

## Allegheny County Coalition for Recovery

# Guidelines for Developing Recovery Oriented Behavioral Health Systems

### Introduction:

This document has been developed by the Quality Improvement Workgroup of the Allegheny County Coalition for Recovery. It is intended to promote thought, discussion and action related to system transformation. The workgroup hopes that service providers and organizations will think about behavioral health recovery in a comprehensive way, and that they will develop their own ideas on achieving Recovery Oriented Services (ROS). We hope that the document will help people engage in discussion about practices and approaches that will promote recovery for people who experience behavioral health disorders. We would be thankful if those governing, organizing and providing services use these guidelines as a starting point to move services in a direction that will enhance the recovery of all those they serve.

The Allegheny County Coalition for Recovery was formed in the fall of 2001. Stakeholders in the county behavioral health system were concerned that service providers and service users were often unaware of, or did not understand, principles of recovery. Few service providers actually used these principles as a way to think about and organize the services that were being offered. Most services had been organized to meet the demands of a medical model in which service users had few choices and limited participation in the treatment planning process. Service users often felt trapped by and dependent on a system offering limited choices and little hope for a fulfilling future.

The Coalition began its work by developing three work groups. The first, Public Awareness, has the charge of combating stigma and raising awareness. It informs the public, service providers and service users that individuals affected by mental illness and addiction can and do recover. The role of the second work group, Education and Training, is to develop educational resources and programs. These provide service users and providers with a deeper understanding of recovery principles and practices. The committee developed an education toolkit to help structure the process and create partnerships between these two groups. The third group, Quality Improvement, has the task of developing guidelines for service systems to use in developing the recovery perspective. The challenge is to make this perspective a central and transforming component in the evolution of behavioral health systems. Along with these guidelines a set of measurable indicators has been developed to help service providers gauge their progress toward achieving a Recovery Oriented Service system.

The coalition consulted numerous sources and listened to the stories of many people in recovery. Although definitions of recovery are quite personal, and there are many variations in recovery perspectives, some common threads of recovery began to emerge:

- Recovery is an ongoing process that continues through life
- Recovery is about personal growth and restoration.
- Recovery allows the renewal of purpose, meaning and hope.
- Recovery is about revelation, acceptance, self-awareness.
- Recovery is about dignity and self-respect.
- Recovery means independence, personal responsibility and productivity.
- Recovery involves tolerance, forgiveness and adaptability.
- Recovery is about connecting in a fulfilling way with a community of other people.
- Recovery is about establishing meaningful relationships.
- Recovery is a universal concept that can be used by anyone.
- Recovery is about overcoming stigma.

## About the Guidelines

The Quality Improvement Workgroup of the Allegheny County Coalition for Recovery developed this document as a way to promote thought, discussion and action toward the development of a Recovery Oriented Behavioral Health System in our county. In the United States and in PA the concept of recovery is gaining momentum as the organizing principle for the delivery of behavioral health services. The Office of Behavioral Health in Allegheny County is committed to developing a service system which is based on the principles of recovery and which facilitates recovery for persons who are engaged with that system. This document will help service providers develop or enhance their own process of transformation.

The document is divided into three main topic areas. **Administration** involves those aspects of recovery oriented services that relate to agencies or organizations, or the broader policies and approaches of organizations. **Treatment** refers to those areas relating primarily to services traditionally delivered in clinical settings. Because recovery oriented services emphasize integration of a variety of services, the intent is not to reinforce the separation of services, but rather to highlight some of the critical areas where recovery oriented service delivery may differ from more traditional methods. **Support Services** refer to a range of services that are generally outside of the traditional clinical services, but yet are very important to recovery. These services need to be coordinated and integrated with the other services.

Each subsection includes a general description of how Recovery Oriented Services should approach the topic area. These **guidelines** were deliberately kept brief, so they necessarily do not touch on all the complexities of each topic. The guideline paragraph is followed by a set of two to four **indicators**, which may be used as observable measures of the extent to which a service provider may be successfully implementing recovery oriented services. Finally, a glossary provides definition or description of terms used in the guidelines and indicators. Wherever they appear in the document, these terms are noted with an asterisk (\*).

