Recovery Self Assessment-R(RSA-R) Report FY19

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## Introduction

- The Recovery Self Assessment –Revised (RSA-R) is one of two validated tools required by MDHHS. The RSA-R gauges the degree to which CMHSP and SUD Providers implement recovery oriented practices.
- It is a self reflective 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 populations.

All participant providers of the PIHP who oversee programs serving adults who experience a mental illness and/or a substance use disorder have the opportunity to complete the assessment

- <u>Recovery Self Assessment Revised-RSA-R Administrators Version -</u>Chief Executive Officers, and Administrators. Excludes-Administrators who provide direct services to persons in recovery
- <u>Recovery Self Assessment Revised-RSA-R Providers Version</u> -All staff who provide direct services to individuals who are adults and experience a mental illness and/or substance use disorder.
- <u>Recovery Self Assessment Revised-RSA-R Persons in Recovery Version-</u> Adults who experience a mental illness and/or a substance use disorder and have received a service during the implementation period.

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

# Implementation

The implementation plan was developed in coordination with MSHN Quality Improvement Council (QIC), MSHN Treatment Team, and MSHN Provider Advisory Council (PAC). Feedback from the participants of the Provider Meeting, and the Regional Consumer Advisory Council (RCAC)

- Distribution Method: Electronic assessment form via Survey Monkey, paper form upon request
- Distribution Period: Persons in Recovery May 1, 2019 ongoing;

RSA-R Administrators and Providers - May 1, 2019 through May 31, 2019

- Scoring: 5-point Likert scale that ranges from 1 = "strongly disagree" to 5 = "strongly agree." The comprehensive score measures system performance. The subcategories measure the performance of five separate parts. The individual response score assist with 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.
- <u>Communication</u>: Review/Reviewed with MSHN Leadership, PAC, QIC, SUD Provider Network (Constant Contact, Provider meeting)
- <u>Next Steps</u>: Evaluate process of implementation for improvements. Review data for appropriate interventions for improvement of the recovery environment for both individual and system improvements
- Monitoring: Effectiveness of interventions will be evaluated based on annual assessment scores.

## Respondents

Total is the number of respondents. Each respondent was allowed to choose all that applied.

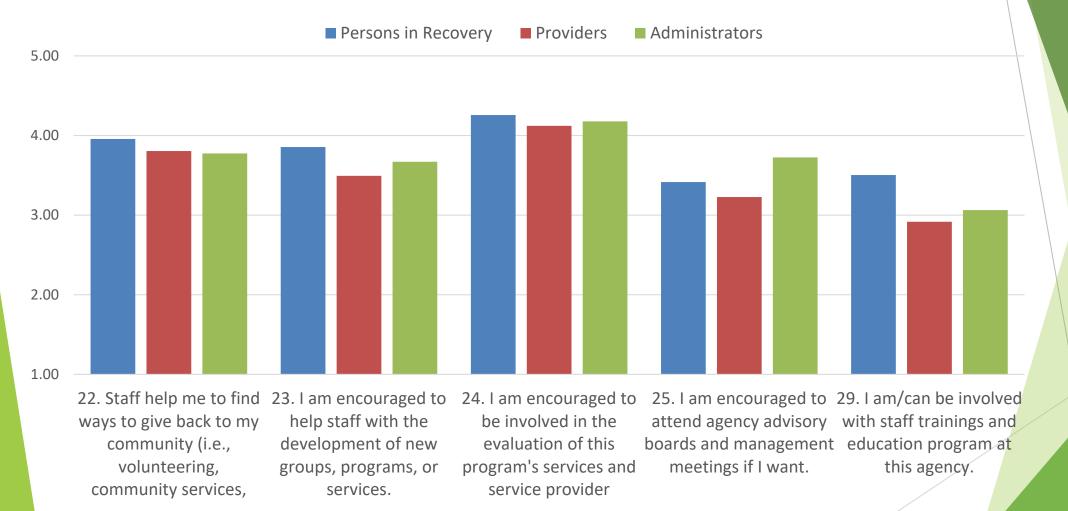
	Persons in Recovery	Providers	Administrators
Total	777	435	195
Clubhouse	5	18	18
Case-management/ Supports Coordination	108	166	85
Intensive Outpatient	145	30	27
Outpatient	330	214	82
Substance Use Residential	182	63	27
Detox		29	13
Assertive Community Treatment		23	20
Vocational		25	20
Other	121		27

