**Introduction**

The following overview of Mid-State Health Network’s (MSHN) Recovery Self-Assessment Revised (RSA-R) was developed utilizing voluntary self-reflective assessment scales designed to gauge the degree to which programs implement recovery-oriented practices.  The RSA-R is a tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care. There are three versions designed specifically for different study populations. The Michigan Department of Health and Human Services (MDHHS) has required the following validated tools be used for continuous quality improvement:

Recovery Self-Assessment Revised– RSA Administrators Version completed by Chief Executive Officers, and Administrators who oversee programs serving individuals who are adults and experience a mental illness and/or substance use disorder.

Recovery Self-Assessment Revised– RSA-R Provider Version completed by staff who provide direct services to individuals who are adults and experience a mental illness and/or substance use disorder.

Recovery Self-Assessment Revised– RSA-R Persons in Recovery Version completed by individuals who are adults and experience a mental illness and/or substance use disorder and have received a service during the identified implementation period.

(Davidson, L., Tondora, J., O’Connell, M. J., Lawless, M. S., & Rowe, M.) (2009).

The Community Mental Health Specialty Program (CMHSP)Participants and Substance Use Disorder (SUD) Providers were offered the opportunity to assess their organizations recovery environment by completing one or more of the RSA-R versions offered beginning in May of 2019.

The assessments were to be completed through an electronic survey process by administrators, providers, and persons in recovery. Accommodations were made for those who requested a paper version.

Fourteen hundred and seven respondents (1407) completed the RSA-R during the month of May. The respondents consisted of the Administrators (195), Providers (435), and Persons in Recovery (777) from the SUD Provider Network and the CMHSP Participants. The *MSHN Recovery Self-Assessment Scale FY19: Administrator/Provider Report* and *MSHN Recovery Self-Assessment Scale FY19:*  *Persons in Recovery* provide additional detail of the assessment results. The assessment results were aggregated and scored as outlined in the Yale Program for Recovery and Community Health instructions.

**MSHN Summary**

The responses from the Recovery Self-Assessment surveys were scored as a comprehensive total and separately as six subcategories. The tool is intended to assess the perceptions of individual recovery and the recovery environment. Items are rated using the same 5-point Likert scale that ranges from 1 = “strongly disagree” to 5 = “strongly agree.” The comprehensive score measures how the system is performing, and the subcategories measures the performance of five separate parts. The individual response score for each question in the subcategories is included to assist in determining potential action steps. A score of 3.50 and above indicates satisfaction or agreement with the statement. The “not applicable” and “do not know” responses were removed from the analysis.

**MSHN Comprehensive Summary**

MSHN’s persons in recovery, administrators and providers demonstrated a comprehensive assessment score above 3.50. Figure 1 illustrates the Persons’ in Recovery comprehensive score to be assessed higher than the comprehensive score for the Administrators and Providers. Figure 1 also illustrates a score above 3.50 for each of the subcategories as assessed by the Persons in Recovery, the Providers, and the Administrators.

Figure 1 MSHN Comprehensive Summary-Subcategory Summary

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| --- | --- | --- | --- |
| **FY2019** | **RSA-R Persons in Recovery** | **RSA-R Provider Version** | **RSA-R Administrator Version** |
| **Comprehensive Score** | **4.28** | **4.18** | **4.24** |
| Involvement - Subcategory | 3.83 | 3.55 | 3.78 |
| Individually Tailored Services - Subcategory | 4.31 | 4.10 | 4.26 |
| Diversity of Treatment - Subcategory | 4.17 | 4.17 | 4.19 |
| Life Goals Sub-Category | 4.36 | 4.28 | 4.34 |
| Choice - Subcategory | 4.45 | 4.47 | 4.55 |
| Inviting - Subcategory | 4.52 | 4.46 | 4.59 |

**MSHN Subcategory Summary**

A comparison of each subcategory by Administrator, Provider, and Persons in Recovery is illustrated in Figures 2 through 7. Questions 33 through 36 are included in the Administrators version only.

33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. (3.99)

34. This agency provides structured educational activities to the community about mental illness and addictions. (4.01)

35. This agency provides a variety of treatment options for program participants. (4.63)

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. (3.66)

Figure 2 Comparison of individual questions for Subcategory Involvement

Figure 3 Comparison of individual questions for Subcategory Individually Tailored Service

Figure 4 Comparison of individual questions for Subcategory Diversity of Treatment

Figure 5 Comparison of individual questions for Subcategory Life Goals (Questions 3, 7 8, 9, 12)

Figure 6 Comparison of individual questions for Subcategory Life Goals (Questions 16,17,18, 28, 31, 32)

Figure 7 Comparison of individual questions for Subcategory Inviting

Each individual question from the Persons in Recovery assessment scale was ranked from highest to lowest based on the score. Figure 8 demonstrates each individual question color coded by subcategory.

