

# Overview of Mid-State Health Network Recovery Self-Assessment Survey Summary Report FY 2017

## Provider Network Administrator Measure

### Introduction

The following overview of Mid-State Health Network’s (MSHN) Recovery Self-Assessment (RSA) Survey was developed to assist MSHN Community Mental Health Service Program (CMHSP) Participants and other stakeholders develop a better understanding of the strengths and weaknesses in MSHN’s recovery-oriented care. This report was developed utilizing voluntary self-reflective surveys completed by supervisors representing all CMHSP programs that provide services to adults with a Mental Illness diagnosis. There was a total of 95 respondents representing all 12 CMHSPs. The survey results were aggregated and scored as outlined in the Yale Program for Recovery and Community Health instructions. The tool is intended to assess the perceptions of individual recovery and all items are rated using the same 5-point Likert scale that ranges from 1 = “strongly disagree” to 5 = “strongly agree.”

Agency	Respondents
Mid-State Health Network total	95
Bay-Arenac Behavioral Health Authority	9
Community Mental Health Authority of CEI	18
Community Mental Health for Central Michigan	6
Gratiot Integrated Health Network	8
Huron Behavioral Health	3
LifeWays Community Mental Health	7
Montcalm Care Center	7
Newaygo County Community Mental Health	2
Saginaw County Community Mental Health	19
Shiawassee County Community Mental Health	5
The Right Door for Hope Recovery and Wellness	8
Tuscola Behavioral Health System	3

The distribution period was January 15, 2017 through February 15, 2017 and this marks the third year of implementation.

The information from this report is intended to support discussions on improving recovery-oriented practices by understanding how the various CMHSP practices may facilitate or impede recovery. The information from this overview should not be used draw conclusions or make assumptions without further analysis.

Any questions regarding the report should be sent to Kim Zimmerman, Director of Compliance, Customer Service and Quality at [kim.zimmerman@midstatehealthnetwork.org](mailto:kim.zimmerman@midstatehealthnetwork.org) or Dan Dedloff, MSHN Customer Service and Rights Specialist at [dan.dedloff@midstatehealthnetwork.org](mailto:dan.dedloff@midstatehealthnetwork.org).

## **MSHN Summary**

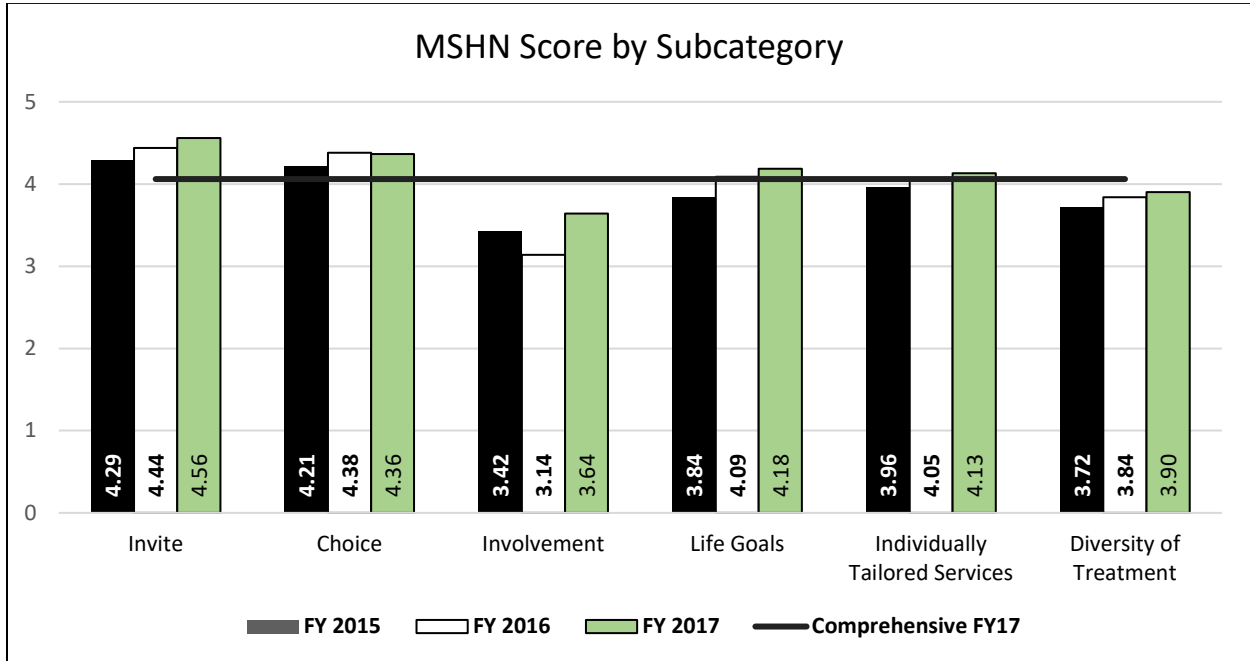
The responses from the Recovery Self-Assessment surveys were scored as a comprehensive total and separately as six subcategories. The comprehensive score measures how the system is performing as a whole, and the subcategories measures the performance of six separate parts:

- INVITE – How welcoming the facility and its staff are to the client
  - Questions included
    - 1: Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in programs.
    - 2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).
  
- CHOICE – How the provider takes into account the client’s preferences and choices during the recovery process
  - Questions included
    - 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.
    - 10: Staff listen to and respect the decisions that program participants make about their treatment and care.
  
- INVOLVEMENT – How the provider allows clients to become involved in the recovery process
  - Questions included
    - 22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, and 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.
    29. Persons in recovery are involved with facilitating staff trainings and education at this program.
    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.
  
- LIFE GOALS – How the provider encourages clients to pursue individual goals and interests
  - Questions included
    3. Staff encourage program participants to have hope and high expectations for their recovery.
    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.
  12. Staff encourage program participants to take risks and try new things.
  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.
  28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
  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.
- INDIVIDUALLY TAILORED SERVICES – How the provider helps clients tailor their treatment programs to their individual needs
    - Questions Included
      11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
      13. This program offers specific services that fit each participant’s unique culture and life experiences.
      19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friend, clergy, or an employer).
      30. Staff at this program regularly attend trainings on cultural competency.
  - DIVERSITY OF TREATMENT – How the provider offers a range of treatment options and style to cater to the client’s needs and preferences
    - Questions Included
      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.
      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.
      26. Staff talk with program participants about what it takes to complete or exit the program.
      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.

