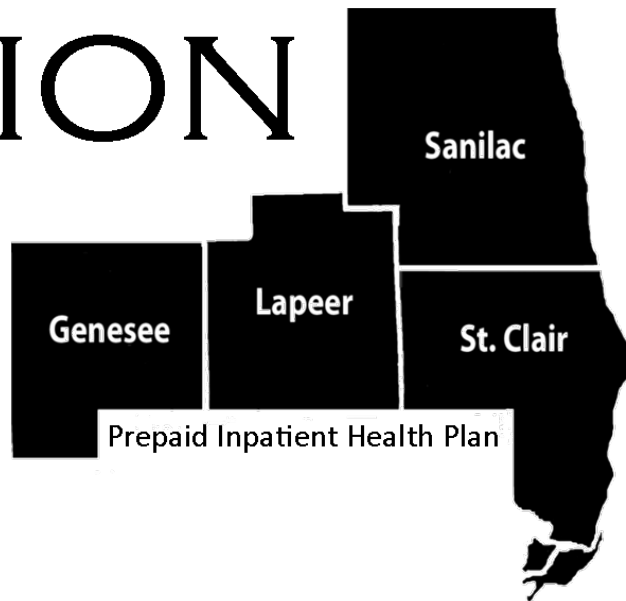


REGION

10



Recovery Self-Assessment Survey Report

FISCAL YEAR 2021

**Region 10 Prepaid Inpatient Health Plan (PIHP)
Recovery Self-Assessment (RSA) Survey Report FY2021
September 2021**

Introduction

The Recovery Self-Assessment-Revised (RSA-R) survey is recommended by the Michigan Department of Health and Human Services (MDHHS) to assess the PIHP's 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 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 May 10 - 24, 2021 via Survey Monkey. 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 May 10 – 24, 2021 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. Sanilac CMH utilized their own Survey Monkey link and sent the PIHP their exported data. Other CMH and SUD providers utilized a PIHP created Survey Monkey link.

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.

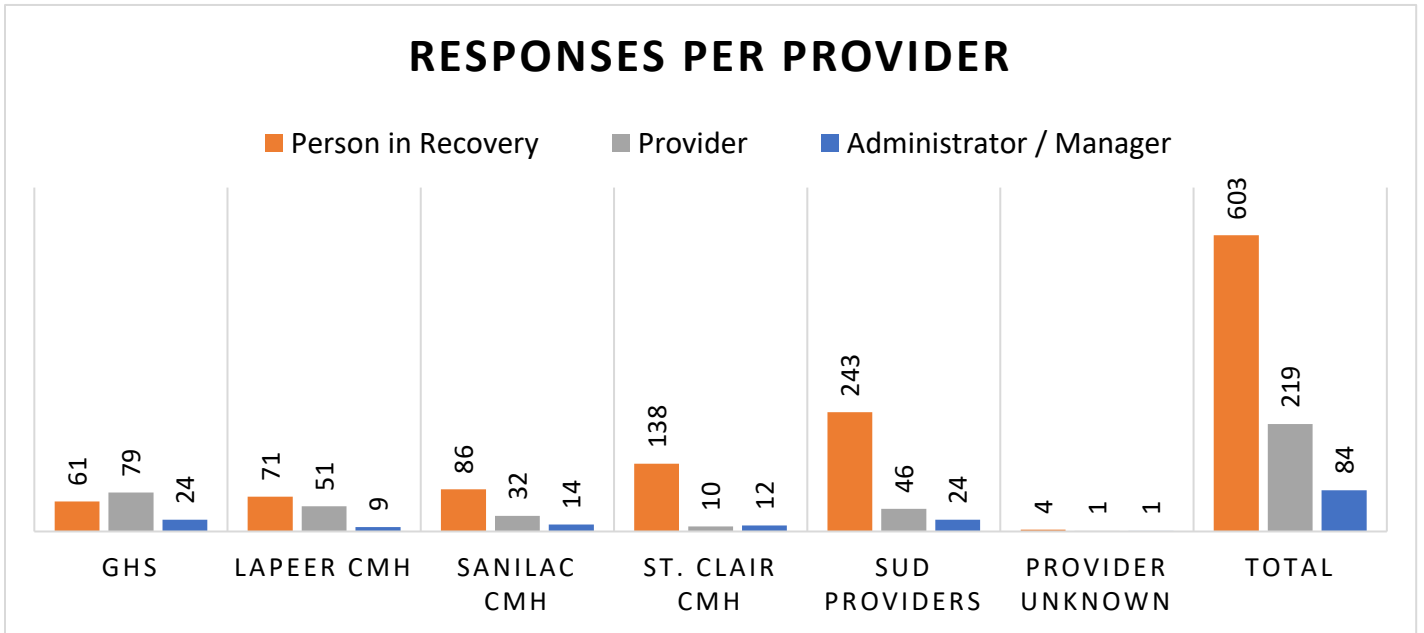
Likert Scale response options for each item, on all versions of the survey, include:

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

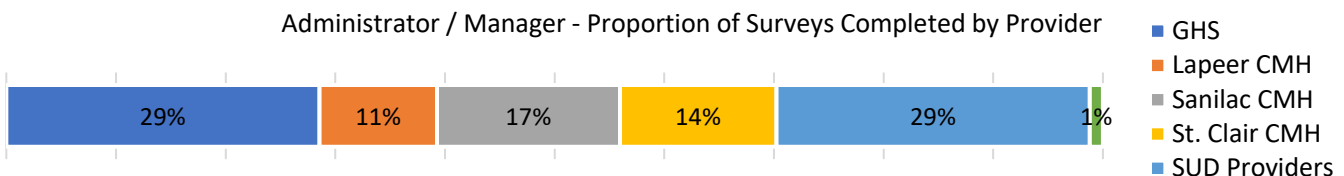
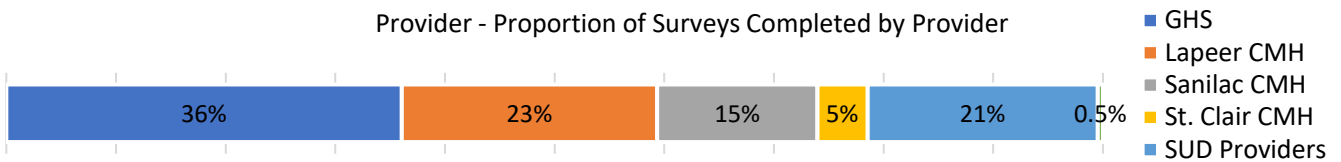
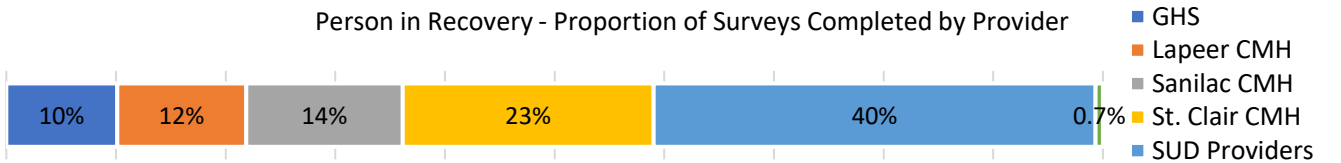
Region 10 Survey Results

The RSA-R survey was administered by each of Region 10 PIHP’s CMHSP affiliates and SUD Providers. A total of 906 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 and FY2020 survey results. Six individuals did not identify from which provider they were receiving services.

The graph below shows a break-out of the number of surveys completed by provider, when identified.



