fostering group acknowledgment of accomplishments of each other			X	X							
I: Interpersonal Competencies		Social skills training and other behavior-based groups				X	X							
II: Professional Role Competencies	Acquire knowledge and skills in order to provide services that are evidence-based and emerging best practices	Sources of relevant research findings	Interpreting and understanding applicable professional/scholarly journals			X	X							
II: Professional Role Competencies		USPRA practice guidelines	Gathering information from professional meetings			X	X							

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II: Professional Role Competencies			Sharing relevant research with colleagues, clients and families			X	X								
II: Professional Role Competencies			Observing and critiquing other programs			X	X								
II: Professional Role Competencies	Conduct all professional activities in compliance with the USPRA Code of Ethics and applicable laws and regulations promote effectiveness of recovery environment	USPRA code of ethics	Applying ethical guidelines							X					
II: Professional Role Competencies		Confidentiality regulations	Resolving ethical dilemmas							X					
II: Professional Role Competencies		Ethics and helping relationship	Consulting with others who have knowledge and expertise in ethics and law							X					
II: Professional Role Competencies			Reflecting on one's own actions and emotional reactions							X					
II: Professional Role Competencies			Reflecting on one's own worldview including values, beliefs, perceptions and culturally learned assumptions							X					

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II: Professional Role Competencies	Facilitate informed decision making by the individual by communicating information about laws and regulations affecting their rehabilitation and recovery	Benefits applicable to persons being served in the areas of housing, employment, health, rehabilitation and disability	Communicating confidentiality regulations to staff, clients, families and others										X	
II: Professional Role Competencies		Confidentiality regulations	Communicating knowledge about benefits in the areas of housing, employment, health, rehabilitation and disability										X	
II: Professional Role Competencies		Laws and regulations in the community where you practice	Applying knowledge in the areas of housing, employment health, rehabilitation and disability										X	
II: Professional Role Competencies	Emphasize choices for the individual to help them achieve their goals	Rehabilitation choices	Communication rehabilitation choices to persons		X									
II: Professional Role Competencies		Treatment choices	Matching the goals of persons with service options		X									
II: Professional Role Competencies		Housing options	Communicating treatment options to persons		X									
II: Professional Role Competencies		Social supports	Identifying opportunities to develop social supports		X									

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II: Professional Role Competencies		Vocational services	Assisting persons with choosing, getting and keeping jobs		X									
II: Professional Role Competencies	Provide practical and meaningful activities to the individual to live in the environment of choice	The advantages of natural environments as place in which to learn practical living skills	Designing activities in natural settings consistent with an individual's needs, interests and choices		X									
II: Professional Role Competencies			Facilitating activities in natural settings which are consistent with an individual's needs, interests and choices		X									
II: Professional Role Competencies	Advocate that persons with the individual need to make informed choices to further their own recovery	The range of relevant stakeholders	Communicating clearly with stakeholders										X	
II: Professional Role Competencies		The range of choices open to persons in recovery	Speaking on behalf of persons consistent with their wishes and interests										X	
II: Professional Role Competencies	Promote the effectiveness of Recovery Enhanced Environment with colleagues and the service delivery system	USPRA Practice Guidelines	Developing workshops to present at conferences						X					
II: Professional Role Competencies		Evidence-based practices and emerging practices	Utilizing material learned from in-service training						X					

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II: Professional Role Competencies		Literature relevant to psychiatric rehabilitation and recovery	Imparting relevant information about guidelines, best practices and research at formal and informal staff meetings							X				
II: Professional Role Competencies	Maintain personal wellness to ensure the effective provision of services to others	Understand the influence of stressors on physical and mental health	Monitoring the level of one's personal stress							X				
II: Professional Role Competencies		Wellness promotion activities (e.g., exercise, weight management, and nutrition monitoring)	Seeking interventions to reduce stress and increase wellness							X				
II: Professional Role Competencies		Stress reduction techniques	Choosing appropriate wellness activities							X				
II: Professional Role Competencies	Take intentional personal action to support the recovery of the individual	Definitions of recovery	Choosing actions which facilitate the recovery goals of persons							X				
II: Professional Role Competencies		The range of possible interventions to enhance recovery	Choosing actions appropriate to the stage and goals of an individual's recovery							X				
II: Professional Role Competencies		The range of possible courses of recovery								X				

