**Overview of Mid-State Health Network Recovery Self-Assessment Survey Summary Report FY 2019**

Provider Network 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 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 Version. The survey results were aggregated and scored as outlined in the Yale Program for Recovery and Community Health instructions.

|  |  |  |
| --- | --- | --- |
| Program | Administrators | Providers |
| Mid-State Health Network Total | 195 | 435 |
| Bay-Arenac Behavioral Health Authority | 24 | 45 |
| Community Mental Health Authority of CEI | 4 | 40 |
| Community Mental Health for Central Michigan | 26 | 41 |
| Gratiot Integrated Health Network | 6 | 15 |
| Huron Behavioral Health | 5 |  |
| LifeWays Community Mental Health | 2 | 16 |
| Montcalm Care Center | 17 | 23 |
| Newaygo County Community Mental Health | 13 | 24 |
| Saginaw County Community Mental Health | 20 | 30 |
| Shiawassee County Community Mental Health | 7 |  |
| The Right Door for Hope Recovery and Wellness | 19 | 28 |
| Tuscola Behavioral Health System | 2 | 6 |
| MSHN SUD Providers | 50 | 167 |

The distribution period was May 1, 2019 through May 31, 2019 and this marks the fourth year of implementation for the CMHSP Participants for the RSA-R Administrators Version and the first year for the CMHSP Participants and SATP RSA-R Provider Version. The RSA-R Administrator Version is competed by administrators who do not provide direct services to individuals. The RSA-R Provider Version is for providers who, in addition to their administrative functions, provides 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 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 Sandy Gettel, Quality Manager at [sandy.gettel@midstatehealthnetwork.org](mailto:sandy.gettel@midstatehealthnetwork.org)

# MSHN Summary

The responses from the Recovery Self-Assessment surveys 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.” The comprehensive score measures how the system is performing, and the subcategories measures the performance of six separate parts. The individual response score for each question in the subcategories is included to assist in determining potential action steps. 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 Comprehensive Summary

MSHN CMHSP Participants have demonstrated an increase in the RSA-R Administrators Version comprehensive score since the onset of the project in FY2015. The CMHSP Participants RSA-R Administrators Version comprehensive score was 3.82 for FY 2015, 4.00 for FY 2016, 4.06 for FY 2017, and 4.14 for FY 2018. MSHN incorporated the Substance Use Provider Network into RSA-R Administrator project and began implementation of the RSA-R Provider Version for the CMHSP Participants and the Substance use Provider Network in 2019. MSHN’s comprehensive score for the administrator’s version was 4.24 for FY2019. MSHN’s comprehensive score for the provider version for FY2019 was 4.18. Figure 2 illustrates the comprehensive score for MSHN and each CMHSP Participants and SA Treatment Providers.

Figure 2 – MSHN Comprehensive Score by CMHSP Participant and Substance Use Provider Network

# MSHN Subcategory Summary

**3**

.07

The MSHN responses from the Recovery Self-Assessment-R Administrator Version and the Recovery Self-Assessment-R Provider Version scores were separated by each subcategory scores.

The MSHN CMHSP Participants RSA-R Administrators Version comprehensive score was 3.82 for FY 2015, 4.00 for FY 2016, 4.06 for FY 2017, 4.14 for FY2018, and the CMHSP Participants and SUD Providers comprehensive score was 4.24 for 2019. Figure 3 illustrates that each CMHSP Participant and the SUD Provider Network scored above 3.50 indicating satisfaction or agreement with the statements included in each subcategory.

Figure 3 MSHN RSA-R Administrator and RSA-R Provider Scores for each Subcategory

## Invite Subcategory

The MSHN average was 4.29 for FY 2015, 4.44 for FY 2016, 4.56 for FY 2017, and 4.45 for FY18. Figure 4 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Invite subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Invite subcategory.