# **Comprehensive Summary**

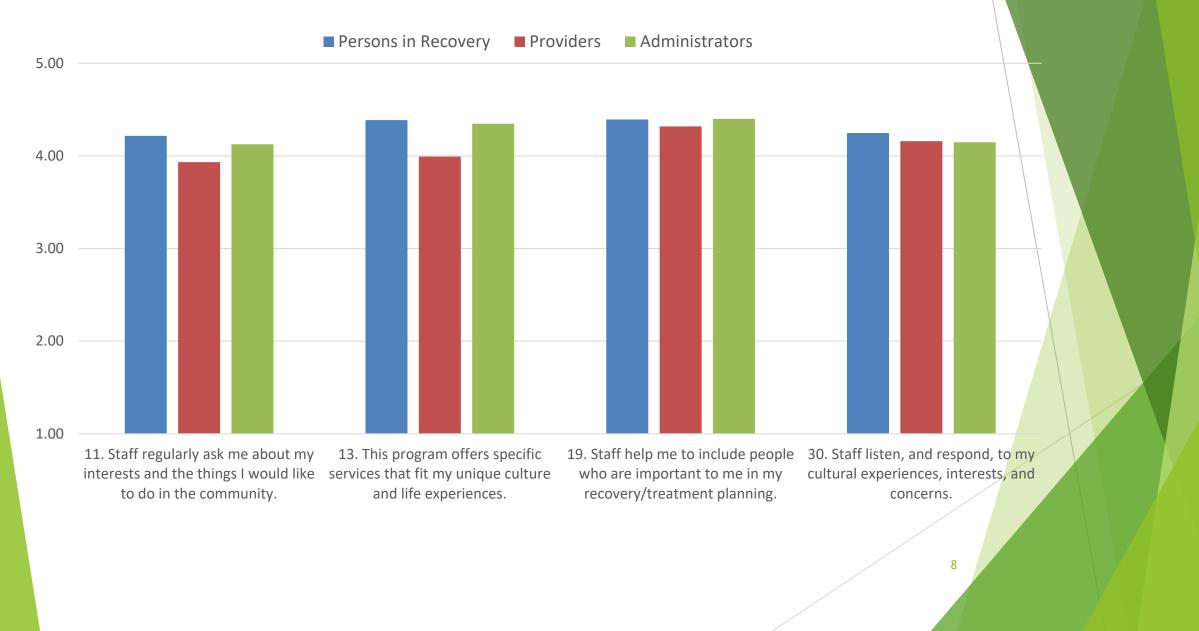
MSHN's persons in recovery, administrators and providers demonstrated a comprehensive assessment score above 3.50. The comprehensive score for the Persons' in Recovery indicates those receiving services assessed the recovery environment to be higher than the assessment of the recovery environment by the Administrators and Providers