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II: Professional Role Competencies	Seek input and feedback from stakeholders in order to determine ways of improving services	The relevant stakeholders	Obtaining input and feedback from stakeholders by using the following:							X				
II: Professional Role Competencies		Confidentially policies	Active listening											
II: Professional Role Competencies			Asking facilitative questions						X					
II: Professional Role Competencies			Explaining information clearly						X					
II: Professional Role Competencies			Considering input collected in decision-making						X					
II: Professional Role Competencies	Recognize one's own role during conflict in order to facilitate resolution	Interpersonal conflict resolution techniques	Tracking sequential events in dialogue						X					
II: Professional Role Competencies		One's worldview including values, beliefs, perceptions and culturally learned assumptions	Identifying personal contributions to that conflict from the sequence of events						X					
II: Professional Role Competencies			Identifying changes in one's own behavior that contribute to a resolution of conflict						X					
III: Community Integration	Develop linkages with a wide range of community resources specific to meet the needs and goals of the	The relationship between community integration and recovery from serious mental	Networking with community and organizational leaders				X							

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	individual	illness												
III: Community Integration		Community resources including awareness of benefits and risks associated with various resources	Building relationships with key community resource personnel				X							
III: Community Integration	Link the individual to appropriate entitlement	Basic eligibility requirements, application procedures, and appeals process for entitlement and benefit programs	Assessing potential eligibility for entitlement and benefit programs			X			X					
III: Community Integration			Forwarding appropriate referral information and medical/rehabilitation assessments to entitlement/benefit			X			X					
III: Community Integration			Providing support as needed to assist the person in obtaining entitlements and benefits, completing forms, transportation, etc.			X			X					

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III: Community Integration	Integrate community resources and entitlement programs into assessment, planning and outcomes	Community support system principles	Completing a resource assessment, a plan and projected outcomes			X			X					
III: Community Integration		Available relevant resources and entitlements and how to incorporate them into plan	Matching individual's needs/goals with community resources			X			X					
III: Community Integration	Promote the use of natural supports within the neighborhood and community of the individual	Natural community supports	Assessing available natural community supports						X				X	
III: Community Integration		The benefits of the person's use of natural community support systems and reduced dependency on the mental health systems	Promoting the use of natural support systems						X				X	
III: Community Integration			Providing linkages with natural community support systems						X				X	
III: Community Integration	Challenge situations in the community that discriminate against the individual	Legal client/patient rights	Identifying stigmatizing behaviors, events, etc.						X				X	

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III: Community Integration		The effects of stigma and discrimination	Advocating for individuals when inappropriately denied benefits/entitlements						X			X	
III: Community Integration		Negotiation and mediation principles	Negotiating and mediating access to benefits/entitlements						X			X	
III: Community Integration		How to teach people the skills to recognize and respond to discrimination	Teaching self-advocacy skills						X			X	
III: Community Integration	Connect the individual to legal and/or requested resources in order to promote self-advocacy	Formal advocacy services and the referral/intake process for them	Connecting persons with advocacy resources						X				
III: Community Integration	Provide information on alternatives and complementary supports to traditional psychiatric treatment	The efficacy and goals of support groups, peer-run self-help groups, and peer-directed service and advocacy associations peer support programs and wellness programs (e.g., WRAP, and culturally based wellness programs)	Locating appropriate informational programs for individuals			X							
III: Community Integration		Alternative and complementary supports available in the community	Collaborating with the person as to how he/she can initiate his/her own			X							