*A Note on Language:* Every attempt has been made to be respectful and clear in our use of language. However, there are many different viewpoints concerning which terms to employ relative to people using services. We originally had “people using services” to denote such persons. Some people preferred the term “consumer”, and some advocated for “persons served” or “participants.” In the end, at least for this version of the document, we use the term “service user” to denote these individuals, and we use “service provider” to denote those people and organizations who deliver services or who administer services. We acknowledge this as an imperfect solution, and ask for everyone’s tolerance and consideration of our good intentions. Another linguistic item that provoked response in our early drafts was the term “recovery” itself. Many folks felt it was too limited, too much associated with a particular set of services, or insufficiently descriptive of the range of principles and practices associated with it. Some people suggested “wellness” as a more adequate term, while others preferred “consumer-centered” or “holistic” as other terms. We acknowledge these and the many other suggestions, but we are for now sticking with the term “recovery.” This term has gained considerable recognition in recent years. Certainly it is widely associated with the principles and practices which we are attempting to promote. It is reasonable to expect that the language of recovery will evolve along with the concepts. Finally, our document refers to adults with mental health or substance use disorders, or both. Although the principles and practices have considerable applicability in children’s services, the language of “recovery” is not yet widely associated with children’s services. The coalition is currently exploring this area with another fledgling workgroup.

We appreciate the many people who contributed to this document, and we acknowledge the numerous resources used in its development. It is not a final product, but like any quality improvement effort, it is a start at something that will need to be continually scrutinized and modified. We hope that these guidelines will be easy to understand and use, and that they will be helpful as we begin the process of reinventing the ways we think about and deliver services. Future versions will include the wisdom gathered from the many people who read and comment on these ideas. Comments and suggestions are always welcome.

For more information please go to the Allegheny County Coalition for Recovery Website, [www.coalitionforrecovery.org](http://www.coalitionforrecovery.org) or call (412) 350-5286.

## Administration

Recovery Oriented Services require that the provider agency is organized and administered in a way consistent with promoting recovery for service users. In some cases this may involve restructuring basic administrative processes. It also involves new kinds of relationships with service users, family members, and the community.

### Organizational Philosophy and Strategic Planning\*

For organizations to successfully provide recovery-oriented services, they must state their commitment to the recovery philosophy in their mission. The organizational mission should state that individuals with mental illness and/or addictions can achieve recovery over time. Strategic planning\* goals must include developing and strengthening the community of recovering persons.

#### *Indicators:*

- Service users and family members participate in the strategic planning\* process.
- Service users are paid for participating in planning activities.
- Mission and vision statements clearly state a commitment to helping people enter recovery and a plan for achieving recovery-oriented services.
- The strategic plan outlines steps for developing recovery-oriented services.

### Stigma within the Organization

Stigma is a barrier to recovery because it prevents people from being valued on the basis of their personal strengths. Service providers must be aware of their own attitudes toward individuals and avoid stereotyping\* people based on their illness/addiction. To accomplish this, the organization must accept persons in recovery at whatever stage the person has achieved, and recognize that each person's progress is unique.

#### *Indicators:*

- Recovery plans\* reflect individual strengths and value the choices of the service users.
- Service users feel understood and respected by service providers.
- The successes of service users in achieving their goals are recognized and celebrated.
- Service users are recruited and supported in meaningful participation at all levels of the organization (service provision, evaluation, budgeting, governance).

### External Stigma

Service users often face stigma in the community. Service providers have a responsibility to prepare and assist service users to live successfully in the community. Service providers should also lessen stigma by educating the community. This can include networking with community leaders and organizations, and providing education and training events.

#### *Indicators:*

- Organization joins service users in actively combating stigma in the community.
- Organization encourages service users to participate and take on leadership roles in local and regional advocacy groups.
- Service providers educate the community about recovery.

## **Training- Continuing Education for Service providers**

All service providers must have a thorough understanding of recovery concepts and service user perspectives. Continuing education programs should include training on recovery principles. Orientation and on-going training should give professionals opportunities to interact with service users in non-clinical settings. The organization's training standards and requirements should reflect both these goals.

### **Indicators:**

- Service users and providers have opportunities to interact outside clinical relationships\*.
- Service providers receive training on recovery principles.
- Service users participate in the training of service providers.

## **Continuous Quality Improvement (CQI)\***

As individuals most affected by service provision, service users are in the best position to identify improvement opportunities. They are also in the best position to develop and evaluate improvement plans. Therefore, quality improvement activities should involve service users at every level. Service users should be paid for their participation.