Figure 1 illustrates how MSHN’s twelve CMHSPs scored themselves comprehensively and in the six separate subcategories. The comprehensive score for FY 2015 was 3.82, 4.00 for FY 2016, and 4.06 for FY 2017.

**Fig. 1 – MSHN Score by Subcategory**



## MSHN CMHSP Summary

The responses from the Recovery Self-Assessment scores were also separated by each CMHSP comprehensively, and by each of the subcategory scores.

Figure 2 illustrates how each CMHSP scored comprehensively. The MSHN average was 3.82 for FY 2015, 4.00 for FY 2016, and 4.06 for FY 2017.

**Fig. 2 – Comparison of CMHSP Comprehensive Score**

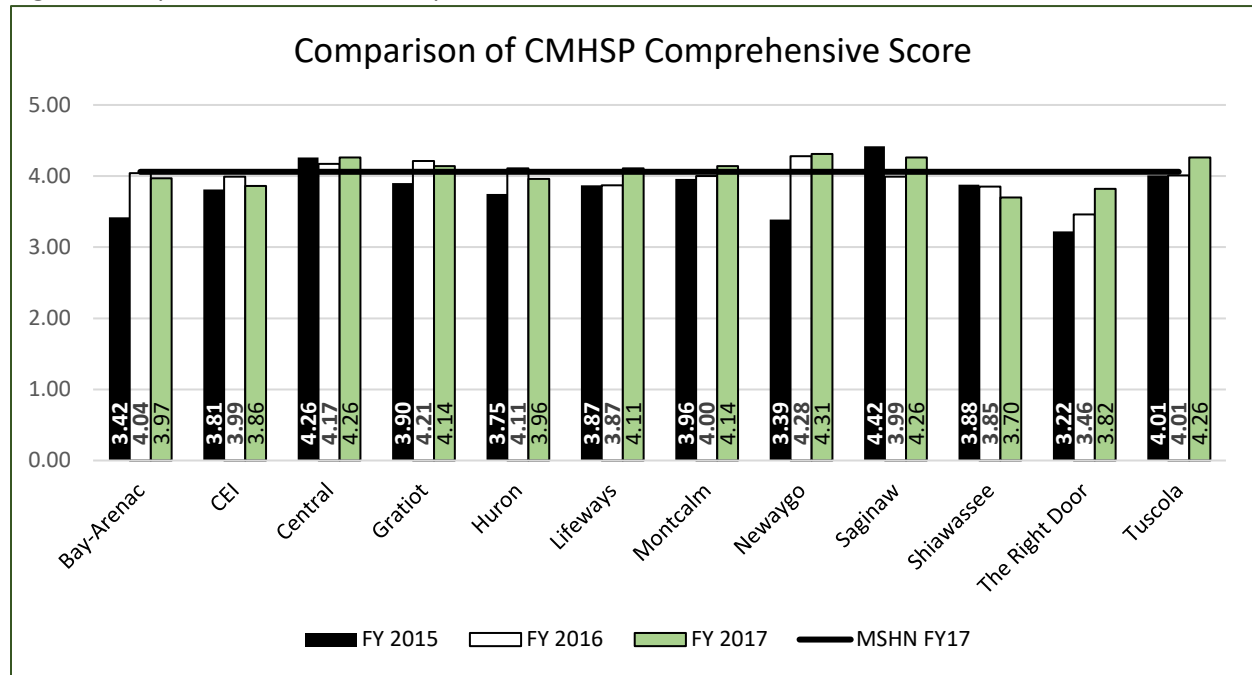


Figure 3 illustrate how each CMHSP scored in the Invite subcategory. The MSHN average was 4.29 for 2015, 4.44 for FY 2016, and 4.56 for FY 2017.

**Fig. 3 – Comparison of CMHSP Invite Subcategory Score**

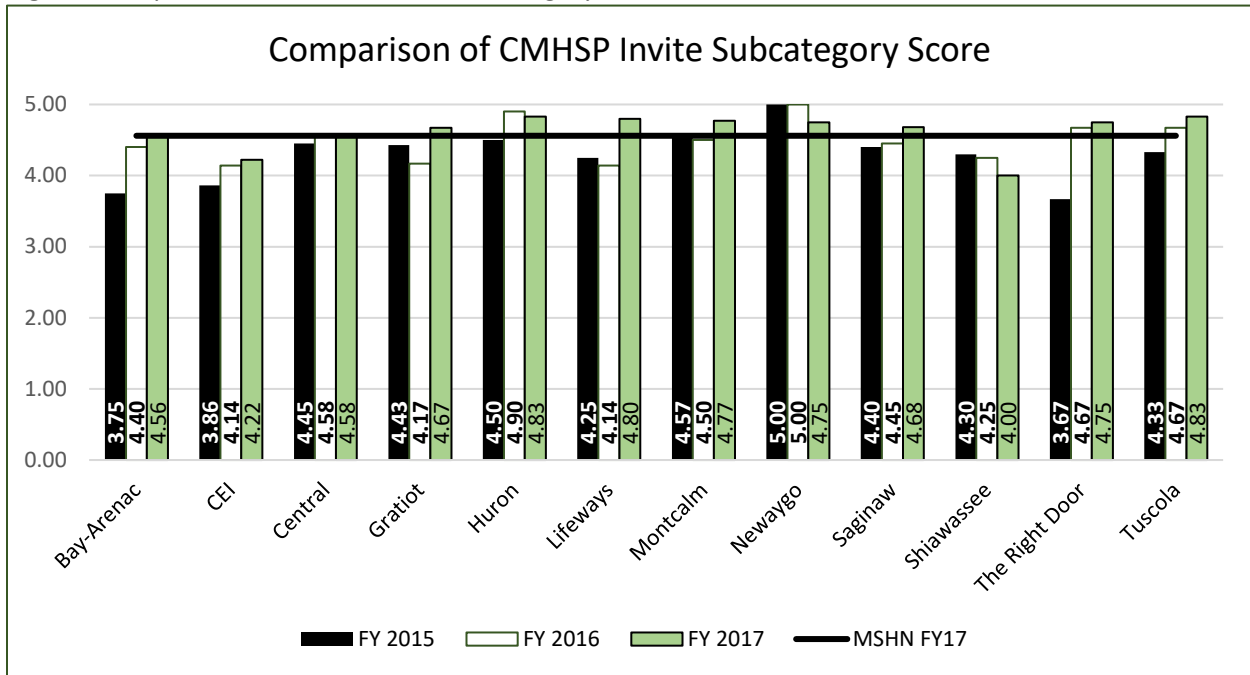


Figure 4 illustrates how each CMHSP scored in the Choice subcategory. The MSHN average for FY 2015 was 4.21, 4.38 for FY 2016, and 4.36 for FY 2017.