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			alternative programs											
III: Community Integration			Promoting the person involvement in alternative programs			X								
III: Community Integration	Develop community resources to meet needs of the individual	Community Support systems	Partnering with persons and other stakeholders to develop needed resources in the community											
III: Community Integration		Empowerment principles				X								
IV: Assessment, Planning, and Outcomes	Assist the individual to identify personal priorities, preferences, strengths and interests in order to help them establish goals	Rehabilitation readiness assessment techniques (e.g., satisfaction/dissatisfaction with current situation, current commitment to change, awareness of self/personal preferences and relationships with natural supports)	Conducting rehabilitation readiness assessments		X									
IV: Assessment, Planning, and Outcomes		Values clarification techniques	Conducting values clarification exercises		X									

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IV: Assessment, Planning, and Outcomes		Engagement techniques	Teaching goal setting (i.e., Smart goals - Specific, Measurable, Action oriented/Achievable, Responsible, Time-limited)		X									
IV: Assessment, Planning, and Outcomes		Motivational interviewing	Identifying multiple pathways for achieving specific goals		X									
IV: Assessment, Planning, and Outcomes		Advance directive options	Supporting individuals in using advanced directive		X									
IV: Assessment, Planning, and Outcomes	Perform holistic assessments across multiple life domains with the individual in order to identify strengths, supports and barriers	Rehabilitation process including rehabilitation goals, functional assessments, resource assessments, clinical assessments, and assessments of needed specialty services	Using appropriate protocols for assessing functional, resource, clinical and specialty service needs				X							
IV: Assessment, Planning, and Outcomes		Strengths-based assessment techniques	Eliciting individual's involvement in collecting subjective and objective data for them				X							

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IV: Assessment, Planning, and Outcomes		Holistic assessment techniques	Sharing information collected with the person to facilitate understanding				X							
IV: Assessment, Planning, and Outcomes		Available treatment/rehabilitation options	Collaborating with the person in identifying strengths/needs for achieving success in the chosen environment				X							
IV: Assessment, Planning, and Outcomes		Treatment options which support individual strengths	Identifying needed supports and potential barriers				X							
IV: Assessment, Planning, and Outcomes		The relationship between choice and individual outcomes					X							
IV: Assessment, Planning, and Outcomes	Collaborate with the individual to help them identify their individual preferences in dealing with crisis	Coping mechanisms for dealing with crisis (e.g., problem-solving techniques)	Facilitating individual's choice of preferences dealing with crisis		X	X								
IV: Assessment, Planning, and Outcomes			Identifying individual coping strategies and skills		X	X								
IV: Assessment, Planning, and Outcomes			Developing a proactive plan with the individual which specifies steps to take in a crisis		X	X								

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IV: Assessment, Planning, and Outcomes	Collaborate with the individual to write goals with specific action steps in order to develop effective treatment/rehabilitation/recovery plans	The elements of a goal statement	Utilizing SMART approach to goal setting		X									
IV: Assessment, Planning, and Outcomes	Inform individual of service options in order for them to choose the appropriate types and levels of service	Empowerment principles	Identifying service options with the individual		X									
IV: Assessment, Planning, and Outcomes		The rationale for flexibility in setting the intensity of services and levels of services	Providing services with flexibility		X									
IV: Assessment, Planning, and Outcomes	Identify opportunities that empower the individual transition from professional provider service natural community supports	Alternatives to professional support	Facilitating connectedness to natural support systems			X			X					
IV: Assessment, Planning, and Outcomes		Natural support system	Encouraging persons to use natural support systems			X			X					
IV: Assessment, Planning, and Outcomes		Skills training methods	Identifying useful natural supports			X			X					
IV: Assessment, Planning, and Outcomes		Self-help approach	Collaborating with natural support systems			X			X					

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IV: Assessment, Planning, and Outcomes			Assessing necessity with the individual of professional provider services			X			X					
IV: Assessment, Planning, and Outcomes	Regularly evaluate with the individual, his/her satisfaction with progress toward their recovery goals	The definition of goals	Writing rehabilitation plans in understandable language		X									
IV: Assessment, Planning, and Outcomes		Diversity of potential goals	Collecting data regarding the achievement of goals		X									
IV: Assessment, Planning, and Outcomes		Rationale for assessing individual satisfaction	Assessing individual's needs at regular intervals		X									
IV: Assessment, Planning, and Outcomes		Limitations of individual's self-reported satisfaction measures			X									
IV: Assessment, Planning, and Outcomes		Needs assessment techniques			X									
IV: Assessment, Planning, and Outcomes		The important of immediate assessment and planning of goals			X									
IV: Assessment, Planning, and Outcomes		Components of a rehabilitation plan			X									
IV: Assessment, Planning, and Outcomes		The need to assess goals			X									