### **Indicators:**

- Service users are well represented in CQI activities and are paid for their participation.
- Service users feel they have significant and valued roles in CQI activities.
- The organization uses service users' opinions and ideas in identifying improvement areas and developing improvement plans.

## **Outcome\* Assessment**

Service providers are being held more and more accountable for the service users' outcomes\*. In recovery-oriented services the service user's progress in recovery and personal growth is recognized as a crucial part of service outcomes\*. Outcomes\* must measure concrete levels of function (like the number of days lived in the community and employment) and quality of life.

### **Indicators:**

- Service users help to figure out what outcome indicators to measure and how they should be measured.
- Outcome results are shared with service users in terms that are easy to understand.
- The organization uses results to improve services and programs.

## **Treatment**

Recovery Oriented Services need to provide treatment, or clinical services, in a way that promotes independence, choice, and community integration for the service user. Behavioral Health Services in the past have sometimes made service users dependent rather than independent, and have segregated people from the community rather than helping them integrate with the community.

## **Empowerment\***

An important part of recovery-oriented services is the empowerment\* of service users. People are empowered by active participation in developing their own care plan. Service users should also participate in the overall design of services. Service users will experience increased self-esteem\* and a higher quality of recovery by taking part in the decision-making process.

Service providers must recognize that service users have the right to make choices about their own care. This includes matters such as level of treatment\* and medication management. However, service users must accept responsibility for making informed choices regarding their own care and the results of these choices.

### **Indicators:**

- Choices made by service users are respected by service providers.
- Service users receive adequate and understandable information regarding service options and have opportunities to choose their services.
- Front-line staff effectively engage,\* educate and inform service users of their rights and responsibilities.

## **Available Treatment and Services**

Service users should be able to choose from a variety of treatments and service providers. Services should encourage and develop self-sufficiency\* and decision-making. Services should be flexible and tailored to the individual. Service options should include individual and group therapy, rehabilitation and skills building opportunities, different levels of case management, crisis management, and participation in medication management\*. Prevention, health maintenance, and illness self-management principles should guide all services.

### **Indicators:**

- Service options support recovery and include self-management practices.
- A wide variety of service options and providers are available.
- Service users and family members participate in agency decisions regarding resource use and service development.

## **Cultural Competence**

Culturally sensitive services show respect for individuals and their unique cultural environment. They recognize that beliefs and customs are diverse and impact the outcomes\* of recovery efforts. Cultural factors may be an important area of strength for recovering individuals. Access to service providers with similar cultural backgrounds and communication skills supports service user empowerment,\* independence, self-respect, and community integration.

### **Indicators:**

- Direct service staff has an ethnic/racial profile representative of the community being served.
- Service providers' staff meets established cultural competency standards.

## **Integration – Addiction, Mental Health, and Physical Health Services**

Recovery Oriented Services will value and promote holistic\* approaches to health maintenance and recovery. Co-occurring\* conditions need to be addressed at the same time.

**Indicators:**

- Recovery principles are the unifying concepts for provision of holistic\* mental health, physical health and addiction services.
- Service providers detect the presence of co-occurring\* substance and mental health disorders through screening processes.
- Co-occurring\* mental health and substance use disorders are treated at the same time and by the same clinician.
- Service providers assess service users' physical health needs and link them as needed to physical health care providers such as Primary Care Physicians, dentists, and the like.

**Involuntary Treatment\***

The use of involuntary treatment\* is not compatible with recovery principles. Therefore, providers of Recovery Oriented Services will make every effort to minimize or eliminate the use of involuntary treatments\*. When they are unavoidable, they should be used with great care. Involuntary treatment\* arrangements should occur in the least restrictive environments possible and maintained for the shortest period of time possible. Individuals must be treated with compassion and respect during involuntary treatment\*. Service users should be offered choices to the greatest extent possible with regard to their treatment plan. Service providers should encourage the transition to voluntary treatment status.

**Indicators:**

- Service user advocacy liaisons are appointed to courts and involuntary treatment\* authorities.
- Involuntary treatment\* is rarely used.

**Seclusion\* and Restraint\***

The use of seclusion\* and restraint\* should be used only in extreme situations where safety is threatened. When it is necessary, it should be kept to a minimum and should be implemented in the most humane manner possible. Seclusion\* and restraint\* should never be used at the same time. Service providers should discontinue use of these measures as soon as possible.

