

**Introduction**

The following overview of Mid-State Health Network’s (MSHN) Recovery Self-Assessment (RSA) was developed to assist MSHN Community Mental Health Service Program (CMHSP) Participants and Substance Abuse Treatment Providers (SATP) 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 administrators and providers representing all CMHSP and SATP that provide services to adults with a Mental Illness and or Substance Abuse diagnosis. Figure 1 illustrates the number of respondents for each RSA-R Administrator and Provider Assessments. The survey results were aggregated and scored as outlined in the Yale Program for Recovery and Community Health instructions.

Figure 1 MSHN RSA-R Number of Respondents

Program	Administrators		Providers	
	2019	2020	2019	2020
Mid-State Health Network Total	195	124	435	397
Bay-Arenac Behavioral Health Authority	24	11	45	46
Community Mental Health Authority of CEI	4	10	40	50
Community Mental Health for Central Michigan	26	16	41	57
Gratiot Integrated Health Network	6	4	15	27
Huron Behavioral Health	5	4	0	3
LifeWays Community Mental Health	2	5	16	37
Montcalm Care Center	17	5	23	20
Newaygo County Community Mental Health	13	6	24	21
Saginaw County Community Mental Health	20	9	30	26
Shiawassee County Community Mental Health	7	11	0	10
The Right Door for Hope Recovery and Wellness	19	8	28	0
Tuscola Behavioral Health System	2	2	6	13
MSHN SUD Providers	50	35	167	87

The distribution period was June 1, 2020 through June 30, 2020 and this marks the fifth year of implementation for the CMHSP Participants for the RSA-R Administrators Assessment and the second year for the CMHSP Participants and SATP for the RSA-R Provider Assessment. 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 information from this report is intended to support discussions on improving recovery-oriented practices by understanding how the various CMHSP and SAPT 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 may be sent to Sandy Gettel, Quality Manager at [sandy.gettel@midstatehealthnetwork.org](mailto:sandy.gettel@midstatehealthnetwork.org)

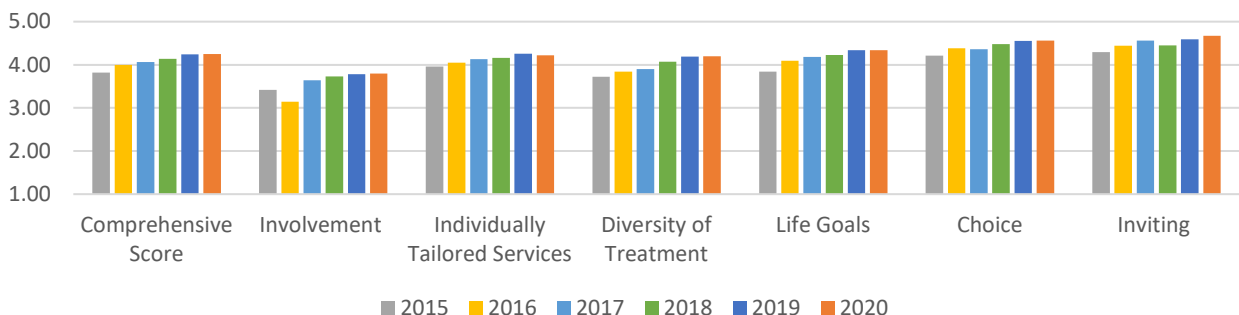
## **MSHN Summary**

The responses from the Recovery Self-Assessments were scored as a comprehensive total, separately as six subcategories, and by individual question. The comprehensive score measures how the system is performing, and the subcategories measures the performance of six separate groups of questions. The individual response score for each question in the subcategories is included to assist in determining potential action steps. 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. In addition to analyzing the mean score for each subcategory, an analysis was completed utilizing the mean score separated by program type for each provider. The “not applicable” and “do not know” responses were removed from the analysis. 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 expectation is that MSHN will demonstrate improvement by identifying growth areas from the results, implement action steps, and strengthen the recovery-oriented systems of care provided within the region.

## **MSHN Comprehensive Summary**

MSHN, inclusive of the CMHSP Participants and the SATP, 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. Figure 2 demonstrates the progression of the comprehensive score of the Administrator Assessment since 2015. Apart from the Involvement subcategory for 2016 and the Individually Tailored Services subcategory for 2020, improvement has been demonstrated in each subcategory since 2015. Figure 3 demonstrates the progression of the RSA-R Provider Assessment since its onset in 2019.

Figure 2. MSHN RSA-R Administrator Assessment Comprehensive Score and Subcategory Comprehensive Scores



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Figure 3. MSHN RSA-R Provider Assessment Comprehensive Score and Subcategory Comprehensive Scores

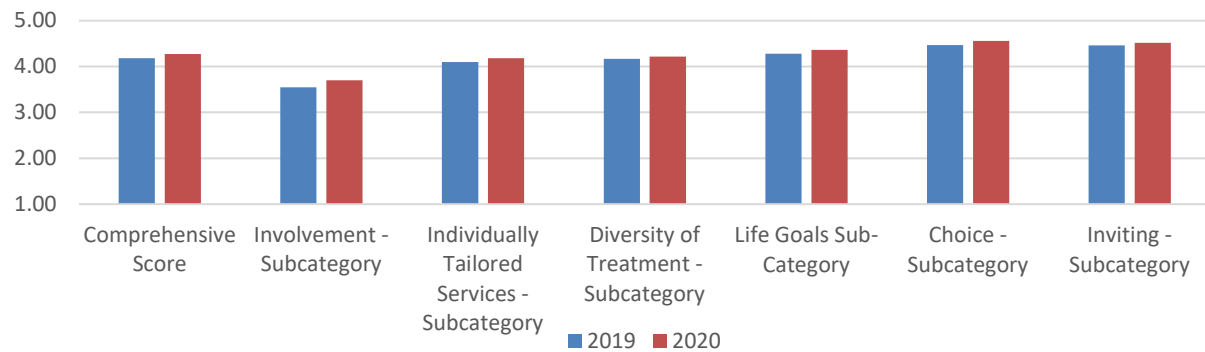


Figure 4. MSHN Comprehensive Score RSA-R Administrator and RSA-R Provider Assessments

	RSA-R Provider Assessment		RSA-R 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

Figure 4a. MSHN RSA-R Provider and Administrative Assessment Comprehensive Score for Service Program Type

	Provider Assessment				Administrator Assessment			
	2019		2020		2019		2020	
Club House	(n=18)	3.91	(n=20)	4.41	(n=18)	4.16	(n=16)	4.33
Case Management/Supports Coordination	(n=166)	4.19	(n=187)	4.26	(n=85)	4.28	(n=88)	4.25
Intensive Outpatient Therapy	(n=30)	4.28	(n=18)	4.22	(n=27)	4.41	(n=30)	4.43
Outpatient Therapy	(n=215)	4.18	(n=162)	4.21	(n=82)	4.31	(n=78)	4.36
Substance Use Disorder (SUD) Residential	(n=63)	4.13	(n=24)	4.21	(n=27)	4.41	(n=20)	4.57
Assertive Community Treatment (ACT)	(n=23)	4.33	(n=33)	4.24	(n=20)	4.25	(n=21)	4.19
Vocational	(n=25)	4.46	(n=34)	4.48	(n=20)	4.31	(n=14)	4.31
Detox	(n=29)	4.14	(n=9)	4.08	(n=13)	4.29	(n=11)	4.58
Other					(n=27)	4.20		

The comprehensive score for each CMHSP Participant and SATP Administrator Assessment (Figure 5) and the Providers Assessment (Figure 6) illustrate performance above 3.50 indicating general agreement with the statements in the assessment.

Figure 5. CMHSP Participant and SATP RSA-R Administrator Comprehensive Assessment Scores

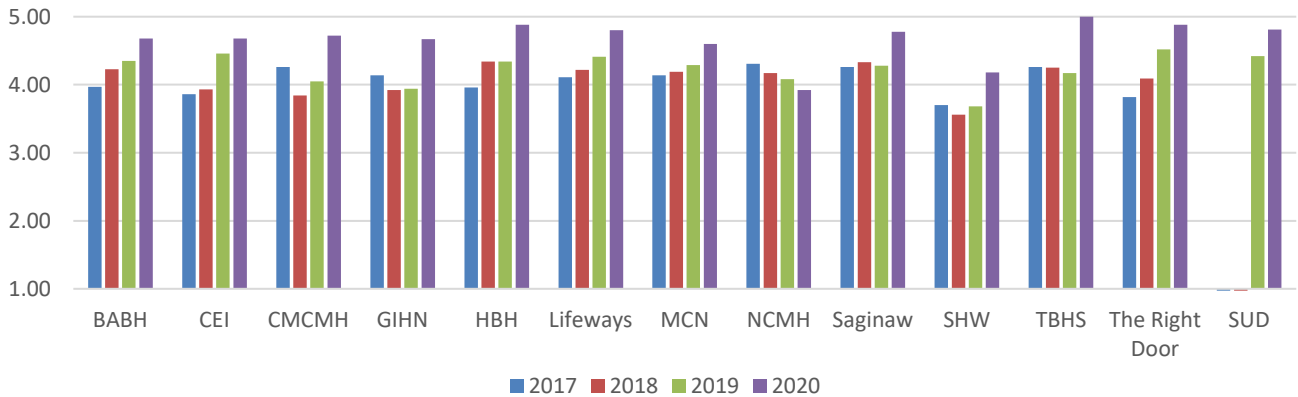
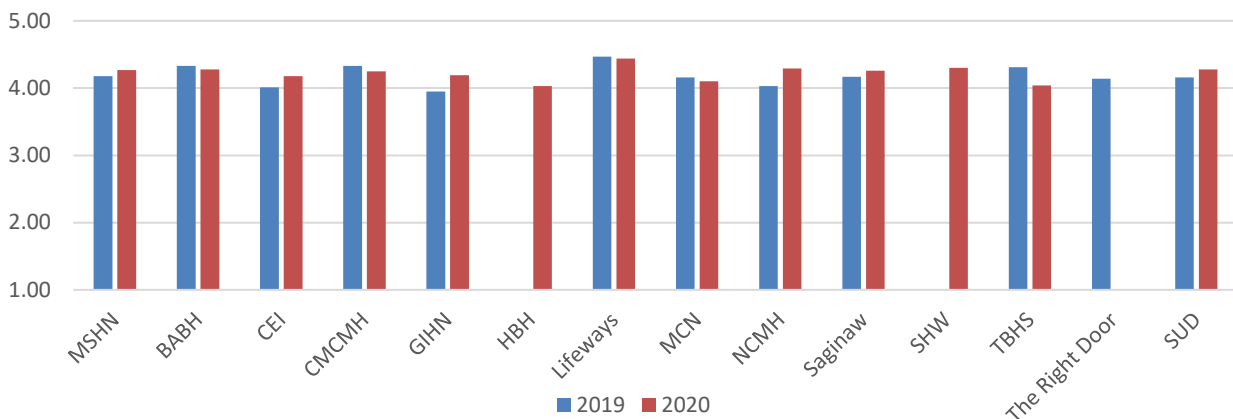


Figure 6. CMHSP Participant and SATP RSA-R Provider Comprehensive Assessment Scores

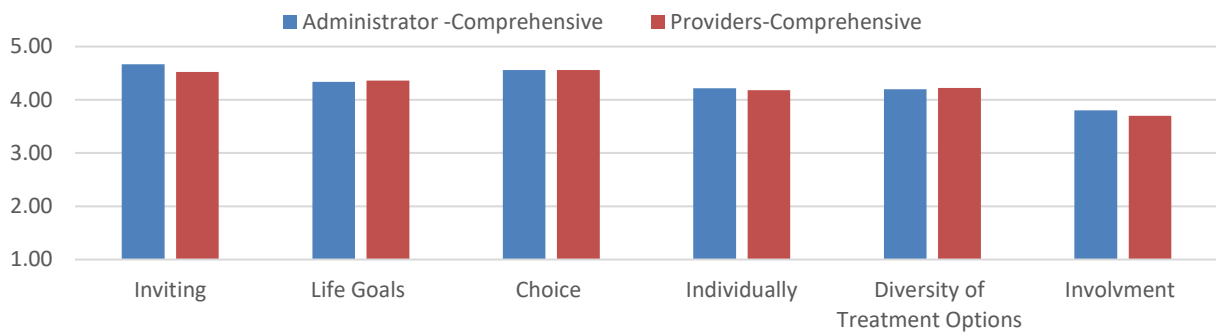


**MSHN Subcategory Summary**

The MSHN responses from the RSA-R Administrator Assessment and the RSA-R Provider Assessment were separated by each subcategory. The MSHN CMHSP Participants and SATP

RSA-R Administrator Assessment comprehensive score and the RSA-R Provider Assessment comprehensive score for each subcategory as illustrated in Figure 7 demonstrated a score above 3.50, indicating satisfaction or agreement with the statements included in each subcategory.

