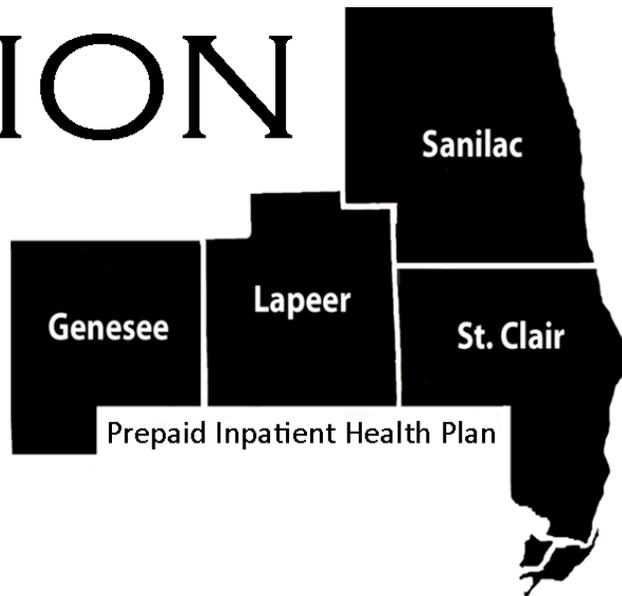


REGION

10



Recovery Self-Assessment Survey Report

FISCAL YEAR 2020

**Region 10 Prepaid Inpatient Health Plan (PIHP)
Recovery Self-Assessment (RSA) Survey Report FY2020
April 2020**

Introduction

The Recovery Self-Assessment-Revised (RSA-R) survey is one of the surveys recommended by the Michigan Department of Health and Human Services (MDHHS) to assess PIHP efforts to achieve a recovery-oriented system of care (ROSC). The RSA-R is designed to measure the degree to which programs implement recovery-oriented practices. It is a self-reflective tool used to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care. It is intended for use with programs/services for adults who have been diagnosed with a Serious Mental Illness (SMI), Co-occurring Disorders (COD), or Substance Use Disorder (SUD).

Information in this report should be used to support discussions to improve recovery-oriented practices, and to help program staff and persons in recovery identify practices in their behavioral health agency that facilitate or impede recovery.

The RSA-R survey is administered simultaneously in three separate versions. The three versions are the Person in Recovery Survey, the Provider Staff Survey, and the Administrator / Manager Survey.

Each survey includes questions which address the following six domains:

- Life Goals (Questions 3, 7-9, 12, 16-18, 28, 31, 32)
 - How the provider encourages persons in recovery to pursue individual goals and interests
- Involvement (Questions 22-25, 29, 33, 34)
 - How the provider involves the persons in recovery in their recovery process
- Diversity of Treatment (Questions 14, 15, 20, 21, 26, 35, 36)
 - How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery
- Choice (Questions 4-6, 10, 27)
 - How the provider considers the preferences and choices of persons in recovery during the recovery process
- Individually Tailored Services (Questions 11, 13, 19, 30)
 - How the provider helps persons in recovery tailor their treatment programs to their individual needs
- Inviting Space (Questions 1-2)
 - How welcoming the facility and its staff are to the persons in recovery

The questions for each survey are attached in the appendix section of this report.

Methodology

The RSA-R surveys were administered between October 7 – October 18, 2019. To collect information from persons in recovery, the RSA-R survey was administered to all individuals aged 18 years or older, who have Serious Mental Illness (SMI), Co-occurring Disorders (COD) and/or Substance Use Disorder (SUD), and received services during the two-week period between October 7 – 18, 2019 within the Region 10 PIHP Community Mental Health Service Provider (CMHSP) network and SUD Provider network. Surveys for persons in recovery could be completed individually, in groups, or with peer assistance.

The Provider survey was administered to all direct providers of service. Direct Providers are defined as those for whom 50% or more of their time is spent providing direct service to consumers. The Administrator / Manager survey was administered to all supervisor level staff and above. Administrators / Managers are defined as those for whom less than 50% of their time is spent providing direct services.