**Indicators:**

- Crisis plans use a progression of techniques designed to calm down dangerous situations.
- Debriefing\* occurs after all incidents requiring restraint\* or seclusion.\*
- When seclusion\* or restraint\* is necessary, it is brief and respectful.

**The Recovery Planning Process**

Comprehensive recovery plans\* include goals for treatment, supports, transitions, and health maintenance. Service users and providers develop the goals and the plan together. The plan should guide services and should be reviewed and updated regularly. The plan should be put to practical use in setting goals and measuring progress toward wellness through all phases of care. Service users should be able to choose components of the plan whenever possible. The recovery planning process should identify and use a person's strengths in designing a plan to overcome their difficulties.

**Indicators:**

- Recovery planning is a collaboration between service users and service providers.
- Recovery plans\* are used continually to guide care and are updated regularly.
- Recovery plans\* are individualized and emphasize the service user's strengths and choices.
- Service users have enough information to make good decisions regarding their recovery plans\*.

## **Advance Directives\***

Service providers should encourage and help users to complete advance directives.\* Advance directives provide a way to respect the wishes of service users should they become unable to make good decisions about their care in a crisis or period of extreme illness. Service providers should give enough information to service users so that they can make well-informed decisions. Service users should have opportunities to learn about and work on advance directives\* when they are in a reasonably good state of health.

### **Indicators:**

- Advance directives\* and crisis plans are encouraged and respected by the organization.
- Service provider organizations review advance directives\* during periods when the service user has relapsed, is in crisis, or is unable to make decisions about her/his own care.

## **Support Services**

People who are recovering may need a number of services in addition to clinical services. Some of these support services may be offered by behavioral health organizations, and some are available through other agencies or groups in the community. In any case service providers should help service users to identify their community support needs and to access related services.

### **Access to Community Support Services**

Service providers should be aware of the community support needs of service users. They should be familiar with available resources and assist the service user in accessing appropriate community services. These may include such services as transportation, housing, child care, government benefits, peer support, employment services, vocational and educational programs, and financial resources.

### **Indicators:**

- Service providers assess the community support needs of service users.
- Service providers help service users to learn about and use available resources.

### **Work and Meaningful Activity**

Service users should have access to a wide range of training, education, employment, and volunteer opportunities. Service providers should support service users' efforts to be successful in work and related activities. Services should also be available to help service users advance their careers through higher education or specific career training. Employment related training and support should be integrated with other services.

### **Indicators:**

- Service users have a wide range of employment and training opportunities with various levels of support for these activities.
- Service users feel supported in their vocational choices and assisted in their pursuit of employment success.
- Significant resources are set aside for helping service users to achieve their employment goals.

### **Education**

A basic element of recovery is the person's growth in awareness. Also, a frequent outcome of Recovery Oriented Services is people's participation in formal and informal educational opportunities. Recovery Oriented

Services should provide many ways for service users to learn about managing their illness and their recovery, community services, and opportunities for growth and development. The Recovery Oriented Service should help people access and use information in a variety of formats. Service providers should also support service users in their informal and formal educational efforts.

**Indicators:**

- Service users have many ongoing opportunities to learn about recovery, their illness, and services available to them.
- Service users are supported in pursuing formal and informal educational goals and opportunities.

**Community Involvement**

A major goal of Recovery Oriented Services is to help service users become fully involved in the community or communities of their choice. This includes both their chosen residential community as well as religious, vocational, social, political, or recreational communities. Involvement in such communities provides a person with many satisfying experiences and access to a wealth of natural supports. Service providers should assist persons in choosing and gaining access to such communities. Service providers should also assist persons in gaining the needed skills and supports to be successful in their chosen community roles.

**Indicators:**

- Service providers help service users to learn about and participate in a wide range of opportunities for positive and meaningful involvement in various community roles.
- Service users are recognized for their meaningful involvement in various communities.

**Family, Friends, and Significant Others\* Support**

People recovering from behavioral health challenges often credit the support of friends, family and significant others as a key component of recovery. This support has two elements in recovery-oriented services. The first is the support given by friends, family and significant others to service users. The second is the support needed by friends and family of service users. Family support can be a critical element in the successful recovery of service users. However, friends, family and significant others\* may have experienced considerable emotional, economic, and possibly physical disruption (e.g. children in CYF, parent incarceration, etc.) during the illness/addiction of loved ones and require education and support themselves.