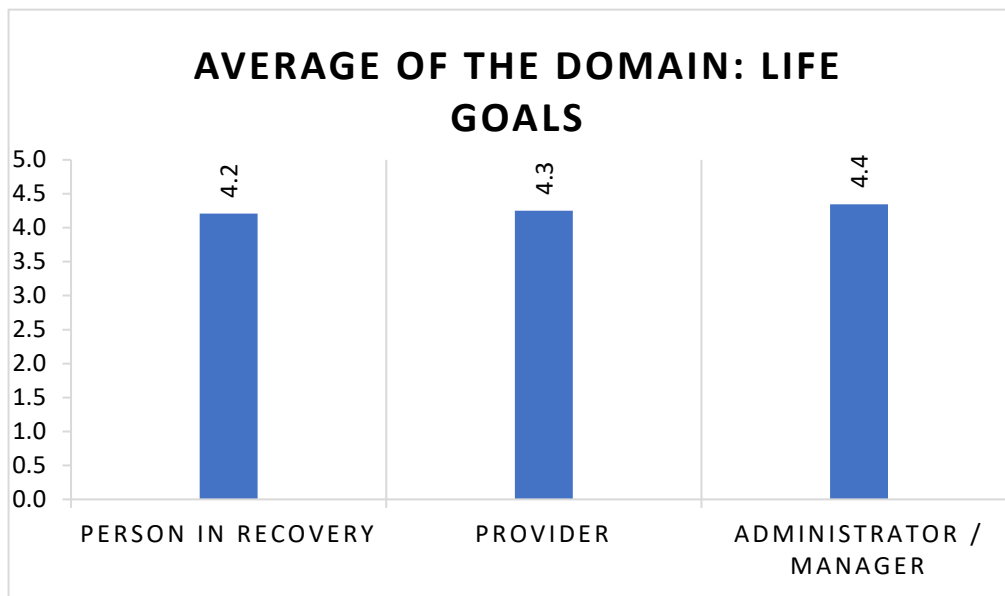
The charts below show the proportion of surveys completed by each provider for the three survey versions.



Domain: Life Goals

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

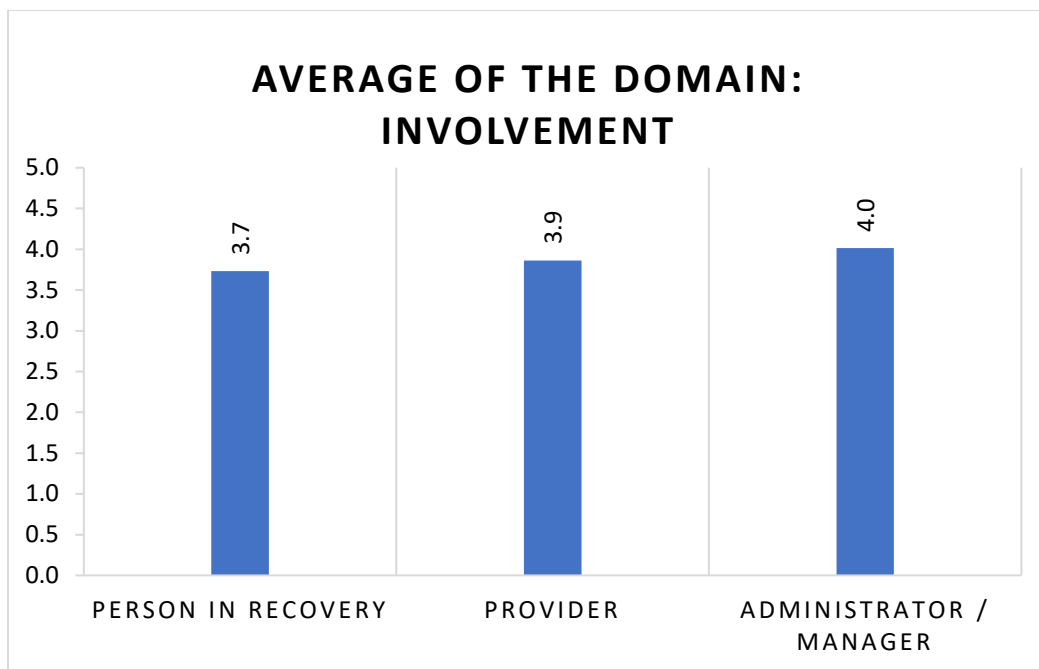
	Person in Recovery	Provider Staff	Administrator / Manager
Q3: Staff encourage program participants to have hope and high expectations for their recovery.	4.6	4.5	4.6
Q7: Staff believe in the ability of program participants to recover.	4.6	4.6	4.7
Q8: Staff believe that program participants have the ability to manage their own symptoms.	4.1	4.0	4.2
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	4.4
Q12: Staff encourage program participants to take risks and try new things.	4.0	4.1	4.2
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.	3.6	4.0	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.	4.1	4.2	4.3
Q28: The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.3	4.5	4.5
Q31: Staff are knowledgeable about special interest groups and activities in the community.	4.1	4.2	4.2
Q32: Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	4.2	4.0	3.9