Figure 7. FY20 RSA-R Administrator and Provider Assessment Comprehensive Subcategory Comparison



**Inviting Subcategory**

The comprehensive score for both the Administrator and the Provider Assessment was above 3.50 indicating agreement or satisfaction with the statements included in the Invite subcategory. Figure 8 illustrates how MSHN and each CMHSP Participant and SATP responded to the Invite subcategory for FY2020.

Figure 8. CMHSP Participants and SATPs Comparison of FY20 Invite Subcategory Score

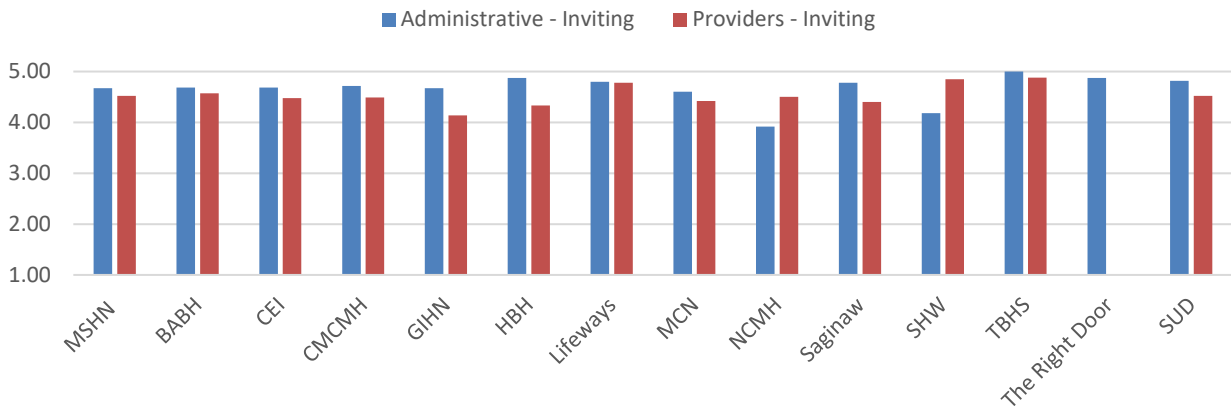


Figure 8a. CMHSP Participants and SATPs comparison of FY20 Invite Subcategory Score with Questions-Administrator Assessment

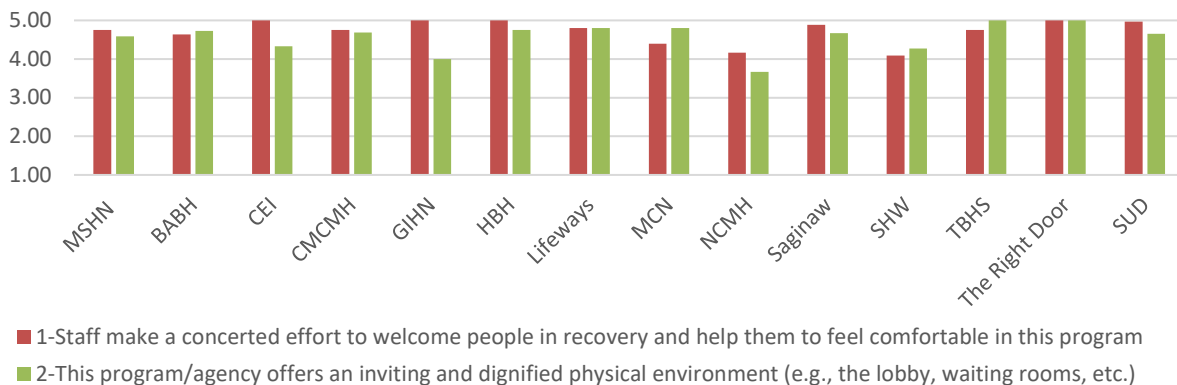
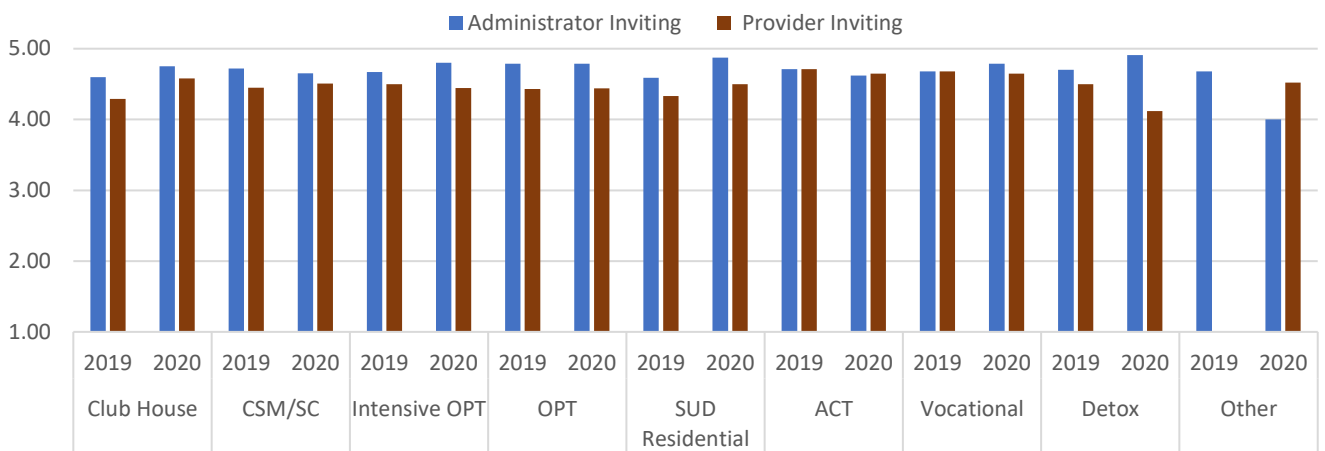


Figure 8b. CMHSP Participants and SATPs comparison of FY20 Invite Subcategory Score with Questions-Provider Assessment



Figure 8c. Service Program Type comparison of the FY20 Inviting Subcategory with the Provider and Administrator Assessments



**Choice Subcategory**

The comprehensive score for both the Administrator and the Provider Assessment was above 3.50 as illustrated in Figure 9 indicating agreement or satisfaction with the statements included in the Choice subcategory. Figures 9a-9b illustrates how each CMHSP and the SATP scored for each question within the subcategory by RSA-R assessment type. Figure 8c illustrates the comprehensive score of the subcategory by service program type.

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Figure 9. CMHSP Participants and SUD Provider Network Comparison of FY20 Choice Subcategory Score

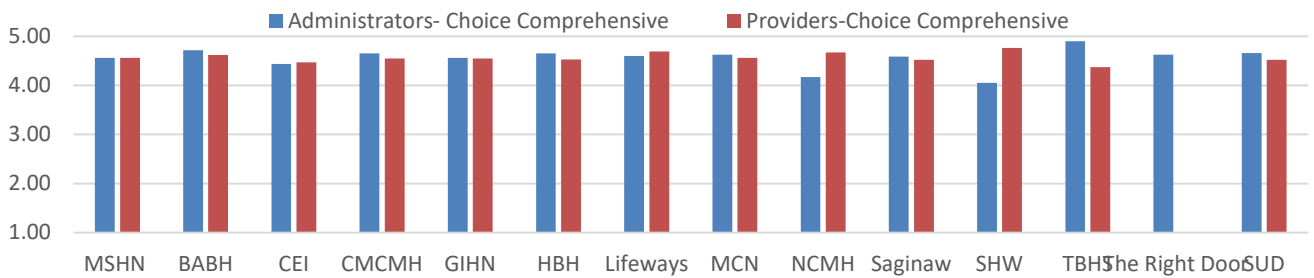


Figure 9a. CMHSP Participants and SATPs comparison of FY20 Choice Subcategory Score with Questions-Administrator Assessment