Administrators/Managers and Providers of recovery services were encouraged to complete the survey electronically via *Survey Monkey*. The survey tool was made available in paper format as well. Based upon agency preference, each CMHSP and/or SUD Provider was given the option to use either method for initial collection of data. If paper forms were utilized, it was the responsibility of the provider to input the data into *Survey Monkey* software.

Each question on the RSA-R Survey was scored using a 5-point Likert Scale which ranged from 1, “Strongly Disagree”, to 5, “Strongly Agree”. In addition to the Likert Scale, respondents could choose “Not Applicable” or “Don’t Know” for any survey question. In this report, “Not Applicable” and “Don’t Know” responses are excluded from the results. The scores presented on the following pages are the average scores per domain and respondent type.

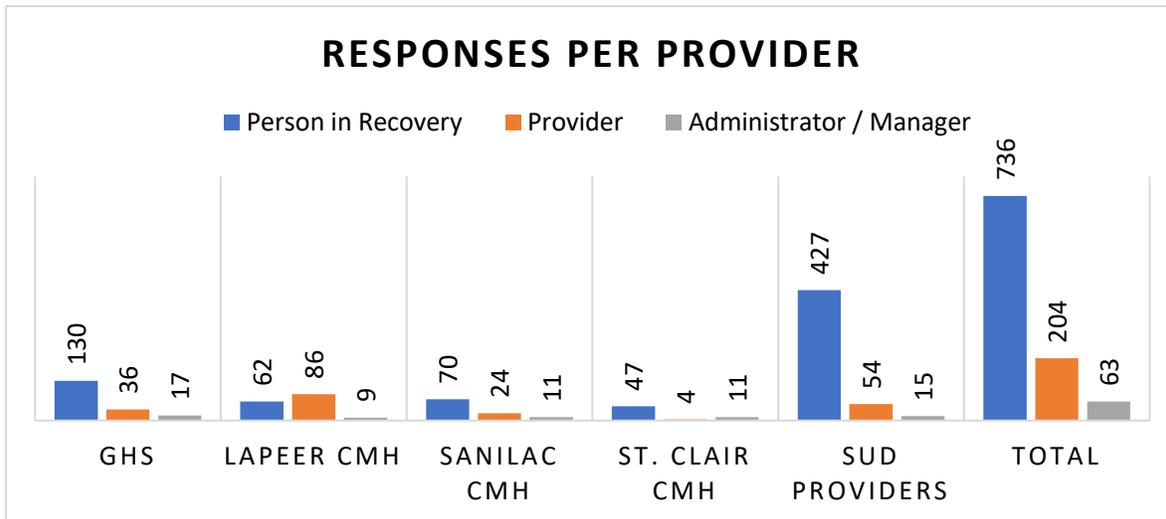
Likert Scale response options for each item, on all versions of the survey, include:

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree
- N/A – Not Applicable
- D/K – Don’t Know

Region 10 Survey Results

The RSA-R survey was administered by each of Region 10 PIHP’s CMHSP affiliates and SUD Providers. A total of 1,003 surveys were completed overall during the survey administration period. All results were analyzed via the survey collection tool. Trend analysis was also completed with FY2019 survey results.

The graph below shows a break-out of the number of surveys completed for each survey version by PIHP affiliate.



The table below shows a break-out of the number of surveys completed and the response rate for each survey version by PIHP affiliate.