Domain: Involvement

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

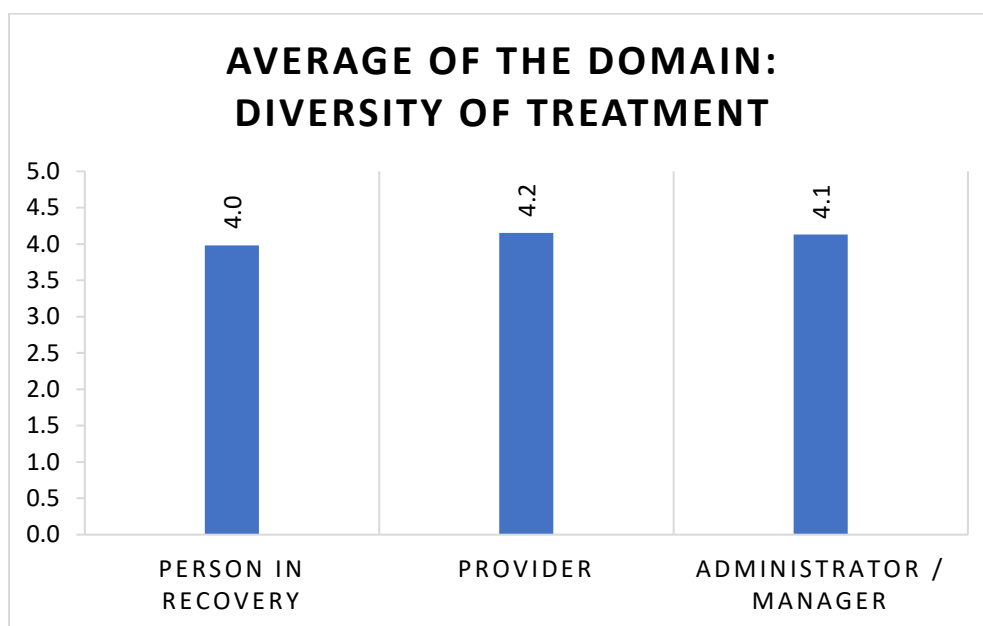
	Person in Recovery	Provider Staff	Administrator / Manager
Q22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	3.8	4.0	4.0
Q23: People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.8	3.9	4.1
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	4.3
Q25: People in recovery are encouraged to attend agency advisory boards and management meetings.	3.4	3.7	3.8
Q29: Persons in recovery are involved with facilitating staff trainings and education at this program.	3.7	3.5	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	4.2
Q34: This agency provides structured educational activities to the community about mental illness and addictions. <i>(Administrators Only)</i>	N/A	N/A	4.1