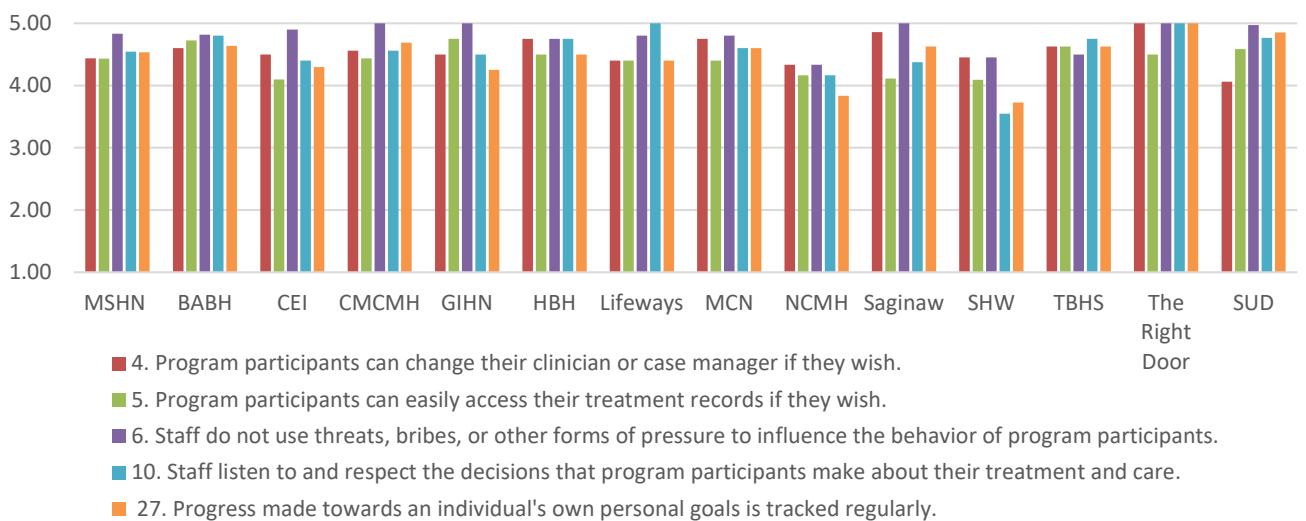
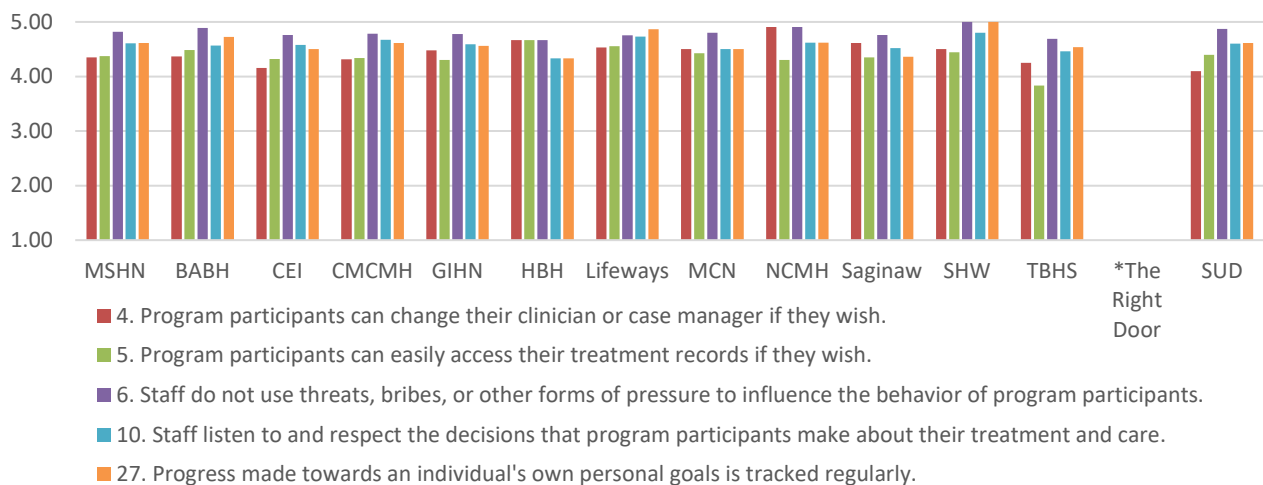
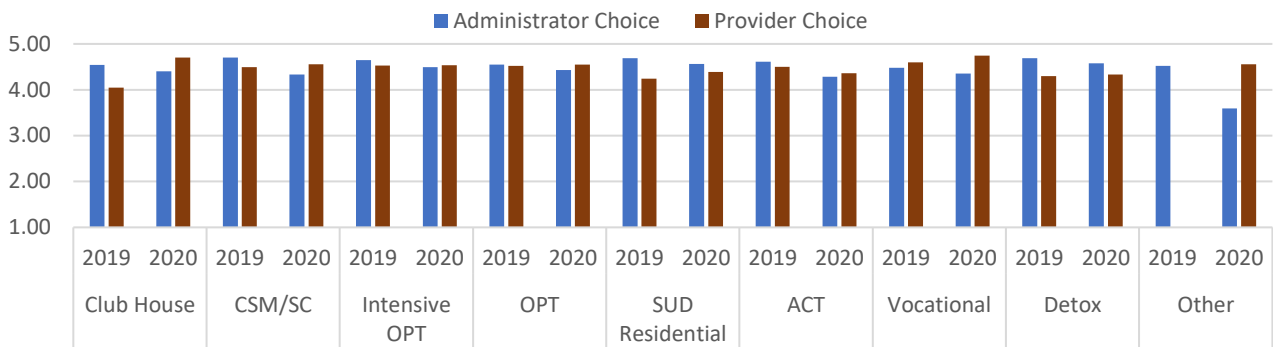


Figure 9b. CMHSP Participants and SATPs comparison of FY20 Choice Subcategory Score with Questions-Provider Assessment (\*No Responses from Organization)



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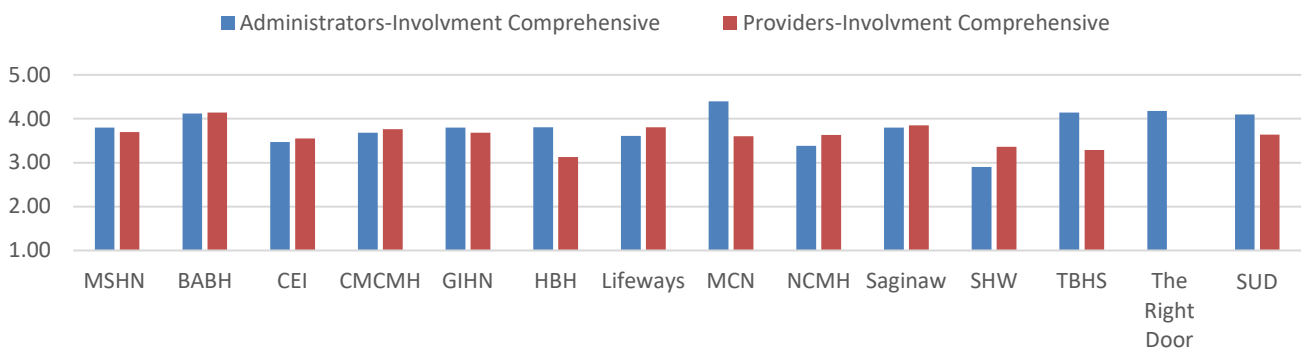
Figure 9c. Service Program Type comparison of the FY20 Choice Subcategory with the Provider and Administrator Assessments



**Involvement Subcategory**

The comprehensive score for both the Administrator and the Provider assessment for MSHN was above 3.5 as illustrated in Figure 10, indicating agreement or satisfaction with the statements included in the Involvement subcategory. Three CMHSP Participants scored below 3.50 for both the Administrative and the Provider assessment. 10a illustrates how each CMHSP Participant and SATP responded to each question within the Involvement subcategory administrator assessment. Figure 9b illustrates how each CMHSP Participant and the SATP responded to each question within the Involvement subcategory provider assessment. Figure 10c illustrates how each CMHSP Participant and SATP scored by service program type.

Figure 10. CMHSP Participants and SATP comparison of FY20 Involvement Subcategory Score





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Figure 10a. CMHSP Participants and SUD Provider Network comparison of FY20 Involvement Subcategory Score with Questions-Administrator Assessment

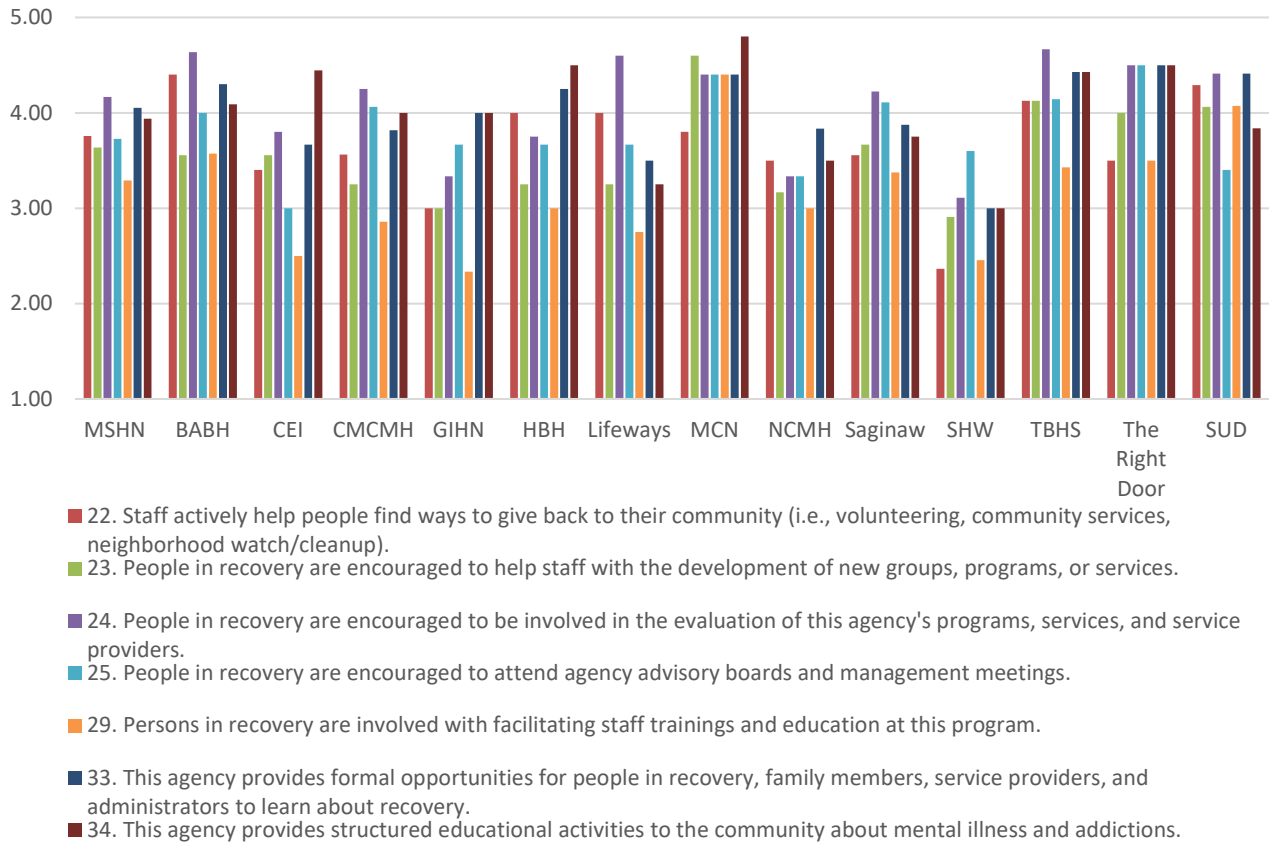


Figure 10b. CMHSP Participants and SUD Provider Network comparison of FY20 Involvement Subcategory Score with Questions-Provider Assessment (\*No Responses from Organization)