**Indicators:**

- A wide range of educational opportunities are available to friends, family, and significant others\* of service users.
- Friends, family, and significant others\* other have the opportunity to participate in the treatment planning process with service user consent.
- Service providers facilitate the participation of family/significant others\* in mutual support activities.

**Peer Support**

Peer Support involves a range of activities and arrangements in which service users share information and supportive activities with one another. Peer support, also called mutual support, has had a long history of success in the substance abuse field. There is growing evidence of its importance and success in the mental health recovery field. Recovery Oriented Services should strive to maximize the ways that persons receiving service can benefit from peer support.

### **Indicators**

- Service users have a wide range of opportunities for peer support within and outside the organization providing services.
- Service users are recruited, hired, and trained for a variety of positions within the organization.

### **Housing**

A wide range of independent living and supported housing\* options should be available to service users. Service providers should try to support service users' preferences regarding their living situations. Housing that makes few demands of residents should be available, including housing that is tolerant of poorly controlled substance use.

#### **Indicators:**

- Service users express satisfaction with available housing options.
- Service users feel that their housing preferences are respected and accommodated to the greatest extent possible.
- A full range of housing options are available including various tolerant housing options.
- All housing options support independence, choice and progress.

### **Glossary:**

**Advance Directive:** A document which indicates a person's wishes with regard to treatment in the event that the person is not able to make decisions about her/his own treatment. The document may also indicate a person or persons who are empowered to make decisions about the service user's care in the event the service user is unable to do so.

**Clinical relationships:** The relationship between service users and service providers that is developed in a treatment setting.

**Continuous Quality Improvement:** Continuous Quality Improvement is a set of techniques used to help organizations make their practices more efficient and effective in producing valued outcomes. Although developed originally for business applications, many human service organizations use these techniques to improve their services.

**Co-occurring.** Conditions that are present at the same time. In behavioral health it often refers to substance abuse and mental health problems.

**Debriefing:** A process in which people who have been part of a traumatic event or stressful process have the opportunity to talk about it with a trained counselor. Debriefing helps prevent post traumatic stress.

**Empowerment:** A process of helping or allowing people to be more capable of directing their own lives and more independent in accomplishing their personal goals.

**Engage:** The activity of establishing a relationship with a person in order to help that person become active in a service.

**Holistic:** Something that addresses or takes into account the whole person with all the person's dimensions. Holistic includes body, mind, spirit, emotions, relationships, activities, etc.

**Involuntary Treatment:** Any treatment which the person does not choose. This may be treatment which has been ordered by a legal inpatient or outpatient commitment process, such as a “302 commitment”. It also refers more broadly to treatment or aspects of treatment which is imposed on a person against his or her will.

**Level of Treatment:** The intensity of treatment, or how restrictive a service is. The term often relates to some of the more traditional services on a continuum of care, such as inpatient, partial hospital, and outpatient. .

**Outcomes:** The results of a person or persons participating in a service. Outcome measurement counts the number people experiencing certain kinds of results after participating in services.

**Participation in medication management:** This refers to a partnership between the service user and the person prescribing medication. The goal is to work together to make decisions about what medicines to take and about the best dosages and schedules for taking the medicines.

**Recovery Plan:** This is a type of service plan or treatment plan that is developed in partnership with the service user. It includes specific recovery oriented goals chosen by the service user, and it identifies personal strengths and resources which may be helpful in meeting the recovery goals.

**Restraint:** Includes a variety of procedures which keep a person from acting or moving freely. Some restraints are physical, and some are chemical medications.

**Seclusion:** A process by which a person is removed from their usual environment and kept separate from other people.

**Self-esteem:** The attitude of thinking positively or well about ones self and about his or her value as a person.

**Self-sufficiency:** Being able to take care of oneself and do what one wishes without needing outside assistance.

**Significant others:** Individuals who have a close and important relationship to the service user, including friends, partners, or family members.

**Stereotyping:** The process of assuming that a person has a set of (usually negative) characteristics because of some other characteristic that they do have. Examples of stereotypes are, “all people wearing glasses are nerds,” or “all people with mental illness are dangerous.”

**Strategic planning:** The way an organization describes its mission, goals, and objectives, and lays out specific steps to achieve these over a certain period of time.

**Supported housing:** A program which provides help to people so that they can live successfully in their own apartments or homes. It is usually long term and flexible and may include many different kinds of help, including staff support, financial assistance, or links with a variety of other services.

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