RESPONSE TOTALS AND RATES PER PROVIDER

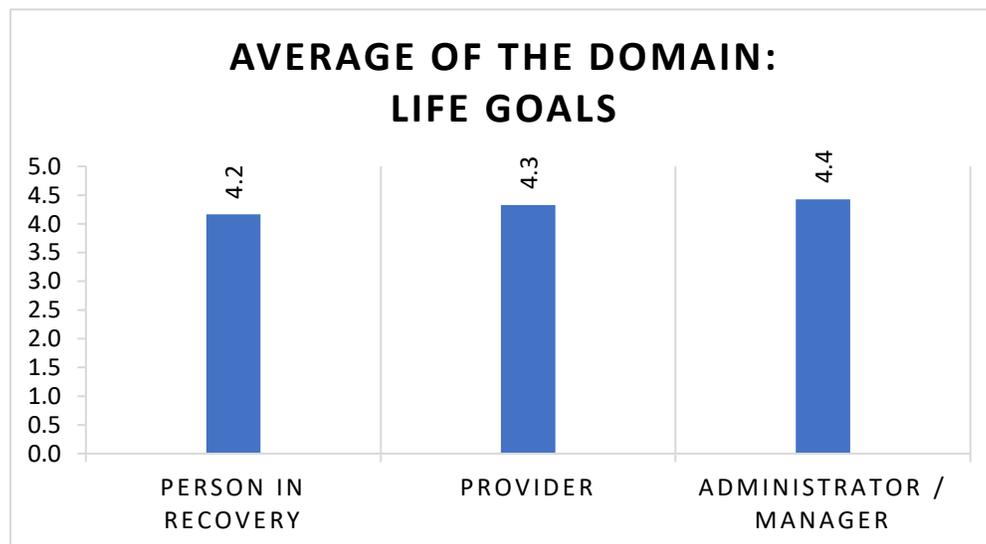
	Person in Recovery – # Surveys Completed	Person in Recovery – Response Rate	Provider – # Surveys Completed	Provider – Response Rate	Administrator / Manager – # Surveys Completed	Administrator / Manager – Response Rate
GHS	130	18%	36	18%	17	27%
Lapeer CMH	62	8%	86	42%	9	14%
Sanilac CMH	70	10%	24	12%	11	17.5%
St. Clair CMH	47	6%	4	2%	11	17.5%
SUD Providers	427	58%	54	26%	15	24%
Total	736	100%	204	100%	63	100%

The tables and graphs on the following pages display survey detail for each of the six domains for the Region 10 network:

Domain: Life Goals

How the provider encourages persons in recovery to pursue individual goals and interests

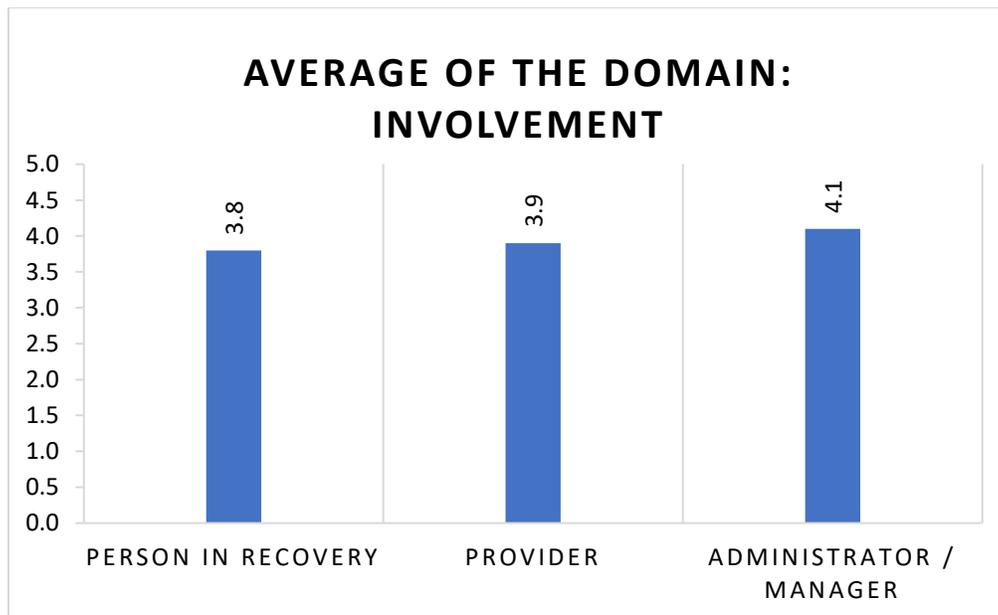
	Person in Recovery	Provider Staff	Administrator / Manager
Q3: Staff encourage program participants to have hope and high expectations for their recovery.	4.5	4.6	4.7
Q7: Staff believe in the ability of program participants to recover.	4.6	4.6	4.7
Q8: Staff believe that program participants have the ability to manage their own symptoms.	4.2	4.1	4.3
Q9: Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	4.3	4.3	4.5
Q12: Staff encourage program participants to take risks and try new things.	4.0	4.2	4.3
Q16: Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	4.3	4.5	4.6
Q17: Staff routinely assist program participants with getting jobs.	3.5	4.1	4.1
Q18: Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	3.9	4.3	4.2
Q28: The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.2	4.5	4.7
Q31: Staff are knowledgeable about special interest groups and activities in the community.	4.1	4.3	4.4
Q32: Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	4.2	4.2	4.2