Figure 4 – CMHSP Participants and SUD Provider Network Comparison of Invite Subcategory Score

Figure 4a – CMHSP Participants and SUD Provider Network Comparison of Invite Subcategory Score with Questions-Administrator Version

Figure 4b – CMHSP Participants and SUD Provider Network Comparison of Invite Subcategory Score with Questions-Provider Version

Figure 4c-Comparison of subcategory by service program

## Choice Subcategory

The MSHN RSA-R Administrators Version average was 4.21 for FY 2015, 4.38 for FY 2016, 4.36 for FY 2017, and 4.52 for FY18. Figure 5 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Choice subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Choice subcategory. Figures 5a-5b illustrates how each CMHSP and the SUD Provider Network scored for each question within the subcategory by RSA-R version type. Figure 5c illustrates the comprehensive score of the subcategory by RSA-R Version Type.

Figure 5 – CMHSP Participants and SUD Provider Network Comparison of Choice Subcategory Score

Figure 5a – CMHSP Participants and SUD Provider Network Comparison of Choice Subcategory Score with Questions-Administrator Version

Figure 5b – CMHSP Participants and SUD Provider Network comparison of Choice Subcategory Score with Questions-Provider Version

Figure 5c-Comparison subcategory of service programs

## Involvement Subcategory

The MSHN average was 3.42 for FY 2015, 3.14 for FY 2016, 3.64 for FY 2017, and 3.73 for FY18. Figure 6 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Involvement subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Involvement subcategory. Figure 6a illustrates how the CMHSP Participants and the SUD Provider Network responded to the Involvement subcategory administrator version. Figure 6b illustrates how the CMHSP Participants and the SUD Providers Network responded to the Involvement subcategory provider version. The Involvement subcategory for MSHN was above 3.5, however, seven of the CMHSPs demonstrated a score below 3.50 which indicates disagreement with the statements in the Involvement subcategory. Figure 6c illustrates how the CMHSP Participants and the SUD Provider Network scored by RSA-R version type and service program.

Figure 6 – CMHSP Participants and SUD Provider Network Comparison of Involvement Subcategory Score

Figure 6a – CMHSP Participants and SUD Provider Network comparison of Involvement Subcategory Score with Questions-Administrator Version

Figure 6b – CMHSP Participants and SUD Provider Network comparison of Involvement Subcategory Score with Questions-Provider Version

6c-Comparison of subcategory by Service Programs

## Life Goals Subcategory

The MSHN average was 3.84 for FY 2015, 4.09 for FY 2016, 4.18 for FY 2017, and 4.23 for FY 2018. Figure 7 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Life Goals subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Life Goals subcategory. Figure 7a-7b illustrates how the CMHSP Participants and the SUD Provider Network responded to the Life Goals subcategory administrator version. Figure 7c-7d illustrates how the CMHSP Participants and the SUD Providers Network responded to the Life Goals provider version. Figure 7e demonstrates how the CMHSP Participant and the SUD Provider Network scored by RSA-R version type and service program.

Figure 7 – CMHSP Participants and SUD Provider Network Comparison of Life Goals Subcategory Score

Figure 7a – CMHSP Participants and SUD Provider Network comparison of Life Goals Subcategory Score with Questions-Administrator Version (Questions 3, 7, 8, 9, 12)

Figure 7b – CMHSP Participants and SUD Provider Network comparison of Life Goals Subcategory Score with Questions-Administrator Version (questions 16, 17, 18, 28, 31, 32)

Figure 7c – CMHSP Participants and SUD Provider Network comparison of Life Goals Subcategory Score with Questions-Provider Version (questions 3, 7, 8, 9, 12)

Figure 7d – CMHSP Participants and SUD Provider Network comparison of Life Goals Subcategory Score with Questions-Provider Version (questions 16, 17, 18, 28, 31, 32)

Figure 7e-Comparison of Service Programs

## Individually Tailored Services Subcategory

The MSHN average was 3.96 for FY 2015, 4.05 for FY 2016, 4.13 for FY 2017, and 4.16 for FY 2018. Figure 8 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Individually Tailored Services subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Individually Tailored Services subcategory. Figure 8a illustrates how the CMHSP Participants and the SUD Provider Network responded to the Individually Tailored Services subcategory administrator. Figure 8b illustrates how the CMHSP Participants and the SUD Providers Network responded to the Individually Tailored Services subcategory provider version. Figure 8c demonstrates how the CMHSP Participant and the SUD Provider Network scored by RSA-R version type and service program.