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IV: Assessment, Planning, and Outcomes	Modify the recovery plans based on the individual evaluation of progress toward their recovery goal	Range of goals	Collaborating to identify alternative objectives and goals		X										
IV: Assessment, Planning, and Outcomes		Range of available interventions	Collaborating to identify alternative intervention options		X										
IV: Assessment, Planning, and Outcomes		Range of available assessment methods	Listening to feedback from persons		X										
IV: Assessment, Planning, and Outcomes			Making requested changes in plans		X										
IV: Assessment, Planning, and Outcomes			Honoring person's choice or preference for all alternative plans or modified plans		X										
IV: Assessment, Planning, and Outcomes	Consult with individuals and their self-identified participants in their recovery about the individual's satisfaction with current services	Confidentially laws and regulations	Assessing confidentiality issues												X
IV: Assessment, Planning, and Outcomes		Surveys, satisfaction studies, interviews and focus groups	Meeting/communicating with families and/or significant others												X
IV: Assessment, Planning, and Outcomes			Selecting measures of satisfaction for available services												X

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V: Interventions for Goal Achievement	Use outreach techniques, including telephone, mail and personal visits, in order to engage the individual interventions	Methods to determine if and when outreach is necessary	Determining that the outreach is needed							X				
V: Interventions for Goal Achievement		Difference outreach techniques based on need and individual preference	Choosing crisis intervention techniques based on the individual's needs and preferences							X				
V: Interventions for Goal Achievement		Strategies to locate individuals who may need services	Choosing engagement techniques based on the individual's needs and preferences							X				
V: Interventions for Goal Achievement		Privacy and confidentiality laws and regulations								X				
V: Interventions for Goal Achievement	Teach communication skills to the individual to help them achieve their goals	Skills of verbal and non-verbal communication	Planning of a skill development program which includes:					X						
V: Interventions for Goal Achievement		Goal setting techniques	Choosing the relevant skills to improve					X						
V: Interventions for Goal Achievement			Teaching specific communication skills					X						
V: Interventions for Goal Achievement			Demonstrating/ modeling communication					X						

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			skills											
V: Interventions for Goal Achievement			Arranging with the individual opportunities for skill practice					X						
V: Interventions for Goal Achievement			Giving useful feedback on skill performance					X						
V: Interventions for Goal Achievement	Provide interventions for change to the individual in order to promote the recovery process	Definitions of recovery	Teaching skills training exercises										X	
V: Interventions for Goal Achievement			Facilitating participation in social and community activities										X	
V: Interventions for Goal Achievement			Facilitating groups										X	
V: Interventions for Goal Achievement			De-escalating crisis										X	
V: Interventions for Goal Achievement			Developing leadership among persons										X	
V: Interventions for Goal Achievement			Learning and applying outreach techniques										X	
V: Interventions for Goal Achievement	Teach the individual problem-solving skills to help them achieve their goals	Steps in problem-solving	Assisting the individual in defining problems					X						

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V: Interventions for Goal Achievement		The impact of specific disorders on the ability of the individual to solve problems	Generating alternative solution					X						
V: Interventions for Goal Achievement		Learning styles	Writing problem solving plans in understandable language					X						
V: Interventions for Goal Achievement			Explaining problem solving steps in understandable language					X						
V: Interventions for Goal Achievement			Explaining steps in understandable language to others who are assisting in the plan					X						
V: Interventions for Goal Achievement			Using feedback from persons in all steps					X						
V: Interventions for Goal Achievement	Develop relapse prevention strategies for mental and physical health and co-occurring disorders	Psychiatric relapse prevention strategies	Assessing changes in psychiatric symptomatology	X										
V: Interventions for Goal Achievement		Physical health/wellness strategies	Assessing changes in behavior or appearance that may be indicative of relapse	X										
V: Interventions for Goal Achievement		Medication therapeutic effects	Assessing the individual's concerns about psychiatric symptoms	X										