Domain: Involvement

How the provider involves the persons in recovery in their recovery process

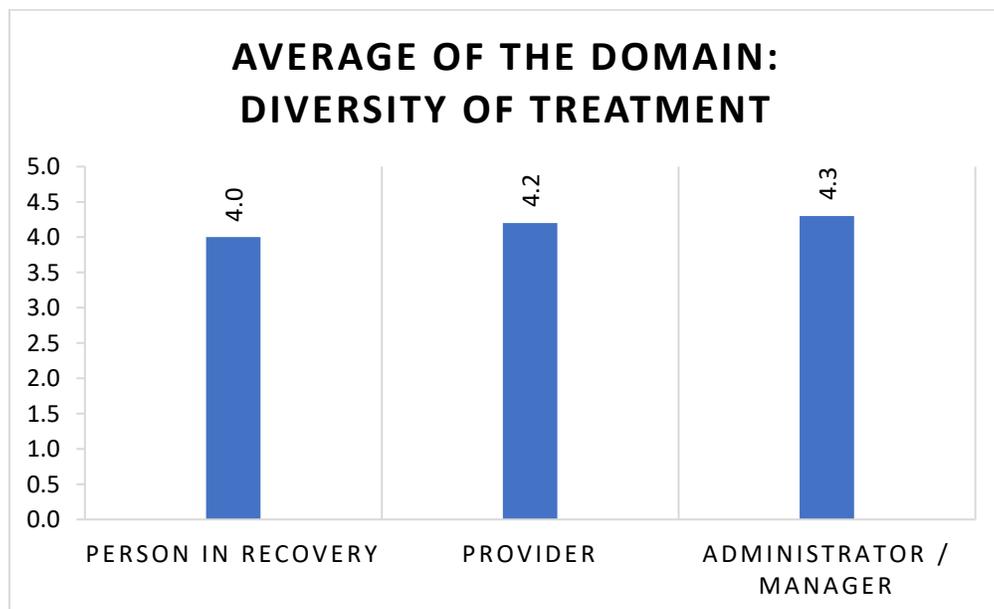
	Person in Recovery	Provider Staff	Administrator / Manager
Q22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	3.8	4.0	3.9
Q23: People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.7	3.9	4.0
Q24: People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers.	4.1	4.2	4.4
Q25: People in recovery are encouraged to attend agency advisory boards and management meetings.	3.5	3.7	3.9
Q29: Persons in recovery are involved with facilitating staff trainings and education at this program.	3.7	3.6	3.6
Q33: This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. <i>(Administrators Only)</i>	N/A	N/A	4.3
Q34: This agency provides structured educational activities to the community about mental illness and addictions. <i>(Administrators Only)</i>	N/A	N/A	4.2