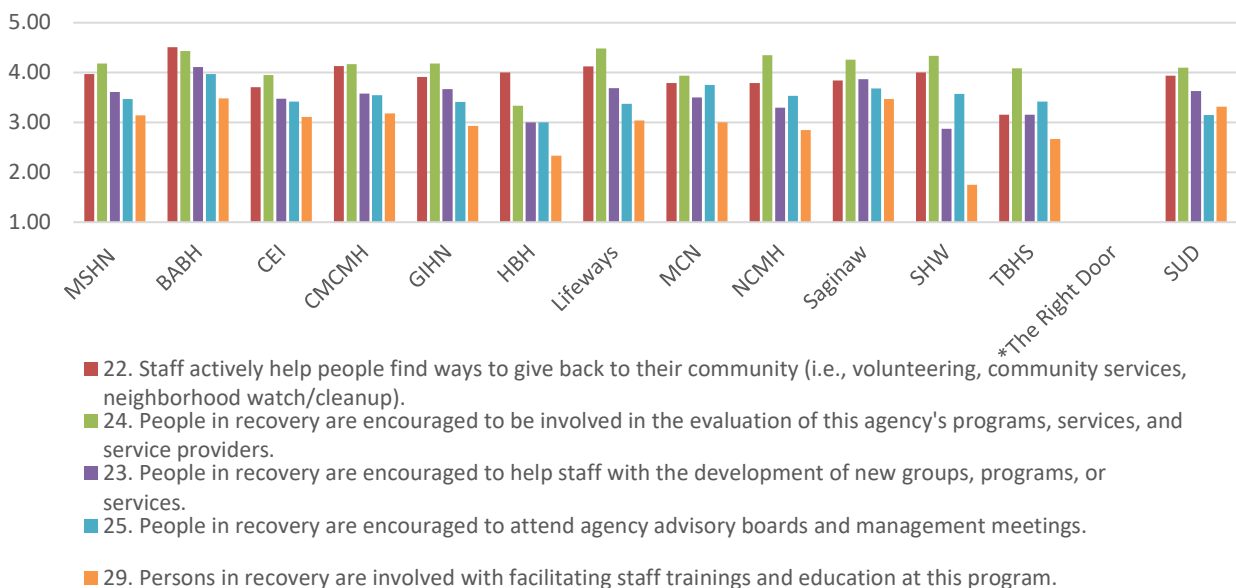
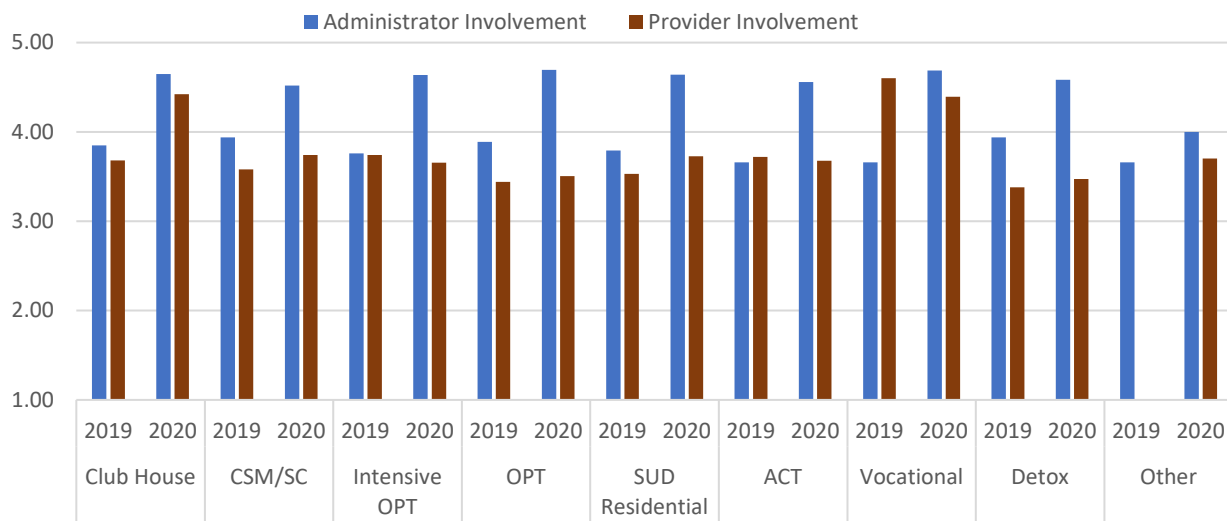


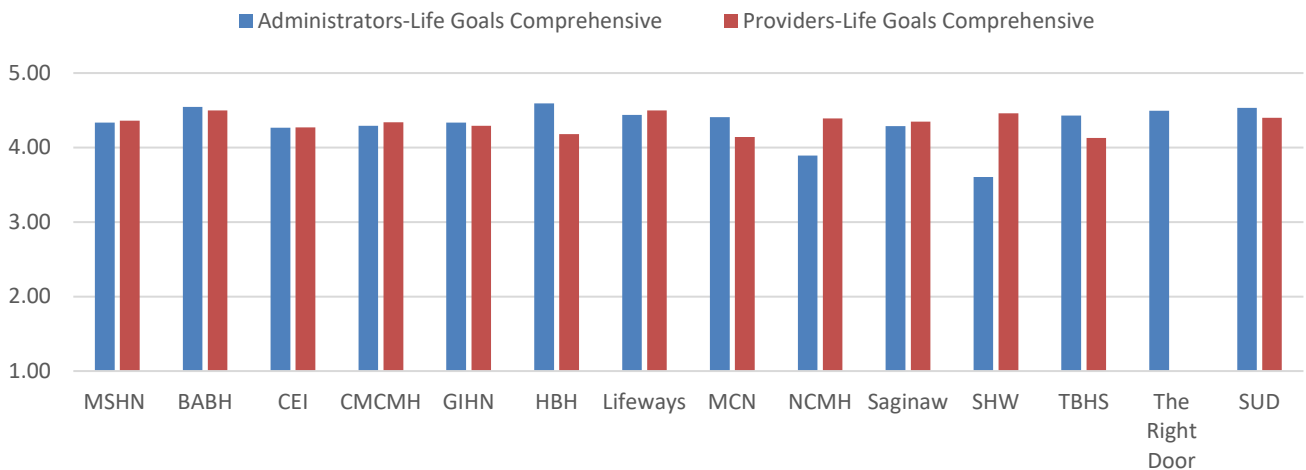
Figure 10c. Service Program Type comparison of the FY20 Involvement Subcategory



**Life Goals Subcategory**

The comprehensive score for both the Administrators Assessment and the Provider Assessment was above 3.5 as illustrated in Figure 11, indicating agreement or satisfaction with the statements included in the Life Goals subcategory. Figure 11a-11b illustrates how each CMHSP Participant and SATP responded to the Life Goals subcategory administrator assessment. Figure 11c-11d illustrate how each CMHSP Participant and the SATP responded to the Life Goals provider assessment. Figure 10e demonstrates how each CMHSP Participant and the SATP scored by service program type.

Figure 11. CMHSP Participants and SATP Comparison of FY20 Life Goals Subcategory Score (\*No Responses from Organization)



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Figure 11a. CMHSP Participants and SATP comparison of FY20 Life Goals Subcategory Score with Questions-Administrator Assessment (Questions 3, 7, 8, 9, 12)

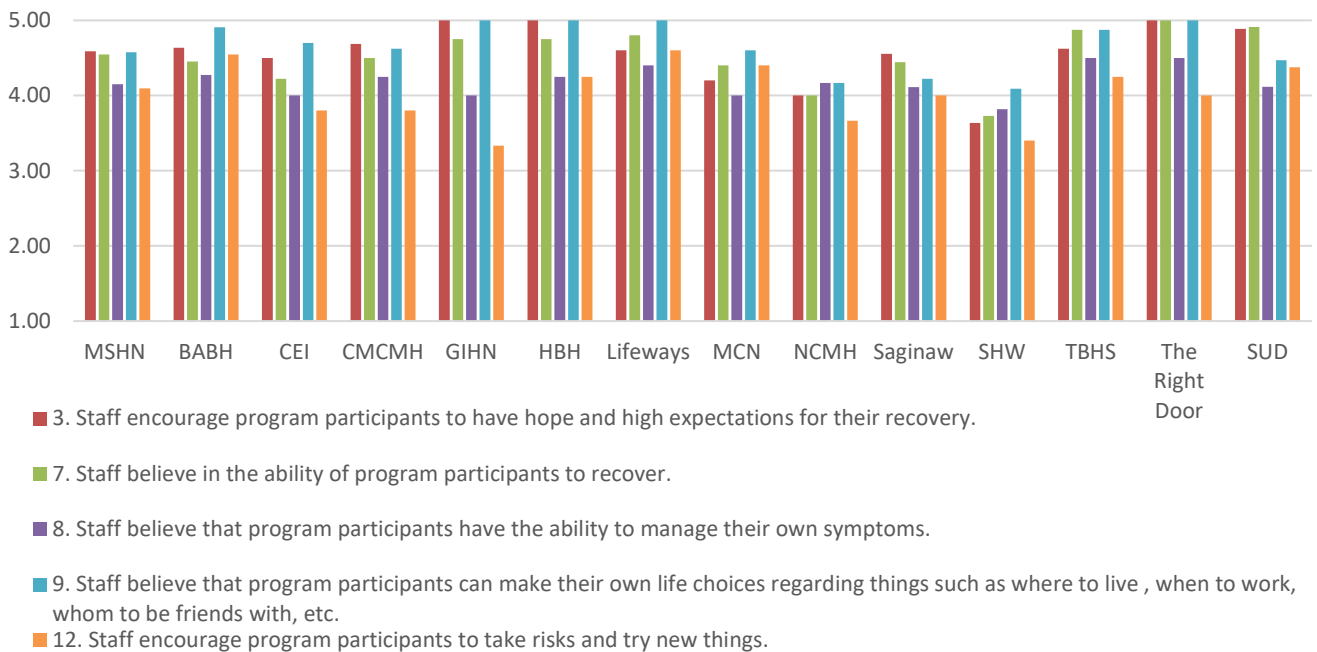
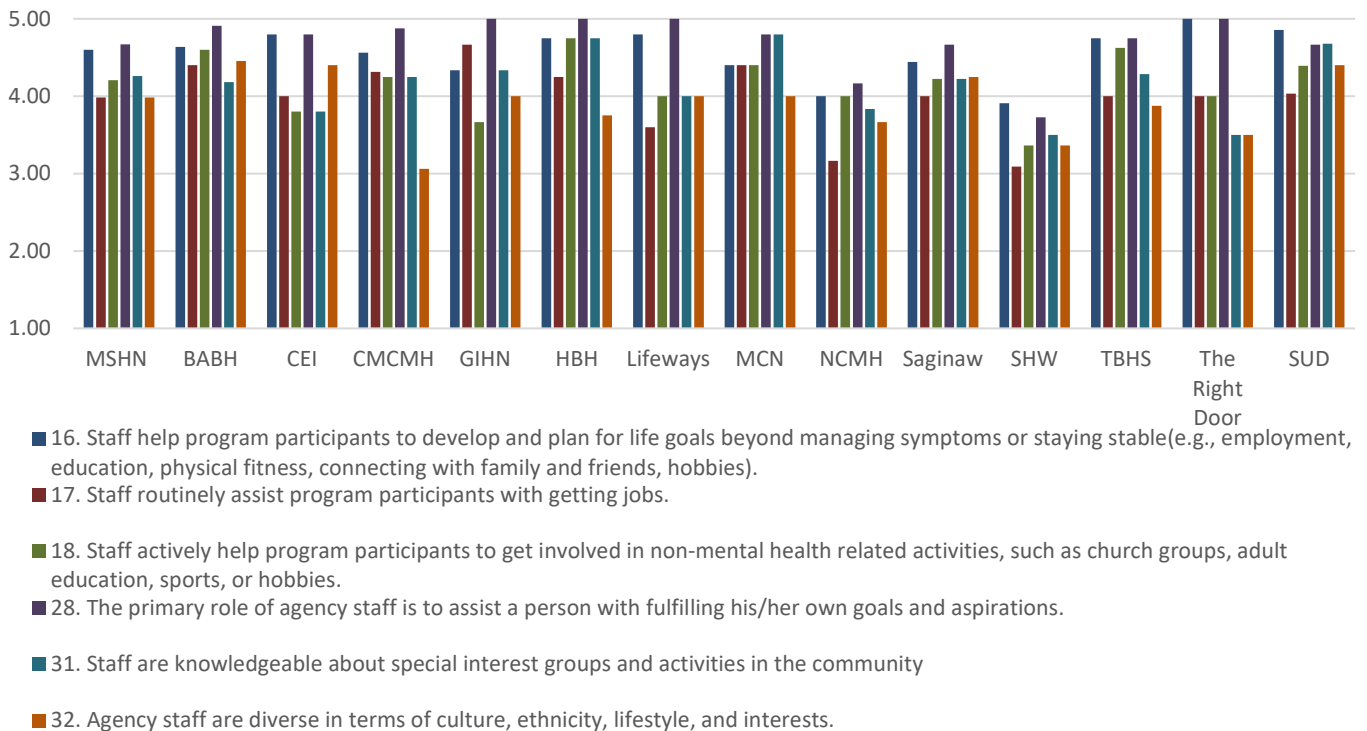