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

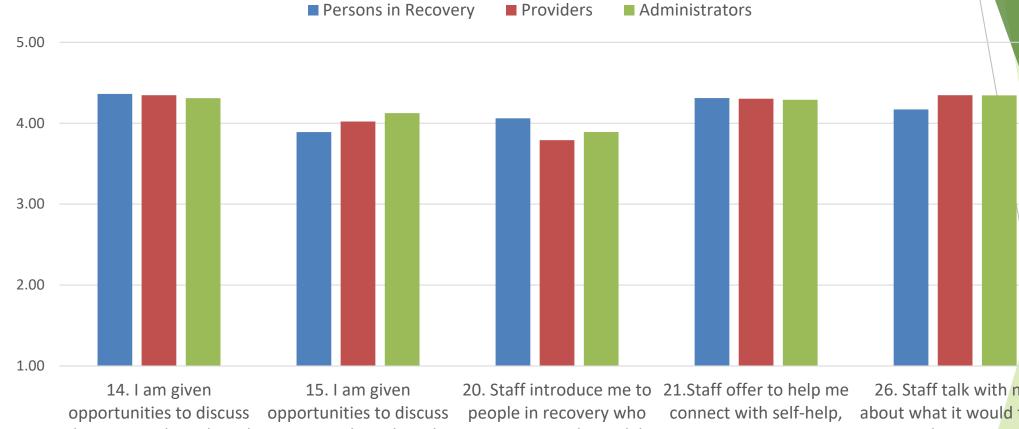
## **Involvement Subcategory**



# **Individually Tailored Services Subcategory**



### **Diversity Subcategory**



their spiritual needs and interests when I wish.

my sexual needs and interest when I wish.

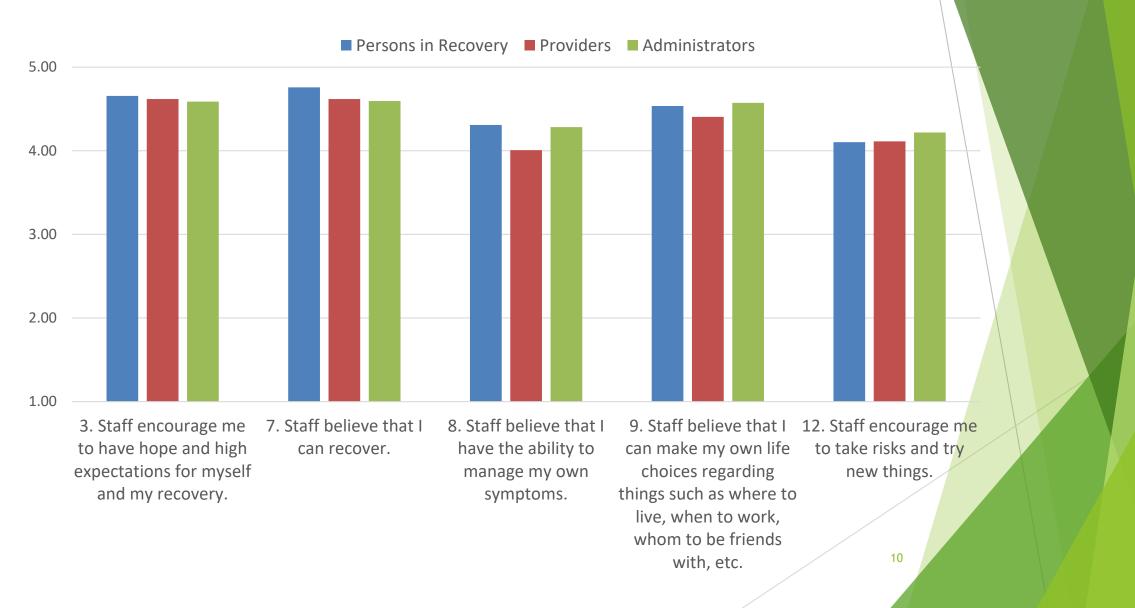
can serve as role models or mentors.

peer support, or consumer advocacy groups and programs.

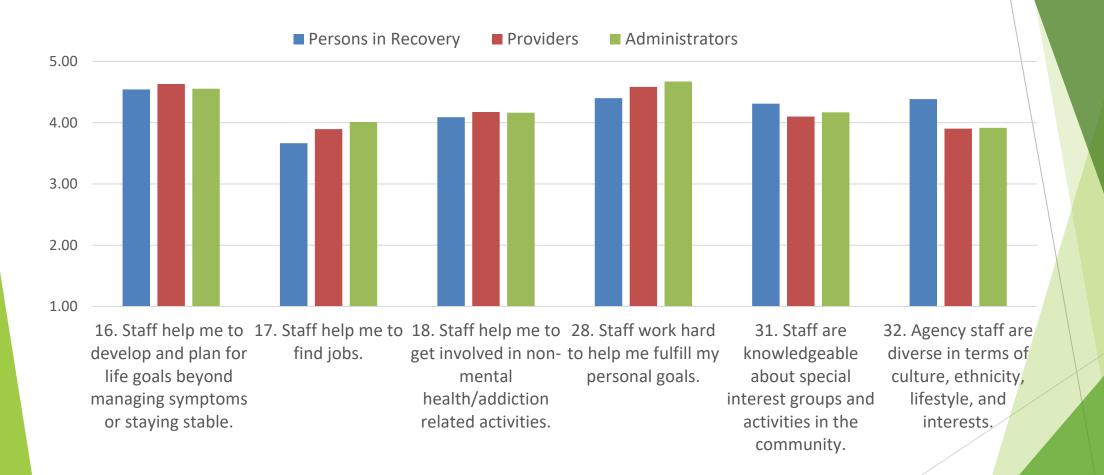
26. Staff talk with me about what it would take to complete or exit the program,