Domain: Diversity of Treatment

How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery

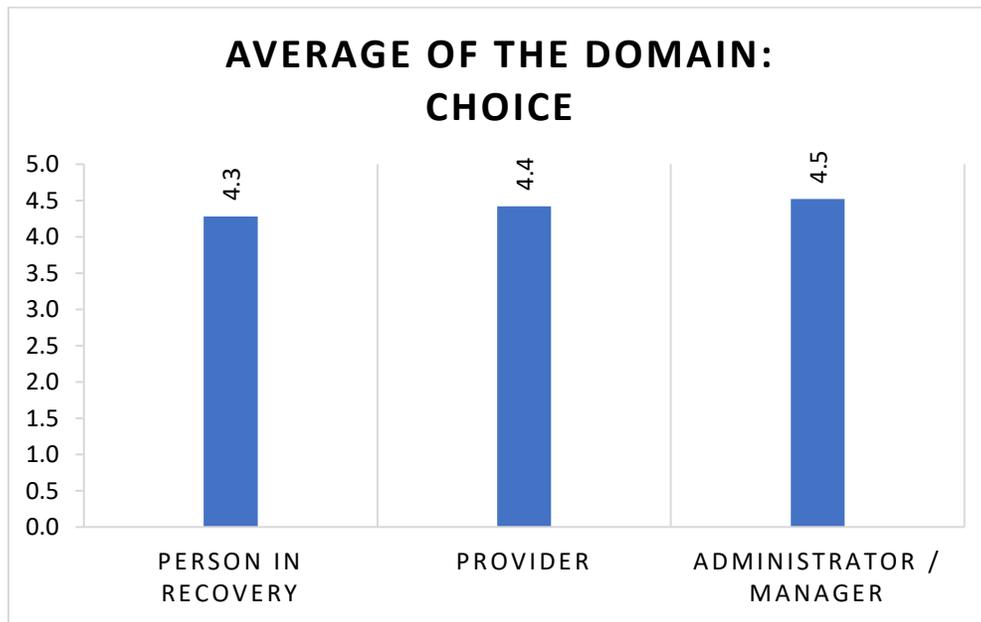
	Person in Recovery	Provider Staff	Administrator / Manager
Q14: Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.2	4.3	4.4
Q15: Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	3.6	4.0	4.2
Q20: Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	4.0	4.1	4.2
Q21: Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	4.2	4.4	4.5
Q26: Staff talk with program participants about what it takes to complete or exit the program.	4.0	4.3	4.3
Q35: This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical, community – based, employment, skill building, employment, etc.). <i>(Administrators Only)</i>	N/A	N/A	4.6
Q36: Groups, meetings, and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school. <i>(Administrators Only)</i>	N/A	N/A	3.5



Domain: Choice

How the provider considers the preferences and choices of persons in recovery during the recovery process

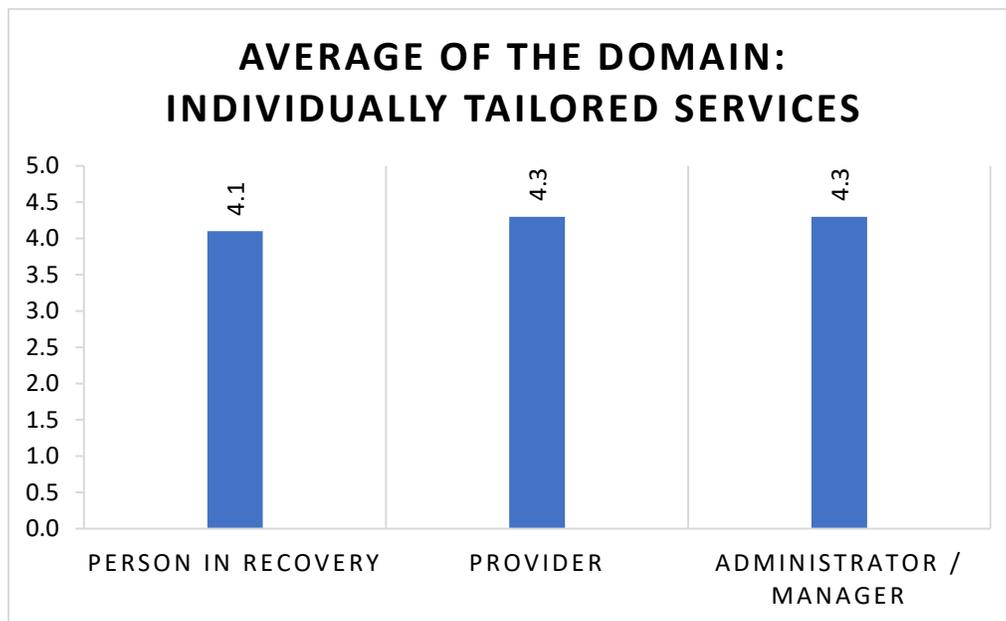
	Person in Recovery	Provider Staff	Administrator / Manager
Q4: Program participants can change their clinician or case manager if they wish.	4.2	4.3	4.4
Q5: Program participants can easily access their treatment records if they wish.	4.2	4.2	4.4
Q6: Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.4	4.7	4.8
Q10: Staff listen to and respect the decisions that program participants make about their treatment and care.	4.4	4.4	4.5
Q27: Progress made towards an individual’s own personal goals is tracked regularly.	4.2	4.5	4.5