Figure 11b. CMHSP Participant and SATP comparison of FY20 Life Goals Subcategory Score with Questions-Administrator Assessment (Questions 16, 17, 18, 28, 31, 32)



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Figure 11c. CMHSP Participants and SATP comparison of FY20 Life Goals Subcategory Score with Questions-Provider Assessment (Questions 3, 7, 8, 9, 12)(\*No Responses from Organization)

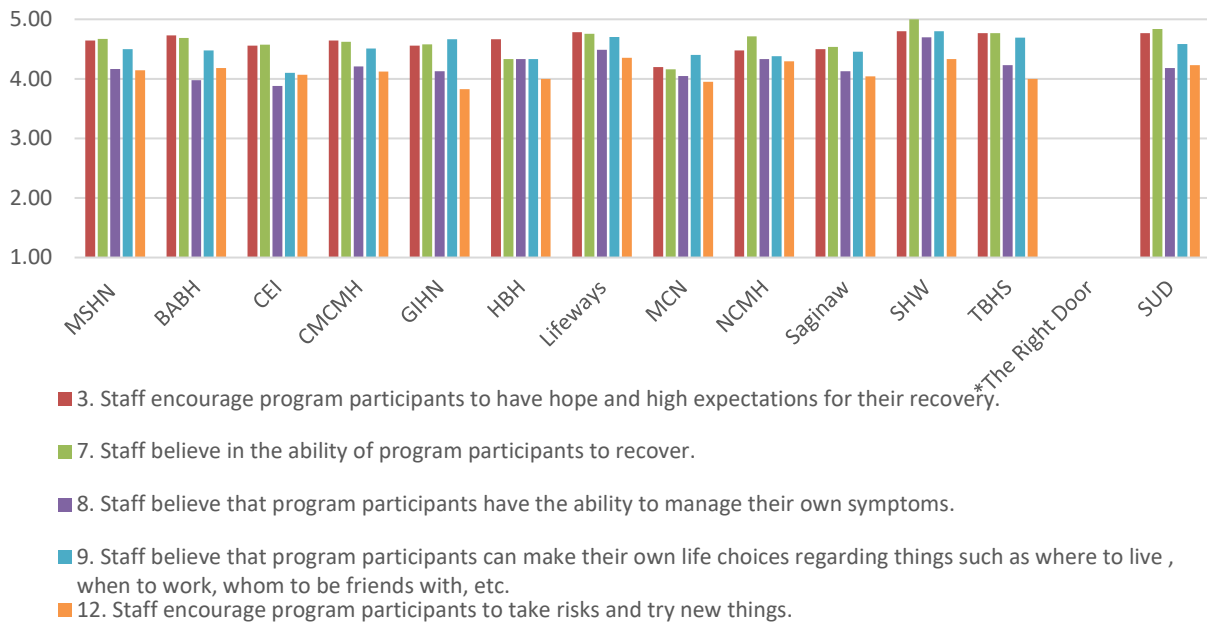
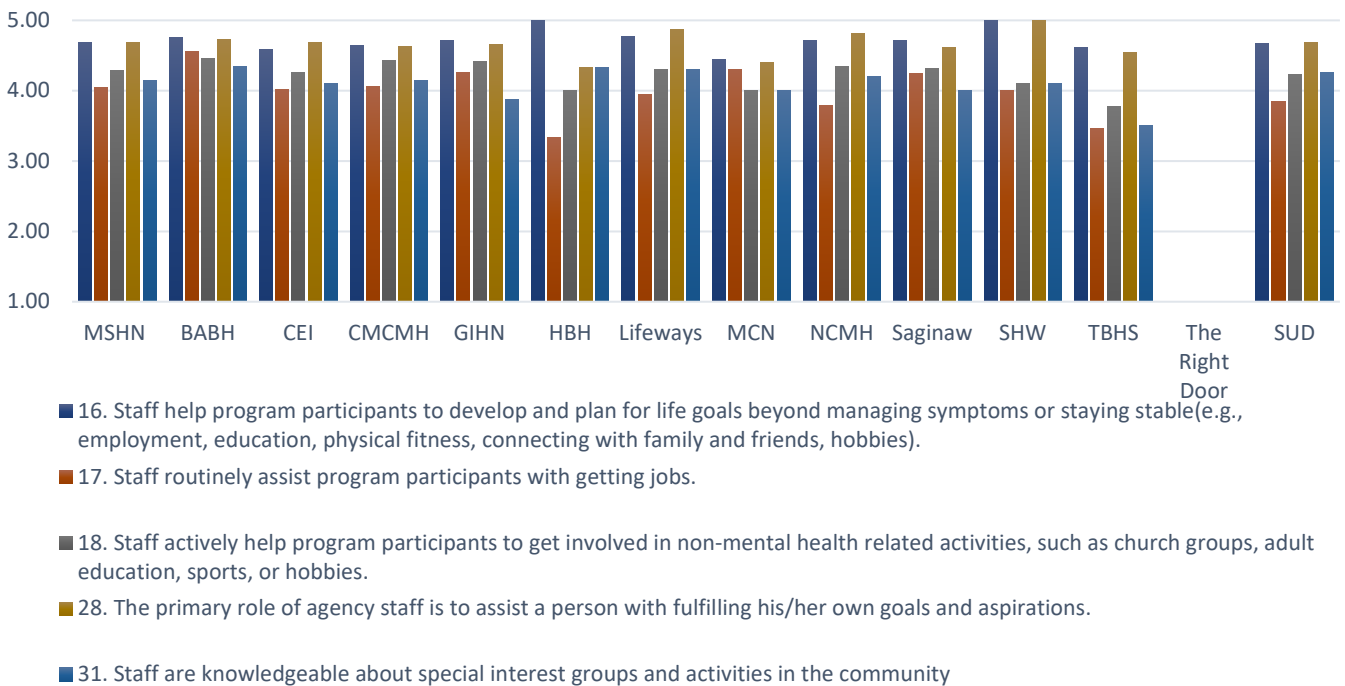
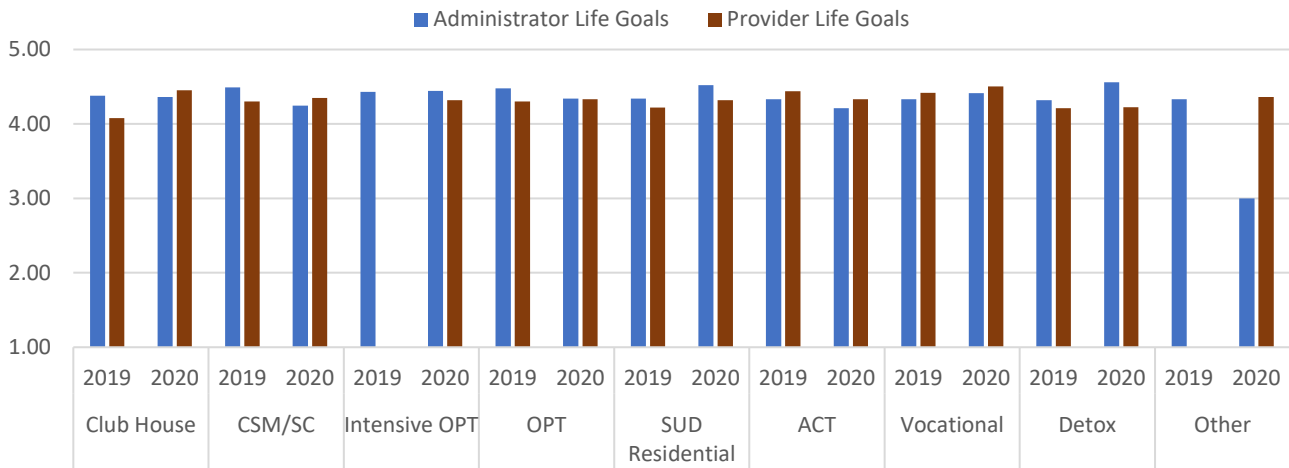


Figure 11d. CMHSP Participants and SATP comparison of FY20 Life Goals Subcategory Score with Questions-Provider Assessment (Questions 16, 17, 18, 28, 31, ) (\*No Responses from Organization)



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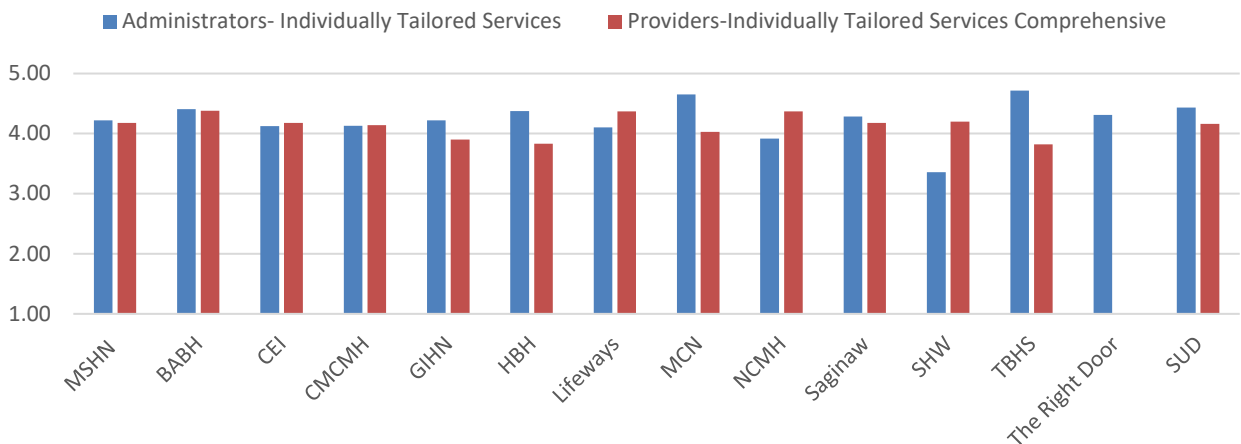
Figure 11e. Service Program Type comparison of FY20 Life Goals Subcategory



**Individually Tailored Services Subcategory**

The comprehensive score for both the Administrators and the Provider assessment was above 3.5 as illustrated in Figure 12, indicating agreement or satisfaction with the statements included in the Individually Tailored Services subcategory. Figure 12a illustrates how each CMHSP Participant and SATP responded to the Individually Tailored Services subcategory administrator assessment. Figure 12b illustrate how each CMHSP Participant and SATP responded to the Individually Tailored Services subcategory provider assessment. Figure 12c demonstrates how each CMHSP Participant and SATP scored by service program type.