**Fig. 4. – Comparison of CMHSP Choice Subcategory Score**

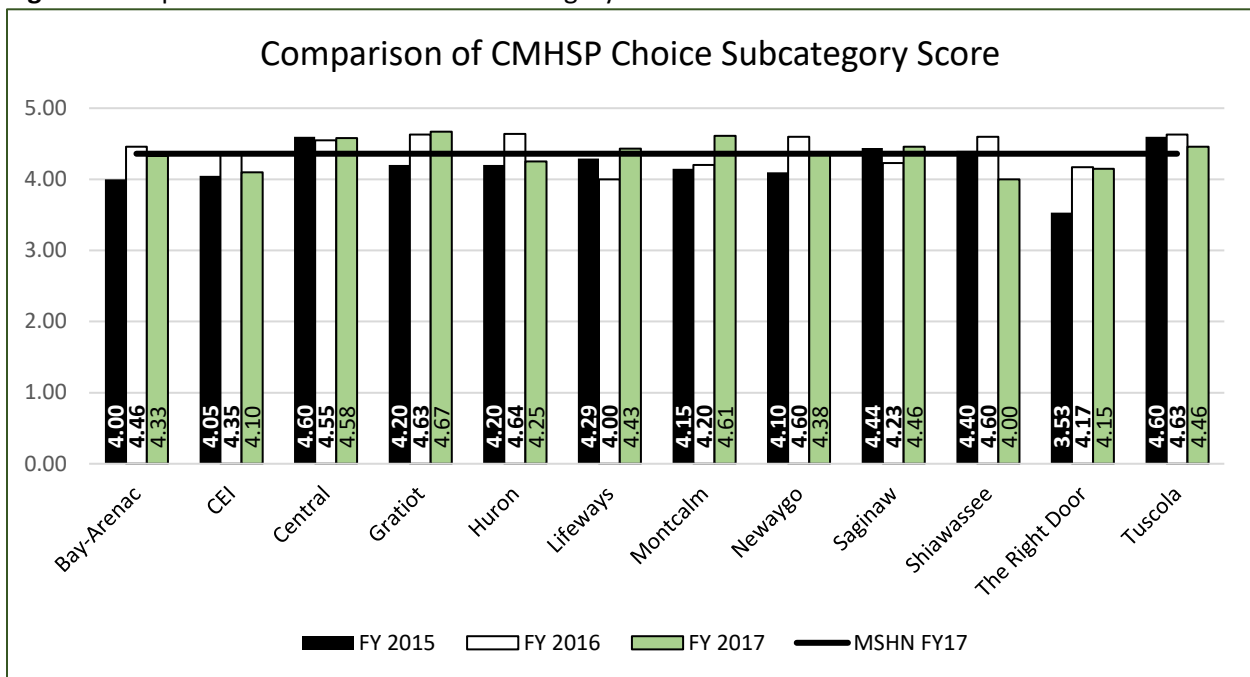


Figure 5 illustrates how each CMHSP scored in the Involvement subcategory. The MSHN average for FY 2015 was 3.42, 3.14 for FY 2016, and 3.64 for FY 2017.

**Fig. 5 – Comparison of CMHSP Involvement Subcategory Score**

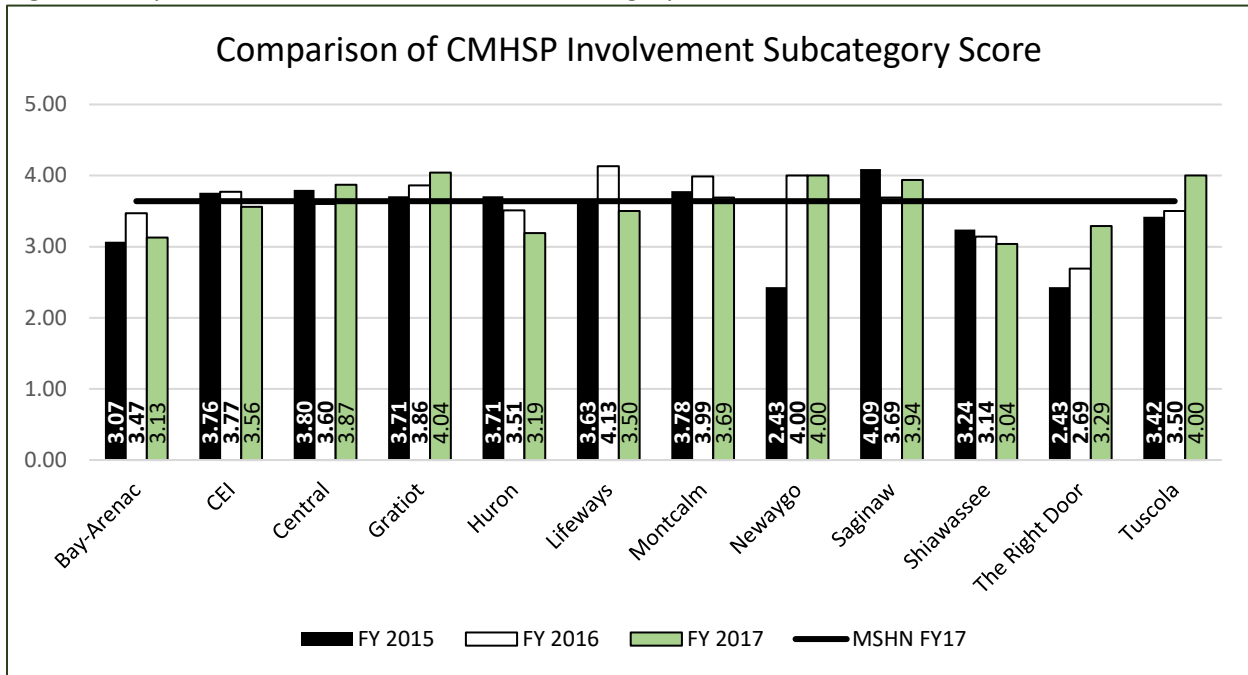


Figure 6 illustrates how each CMHSP scored in the Life Goals subcategory. The MSHN average for FY 2015 was 3.84, 4.09 for FY 2016, and 4.18 for FY 2017.