Domain: Individually Tailored Services

How the provider helps persons in recovery tailor their treatment programs to their individual needs

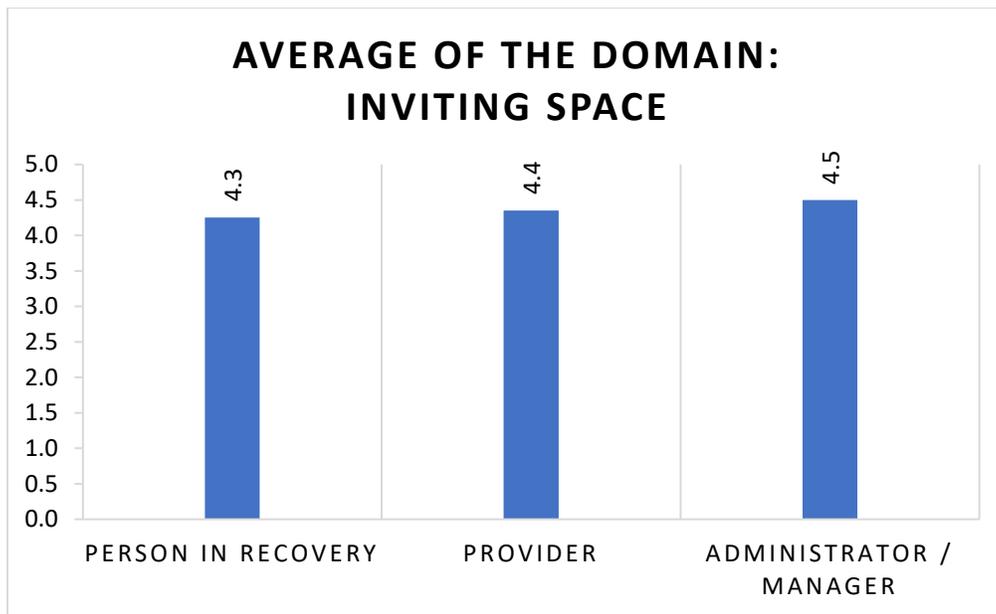
	Person in Recovery	Provider Staff	Administrator / Manager
Q11: Staff regularly ask program participants about their interests and the things they would like to do in the community.	4.1	4.4	4.4
Q13: This program offers specific services that fit each participant's unique culture and life experiences.	4.1	4.1	4.0
Q19: Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).	4.2	4.3	4.5
Q30: Staff at this program regularly attend trainings on cultural competency.	4.2	4.2	4.3



Domain: Inviting Space

How welcoming the facility and its staff are to the persons in recovery

	Person in Recovery	Provider Staff	Administrator / Manager
Q1: Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	4.5	4.6	4.8
Q2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	4.0	4.1	4.2



Longitudinal Analysis

The tables below demonstrate the average rating for each domain over time for each RSA survey.

Person in Recovery

Domain	FY2019	FY2020
Life Goals	4.3	4.2
Involvement	4.0	3.8
Diversity of Treatment	4.2	4.0
Choice	4.4	4.3
Individually Tailored Services	4.3	4.1
Inviting Space	4.4	4.3

Provider Staff

Domain	FY2019	FY2020
Life Goals	4.2	4.3
Involvement	3.8	3.9
Diversity of Treatment	4.2	4.2
Choice	4.4	4.4
Individually Tailored Services	4.3	4.3
Inviting Space	4.3	4.4

Administrator / Manager

Domain	FY2019	FY2020
Life Goals	4.3	4.4
Involvement	3.8	4.1
Diversity of Treatment	4.1	4.3
Choice	4.4	4.5
Individually Tailored Services	4.2	4.3
Inviting Space	4.4	4.5

Summary of Findings / Discussion:

Overall, the RSA-R survey percentages reveal that program implementation of a recovery-oriented system of care is in place throughout the Region 10 CMHSP network and SUD Provider network. Across these findings, in both questions and domains, assessments of the recovery-oriented system of care are in the positive range (agree / strongly agree categories).

