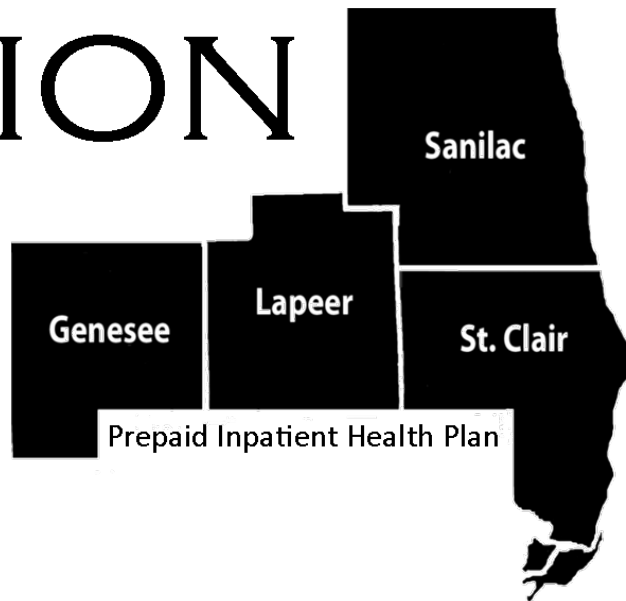


REGION

10



Recovery Self-Assessment Survey Report

FISCAL YEAR 2022

**Region 10 Prepaid Inpatient Health Plan (PIHP)
Recovery Self-Assessment (RSA) Survey Report Fiscal Year (FY) 2022
May 2022**

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 March 7 – 18, 2022 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 March 7 – 18, 2022 within the Region 10 PIHP Community Mental Health Service Program (CMHSP) network and SUD Provider network. Surveys for Persons in Recovery could be completed individually, in groups, or with peer assistance.

The Provider Staff 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.

The RSA-R surveys utilized Survey Monkey's collector features. In addition to paper format, a Quick Response (QR) Code was created for completion of the surveys in 2022. Each CMHSP and SUD Provider was given the option to use their preferred method for administering the survey. If the Survey Monkey QR Code was utilized, the survey would automatically submit data to Survey Monkey upon completion. If paper forms were utilized, it was the responsibility of the provider to input the data into Survey Monkey software via a link created by the PIHP. All surveys were anonymous.

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.

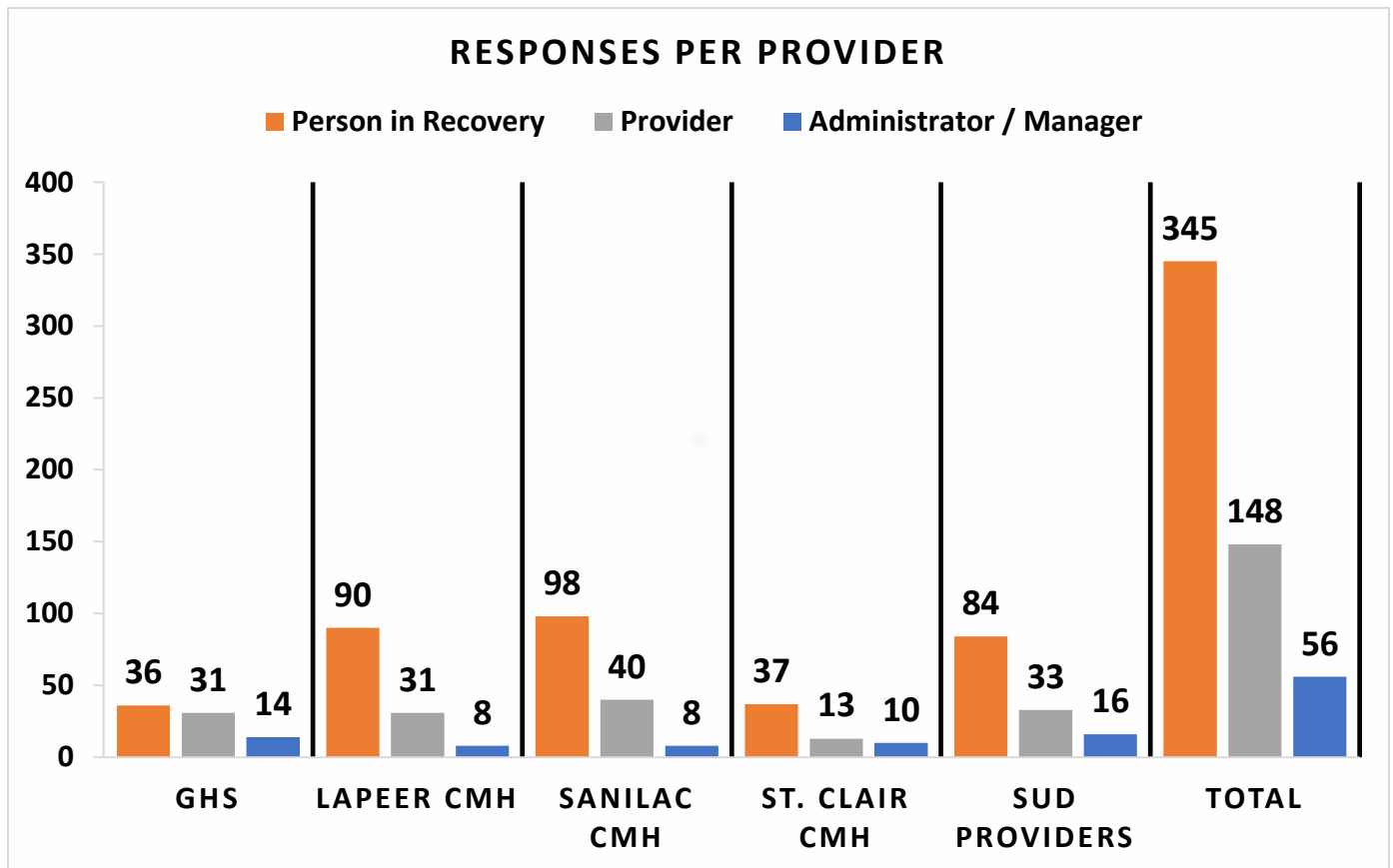
Likert Scale response options for each item, on all versions of the survey, include:

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

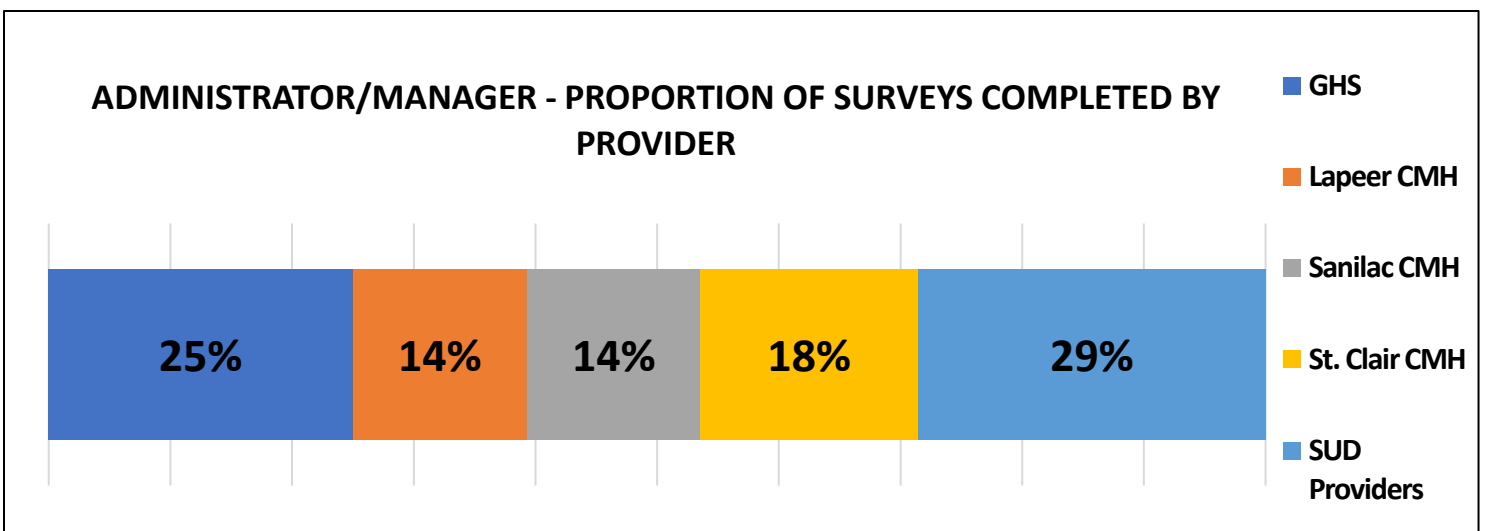