Figure 8 – CMHSP Participants and SUD Provider Network comparison of Individually Tailored Services Subcategory Score

Figure 8a – CMHSP Participants and SUD Provider Network comparison of Individually Tailored Services Subcategory Score with Questions-Administrator Version

Figure 8b – CMHSP Participants and SUD Provider Network comparison of Individually Tailored Services Subcategory Score with Questions-Provider Version

Figure 8c-Comparison of Service Programs

## Diversity Subcategory

The MSHN average was 3.72 for FY 2015, 3.84 for FY 2016, 3.90 for FY 2017, and 4.07 for FY18. Figure 9 illustrates how MSHN and each CMHSP Participant and SUD Provider Network responded to the Diversity subcategory for FY2019. The comprehensive score for both the Administrators Version and the Provider Version was above 3.5 indicating agreement or satisfaction with the statements included in the Diversion subcategory. Figure 9a illustrates how the CMHSP Participants and the SUD Provider Network responded to the Diversity subcategory administrator version. Figure 9b illustrates how the CMHSP Participants and the SUD Providers Network responded to the Diversity subcategory provider version. Figure 9c demonstrates how the CMHSP Participant and the SUD Provider Network scored by RSA-R version type and service program.

Figure 9 – CMHSP Participants and SUD Provider Network comparison of Diversity of Treatment Subcategory Score

Figure 9a – CMHSP Participants and SUD Provider Network comparison of Diversity of Treatment Subcategory Score with Questions-Administrator Version

Figure 9b – CMHSP Participants and SUD Provider Network comparison of Diversity of Treatment-Provider Version

Figure 9c-Comparison of Service Programs

Figure 10 illustrates each comprehensive score for each RSA-R Version, indicating the administrators assessed the recovery environment to be higher than the providers.

Figure 10

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

**Summary:**

For the FY2019 the RSA-R Administrators version and the RSA-R Provider version was completed for both the CMHSP Participants and the SUD Provider Network. Each version of the assessment was scored separately for comparison purposes. The assessment consisted of six (6) separate subcategories that included Invite, Choice, Involvement, Life Goals, Individually Tailored Services and Diversity of Treatment.

Overall the Administrator version demonstrated a higher score (4.24) for MSHN than the Provider version (4.18) on the assessment. All CMHSP Participants and SUD Provider Network scored above 3.50 indicating generalized agreement with the statements in the assessment. Seven CMHSP Participants and the SUD Provider Network administrators assessed the recovery environment to be higher than the providers assessed the recovery environment.

The subcategories demonstrated a score above 3.5 for each subcategory. Consistent with the comprehensive score for the administrators and the providers, the administrators assessed the recovery environment to be higher than the providers assessed the recovery environment.

The subcategory that scored the lowest was the Involvement subcategory. The comprehensive score for MSHN was above 3.5, however, the analysis of the questions indicated the following questions scored below 3.50:

Question 29. Persons in recovery are involved with facilitating staff trainings and education at this program. Administrators Version 3.06, Provider Version 2.92.

Question 25. People in recovery are encouraged to attend agency advisory boards and management meetings. Provider Version 3.23.

Question 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services. Provider Version 3.49.

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.

The results will be reviewed further by the MSHN Quality Improvement Council, the SUD Provider Advisory Committee, and the Regional Consumer Advisory 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 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.