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V: Interventions for Goal Achievement		Medication side effects	Assessing the individual's other medical concerns	X										
V: Interventions for Goal Achievement		Interrelationship of psychiatric disorders and other medical conditions	Linking appropriate psychiatric, substance abuse and medical services	X										
V: Interventions for Goal Achievement		Psychiatric , substance abuse, and physical symptoms that can often be confused	Conducting follow-up of referrals to collaborative providers	X										
V: Interventions for Goal Achievement		Wellness Recovery Action Plans (WRAP)		X										
V: Interventions for Goal Achievement	Utilize group formats to engage individual in a wide range of activities	The benefits of peer support and feedback	Creating opportunities to interact in group					X						
V: Interventions for Goal Achievement		Cognitive deficits that may require specialized interventions						X						
V: Interventions for Goal Achievement	De-escalate crises experienced by individual in order to avoid negative outcome	The impact of various stressors and triggers that contribute to relapse and crisis	Maintain a calm demeanor									X		
V: Interventions for Goal Achievement		The role of medication	Reassuring person that they will receive that they need									X		
V: Interventions for Goal Achievement		Specific interventions that de-escalate crisis and the removal of the person	Persuading person to receive services and/or take medication									X		

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		from stressors													
V: Interventions for Goal Achievement		Stress theory	Accompanying person to needed services or supports 58									X			
V: Interventions for Goal Achievement		Advanced directives	Involving appropriate providers, healers, family members friends, religious representative (social network)									X			
V: Interventions for Goal Achievement		Commitment laws and procedures	Assessing level of functioning stability, risk									X			
V: Interventions for Goal Achievement		Procedures for access to psychiatric emergency, hospitalization, respite and diversion services	Developing a plan for implementation of crisis stabilization services									X			
V: Interventions for Goal Achievement		Assessment tools designed for specific sets of symptomatology	Following procedures for voluntary and involuntary hospitalization									X			
V: Interventions for Goal Achievement		Reasons that people discontinue medications	Using methods to inform of the effect of their behaviors (personal assertion)									X			
V: Interventions for Goal Achievement		Signs of imminent dangerous behavior	Using direct instruction to guide client behavior									X			

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V: Interventions for Goal Achievement		When to involve police or other safety personnel	Applying appropriate de-escalation techniques									X		
V: Interventions for Goal Achievement		When and how to provide transportation										X		
V: Interventions for Goal Achievement	Modify environments of individual strategies to initiate and sustain the recovery process	Group dynamics	Facilitating the development of peer support groups								X			
V: Interventions for Goal Achievement		"Reasonable accommodations " in adapting the physical and social environment	Advocating effectively								X			
V: Interventions for Goal Achievement		Community support systems strategies	Involving persons in program development and program evaluation								X			
V: Interventions for Goal Achievement		Models of supported education, supported employment, supported housing	Establishing linkages with formal and informal community supports								X			
V: Interventions for Goal Achievement		Functional and resource assessment									X			
V: Interventions for Goal Achievement		Recovery process									X			

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V: Interventions for Goal Achievement	Use motivational enhancement and readiness development strategies to initiate and sustain the recovery process	Readiness assessment and readiness development	Assessing and developing readiness										X	
V: Interventions for Goal Achievement		Motivational theory	Sharing information with person served										X	
V: Interventions for Goal Achievement		Motivational interviewing and stages of change	Using motivational interviewing techniques including reflecting, affirmation, rolling with resistance and developing discrepancies										X	
V: Interventions for Goal Achievement		Benefits of peer role models and supports	Facilitating the individual's exposure to and interactions with successful peer role models										X	
V: Interventions for Goal Achievement	Encourage the individual to continue fulfillment of desired roles	Program models used to promote role achievement in living, learning, working and social environments	Assisting an individual in recognizing his/her strengths and interests to explore possible options						X					
V: Interventions for Goal Achievement		A range of interventions used to promote role achievement	Assisting an individual in implementing their chosen intervention						X					