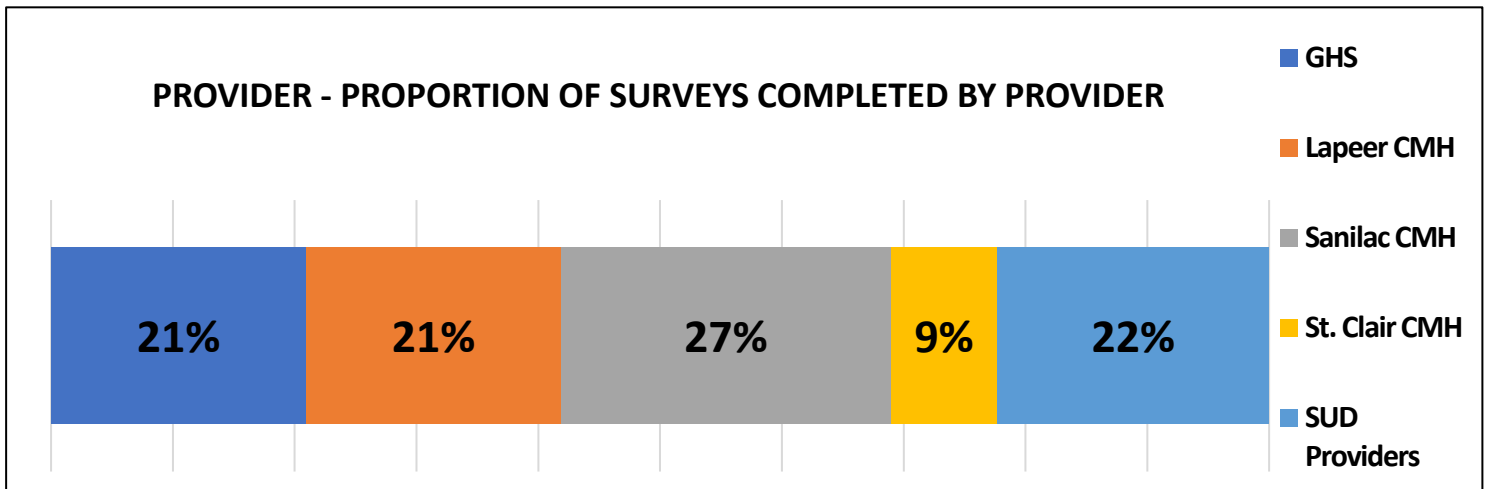
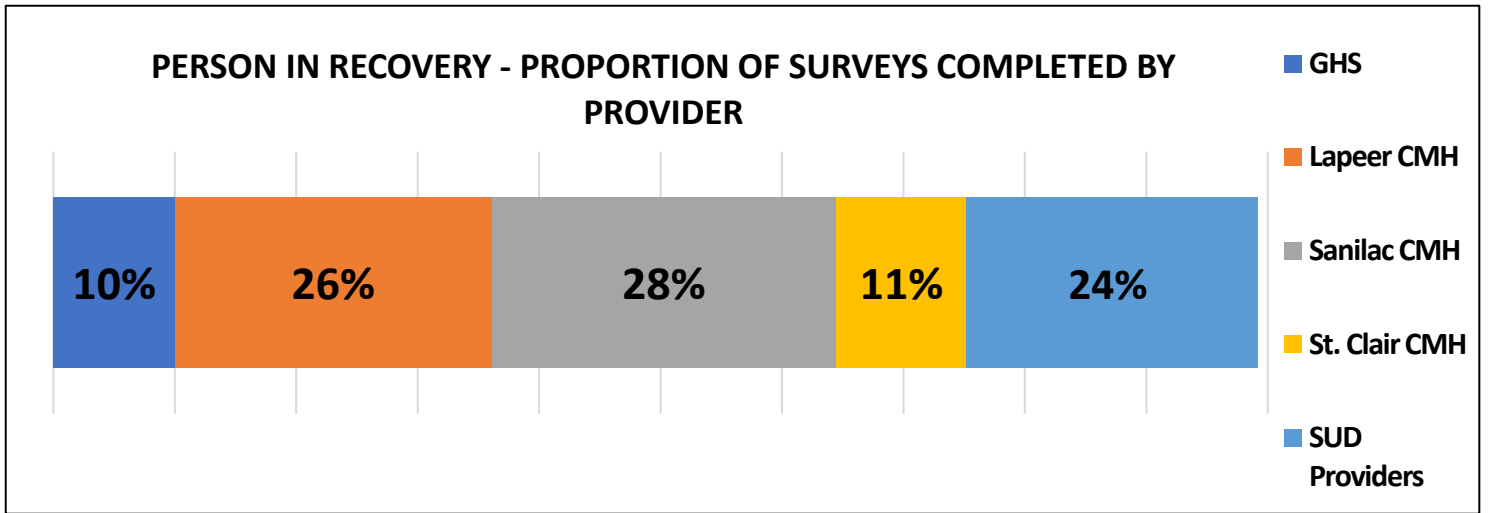
Region 10 Survey Results