**Fig. 6 – Comparison of CMHSP Life Goals Subcategory Score**

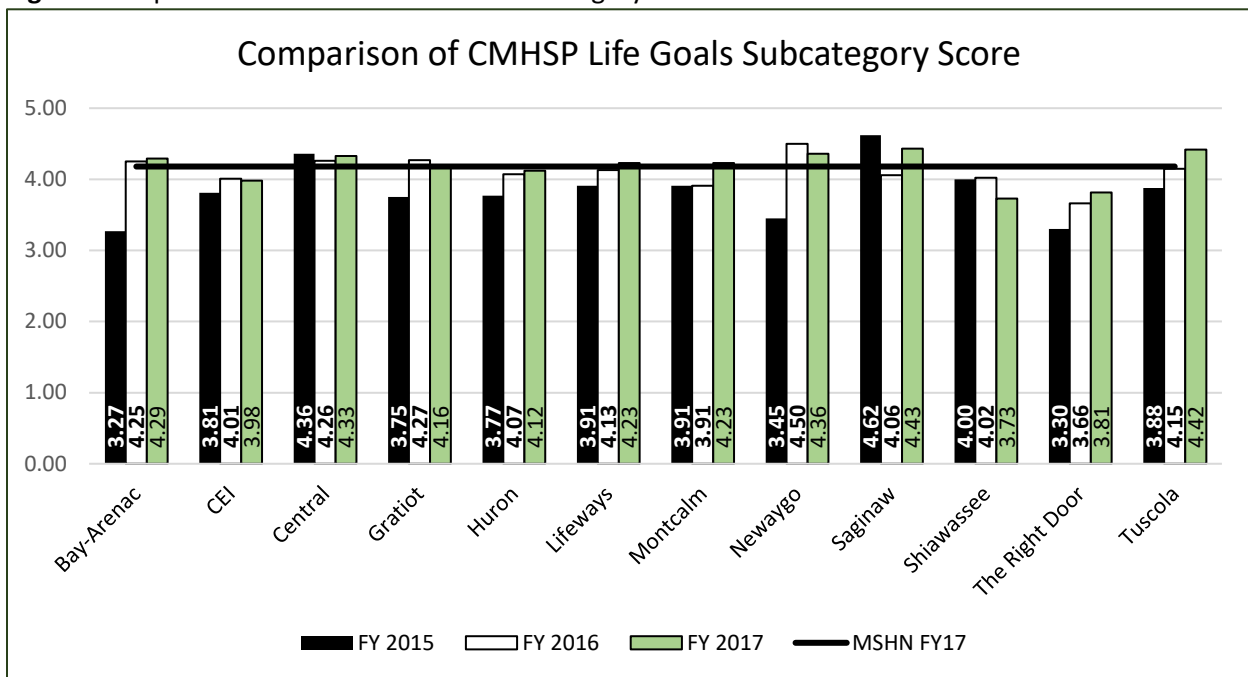


Figure 7 illustrates how each CMHSP scored in the Individually Tailored Services subcategory. The MSHN average for FY 2015 was 3.96, 4.05 for FY 2016., and 4.13 for FY 2017.