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V: Interventions for Goal Achievement			Assisting an individual in choosing a program model approach that fosters the person's chosen role						X					
V: Interventions for Goal Achievement	Provide education on issues related to psychiatric disabilities (e.g., etiology, course and biological factors of psychiatric disorders; psychiatric rehabilitation, psychotropic medication and other mental health approaches; and legal issues, benefits and entitlements)	Psychiatric rehabilitation	Gathering , assessing and summarizing information in all knowledge				X							
V: Interventions for Goal Achievement		Etiology, course and biological factors of psychiatric disorders	Using written or verbal communication to facilitate informed choice				X							
V: Interventions for Goal Achievement		Basic psychotropic medication issues including therapeutic and side effects					X							
V: Interventions for Goal Achievement		Legal issue relevant to mental illness and its treatment					X							
V: Interventions for Goal Achievement		Benefits and entitlements					X							

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V: Interventions for Goal Achievement		Other mental health approaches					X							
V: Interventions for Goal Achievement	Provide best-practice procedures, treatments, and approaches which help PERSONS achieve their goals	Personal definition of recovery and goals	Choosing interventions based on the individual's needs, preferences, interests and goals		X									
V: Interventions for Goal Achievement		Best practice interventions that have been replicated and reported in peer reviewed literature (i.e., medication, supported employment, family's psycho education, assertive community treatment, integrated dual disorder treatment, illness management and recovery)	Providing best-practice/emerging interventions		X									
V: Interventions for Goal Achievement		Emerging practice interventions (e.g., supported housing, peer run services, WRAP)	Evaluate with the individual progress toward his/her personal goals		X									

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VI: Systems Competencies	Intervene to stop stigma, oppression, discrimination, and prejudice against individual in order to increase their access to jobs, housing and community activities	Forms of discrimination in housing, employment and community	Accessing regulations and laws regarding disability rights and discrimination																	X
VI: Systems Competencies		Applicable housing regulations	Advising persons of their rights																	X
VI: Systems Competencies		Equal opportunity laws	Advising persons of strategies they can use to protect their rights																	X
VI: Systems Competencies		Employment discrimination law	Presenting concerns to appropriate parties																	X
VI: Systems Competencies		Range of strategies to counteract discrimination																		X
VI: Systems Competencies		Protection and advocacy systems																		X
VI: Systems Competencies		Disability legislation																		X
VI: Systems Competencies	Advocate for better access to public services and resources for the individual in order to facilitate their recovery and full integration into the community	Admission criteria	Educating individuals to admissions criteria																	X

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VI: Systems Competencies		How public resources are allocated at local and national levels	Advocating with public resources to ensure access																	X
VI: Systems Competencies		Agency policy regarding advocacy	Advocating for increased resources																	X
VI: Systems Competencies		Agency policy regarding public statements	Using cost and outcome data as an advocacy tool																	X
VI: Systems Competencies			Collaborating with other advocates																	X
VI: Systems Competencies			Advocating to agency management of your own organization																	X
VI: Systems Competencies	Advocate for needed regulatory policies related to the individual in order to reduce discrimination and to increase resources for services and accommodations	Relevant legislation regarding discrimination	Communicating with relevant public officials																	X
VI: Systems Competencies		Limitations of existing legislation, laws and regulations	Explaining limitations in existing laws and regulations to public officials																	X
VI: Systems Competencies		Law regarding accommodations	Explaining proposals for improvements in laws and regulations																	X
VI: Systems Competencies		Protection and advocacy systems																		X
VI: Systems Competencies		Benefit and entitlement																		X