The RSA-R survey was administered by each of Region 10 PIHP’s CMHSP affiliates and SUD Providers. All results were analyzed via the survey collection tool. A total of 549 surveys were completed overall during the FY2022 survey administration period. Trend analysis compared FY2022 data to past RSA survey data to show longitudinal analysis. The total respondents decreased significantly in comparing the two Fiscal Years. Results show that all individuals indicated which provider they were receiving services from.

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



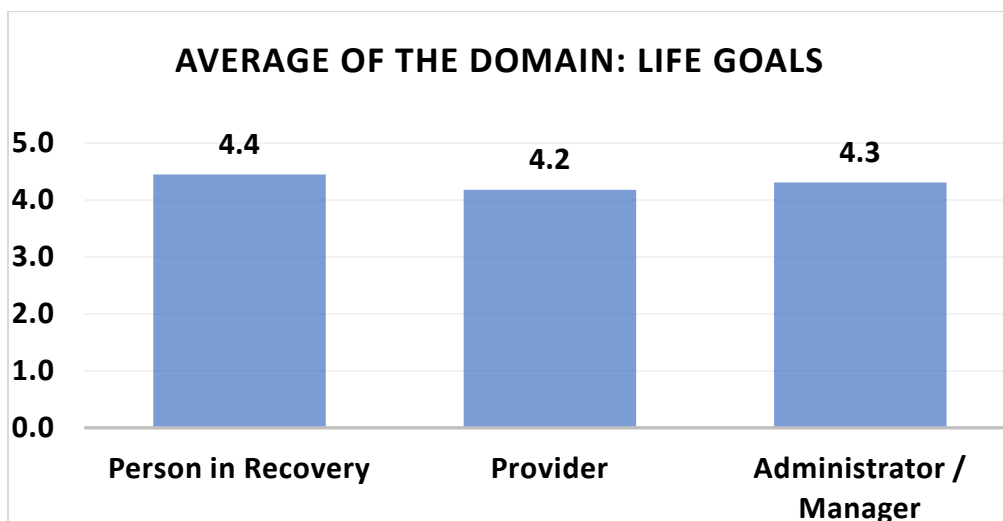
The charts below show the proportion of surveys completed by each provider for the three survey versions.



Domain: Life Goals

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

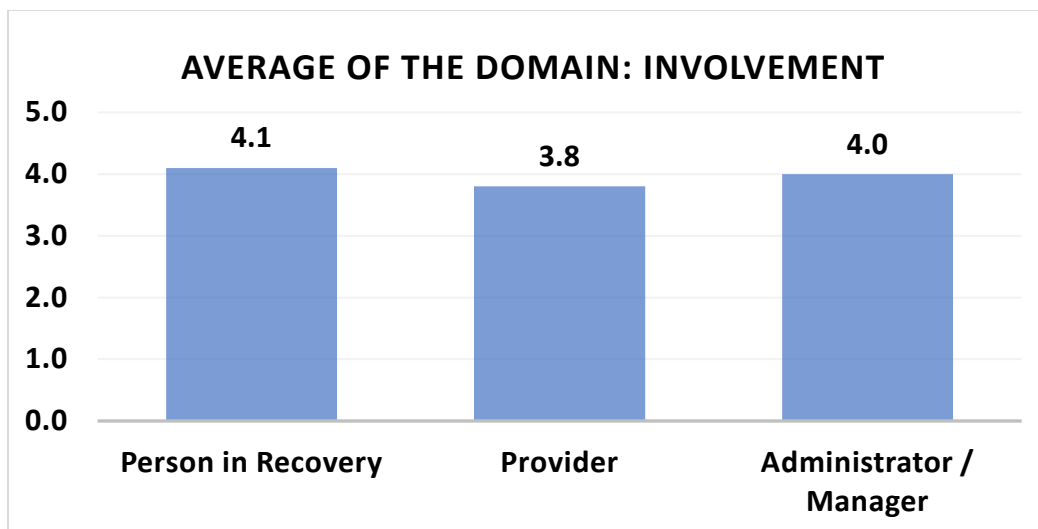
	Person in Recovery	Provider Staff	Administrator / Manager
Q3: Staff encourage program participants to have hope and high expectations for their recovery.	4.6	4.5	4.7
Q7: Staff believe in the ability of program participants to recover.	4.7	4.6	4.7
Q8: Staff believe that program participants have the ability to manage their own symptoms.	4.5	3.9	4.1
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.	4.6	4.1	4.4
Q12: Staff encourage program participants to take risks and try new things.	4.3	4.1	4.1
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).	4.5	4.4	4.5
Q17: Staff routinely assist program participants with getting jobs.	4.0	3.8	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.	4.3	4.1	4.2
Q28: The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.5	4.4	4.6
Q31: Staff are knowledgeable about special interest groups and activities in the community.	4.4	4.1	4.1
Q32: Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	4.4	3.9	3.9