**Fig. 7 – Comparison of CMHSP Individually Tailored Services Subcategory Score**

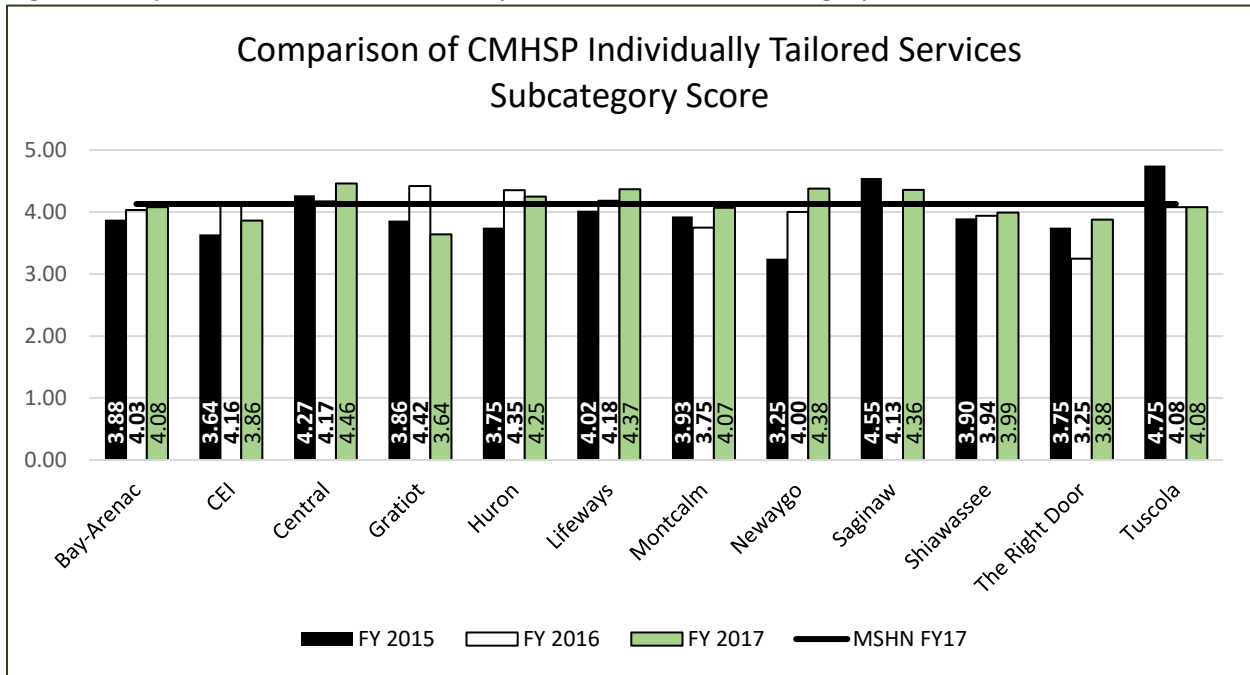
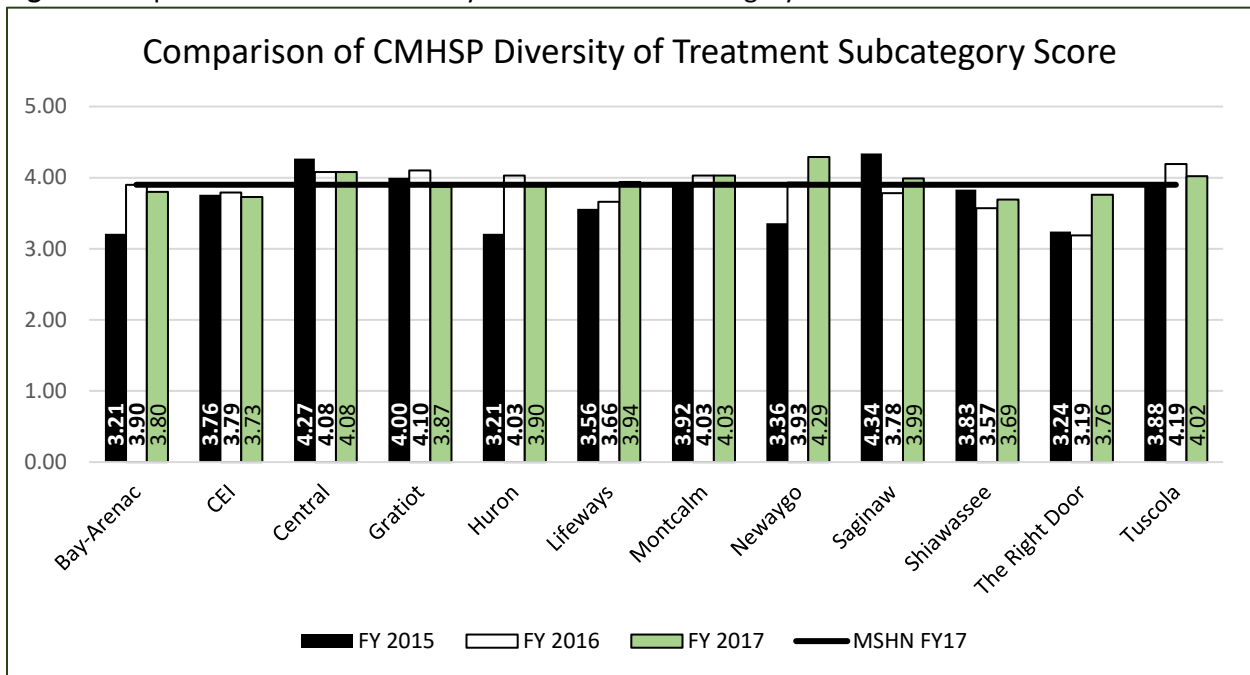


Figure 8 illustrates how each CMHSP scored in the Diversity of Treatment subcategory. The MSHN average for FY 2015 was 3.72, 3.84 for FY 2016, and 3.90 for FY 2017.

**Fig. 8 – Comparison of CMHSP Diversity of Treatment Subcategory Score**





## MSHN Survey Response by Percentage

The Recovery Self-Assessment surveys were analyzed by subcategory questions and response. The “not applicable” and “do not know” responses were removed from the analysis. This analysis was performed by each CMHSP, and can be found at:

[https://mshn.app.box.com/files/0/f/7338612889/CMHSP\\_RAS\\_aggregate\\_data](https://mshn.app.box.com/files/0/f/7338612889/CMHSP_RAS_aggregate_data)

Figure 9 illustrates how all 12 CMHSPs responded to the two (2) Invite subcategory questions for FY 2015, FY 2016 and FY 2017. The questions included in Invite subcategory are as follows:

- 1: Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in programs.
- 2: This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).