Persons in Recovery receiving services by an SUD Provider accounted for 427 of the 736 responses for the Persons in Recovery respondent type (58%). Response rates among CMHSPs did not appear to correlate with the number of persons served by each CMHSP within Region 10. For example, despite being a CMHSP serving fewer people in the region, Lapeer CMH accounted for 86 of 204 Provider responses (42%). Conversely, St. Clair CMH accounted for four of the Provider responses (2%).

When reviewing average scores by respondent type, it was noted that Persons in Recovery rated almost every question lower or the same as Administrators / Managers or Provider staff. Some responses demonstrated wide variance across the populations surveyed. For example, the average score for Question 17 (*“Staff routinely assist program participants with getting jobs”*; Life Goals Domain) for Persons in Recovery was 3.5, while the average score for Provider Staff and Administrators / Managers was 4.1. Similar trends were noted for Questions 15 (*“Staff offer participants opportunities to discuss their sexual needs and interests when they wish”*; Diversity of Treatment Domain) and 18 (*“Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports or hobbies”*; Life Goals Domain).

The Involvement domain (*“How the provider involves the persons in recovery in their recovery process”*) scored lowest of all domains for all respondent types, with average ratings of 3.8 for Persons in Recovery. Questions 25 (*“People in recovery are encouraged to attend agency advisory boards and management meetings.”*) and 29 (*“Persons in recovery are involved with facilitating staff trainings and education at this program.”*) were scored lowest for all respondent types.

Conversely, the Choice domain (*“How the provider considers the preferences and choices of the person in recovery during the recovery process”*) and the Inviting Space domain (*“How welcoming the facility and its staff are to the persons in recovery”*) scored the highest of all domains for all respondent types.

When comparing the FY2020 findings to FY2019 findings, the average score for every domain decreased for Persons in Recovery. However, the average score for each domain remained the same or increased from FY2019 to FY2020 for Provider Staff and Administrators / Managers.

Survey results were reviewed and discussed by the regional Quality Management Committee at the February meeting. CMH affiliates reported the desire to increase participation of persons taking the survey. It was suggested that the timeframe be extended to a full month for next year’s RSA survey to increase the numbers of individuals who participate. Approaches to improving participation among Provider Staff will also be considered, such as including the survey in a staff training to ensure as many staff as possible are given the opportunity to complete this survey to enhance the recovery process of the individuals served. Providing information about and advance notice to the system regarding the survey administration may improve the overall number of respondents.

Another area of discussion was the idea of utilizing some of the survey questions as a starting point for focus groups within the region. This would allow a more in-depth investigation into individuals’ opinions

about service delivery in the network and possibly reveal some potential opportunities for improvement within the systems.

As noted above, persons in Recovery receiving services by an SUD Provider accounted for 58% of all respondents. As an unintended result, the regional total scores for Persons in Recovery are more reflective of the SUD Provider Network as the majority of the responses were from that system of care. Due to different cultures among CMHSPs and SUD Providers, perceptions regarding recovery-oriented systems may vary among persons served within the PIHP's network.

It is possible the disproportionate response rates reflect different systemic trends among CMHSPs and SUD Providers. More specifically, the rates may reflect different trends across clinical cultures, provider operations, and the importance of recovery pathways among persons served.

Recommendations:

- Utilize findings and questions to guide discussion during qualitative assessments of individuals' experience with services (i.e. focus groups) at each network affiliate.
- The PIHP and network affiliates should review survey administration processes to identify opportunities for improvement and bring more efficiencies to the process, including expanding survey timeframes to encourage a higher level of participation in the survey.
- The PIHP and network affiliates will discuss expectations for attendance and participation from Persons in Recovery at agency meetings or staff trainings to increase response rates for those populations.