Domain: Involvement

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

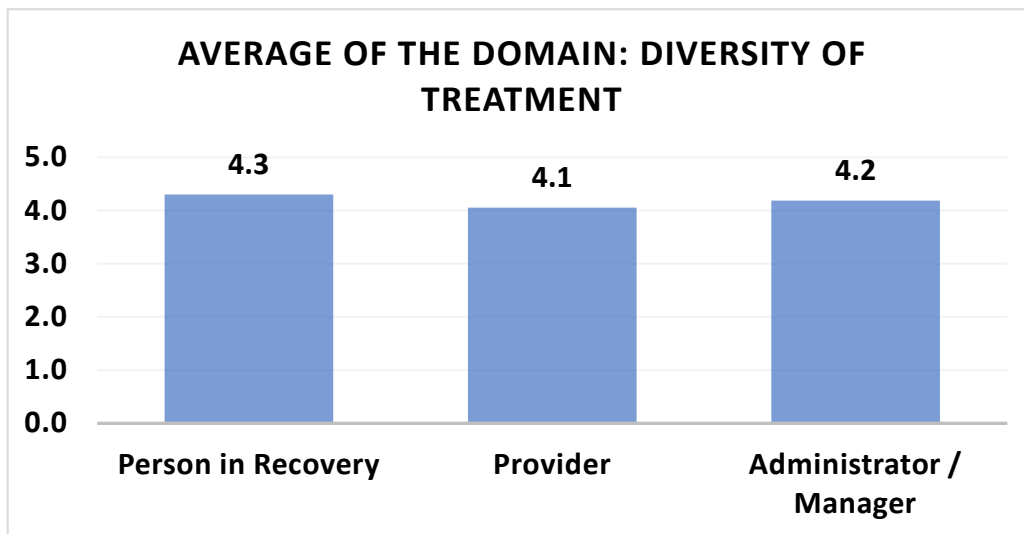
	Person in Recovery	Provider Staff	Administrator / Manager
Q22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	4.2	3.9	4.1
Q23: People in recovery are encouraged to help staff with the development of new groups, programs, or services.	4.1	3.8	4.1
Q24: People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers.	4.4	4.2	4.3
Q25: People in recovery are encouraged to attend agency advisory boards and management meetings.	4.0	3.7	3.9
Q29: Persons in recovery are involved with facilitating staff trainings and education at this program.	4.1	3.6	3.4
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	4.1
Q34: This agency provides structured educational activities to the community about mental illness and addictions. <i>(Administrators Only)</i>	N/A	N/A	4.0