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		programs													
VI: Systems Competencies	Advocate for system integration among public resources and community resources in order to expand opportunities for the individual	How public resources are allocated	Gathering information about public and community resources												X
VI: Systems Competencies		Community resources	Facilitating visits and meetings between providers												X
VI: Systems Competencies		How public and community resources interact													X
VI: Systems Competencies	Advocate for system changes to make services responsive to the needs of the individual	Government regulatory systems	Assessing relevant needs of the person served												X
VI: Systems Competencies		Needs of people with psychiatric disabilities	Advising persons and their natural support systems on the navigation of service systems												X
VI: Systems Competencies		Agency functioning at different governmental levels	Initiating meetings of individuals from different systems												X
VI: Systems Competencies		Strengths and limitations of agencies at different governmental levels	Suggesting changes for integrating services and resources												X
VI: Systems Competencies		Features of various service delivery systems	Advocating for flexibility in the service systems												X

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VI: Systems Competencies		Strengths and limitations of local treatment delivery systems	Using services and resources from diverse systems																		X
VI: Systems Competencies		Lack of integration among systems																			X
VI: Systems Competencies		The role of national and local psychiatric rehabilitation organizations in advocacy																			X
VI: Systems Competencies																					X
VI: Systems Competencies	Advocate civil rights and protections as well as human rights and protection for the individual	Civil rights laws and regulations	Teaching civil rights and protection to persons so they can self-advocate																		X
VI: Systems Competencies		Human rights advocacy information and activities	Quoting law to persons/programs in violation and advocate for change																		X
VI: Systems Competencies			Linking with others to bring legal action																		X
VI: Systems Competencies	Assist the individual in their use of other service systems to meet their personal goals	Service systems outside psychiatric rehabilitation	Explaining service systems outside psychiatric rehabilitation			X															
VI: Systems Competencies		Holistic needs of persons	Suggesting strategies for using systems			X															
VI: Systems Competencies		Diverse strengths and goals of persons	Assisting persons to speak on their own behalf			X															

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VI: Systems Competencies			Designing opportunities for persons to practice skills of navigating systems			X								
VI: Systems Competencies	Develop leaders among the individual in order to advocate for and work with peers	Peer leadership development theories	Recognizing the capacity for various levels of leadership					X						
VI: Systems Competencies		Peer leadership development methods	Assisting persons to identify preferences in leadership roles					X						
VI: Systems Competencies		Leadership training activities and programs	Providing opportunities for persons to perform a variety of leadership roles					X						
VI: Systems Competencies			Providing coaching, feedback, modeling, reinforcement, reassurance and recognition of achievement					X						

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VII: Diversity and Cultural Competency	Engage and include the individual from all the diverse backgrounds (e.g., socio-economic status, race, ethnicity, gender, sexual orientation, age, nationality, disability status, religion, spirituality) that comprise the demographics of the community where services are provided	Community assessments, techniques and procedures for determining the presence of diverse cultural groups	Finding information regarding demographics of persons from diverse cultural groups								X			
VII: Diversity and Cultural Competency		Diverse cultural demographic of the community	Using techniques and modalities that match specific cultural parameters								X			
VII: Diversity and Cultural Competency		Help-seeking behaviors of diverse cultural groups	Making referrals to the appropriate cultural providers and healers								X			
VII: Diversity and Cultural Competency		Cultural parameters (surface culture, music, etc., family involvement, leadership, cognitive and institutional styles, ID development, healing practice) of diverse groups									X			

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VII: Diversity and Cultural Competency		Rehabilitation/treatment modalities that match cultural preferences									X			
VII: Diversity and Cultural Competency		Diverse cultural group communication styles and language									X			
VII: Diversity and Cultural Competency		Diverse cultural groups that provide services									X			
VII: Diversity and Cultural Competency		The principals that govern the development of relationships in diverse cultural groups									X			
VII: Diversity and Cultural Competency	Identify one's own culturally learned assumptions (e.g., ethnocentrism, cultural encapsulation) to promote culturally competent collaborative relationships with PPD and their natural support systems (e.g., families, significant others, friends, community supports)	One's own culture and heritage	Using awareness and knowledge of one's own cultural background and assumptions to enhance the collaborative relationship								X			
VII: Diversity and Cultural Competency		One's own perceptions and assumptions of cultural groups served									X			

