

Mid-State Health Networks (MSHN), inclusive of the Community Mental Health Service Program (CMHSP) Participants and Substance Abuse Treatment Providers (SATP), utilized the Recovery Self-Assessment (RSA) to assist the region in developing a better understanding of the strengths and weaknesses in MSHN's recovery-oriented care. The RSA is a voluntary self-reflective assessment completed by administrators and providers representing all CMHSP and SATP that provide services to adults with a Mental Illness and or Substance Abuse diagnosis. MSHN and the CMHSP Participants have participated in the RSA-R Administrators Assessment since 2015. MSHN incorporated the Substance Abuse Treatment Providers (SATP) into the RSA-R Administrator Assessment Project and began implementation of the RSA-R Provider Assessment for the CMHSP Participants and the SATP in 2019. The assessment results were aggregated and scored as outlined in the Yale Program for Recovery and Community Health instructions.

The distribution period was June 1, 2020 through June 30, 2020. The RSA-R Administrator Assessment is completed by administrators who do not provide direct services to individuals. The RSA-R Provider Assessment is completed by providers who, in addition to their administrative functions, provide direct services to individuals. The responses from the Recovery Self-Assessments were scored as a comprehensive total, separately as six subcategories, and by individual question. 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." A mean score of 3.50 or higher indicates agreement with the statements included in the measurement category. The "not applicable" and "do not know" responses were removed from the analysis.

MSHN Summary

MSHN has demonstrated an increase in the comprehensive score for the RSA-R Administrator Assessment since 2015 and the RSA-R Provider Assessment since the addition of the assessment to the project in 2019. MSHN has demonstrated an upward trend since the onset for both the Administrator Assessment (2015) and the Provider Assessment (2019) in each subcategory, apart from the Involvement subcategory (2016) and the Individually Tailored Services subcategory (2020). MSHN has continued to meet the expectation of improvement from the previous year. Figure 1 illustrates the comprehensive score for both the Administrator Assessment and the Provider Assessment, including each subcategory. The CMHSPs and the MSHN SATPs range from 3.92 to 5.00 indicating all agree with the statements in the assessment.

Additional analysis was completed using the comprehensive score by provision of clinical services. Eight Service Program Types (Clubhouse, Case management/Supports coordination, Intensive outpatient, Outpatient, Assertive Community Treatment, Substance use Disorder Residential, Vocational, Detox and other) were utilized, all demonstrating a comprehensive score over 3.50.

The Administrator Assessment indicated six of the eight showed improvement in the recovery environment of the organization exhibiting a range of 4.19-4.58. The Provider Assessment indicated that five of the eight showed improvement in the recovery environment of the organization exhibiting a range of 4.08-4.48.

Figure 1 MSHN FY20 Comprehensive

	Provider Assessment		Administrator Assessment	
	2019	2020	2019	2020
Comprehensive Score	4.18	4.27	4.24	4.25
Involvement - Subcategory	3.55	3.70	3.78	3.80
Individually Tailored Services - Subcategory	4.10	4.18	4.26	4.22
Diversity of Treatment - Subcategory	4.17	4.22	4.19	4.20
Life Goals Sub-Category	4.28	4.36	4.34	4.34
Choice - Subcategory	4.47	4.56	4.55	4.56
Inviting - Subcategory	4.46	4.52	4.59	4.67

The expectation is that MSHN will demonstrate improvement each year, by identifying growth areas from the results, implement action steps, and strengthen the recovery-oriented systems of care provided within the region. Considerations are areas that perform below the 3.50 indicating disagreement or room for improvement. In the absence of scores below 3.5, consideration should be given to the questions that scored the lowest or have demonstrated a decrease from the previous year. Questions that ranked the lowest from FY19 and continue to be the lowest for FY20 are below. Those that demonstrated an increase are indicated with a “met”. Those that did not are indicated with a “not met”. Agreement with the statement is defined as a 3.50 score or higher. The red font indicates the scores that were below 3.50.

MSHN		Administrator		Provider	
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	2019	3.78		3.80	
	2020	3.76	Not Met	3.97	Met
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services. FY19 Action Required	2019	3.67		3.23	
	2020	3.64	Not Met	3.47	Met
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	2019	3.73		3.79	
	2020	3.73	Met	3.96	Met
29. Persons in recovery are involved with facilitating staff trainings and education at this program. FY19 Action Required	2019	3.06		2.92	
	2020	3.29	Met	3.14	Met
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. FY19 Action Required	2019	3.66		3.49	
	2020	3.71	Met	3.61	Met

Next Steps

The results will be reviewed further by the MSHN Quality Improvement Council, MSHN Clinical leadership Committee, the SUD Provider Advisory Committee, and the Regional Consumer Advisory Council considering the growth areas identified above. Areas of improvement will be targeted toward below average scores (based on the regional average of all scores) and priority areas as identified through said committees and councils. Each CMHSP Participant and SUD Provider should review their local results in all subcategories and identify any of local improvement recommendations/interventions.