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

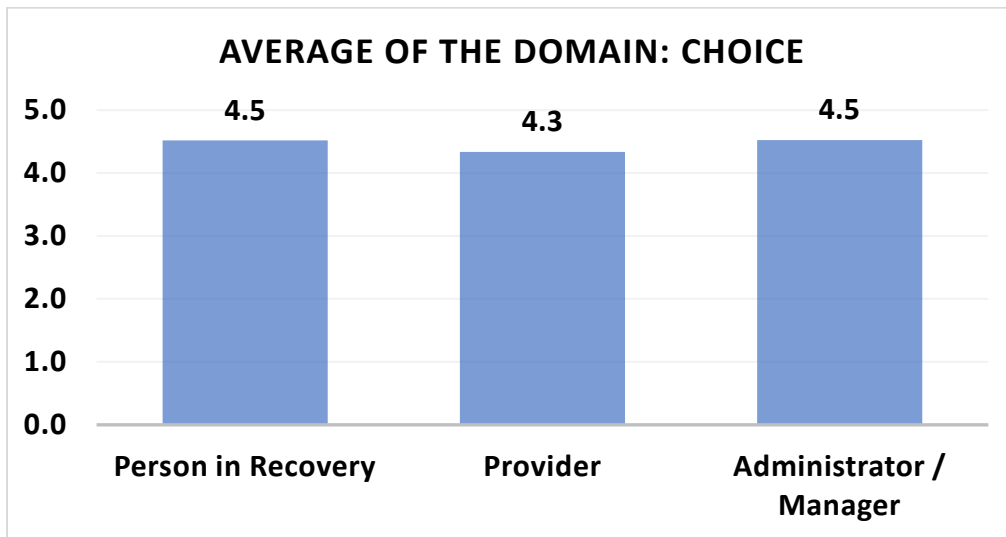
	Person in Recovery	Provider Staff	Administrator / Manager
Q14: Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.4	4.1	4.3
Q15: Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.0	3.6	4.2
Q20: Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	4.3	4.0	4.1
Q21: Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	4.5	4.2	4.4
Q26: Staff talk with program participants about what it takes to complete or exit the program.	4.2	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	4.6
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

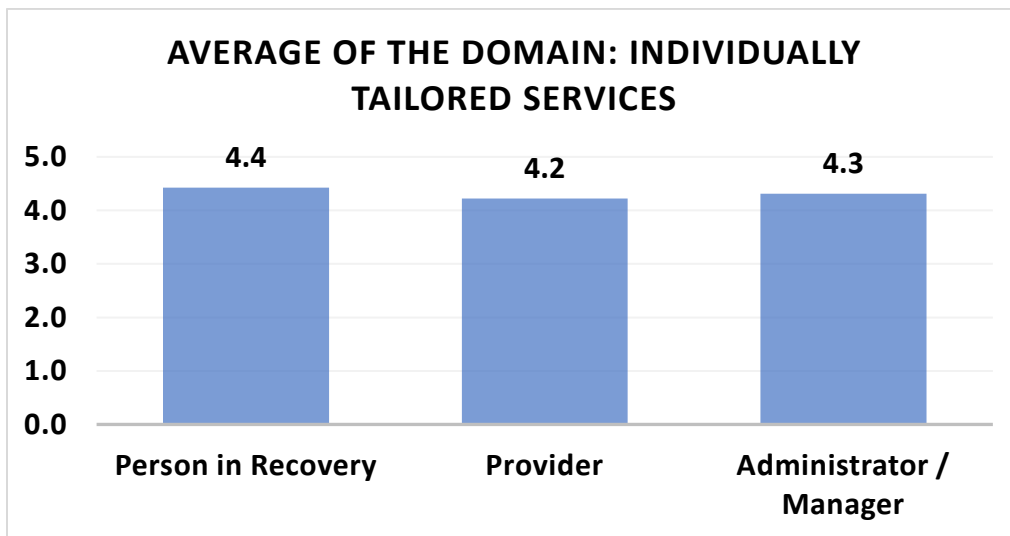
	Person in Recovery	Provider Staff	Administrator / Manager
Q4: Program participants can change their clinician or case manager if they wish.	4.4	4.1	4.4
Q5: Program participants can easily access their treatment records if they wish.	4.4	4.0	4.4
Q6: Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.7	4.7	4.8
Q10: Staff listen to and respect the decisions that program participants make about their treatment and care.	4.6	4.4	4.6
Q27: Progress made towards an individual's own personal goals is tracked regularly.	4.5	4.4	4.5