References:

MDHHS – PIHP FY2020 Contract Attachment P.4.13.1 Recovery Policy and Practice Advisory

Appendix A: Person in Recovery Survey Questions

1. Staff welcome me and help me feel comfortable in this program.
2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.
3. Staff encourage me to have hope and high expectations for myself and my recovery.
4. I can change my clinician or case manager if I want to.
5. I can easily access my treatment records if I want to.
6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.
7. Staff believe that I can recover.
8. Staff believe that I have the ability to manage my own symptoms.
9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
10. Staff listen to me and respect my decisions about my treatment and care.
11. Staff regularly ask me about my interests and the things I would like to do in the community.
12. Staff encourage me to take risks and try new things.
13. This program offers specific services that fit my unique culture and life experiences.
14. I am given opportunities to discuss my spiritual needs and interests when I wish.
15. I am given opportunities to discuss my sexual needs and interests when I wish.
16. Staff help me to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).
17. Staff help me to find jobs.
18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.
19. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).
20. Staff introduce me to people in recovery who can serve as role models or mentors.
21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.
22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).
23. I am encouraged to help staff with the development of new groups, programs, or services.
24. I am encouraged to be involved in the evaluation of this program's services and service providers.
25. I am encouraged to attend agency advisory boards and/or management meetings if I want.

Appendix A: Person in Recovery Survey Questions

26. Staff talk with me about what it would take to complete or exit this program.
27. Staff help me keep track of the progress I am making towards my personal goals.
28. Staff work hard to help me fulfill my personal goals.
29. I am/can be involved with staff trainings and education programs at this agency.
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.
31. Staff are knowledgeable about special interest groups and activities in the community.
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Appendix B: Provider Staff Survey Questions

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).
3. Staff encourage program participants to have hope and high expectations for their recovery.
4. Program participants can change their clinician or case manager if they wish.
5. Program participants can easily access their treatment records if they wish.
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.
7. Staff believe in the ability of program participants to recover.
8. Staff believe that program participants have the ability to manage their own symptoms. D/K
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
10. Staff listen to and respect the decisions that program participants make about their treatment and care.
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
12. Staff encourage program participants to take risks and try new things.
13. This program offers specific services that fit each participant's unique culture and life experiences.
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).
17. Staff routinely assist program participants with getting jobs.
18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.
21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

Appendix B: Provider Staff Survey Questions

22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.
25. People in recovery are encouraged to attend agency advisory boards and management meetings.
26. Staff talk with program participants about what it takes to complete or exit the program.
27. Progress made towards an individual's own personal goals is tracked regularly.
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
29. Persons in recovery are involved with facilitating staff trainings and education at this program.
30. Staff at this program regularly attend trainings on cultural competency.
31. Staff are knowledgeable about special interest groups and activities in the community.
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Appendix C: Administrator / Manager Survey Questions

1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).
3. Staff encourage program participants to have hope and high expectations for their recovery.
4. Program participants can change their clinician or case manager they wish.
5. Program participants can easily access their treatment records if they wish.
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.
7. Staff believe in the ability of program participants to recover.
8. Staff believe that program participants have the ability to manage their own symptoms.
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
10. Staff listen to and respect the decisions that program participants make about their treatment and care.
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
12. Staff encourage program participants to take risks and try new things.
13. This program offers specific services that fit each participant's unique culture and life experiences.
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).
17. Staff routinely assist program participants with getting jobs.
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.
21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.

Appendix C: Administrator / Manager Survey Questions

22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.
25. People in recovery are encouraged to attend agency advisory boards and management meetings.
26. Staff talk with program participants about what it takes to complete or exit the program.
27. Progress made towards an individual's own personal goals is tracked regularly.
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
29. Persons in recovery are involved with facilitating staff trainings and education at this program.
30. Staff at this program regularly attend trainings on cultural competency.
31. Staff are knowledgeable about special interest groups and activities in the community.
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Separate Section for Administrators Only

33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.
34. This agency provides structured educational activities to the community about mental illness and addictions.
35. This agency provides a variety of treatment options for program participants (e.g., individual, group, peer support, medical, community – based, employment, skill building, employment, etc.).
36. Groups, meetings, and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school