**Fig. 9 – MSHN – Invite Subcategory Survey Response by Percentage**

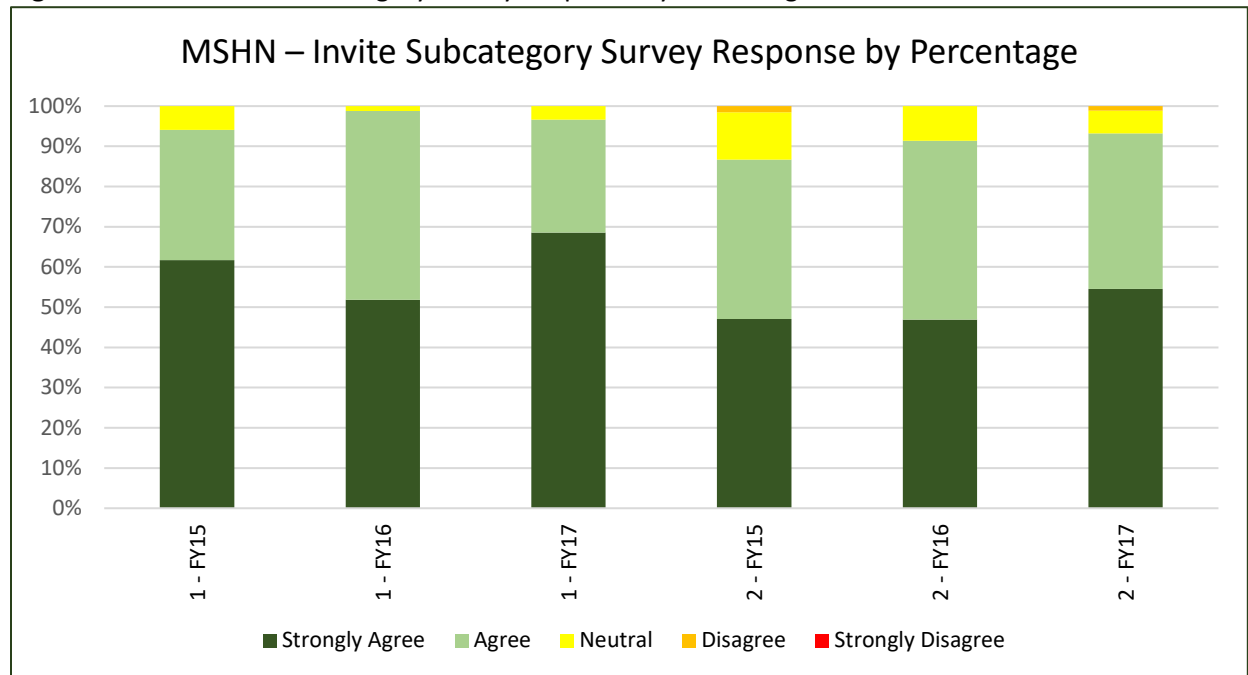


Figure 10 illustrates how all 12 CMHSPs responded to the four (4) Choice subcategory questions. The questions included in the Choice subcategory are as follows:

- 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.
- 10: Staff listen to and respect the decisions that program participants make about their treatment and care.

**Fig. 10** – MSHN – Choice Subcategory Survey Response by Percentage

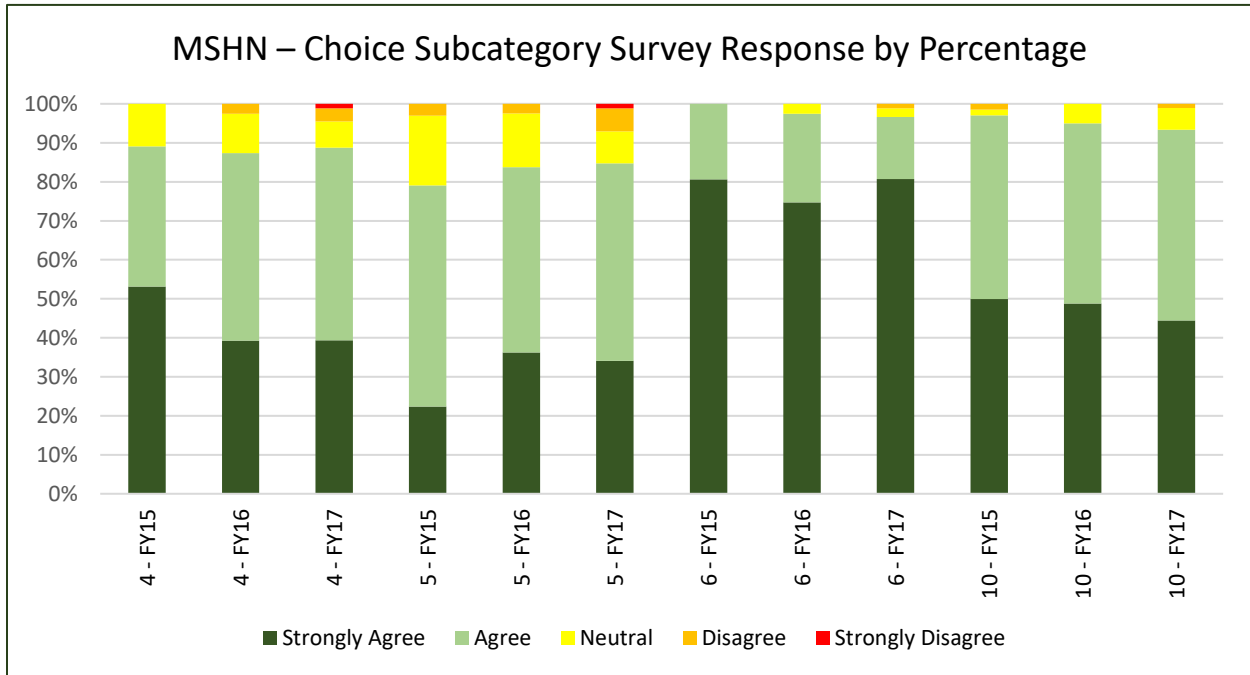


Figure 11 illustrates how all 12 CMHSPs responded to the seven (7) Involvement subcategory questions. The questions included in the Involvement subcategory are as follows:

- 22: Staff actively help people find ways to give back to their community (i.e., volunteering, community services, and 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.
- 29: Persons in recovery are involved with facilitating staff trainings and education at this program.
- 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.