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

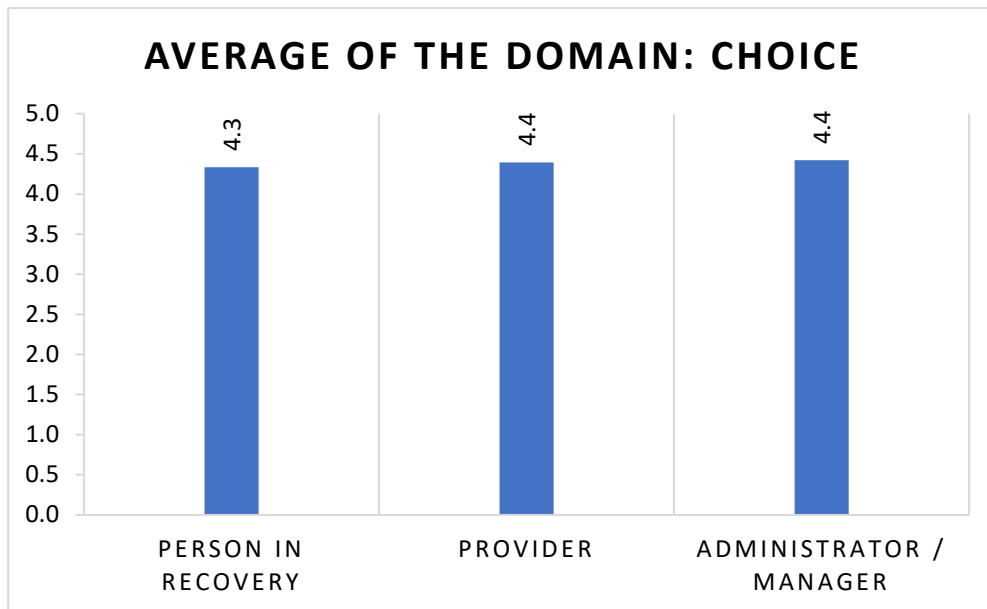
	Person in Recovery	Provider Staff	Administrator / Manager
Q14: Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.1	4.3	4.2
Q15: Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	3.5	3.9	3.9
Q20: Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	4.0	4.0	4.1
Q21: Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	4.1	4.3	4.4
Q26: Staff talk with program participants about what it takes to complete or exit the program.	4.1	4.2	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	4.5
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	3.4



Domain: Choice

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

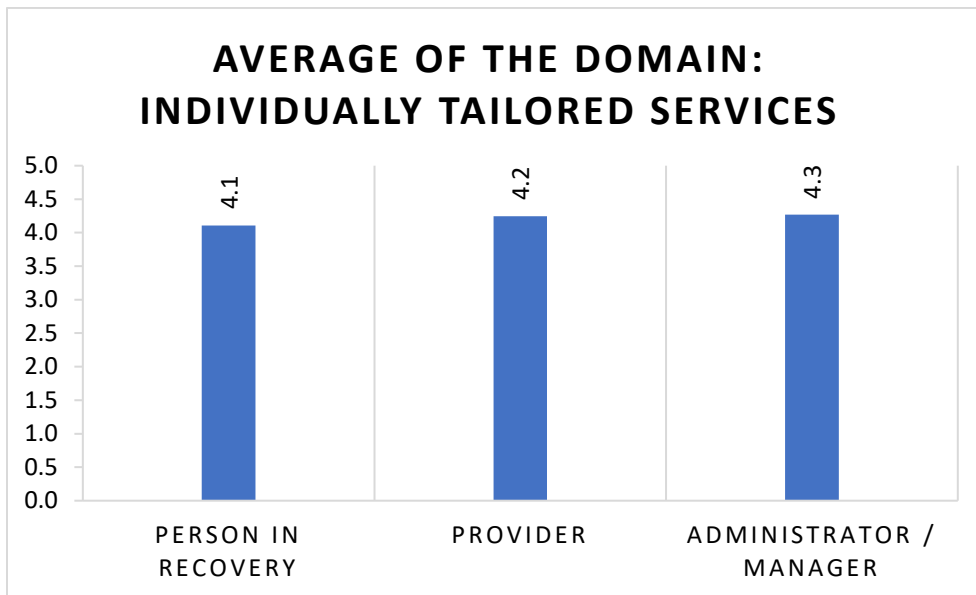
	Person in Recovery	Provider Staff	Administrator / Manager
Q4: Program participants can change their clinician or case manager if they wish.	4.3	4.3	4.3
Q5: Program participants can easily access their treatment records if they wish.	4.2	4.1	4.1
Q6: Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.4	4.7	4.7
Q10: Staff listen to and respect the decisions that program participants make about their treatment and care.	4.4	4.5	4.5
Q27: Progress made towards an individual’s own personal goals is tracked regularly.	4.3	4.4	4.4