Domain: Individually Tailored Services

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

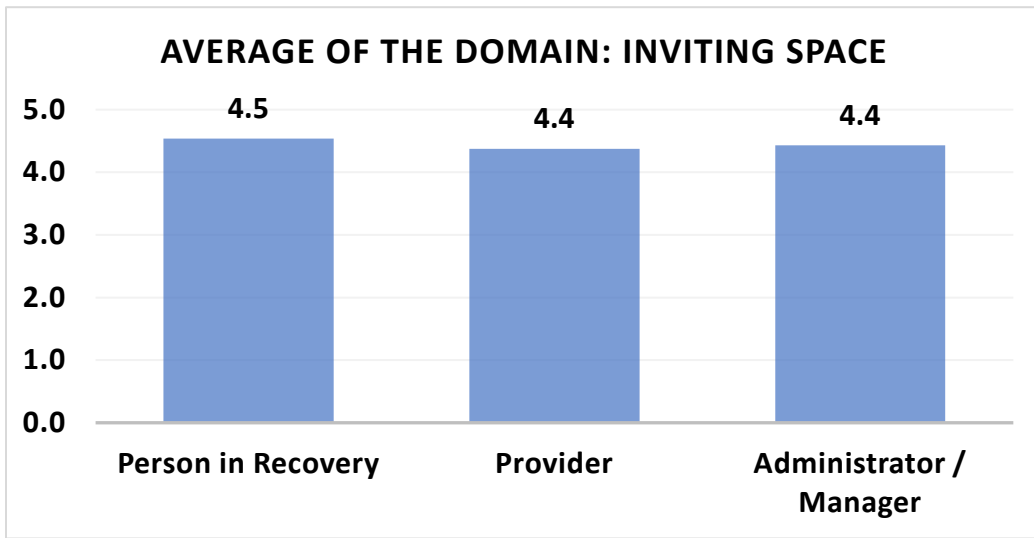
	Person in Recovery	Provider Staff	Administrator / Manager
Q11: Staff regularly ask program participants about their interests and the things they would like to do in the community.	4.4	4.5	4.5
Q13: This program offers specific services that fit each participant's unique culture and life experiences.	4.4	4.0	4.1
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).	4.5	4.3	4.4
Q30: Staff at this program regularly attend trainings on cultural competency.	4.5	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.	4.7	4.6	4.6
Q2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	4.4	4.1	4.3



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	FY2022
Life Goals	4.3	4.2	4.2	4.4
Involvement	4.0	3.8	3.7	4.1
Diversity of Treatment	4.2	4.0	4.0	4.3
Choice	4.4	4.3	4.3	4.5
Individually Tailored Services	4.3	4.1	4.1	4.4
Inviting Space	4.4	4.3	4.3	4.5

Provider Staff

Domain	FY2019	FY2020	FY2021	FY2022
Life Goals	4.2	4.3	4.4	4.2
Involvement	3.8	3.9	3.9	3.8
Diversity of Treatment	4.2	4.2	4.2	4.1
Choice	4.4	4.4	4.4	4.3
Individually Tailored Services	4.3	4.3	4.2	4.2
Inviting Space	4.3	4.4	4.4	4.4

Administrator / Manager

Domain	FY2019	FY2020	FY2021	FY2022
Life Goals	4.3	4.4	4.4	4.3
Involvement	3.8	4.1	4.0	4.0
Diversity of Treatment	4.1	4.3	4.1	4.2
Choice	4.4	4.5	4.4	4.5
Individually Tailored Services	4.2	4.3	4.3	4.3
Inviting Space	4.4	4.5	4.4	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 84 of the 345 responses for the Persons in Recovery respondent type (24%). 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 36 of 345 responses (10%), which is a decrease since FY2021. Sanilac CMH had the highest response total for the Person in Recovery survey with 98 of 345 responses (28%). St. Clair CMH had a decrease of Person in Recovery surveys completed by 73% from FY2021, which is the largest percentage decrease of any respondent type at any provider, followed by SUD Providers with a decrease of 65% of Person in Recovery surveys completed. Findings also show that St. Clair CMH had the lowest response total for Provider with 13 out of 148 (9%). Sanilac CMH had the highest response total for the Provider survey with 40 of 148 (27%) Lapeer CMH and Sanilac CMH each had the lowest response total for Administrator / Manager with 8 each out of 56 (14%). SUD Providers had the highest response total for Administrator / Manager with 16 of 56 (29%).

Similar to FY2021, the FY2022 results showed most survey responses from each of the three survey versions came from CMHSPs, with a smaller share for SUD. Additionally, the PIHP was not able to differentiate or total the number of surveys completed via QR Code approach. In FY2022, the implementation of the Survey Monkey QR Code collector was intended to improve participation for the Persons in Recovery survey by providing a convenient method of distribution.

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. Although the Person in Recovery average rating increased from 3.7 in FY2021 to 4.1 in FY2022, the **Involvement** domain continues to be the lowest scoring domain each year since FY2019 across all three respondent types. This domain has had an average rating of 3.9 or less with Provider Staff since FY2019. In FY2022, Administrator / Manager respondents rated this domain at 4.0.