Figure 12. CMHSP Participants and SATP comparison of FY20 Individually Tailored Services Subcategory Score



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Figure 12a. CMHSP Participants and SATPs comparison of FY20 Individually Tailored Services Subcategory Score with Questions-Administrator Assessment

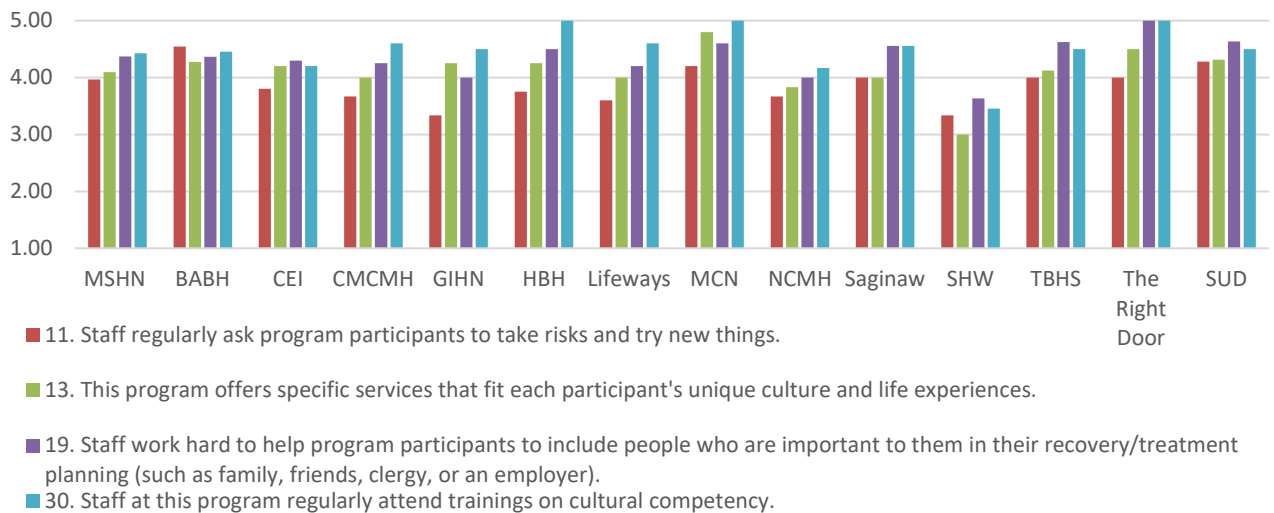


Figure 12b. CMHSP Participants and SATPs comparison of FY20 Individually Tailored Services Subcategory Score with Questions-Provider Assessment (\*No Responses from Organization)

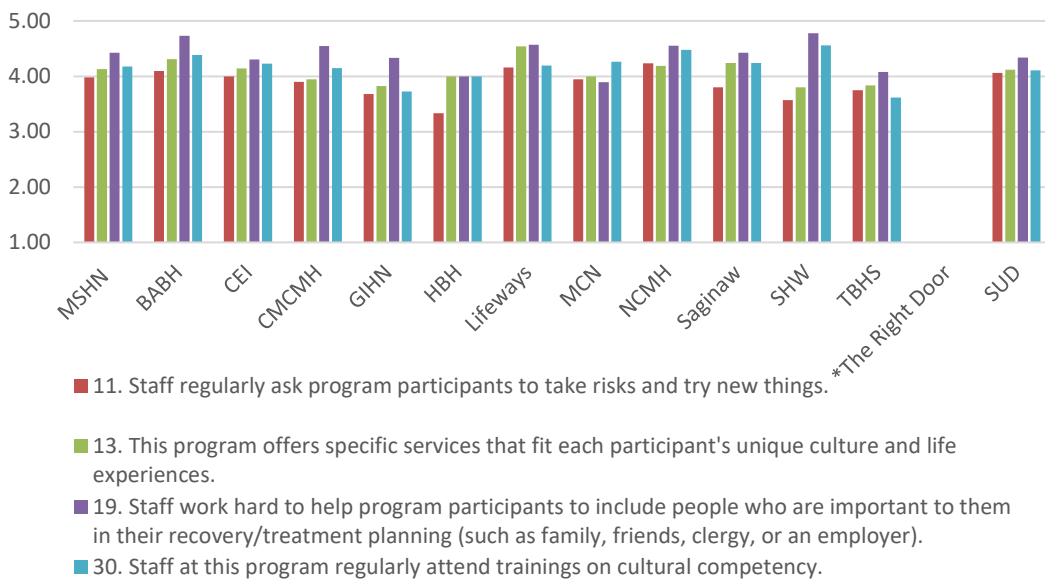
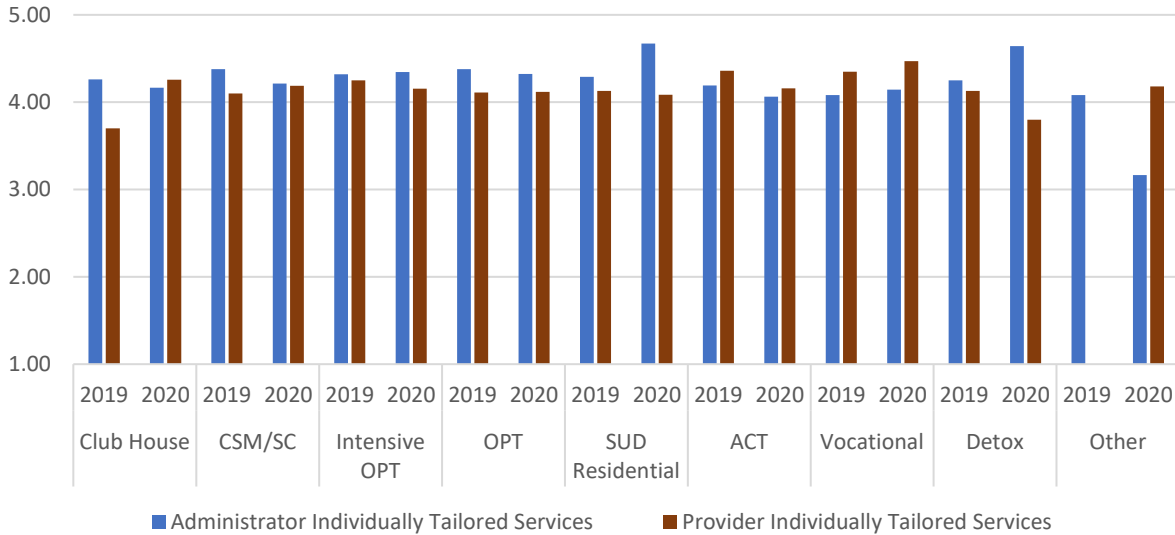


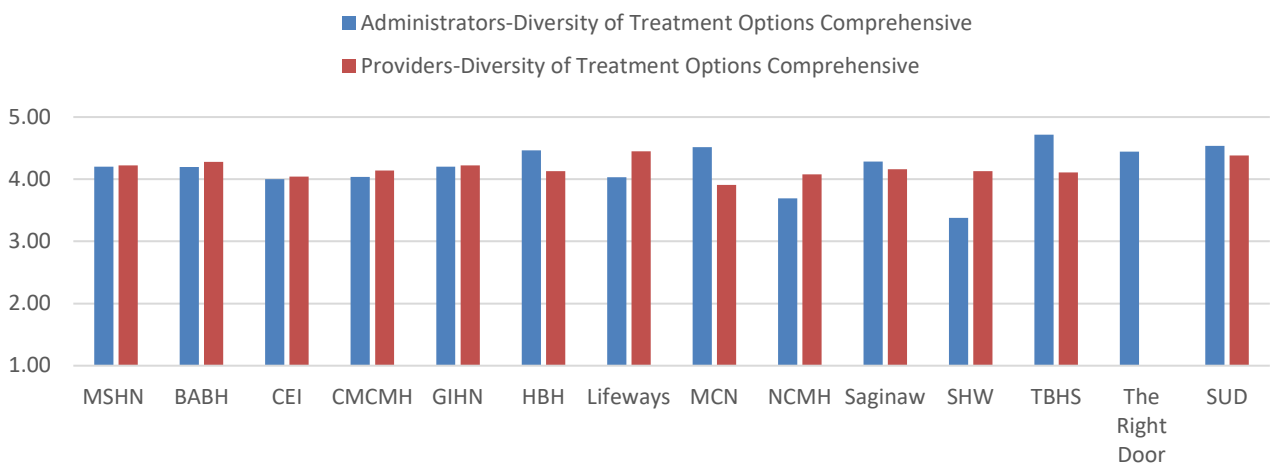
Figure 12c. Service Program Type comparison of FY20 Individually Tailored Services Subcategory



**Diversity Subcategory**

The comprehensive score for both the Administrator and Provider Assessment was above 3.5 as illustrated in Figure 13, indicating agreement or satisfaction with the statements included in the Diversion subcategory. Figure 13a illustrates how the CMHSP Participants and the SATP responded to the Diversity subcategory administrator assessment. Figure 13b illustrate how each CMHSP Participant and SATP Network responded to the Diversity subcategory provider assessment. Figure 13c demonstrates how each CMHSP Participant and the SATP scored by service program type.

Figure 13. CMHSP Participants and SATPs comparison of FY20 Diversity of Treatment Subcategory Score



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Figure 13a. CMHSP Participants and SATPs comparison of FY20 Diversity of Treatment Subcategory Score with Questions-Administrator Assessment

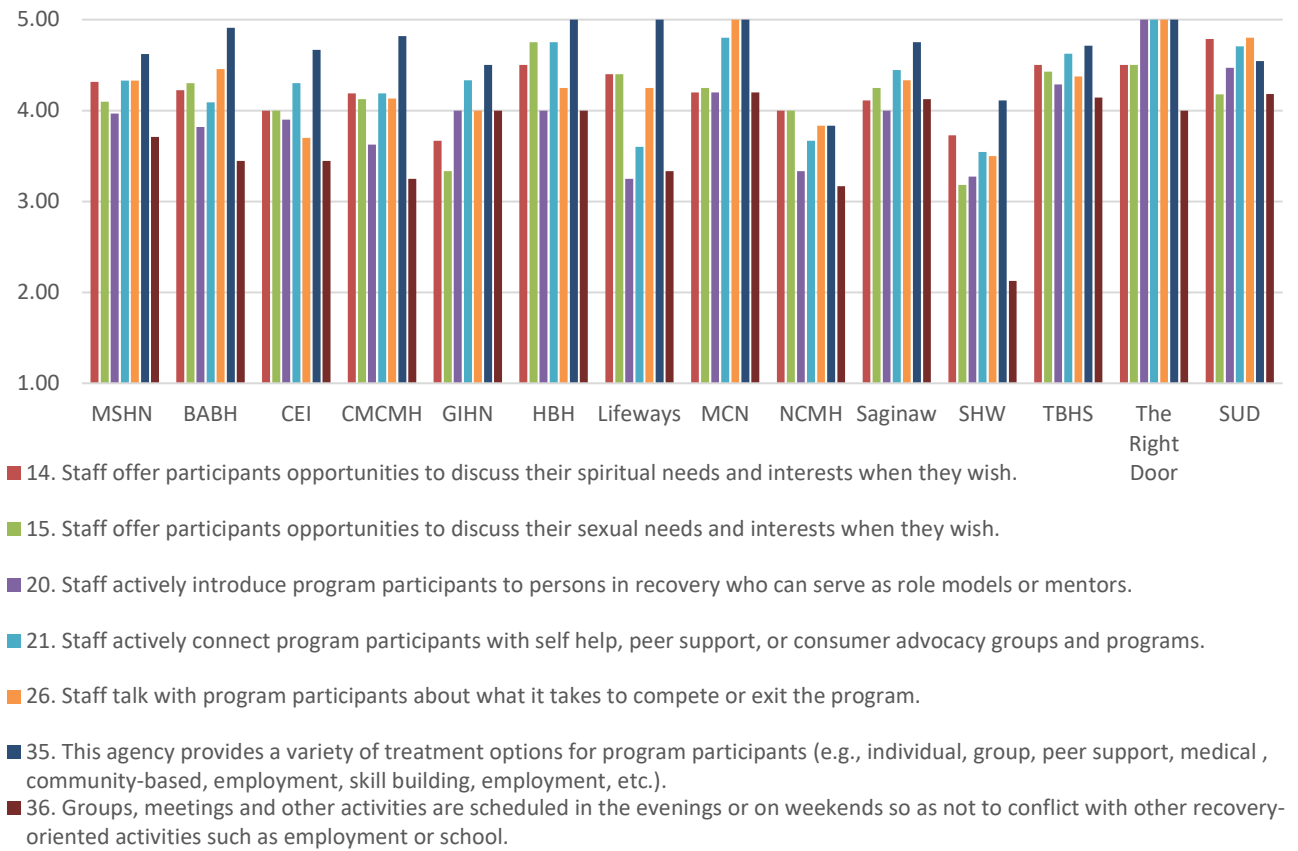


Figure 13b. CMHSP Participants and SATPs comparison of FY20 Diversity of Treatment-Provider Assessment (\*No Responses from Organization)