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#### Life Subcategory

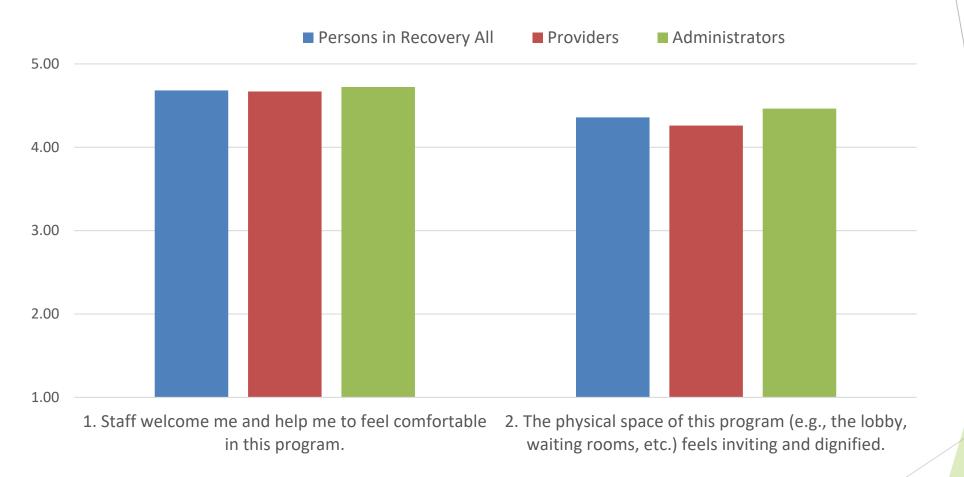


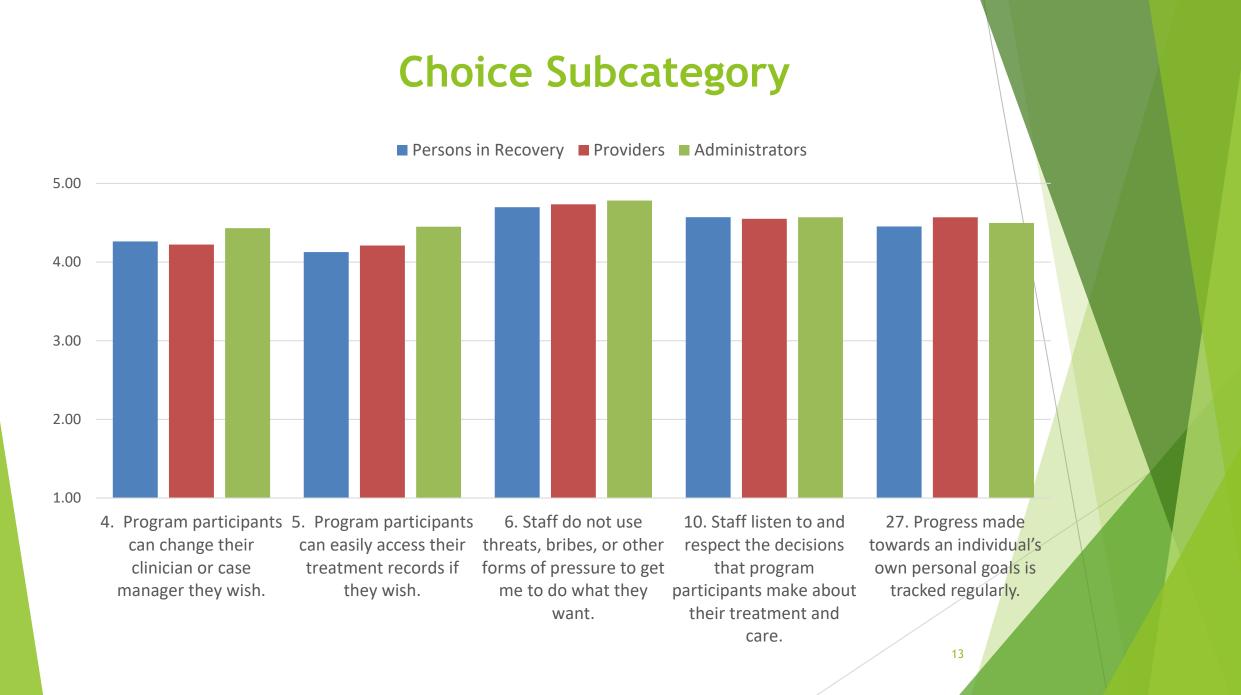
### Life Subcategory



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#### **Invite Subcategory**





#### Conclusion

All subcategories demonstrated a 3.50 or above indicating an overall satisfaction or agreement with the statements included in the subcategory. The subcategory that scored the lowest was "involvement".

Three questions indicated disagreement or dissatisfaction with the statement in at least one of the assessments.

- 25. I am encouraged to attend agency advisory boards and management meetings if I want. (Persons in Recovery 3.42) (Providers 3.23) (Administrators 3.73)
- 29. I am/can be involved with staff trainings and education program at this agency. (Persons in Recovery 3.50) (Administrators 3.06), (Providers 2.92)
- 23. I am encouraged to help staff with the development of new groups, programs, or services. (Persons in Recovery 3.86) (Provider 3.49) (Administrators 3.67)

#### **Conclusion continued**

#### Programs who scored below 3.50 in the Involvement Subcategory

Question	Administrators	Providers	Persons in Recovery
22. Staff actively help people find ways to give back to their community.		• Detox Providers (3.30)	
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	<ul> <li>ACT (3.47)</li> <li>Clubhouse (3.44)</li> <li>Other (3.38)</li> </ul>	<ul> <li>OPT (3.43)</li> <li>Case management (3.47)</li> </ul>	