**Fig. 11** – MSHN – Involvement Subcategory Survey Response by Percentage

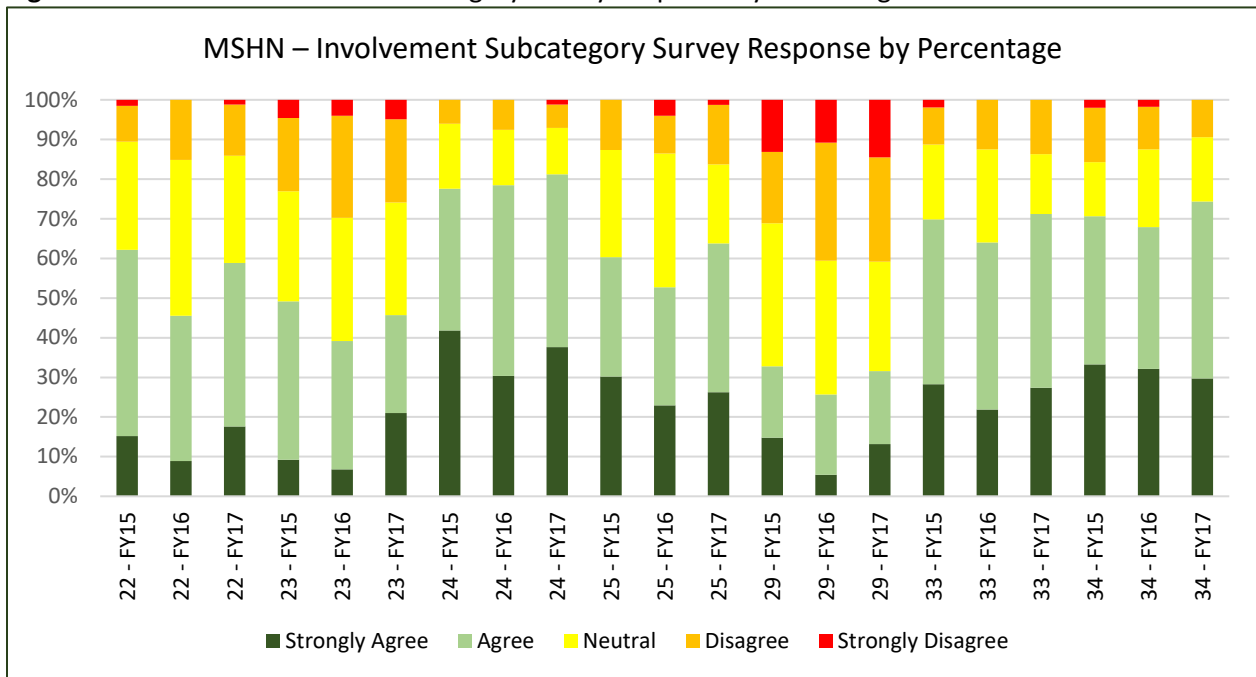


Figure 12 illustrates how all 12 CMHSPs responded to the eleven (11) Life Goals subcategory questions. The questions included in the Life Goals subcategory are as follows:

- 3. Staff encourage program participants to have hope and high expectations for their recovery.
- 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.
- 12. Staff encourage program participants to take risks and try new things.
- 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.
- 28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
- 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.

**Fig. 12 – MSHN – Life Goals Subcategory Survey Response by Percentage**

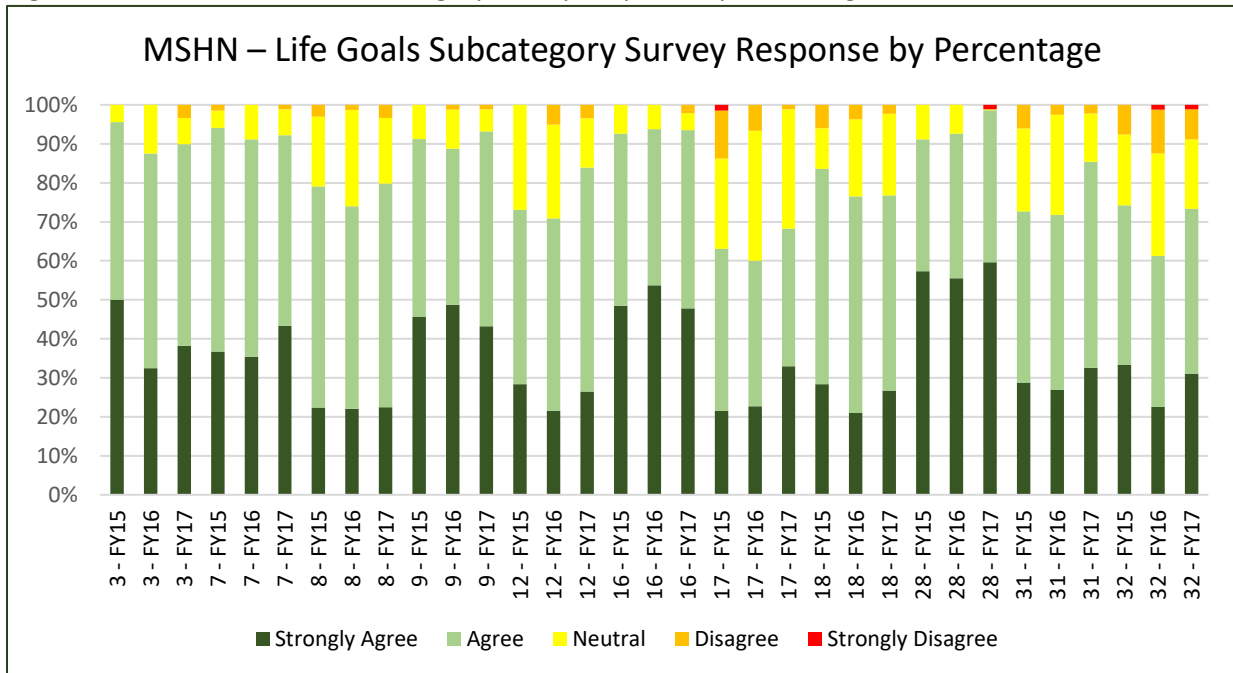


Figure 13 illustrates how all 12 CMHSPs responded to the four (4) Individually Tailored Service subcategory questions. The questions included in the Individually Tailored Service subcategory are as follows:

- 11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
- 13. This program offers specific services that fit each participant’s unique culture and life experiences.
- 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).
- 30. Staff at this program regularly attend trainings on cultural competency.