Domain: Individually Tailored Services

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

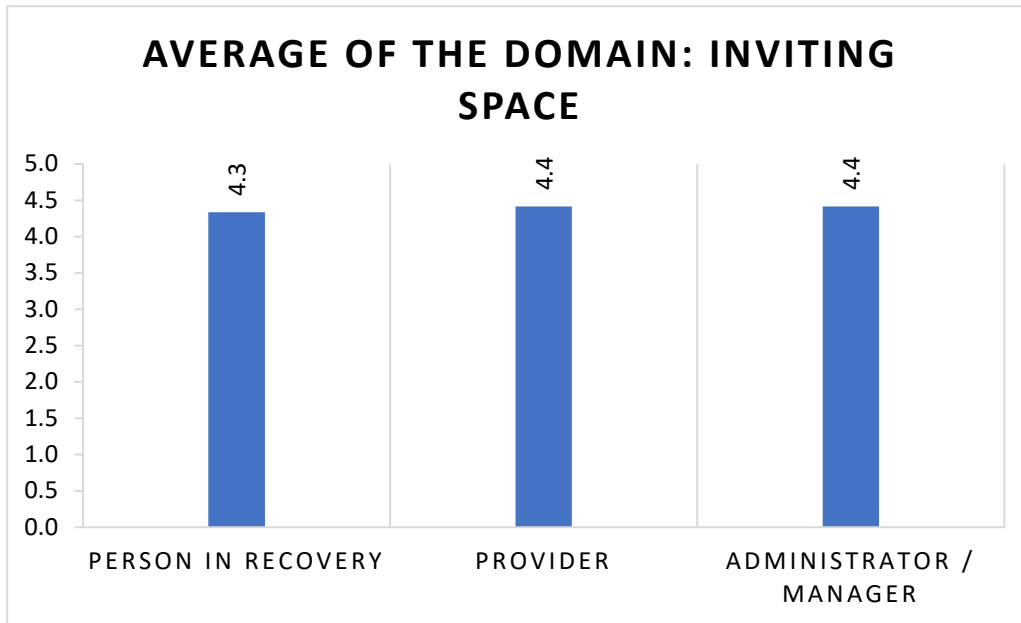
	Person in Recovery	Provider Staff	Administrator / Manager
Q11: Staff regularly ask program participants about their interests and the things they would like to do in the community.	4.0	4.4	4.4
Q13: This program offers specific services that fit each participant’s unique culture and life experiences.	4.0	4.0	4.2
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	4.4	4.3
Q30: Staff at this program regularly attend trainings on cultural competency.	4.2	4.2	4.2



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	4.7
Q2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	4.2	4.3	4.1



Longitudinal Analysis

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

Person in Recovery

Domain	FY2019	FY2020	FY2021
Life Goals	4.3	4.2	4.2
Involvement	4.0	3.8	3.7
Diversity of Treatment	4.2	4.0	4.0
Choice	4.4	4.3	4.3
Individually Tailored Services	4.3	4.1	4.1
Inviting Space	4.4	4.3	4.3

Provider Staff

Domain	FY2019	FY2020	FY2021
Life Goals	4.2	4.3	4.4
Involvement	3.8	3.9	3.9
Diversity of Treatment	4.2	4.2	4.2
Choice	4.4	4.4	4.4
Individually Tailored Services	4.3	4.3	4.2
Inviting Space	4.3	4.4	4.4