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VII: Diversity and Cultural Competency		Dynamics of stigma, oppression, discrimination and prejudice									X			
VII: Diversity and Cultural Competency		When guidance is necessary to determine the impact of one's own culturally learned assumptions									X			
VII: Diversity and Cultural Competency	Assess cultural factors to ensure culturally competent diagnoses, goals, planning, and rehabilitative interventions	How cultural factors influence diagnosis and assessment	Incorporating cultural factors into the rehabilitation processes of diagnosis, assessment, goals, planning and interventions								X			
VII: Diversity and Cultural Competency		Cultural limitations of assessment and diagnostic tests	Selecting and using appropriate interpreters								X			
VII: Diversity and Cultural Competency		Cultural specific [emic] and cultural general [etic] symptoms and syndromes	Involving healers and providers								X			
VII: Diversity and Cultural Competency		Cultural specific [emic] and cultural general [etic] rehabilitation/treatment modalities and interventions	Incorporating cultural expectations of natural support systems into all aspects of the rehabilitation process								X			
VII: Diversity and Cultural Competency		Role of interpreters									X			

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VII: Diversity and Cultural Competency		Cultural providers and healers in the community being served									X			
VII: Diversity and Cultural Competency		Cultural influences that impact goals and expectations									X			
VII: Diversity and Cultural Competency	Conduct all recovery activities in the preferred language and communication style (e.g., verbal and non-verbal, slang, eye-contact, personal space) of individuals and their natural support systems	Culturally diverse communication styles									X			
VII: Diversity and Cultural Competency		Linguistic services in the community									X			
VII: Diversity and Cultural Competency	Remove institutional barriers that sustain stigma, oppression, discrimination, add prejudice in order to provide culturally competent service	Cultural and discriminatory barriers to services in areas such as language, agency policies, regulatory environment, and understanding of diverse cultural groups	Identifying the impact of cultural barriers								X			
VII: Diversity and Cultural Competency		Cultural identity development theory and its relationship to staff assignment	Advocating to reduce the impact of discriminatory practices on the person								X			

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VII: Diversity and Cultural Competency		Evaluation of services to determine their impact on diverse cultural groups including client satisfaction surveys	Facilitating self-advocacy								X			
VII: Diversity and Cultural Competency		Strategies for soliciting and incorporating input from natural support systems on the development of culturally appropriate services	Teaching coping skills in response to institutional barriers								X			
VII: Diversity and Cultural Competency		Laws relating to the rights of people with disabilities	Explaining laws relating to the rights of people with disabilities								X			
VII: Diversity and Cultural Competency		Organizational grievance procedures	Teaching clients when and how to use organizational grievance procedures								X			
VII: Diversity and Cultural Competency	Teach person the individual and their natural support systems the skills to recognize and overcome cultural barriers	Cultural and discriminatory barriers to services in areas such as language, agency policies, regulatory environment	Recognizing client behaviors a result of discriminatory experiences								X			
VII: Diversity and Cultural Competency		Skills the client needs to address cultural barriers	Teaching coping skills in response to institutional barriers								X			

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VII: Diversity and Cultural Competency		Impact of cultural barriers on person's readiness to change	Facilitating self-advocacy by teaching clients and families to access services and resources								X			
VII: Diversity and Cultural Competency		Community organizations that work to remove cultural barriers and discriminatory practices	Referring clients to community organizations that work to remove cultural barriers and discriminatory practices								X			
VII: Diversity and Cultural Competency		The effects if discrimination on psychiatric symptoms and diagnosis									X			
VII: Diversity and Cultural Competency	Receive input and provide feedback to the individual and their natural support systems in order to provide services that meet their needs	Differential treatment experienced by members of diverse communities	Gathering oral and written information from members of diverse groups regarding the quality of services											X
VII: Diversity and Cultural Competency			Providing members of diverse group oral and written findings regarding quality of service											X
VII: Diversity and Cultural Competency	Evaluate service utilization rates to determine consistency with community demographics	Demographics and utilization rates for diverse cultural populations	Reviewing number of persons using services by cultural groups							X				

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VII: Diversity and Cultural Competency			Reviewing client improvement in outcomes by cultural groups							X			
VII: Diversity and Cultural Competency			Interpreting demographic data and utilization rates										