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	<ul> <li>SUD Residential (3.18)</li> <li>Detox (3.00)</li> </ul>	<ul> <li>SUD Residential (2.57)</li> <li>Detox (2.33)</li> <li>Intensive Case management (3.35)</li> <li>Case management (3.31)</li> <li>Outpatient Therapy (3.08)</li> </ul>	<ul> <li>Outpatient Therapy (3.49)</li> <li>SUD Residential (2.89)</li> <li>Other (3.41)</li> </ul>
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	<ul> <li>SUD Residential (3.48)</li> <li>Detox (3.09)</li> <li>Intensive Case management (3.44)</li> <li>Case management (3.16)</li> <li>Outpatient Therapy (3.09)</li> <li>Other (2.68)</li> <li>Clubhouse (3.00)</li> <li>Vocational (3.31)</li> </ul>	<ul> <li>SUD Residential (3.27)</li> <li>Detox (2.75)</li> <li>Intensive Case management (3.17)</li> <li>Case management (3.00)</li> <li>Outpatient Therapy (2.68)</li> <li>Clubhouse (2.93)</li> </ul>	• SUD Residential (2.87)

## Actions / Improvements-Discussion

- Update forms to provide more clarity in information provided
- Develop more efficient method for Providers to retain there information
- Develop method of providers to have information for persons served more readily available to inform the treatment plan as needed
- Modify template for aggregation and submission for paper copies
- Explore options for provider aggregation and reports available
- Education available for those receiving services on involvement opportunities
- Create opportunities for individuals to be involved
- Other .....

#### Thank you for all your efforts and work to improve services!

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