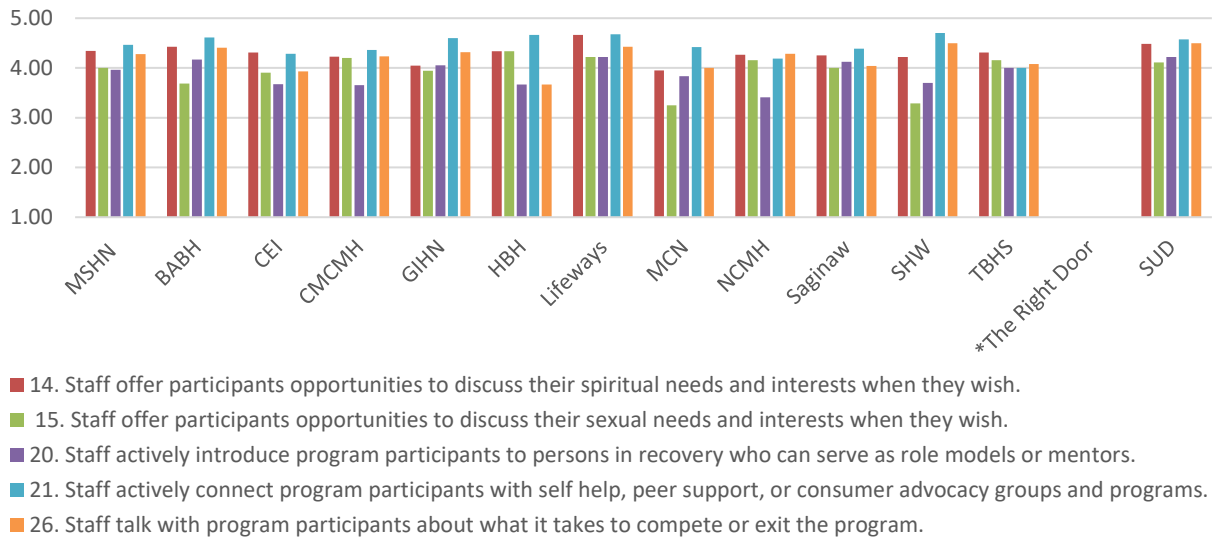
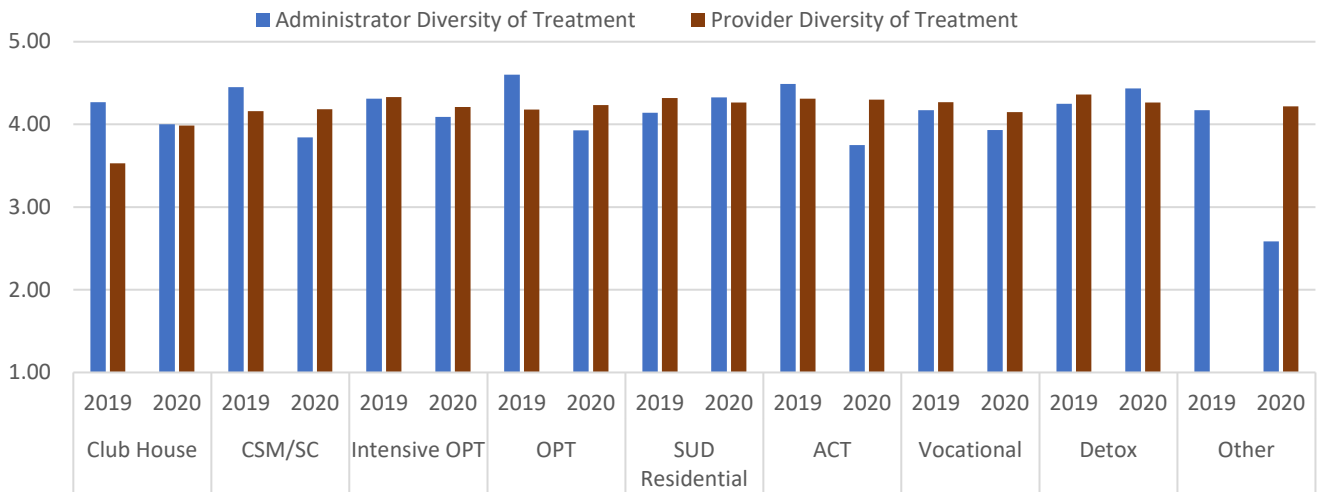




Figure 13c. Service Program Type comparison of FY20 Diversity of Treatment Subcategory



**Summary**

For FY2020 the RSA-R Administrator Assessment and the RSA-R Provider Assessment was completed by each CMHSP Participant and SATP. Each assessment was scored separately for comparison purposes. The assessments consisted of six (6) separate subcategories that included Inviting, Choice, Involvement, Life Goals, Individually Tailored Services and Diversity of Treatment.

**Administrator Assessment**

The MSHN RSA-R Administrator Assessment of Recovery demonstrated a comprehensive score of 4.25 in FY20. In 2015 MSHN demonstrated a comprehensive score of 3.82. MSHN has continued to meet the expectation of improvement from the previous year, each subcategory since 2015 has demonstrated an upward trend. The subcategories in which MSHN has performed well in is the Inviting subcategory (4.67) and the Choice Subcategory (4.56). The Involvement subcategory demonstrated the lowest score since the onset of the project. In 2017 the involvement subcategory did reach 3.64 and has continued to increase each year. Currently all subcategories range from 3.80 to 4.67. Additional analysis was completed using the comprehensive score by provision of clinical services. Eight Service Program Types were utilized. Six of the eight indicated improvement in the recovery environment of the organization exhibiting a range of 4.19-4.58 on a scale from 1-5 with 5 being strongly agree.

**Provider Assessment**

The MSHN RSA-R Provider Assessment of Recovery met the expectation of improvement each year by demonstrating a comprehensive score of 4.25 in FY20, up from 4.18 in FY19. Each subcategory demonstrated improvement in FY20, ranging from 3.70-4.56. The subcategories performing well included the Choice Subcategory (4.56) and Life Goals Subcategory (4.36). Additional analysis was completed using the comprehensive score by provision of clinical services. Eight Service Program Types were utilized. Five of the eight indicated improvement in the recovery environment of the organization exhibiting a range of 4.08-4.48 on a scale from 1-5 with 5 being strongly agree.

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Growth areas to consider include 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 offer the most opportunity for improvement or that have demonstrated a decrease since the previous year. The Involvement subcategory demonstrated the largest opportunity for growth. The following questions could benefit from improvement efforts, four of which were identified by both Providers and Administrators and are included in the Involvement Subcategory:

- 22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup). (Provider-3.97) (Administrator-3.76)
- 20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors. (Provider-3.96)
- 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services. (Provider-3.61) (Administrator-3.64)
- 25. People in recovery are encouraged to attend agency advisory boards and management meetings. (Provider-3.47) (Administrator-3.73)
- 29. Persons in recovery are involved with facilitating staff trainings and education at this program. (Provider-3.14) (Administrator-3.29)
- 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. (Administrator-3.71)

Evaluation of Effectiveness

The questions that ranked the lowest from FY19 and continue to be the lowest for FY20 are below. The questions demonstrating a score of 3.50 in FY19 required action for improvement. The expectation is that improvement be demonstrated from previous year. 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	
	2019	2020	2019	2020	2019	2020
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
FY19 Action Required 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	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
FY19 Action Required 29. Persons in recovery are involved with facilitating staff trainings and education at this program.	2019	3.06			2.92	
	2020	3.29	Met		3.14	Met
FY19 Action Required 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.	2019	3.66			3.49	
	2020	3.71	Met		3.61	Met

The above information indicates that the interventions put in place at each local organization were effective and resulted in an improvement, however continued improvement is required for Question 29.

**Next Steps**

The results will be reviewed further by the MSHN Quality Improvement Council, 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.

Attachment 1 demonstrates the responses for each question ranked from the highest to lowest average for MSHN Administrators.

Attachment 2 demonstrates the responses for each question ranked from the highest to lowest average for MSHN Providers.

<b>Report Completed by:</b> Sandy Gettel MSHN Quality Manager	<b>Date:</b> 9.3.2020
<b>MSHN QIC Approved:</b>	<b>Date:</b> 9.24.2020
<b>Provider Advisory Council Review:</b>	<b>Date:</b> 9.14.2020
<b>Regional Consumer Advisory Council Review:</b>	<b>Date:</b> 10.9.2020

Comparison by Organization

<b>Key</b>	<b>*Five Lowest Scores **Five Highest Scores</b>
Life Goals	Choice
Involvement	Individually Tailored Services
Diversity of Treatment Options	Inviting Factor

RSA-R Administrator Assessment	MSHN	BABH	CEI	CMCMH	GIHN	HBH	Lifeways	MCN	NCMH	SCCMH	SHW	TBHS	The Right Door	SUD
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.83	4.82	4.90	5.00	5.00	4.75	4.80	4.80	4.33	5.00	4.45	4.50	5.00	4.97
1-Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	4.75	4.64	5.00	4.75	5.00	5.00	4.80	4.40	4.17	4.89	4.09	4.75	5.00	4.97
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.67	4.91	4.80	4.88	5.00	5.00	5.00	4.80	4.17	4.67	3.73	4.75	5.00	4.67
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.).	4.62	4.91	4.67	4.82	4.50	5.00	5.00	5.00	3.83	4.75	4.11	4.71	5.00	4.54
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).	4.60	4.64	4.80	4.56	4.33	4.75	4.80	4.40	4.00	4.44	3.91	4.75	5.00	4.86
3. Staff encourage program participants to have hope and high expectations for their recovery.	4.59	4.64	4.50	4.69	5.00	5.00	4.60	4.20	4.00	4.56	3.64	4.63	5.00	4.89
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)	4.58	4.73	4.33	4.69	4.00	4.75	4.80	4.80	3.67	4.67	4.27	5.00	5.00	4.66
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.	4.58	4.91	4.70	4.63	5.00	5.00	5.00	4.60	4.17	4.22	4.09	4.88	5.00	4.47
7. Staff believe in the ability of program participants to recover.	4.55	4.45	4.22	4.50	4.75	4.75	4.80	4.40	4.00	4.44	3.73	4.88	5.00	4.91
RSA-R Administrator Assessment	MSHN	BABH	CEI	CMCMH	GIHN	HBH	Lifeways	MCN	NCMH	SCCMH	SHW	TBHS	The Right Door	SUD