Administrator / Manager

Domain	FY2019	FY2020	FY2021
Life Goals	4.3	4.4	4.4
Involvement	3.8	4.1	4.0
Diversity of Treatment	4.1	4.3	4.1
Choice	4.4	4.5	4.4
Individually Tailored Services	4.2	4.3	4.3
Inviting Space	4.4	4.5	4.4

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 at least 243 of the 603 responses for the Persons in Recovery respondent type (40%). Response totals by CMHSP vary across the region. As the largest CMHSP within the region, GHS had the lowest response total for the Person in Recovery survey with 61 of 603 (10%), which is a decrease since FY2020. St. Clair CMH had the lowest response total for the Provider survey, but the highest response total among CMHSPs for the Person in Recovery survey.

When reviewing average scores by respondent type, the Involvement domain (*How the provider involves the persons in recovery in their recovery process*) scored lowest of all domains for all respondent types. The Inviting Space domain (*How welcoming the facility and its staff are to the persons in recovery*) and the Choice domain (*How the provider considers the preferences and choices of persons in recovery during the recovery process*) were the domains scored the highest for all respondent types.

For the Individually Tailored Services domain (*How the provider helps persons in recovery tailor their treatment programs to their individual needs*), Question 11 (*Staff regularly ask program participants about their interests and the things they would like to do in the community*) is scored at 4.0 for Persons in Recovery and 4.4 by Administrator / Manager and Provider Staff. This Question indicates a higher score from Administrator / Manager staff. A similar scoring inconsistency was noted for Question 17 (*Staff routinely assist program participants with getting jobs*) with Persons in Recovery scoring this question 3.6, and Provider staff and Administrator / Manager Staff scoring this question 4.0 and 4.1, respectively.

Person in Recovery scores reveal slightly lower scores when compared to Administrator / Manager and Provider Staff surveys. When reviewing the average of each domain, the averages for Persons in Recovery were less than the average of each domain reported for the Provider and Administrator Manager staff. This comparison can also be noted when reviewing the average ratings for each domain over time from FY2019 to FY2021.

Conversely, Question 32 (*Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests*) is scored higher by Persons in Recovery than Administrator / Manager and Provider Staff, meaning that Administrator / Managers and Providers are more diverse than perceived at the Administrator/Manager and Provider Staff level.

When comparing FY2021 findings to FY2020, the scores for every domain either decreased or stayed the same for all survey respondent types, with the exception of the Life Goals domain on the Provider Staff survey. Person in Recovery results show a consistent decrease in the Involvement domain (*How the provider involves the persons in recovery in their recovery process*) from FY2019 to FY2021. Provider Staff results show a slight decrease in the Individually Tailored Services domain (*How the provider helps persons in recovery tailor their treatment programs to their individual needs*) from FY2020 to FY2021.

It can be noted that in FY2020, most responses to the Person in Recovery survey were from individuals receiving services at an SUD Provider. In FY2021, most responses for all survey types were from CMHSPs. Both Administrator / Manager and Provider Staff surveys show an increase in the number of responses compared to FY2020.

Survey results are shared and discussed at the regional Quality Management Committee meetings. Quality Management Committee members discussed a potential survey administration schedule to better plan for future surveys. Committee members also shared feedback regarding methods to administer future surveys to improve efficiency and consistency among the region.

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 should put forth efforts to increase the response total for persons in recovery. The total responses for person in recovery has decreased from FY2020 to FY2021.
- For future surveys, the PIHP should break-out SUD survey results by SUD Provider to allow for analysis of findings and results by SUD Providers.
- For future surveys, the PIHP should adjust the survey response collection mechanism to make the "Provider" field required, to ensure all responses are assigned to a provider.

References:

1. MDHHS – PIHP FY2021 Policy and Practice Guideline – Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans
2. OROSC Recovery Policy and Practice Advisory #12 Version 7.30.19

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