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| --- | --- |
| **KEY** | \*Five Lowest Scores \*\*Five Highest Scores |
| Life Goals | 16,17,28,32,18,3,7,8,9,12,31 |
| Involvement | 23,25,29,34,24,22,33 |
| Diversity of Treatment Options | 20,21,26,14,15,35,36 |
| Choice | 5,6,10,4,27 |
| Individually Tailored Services | 13,30,11,19 |
| Inviting Factor | 1,2 |

Figure 8 Individual questions ranked

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| --- | --- | --- | --- | --- |
|  | **RSA-R Version Question Comparison** | **Persons in Recovery** | **Providers MSHN** | **Administrators MSHN** |
| 7 | Staff believe in the ability of program participants to recover. | \*\*4.76 | \*\*4.62 | \*\*4.59 |
| 6 | Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants. | \*\*4.70 | \*\*4.73 | \*\*4.78 |
| 1 | Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program | \*\*4.68 | \*\*4.67 | \*\*4.72 |
| 3 | Staff encourage program participants to have hope and high expectations for their recovery. | \*\*4.66 | \*\*4.62 | 4.59 |
| 10 | Staff listen to and respect the decisions that program participants make about their treatment and care. | \*\*4.57 | 4.55 | 4.57 |
| 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. | 4.54 | 4.41 | 4.57 |
| 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). | 4.54 | \*\*4.63 | 4.55 |
| 27 | Progress made towards an individual’s own personal goals is tracked regularly | 4.45 | 4.57 | 4.50 |
| 28 | The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations. | 4.40 | 4.58 | \*\*4.67 |
| 30 | Staff at this program regularly attend trainings on cultural competency. | 4.39 | 4.16 | 4.40 |
| 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). | 4.39 | 4.32 | 4.35 |
| 32 | Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. | 4.38 | 3.90 | 3.92 |

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| --- | --- | --- | --- | --- |
|  | **RSA-R Version Question Comparison** | **Persons in Recovery** | **Providers MSHN** | **Administrators MSHN** |
| 2 | This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.). | 4.36 | 4.26 | 4.46 |
| 14 | Staff offer participants opportunities to discuss their spiritual needs and interests when they wish. | 4.36 | 4.35 | 4.31 |
| 8 | Staff believe that program participants have the ability to manage their own symptoms | 4.31 | 4.01 | 4.28 |
| 31 | Staff are knowledgeable about special interest groups and activities in the community. | 4.31 | 4.10 | 4.17 |
| 21 | Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs. | 4.31 | 4.30 | 4.29 |
| 24 | People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers. | 4.26 | 4.12 | 4.18 |
| 4 | Program participants can change their clinician or case manager they wish. | 4.26 | 4.22 | 4.43 |
| 13 | This program offers specific services that fit each participant’s unique culture and life experiences. | 4.25 | 3.99 | 4.15 |
| 11 | Staff regularly ask program participants about their interests and the things they would like to do in the community. | 4.22 | 3.93 | 4.13 |
| 26 | Staff talk with program participants about what it takes to complete or exit the program. | 4.17 | 4.35 | 4.34 |
| 5 | Program participants can easily access their treatment records if they wish. | 4.13 | 4.21 | 4.45 |
| 12 | Staff encourage program participants to take risks and try new things. | 4.10 | 4.11 | 4.22 |
| 18 | Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies. | 4.09 | 4.17 | 4.16 |
| 20 | Staff actively introduce program participants to persons in recovery who can serve as role models or mentors. | 4.06 | \*3.79 | 3.89 |
| 22 | Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup). | 3.96 | \*3.80 | \*3.78 |
| 15 | Staff offer participants opportunities to discuss their sexual needs and interests when they wish. | \*3.89 | 4.02 | 4.12 |
| 23 | People in recovery are encouraged to help staff with the development of new groups, programs, or services. | \*3.86 | \*3.49 | \*3.67 |
| 17 | Staff routinely assist program participants with getting jobs. | \*3.66 | 3.90 | 4.01 |
| 29 | Persons in recovery are involved with facilitating staff trainings and education at this program. | \*3.50 | \*2.92 | \*3.06 |
| 25 | People in recovery are encouraged to attend agency advisory boards and management meetings. | \*3.42 | \*3.23 | \*3.73 |

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| --- | --- | --- | --- | --- |
|  | **RSA-R Version Question Comparison** | **Persons in Recovery** | **Providers MSHN** | **Administrators MSHN** |
| 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. (Administrative Version only) |  |  | \*3.66 |
| 33 | This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. (Administrative Version only) |  |  | 3.99 |
| 34 | This agency provides structured educational activities to the community about mental illness and addictions. (Administrative Version only) |  |  | 4.01 |
| 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.). (Administrative Version only) |  |  | \*\*4.63 |

**Evaluation of Effectiveness**

The aggregated results of the RSA-R will be reviewed by MSHN’s Quality Improvement Council, SUD Provider Advisory Council, the Regional Consumer Advisory Council and internal MSHN Committees to determine areas of improvement. Areas of improvement will be targeted toward below average scores (based on regional average of all scores) and priority areas as identified by the regional Quality Improvement Council, the Regional Consumer Advisory Council and the SUD Provider Network. Above average areas will be identified and analyzed for identification of best practice and improvement opportunities for individual providers that fall below the average. Effectiveness of improvement initiatives will be determined as an increase in the regional average for the targeted areas.

Additional detailed information can be found in the full reports found in the links below.

MSHN Recovery Self-Assessment Scale FY19: Administrators/Providers Version

MSHN Recovery Self-Assessment Scale FY19: Persons in Recovery

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