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10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.54	4.80	4.40	4.56	4.50	4.75	5.00	4.60	4.17	4.38	3.55	4.75	5.00	4.76
27. Progress made towards an individual's own personal goals is tracked regularly.	4.53	4.64	4.30	4.69	4.25	4.50	4.40	4.60	3.83	4.63	3.73	4.63	5.00	4.85
4. Program participants can change their clinician or case manager if they wish.	4.44	4.60	4.50	4.56	4.50	4.75	4.40	4.75	4.33	4.86	4.45	4.63	5.00	4.06
5. Program participants can easily access their treatment records if they wish.	4.43	4.73	4.10	4.44	4.75	4.50	4.40	4.40	4.17	4.11	4.09	4.63	4.50	4.59
30. Staff at this program regularly attend trainings on cultural competency.	4.43	4.45	4.20	4.60	4.50	5.00	4.60	5.00	4.17	4.56	3.45	4.50	5.00	4.50
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).	4.37	4.36	4.30	4.25	4.00	4.50	4.20	4.60	4.00	4.56	3.64	4.63	5.00	4.64
21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.	4.33	4.09	4.30	4.19	4.33	4.75	3.60	4.80	3.67	4.44	3.55	4.63	5.00	4.71
26. Staff talk with program participants about what it takes to compete or exit the program.	4.33	4.45	3.70	4.13	4.00	4.25	4.25	5.00	3.83	4.33	3.50	4.38	5.00	4.80
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.31	4.22	4.00	4.19	3.67	4.50	4.40	4.20	4.00	4.11	3.73	4.50	4.50	4.79
31. Staff are knowledgeable about special interest groups and activities in the community.	4.26	4.18	3.80	4.25	4.33	4.75	4.00	4.80	3.83	4.22	3.50	4.29	3.50	4.68
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	4.20	4.60	3.80	4.25	3.67	4.75	4.00	4.40	4.00	4.22	3.36	4.63	4.00	4.39
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	4.17	4.64	3.80	4.25	3.33	3.75	4.60	4.40	3.33	4.22	3.11	4.67	4.50	4.41
8. Staff believe that program participants have the ability to manage their own symptoms.	4.15	4.27	4.00	4.25	4.00	4.25	4.40	4.00	4.17	4.11	3.82	4.50	4.50	4.12
13. This program offers specific services that fit each participant's unique culture and life experiences.	4.10	4.27	4.20	4.00	4.25	4.25	4.00	4.80	3.83	4.00	3.00	4.13	4.50	4.31
<b>RSA-R Administrator Assessment</b>	<b>MSHN</b>	<b>BABH</b>	<b>CEI</b>	<b>CMCMH</b>	<b>GIHN</b>	<b>HBH</b>	<b>Lifeways</b>	<b>MCN</b>	<b>NCMH</b>	<b>SCCMH</b>	<b>SHW</b>	<b>TBHS</b>	<b>The Right Door</b>	<b>SUD</b>
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.10	4.30	4.00	4.13	3.33	4.75	4.40	4.25	4.00	4.25	3.18	4.43	4.50	4.18

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12. Staff encourage program participants to take risks and try new things.	4.09	4.55	3.80	3.80	<b>3.33</b>	4.25	4.60	4.40	3.67	4.00	3.40	4.25	<b>4.00</b>	4.38
33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.	4.05	4.30	3.67	3.82	4.00	4.25	3.50	4.40	3.83	<b>3.88</b>	<b>3.00</b>	4.43	4.50	4.41
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	3.98	4.45	4.40	<b>3.06</b>	4.00	<b>3.75</b>	4.00	<b>4.00</b>	3.67	4.25	3.36	<b>3.88</b>	<b>3.50</b>	4.40
17. Staff routinely assist program participants with getting jobs.	3.98	4.40	4.00	4.31	4.67	4.25	3.60	4.40	<b>3.17</b>	4.00	3.09	<b>4.00</b>	<b>4.00</b>	<b>4.03</b>
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	3.97	<b>3.82</b>	3.90	3.63	4.00	4.00	<b>3.25</b>	<b>4.20</b>	<b>3.33</b>	4.00	3.27	4.29	<b>5.00</b>	4.47
11. Staff regularly ask program participants to take risks and try new things.	3.97	4.55	3.80	3.67	<b>3.33</b>	<b>3.75</b>	3.60	<b>4.20</b>	3.67	4.00	3.33	<b>4.00</b>	<b>4.00</b>	4.28
34. This agency provides structured educational activities to the community about mental illness and addictions.	3.94	4.09	4.44	4.00	4.00	4.50	<b>3.25</b>	<b>4.80</b>	3.50	<b>3.75</b>	<b>3.00</b>	4.43	4.50	<b>3.84</b>
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	<b>3.76</b>	4.40	<b>3.40</b>	<b>3.56</b>	<b>3.00</b>	4.00	4.00	<b>3.80</b>	3.50	<b>3.56</b>	<b>2.36</b>	<b>4.13</b>	<b>3.50</b>	4.29
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	<b>3.73</b>	<b>4.00</b>	<b>3.00</b>	4.06	3.67	<b>3.67</b>	3.67	4.40	<b>3.33</b>	4.11	3.60	4.14	4.50	<b>3.40</b>
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.	<b>3.71</b>	<b>3.44</b>	<b>3.44</b>	<b>3.25</b>	4.00	4.00	<b>3.33</b>	<b>4.20</b>	<b>3.17</b>	4.13	<b>2.13</b>	4.14	<b>4.00</b>	4.18
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	<b>3.64</b>	<b>3.56</b>	<b>3.56</b>	<b>3.25</b>	<b>3.00</b>	<b>3.25</b>	<b>3.25</b>	4.60	<b>3.17</b>	<b>3.67</b>	<b>2.91</b>	<b>4.13</b>	<b>4.00</b>	<b>4.06</b>
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	<b>3.29</b>	<b>3.57</b>	<b>2.50</b>	<b>2.86</b>	<b>2.33</b>	<b>3.00</b>	<b>2.75</b>	4.40	<b>3.00</b>	<b>3.38</b>	<b>2.45</b>	<b>3.43</b>	<b>3.50</b>	4.07



Comparison by Organization

Key	<i>*Five Lowest Scores **Five Highest Scores</i>
Life Goals	Choice
Involvement	Individually Tailored Services
Diversity of Treatment Options	Inviting Factor

RSA-R Providers Assessment	MSHN	BABH	CEI	CMCMH	GIHN	HBH	Lifeways	MCN	NCMH	Saginaw	SHW	TBHS	The Right Door	SUD
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.82	4.89	4.76	4.78	4.78	4.67	4.76	4.80	4.90	4.76	5.00	4.69		4.87
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program	4.72	4.83	4.69	4.70	4.78	4.67	4.84	4.47	4.67	4.65	4.90	4.92		4.69
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).	4.69	4.76	4.59	4.65	4.72	5.00	4.78	4.45	4.71	4.72	5.00	4.62		4.68
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.69	4.73	4.68	4.63	4.65	4.33	4.86	4.40	4.81	4.62	5.00	4.54		4.69
7. Staff believe in the ability of program participants to recover.	4.67	4.69	4.57	4.63	4.58	4.33	4.76	4.16	4.71	4.54	5.00	4.77		4.84
3. Staff encourage program participants to have hope and high expectations for their recovery.	4.64	4.73	4.56	4.64	4.56	4.67	4.78	4.20	4.48	4.50	4.80	4.77		4.77
27. Progress made towards an individual's own personal goals is tracked regularly.	4.62	4.73	4.50	4.61	4.56	4.33	4.86	4.50	4.62	4.36	5.00	4.54		4.62
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.61	4.57	4.58	4.67	4.59	4.33	4.73	4.50	4.62	4.52	4.80	4.46		4.60
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.	4.50	4.48	4.10	4.51	4.67	4.33	4.70	4.40	4.38	4.46	4.80	4.69		4.59
21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.	4.46	4.62	4.29	4.36	4.60	4.67	4.68	4.42	4.19	4.38	4.70	4.00		4.58



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RSA-R Provider Assessment	MSHN	BABH	CEI	CMCMH	GIHN	HBH	Lifeways	MCN	NCMH	SCCMH	SHW	TBHS	The Right Door	SUD
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).	4.42	4.73	4.31	4.55	4.33	4.00	4.57	3.89	4.55	4.42	4.78	4.08		4.34
5. Program participants can easily access their treatment records if they wish.	4.38	4.49	4.32	4.34	4.30	4.67	4.56	4.43	4.30	4.35	4.44	3.83		4.40
4. Program participants can change their clinician or case manager if they wish.	4.35	4.37	4.16	4.31	4.48	4.67	4.53	4.50	4.90	4.62	4.50	4.25		4.10
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.34	4.43	4.31	4.23	4.05	4.33	4.67	3.95	4.26	4.25	4.22	4.31		4.48
2-This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)	4.32	4.33	4.27	4.29	3.58	4.00	4.72	4.37	4.33	4.15	4.80	4.85		4.35
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	4.29	4.46	4.27	4.43	4.42	4.00	4.31	4.00	4.35	4.32	4.10	3.77		4.24
26. Staff talk with program participants about what it takes to compete or exit the program.	4.28	4.40	3.93	4.23	4.32	3.67	4.43	4.00	4.29	4.04	4.50	4.08		4.49
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	4.18	4.43	3.95	4.17	4.18	3.33	4.48	3.94	4.35	4.26	4.33	4.08		4.10
30. Staff at this program regularly attend trainings on cultural competency.	4.18	4.39	4.23	4.15	3.73	4.00	4.19	4.26	4.48	4.24	4.56	3.62		4.10
8. Staff believe that program participants have the ability to manage their own symptoms.	4.16	3.98	3.88	4.21	4.13	4.33	4.49	4.05	4.33	4.13	4.70	4.23		4.18
31. Staff are knowledgeable about special interest groups and activities in the community.	4.15	4.35	4.10	4.14	3.88	4.33	4.30	4.00	4.20	4.00	4.10	3.50		4.25
12. Staff encourage program participants to take risks and try new things.	4.14	4.18	4.07	4.12	3.83	4.00	4.35	3.95	4.29	4.04	4.33	4.00		4.23

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RSA-R Provider Assessment	MSHN	BABH	CEI	CMCMH	GIHN	HBH	Lifeways	MCN	NCMH	SCCMH	SHW	TBHS	The Right Door	SUD
13. This program offers specific services that fit each participant's unique culture and life experiences.	4.13	4.31	4.14	3.94	3.83	4.00	4.54	4.00	4.19	4.24	3.80	3.83		4.12
17. Staff routinely assist program participants with getting jobs.	4.05	4.56	4.02	4.06	4.26	3.33	3.94	4.30	3.79	4.25	4.00	3.46		3.85
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.00	3.69	3.90	4.20	3.94	4.33	4.22	3.25	4.16	4.00	3.29	4.15		4.11
11. Staff regularly ask program participants to take risks and try new things.	3.98	4.10	4.00	3.90	3.68	3.33	4.16	3.95	4.24	3.80	3.57	3.75		4.06
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	3.97	4.51	3.70	4.13	3.91	4.00	4.13	3.79	3.79	3.84	4.00	3.15		3.94
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	3.96	4.17	3.68	3.65	4.05	3.67	4.22	3.83	3.41	4.13	3.70	4.00		4.22
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.61	4.11	3.48	3.58	3.67	3.00	3.69	3.50	3.29	3.87	2.88	3.15		3.63
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	3.47	3.97	3.42	3.55	3.41	3.00	3.38	3.75	3.53	3.68	3.57	3.42		3.15
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	3.14	3.48	3.11	3.18	2.93	2.33	3.04	3.00	2.85	3.47	1.75	2.67		3.31