**Fig. 13 – MSHN – Individually Tailored Service Subcategory Survey Response by Percentage**

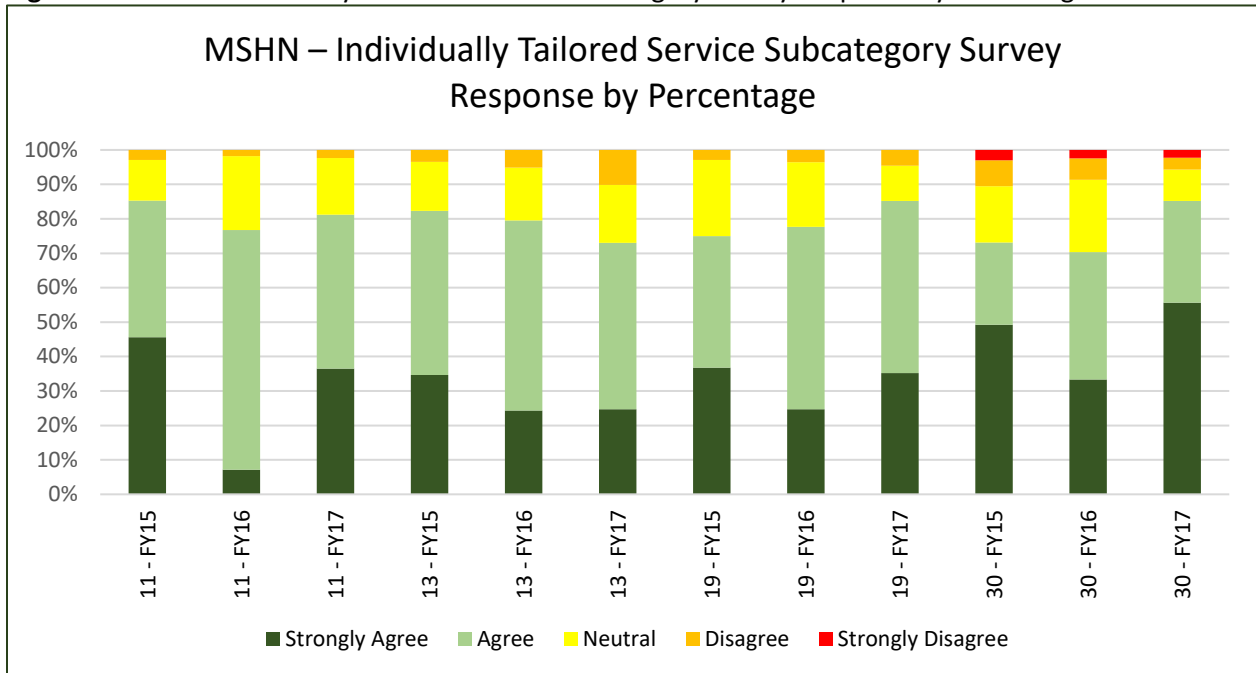
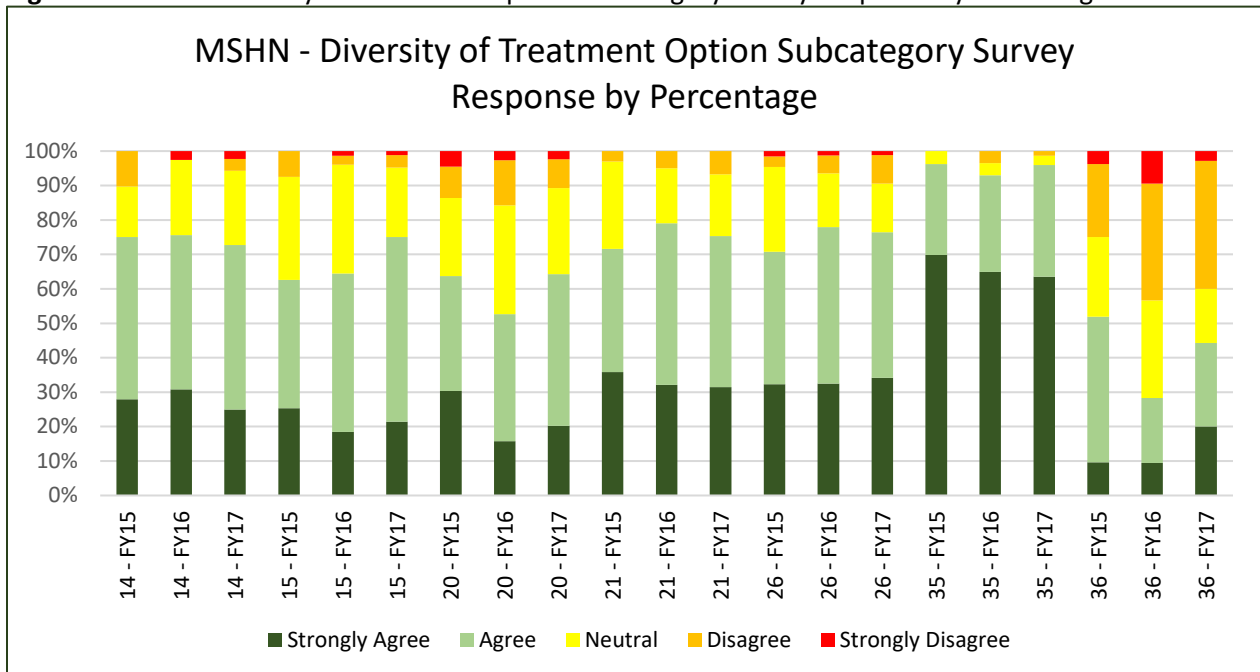


Figure 14 illustrates how all 12 CMHSP responded to the seven (7) Diversity of Treatment Option subcategory questions. The questions included in Diversity of Treatment Option subcategory are as follows:

- 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.
- 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.
- 26. Staff talk with program participants about what it takes to complete or exit the program.
- 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.

**Fig. 14 – MSHN - Diversity of Treatment Option Subcategory Survey Response by Percentage**



**Summary:**

For the FY 2017 survey period there was an increase of 14 participants, 95 overall, who completed the survey from the FY 2016 participants of 81 and a 25 participant increase since FY 2015 participants of 70.

The survey consisted of six (6) separate subcategories that included Invite, Choice, Involvement, Life Goals, Individually Tailored Services and Diversity of Treatment. The comprehensive scores of all 12 CMHSP's for five (5) of the subcategories showed a slight increase in satisfaction from FY 2016 to FY 2017 and those subcategories included: Invite, Involvement, Life Goals, Individually Tailored Services and Diversity of Treatment. One (1) subcategory showed a slight decrease in satisfaction from FY 2016 to FY 2017 and that subcategory was Choice. The comprehensive score for all subcategories for MHSN went from 3.82 in FY 2015 to 4.00 in FY 2016 and increased again to 4.06 in FY 2017.

The subcategories showed the following changes in the MSHN average score when compared to FY 2016 to FY 2017:

Invite: 0.12 increase  
Choice: 0.02 decrease  
Involvement: 0.50 increase  
Life Goals: 0.09 increase  
Individually Tailored Services: 0.08 increase  
Diversity of Treatment: 0.06 increase

The subcategory of "Involvement" showed the greatest increase in average score and the subcategory of "choice" showed a minimal decrease in the average score.

The comprehensive scores per each CMHSP also indicated that seven (7) CMHSP's showed a slight increase in scores from FY 2016 to FY 2017, and five (5) showed a slight decrease in scores.

The results will be reviewed further by the MSHN Quality Improvement Council to determine if there are any trends evident and if any regional improvement efforts would be recommended. Areas of improvement will be targeted toward below average scores (based on the regional average of all scores) and priority areas as identified through review by the Regional Consumer Advisory Council. Each CMHSP will also review their local results in all subcategories and identify any of local improvement recommendations.

**Report Completed by:** Mid-State Health Network

**Date:** July 11, 2017

**MSHN QIC Approved:** July 27, 2017