Looking at average results for each domain in FY2019 through FY2022, the domain **Choice** (*How the provider considers the preferences and choices of Persons in Recovery during the recovery process*) is one of the highest scoring domains across all respondent types each year. This is followed by **Inviting Space** (*How welcoming the facility and its staff are to the Persons in Recovery*), which also scored highest for Person in Recovery all four years, Provider Staff three out of four years, and Administrator/Managers three out of four years. Persons in Recovery average survey results show the highest scores in the **Choice** domain with a 4.5 average and the **Inviting Space** domain also with a 4.5 average score for FY2022. The average survey results in FY2022 for Providers showed the highest results in the **Choice** and **Inviting Space** domains, with 4.3 and 4.4 respectively. The average survey results in FY2022 for Administrator / Manager also scored highest in **Choice** and **Inviting Space** domains, with 4.5 and 4.4 respectively.

Person in Recovery results reveal slightly higher scores when compared to Administrator / Manager and Provider Staff surveys in each domain. When reviewing the average of each domain, the averages for

Persons in Recovery were higher than or equal to the average of each domain reported for the Provider and Administrator / Manager staff. This pattern has not been noted in the average ratings for each domain since FY2019. When comparing the average FY2022 findings to FY2021 across the six domains, the scores for Persons in Recovery showed an increase in every domain. Scores for Provider Staff survey results decreased in four domains and stayed the same in two domains. Scores from the Administrator / Manager Staff results increased in two domains, stayed the same in three domains, and decreased in one domain.

There were notable findings observed for several questions. 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 4.4 for Persons in Recovery, while Provider Staff and Administrator/Manager Staff each scored this question at 4.5. This question was also scored lower by Person in Recovery than Provider Staff and Administrator / Manager Staff during the FY2021 survey. This lower score from Persons in Recovery could indicate that both Provider Staff and Administrator / Manager Staff perceive that individuals are more frequently asked about their interests. It is interesting to note that within that same domain, **Question 13** (*This program offers specific services that can fit each participant's unique culture and life experiences*) is scored higher by Persons in Recovery at 4.4 than Provider Staff at 4.0 and Administrator / Manager Staff at 4.1. This result may indicate that Provider and Administrator / Manager Staff feel there may be opportunities to offer a wider variety of services that can be better tailored to each unique individual that are not available.

Two questions to note in the **Life Goals** domain, **Question 8** (*staff believe that program participants have the ability to manage their own symptoms*) and **Question 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.*) both were scored significantly higher by Person in Recovery than Provider Staff, at 4.5/3.9 and 4.6/4.1, respectively. Administrator / Manager Staff scores were slightly higher than Provider, yet still lower than Person in Recovery. These results may indicate that the Persons in Recovery feel that the staff have more faith in their abilities to make life choices and manage their symptoms than staff do.

Another scoring inconsistency was observed for the **Involvement** domain, **Question 29** (*Persons in Recovery are involved with facilitating staff trainings and education at this program*) with Persons in Recovery scoring this question 4.1, and Provider Staff and Administrator / Manager Staff scoring this question 3.6 and 3.4, respectively. **Question 29** had one of the larger disparities in results between respondents in FY2022. This may indicate that the Provider Staff and Administrator / Manager Staff perceive that Persons in Recovery are less involved in staff trainings and education, while the individuals surveyed feel a greater sense of involvement.

There were several trends examined within the four questions posed to Administrator / Manager Staff only. **Question 33** (*This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery*) and **Question 34** (*This agency provides structured educational activities to the community about mental illness and addictions*) have both steadily decreased since FY2019. This may be attributed to the lack of in-person meetings as well as staffing limitations due to the Covid 19 pandemic. **Question 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*) scored at 3.5 in FY2022 has shown little variance since FY2019. This may

indicate that Administrator / Manager Staff perceive there is still work to be done when it comes to how meetings and activities are scheduled in order to increase participation. Finally, **Question 35** (*This agency provides a variety of treatment options for program participants, such as individual, group, peer support, medical, community-based, employment, skill building, etc.*) scored at 4.6 in FY2022 has also shown little variance since FY2019. This may indicate that Administrator / Manager Staff consistently recognize that there is a robust variety of options available to meet each individual's unique needs.

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 have decreased from FY2021 to FY2022 by 43%.
- The PIHP and network affiliates should put forth efforts to increase the response total for Provider Staff as well as Administrator / Manager Staff. Provider Staff responses decreased by 32% from FY2021. Administrator / Manager Staff responses decreased by 33% from 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 add a field to distinguish the survey completion method.

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.

Appendix A: Person in Recovery Survey Questions

Appendix A: Person in Recovery Survey Questions

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.
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.

Appendix B: Provider Staff Survey Questions

Appendix B: Provider Staff Survey Questions

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.
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.

Appendix C: Administrator / Manager Survey Questions

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21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.
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