**Report Completed by:** Sandy Gettel MSHN Quality Manager **Date:** August 19,2019

**MSHN QIC Approved:**

**Provider Advisory Council Review:** September, 9, 2019

**Regional Consumer Advisory Council Review:**

Attachment 1

Comparison by Organization

|  |  |
| --- | --- |
| **Key** | \*Five Lowest Scores \*\*Five Highest Scores |
| Life Goals | Choice |
| Involvement | Individually Tailored Services |
| Diversity of Treatment Options | Inviting Factor |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSA-R Administrators Version** | **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. | \*\*4.78 | \*\*4.88 | \*\*5.00 | \*\*4.81 | \*\*4.33 | \*\*5.00 | \*\*5.00 | \*\*4.59 | \*\*4.69 | \*\*4.56 | \*\*4.86 | \*\*5.00 | \*\*4.74 | \*\*4.90 |
| 1 | Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program | \*\*4.72 | \*\*4.79 | \*\*4.75 | \*\*4.48 | \*\*4.33 | \*\*4.80 | \*\*5.00 | 4.35 | \*\*4.85 | \*\*4.74 | \*\*4.43 | \*\*5.00 | \*\*4.89 | \*\*4.90 |
| 28 | The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations. | \*\*4.67 | \*\*4.92 | \*\*5.00 | \*\*4.76 | 4.17 | 4.80 | \*\*5.00 | 4.50 | 4.54 | 4.55 | 4.14 | 4.50 | 4.56 | \*\*4.78 |
| 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.). | \*\*4.63 | 4.39 | 5.00 | \*\*4.68 | \*\*5.00 | \*\*5.00 | 4.00 | \*\*4.88 | 4.38 | \*\*4.67 | \*\*4.60 | \*\*5.00 | 4.61 | 4.57 |
| 7 | Staff believe in the ability of program participants to recover. | \*\*4.59 | 4.57 | 4.50 | 4.36 | 4.33 | 4.40 | 5.00 | 4.31 | 4.50 | \*\*4.68 | 3.86 | 5.00 | \*\*4.68 | \*\*4.90 |
| 3 | Staff encourage program participants to have hope and high expectations for their recovery. | 4.59 | \*\*4.75 | 4.75 | 4.48 | 4.17 | 4.80 | \*\*5.00 | 4.38 | 4.38 | 4.40 | 3.71 | 4.50 | \*\*4.67 | \*\*4.86 |
| 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. | 4.57 | 4.71 | 4.50 | \*\*4.58 | 3.83 | 4.40 | 5.00 | 4.47 | \*\*4.62 | 4.50 | 4.29 | 4.50 | 4.58 | 4.69 |
| 10 | Staff listen to and respect the decisions that program participants make about their treatment and care. | 4.57 | 4.57 | 4.75 | \*\*4.60 | 4.17 | 4.60 | 5.00 | 4.41 | \*\*4.62 | 4.50 | 3.71 | 5.00 | 4.53 | 4.76 |

Attachment 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSA-R Administrators Version** | **MSHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **HBH** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **SHW** | **TBHS** | **The Right Door** | **SUD** |
| 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). | 4.55 | 4.73 | 4.75 | 4.38 | \*\*4.33 | \*\*4.80 | 4.50 | 4.35 | 4.62 | 4.45 | 4.14 | 5.00 | 4.53 | 4.70 |
| 27 | Progress made towards an individual’s own personal goals is tracked regularly | 4.50 | \*\*4.78 | \*\*5.00 | 4.23 | 3.83 | 4.40 | 5.00 | 4.57 | 4.15 | \*\*4.60 | 3.86 | 5.00 | 4.38 | 4.67 |
| 2 | This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.). | 4.46 | 4.33 | 4.25 | 4.50 | 3.17 | 4.40 | 5.00 | \*\*4.69 | 4.08 | 4.50 | \*\*4.43 | \*\*5.00 | \*\*4.84 | 4.52 |
| 5 | Program participants can easily access their treatment records if they wish. | 4.45 | 4.70 | 4.50 | 4.50 | 4.00 | 4.80 | 5.00 | 4.43 | 4.23 | 4.50 | 4.29 | 4.50 | 4.37 | 4.40 |
| 4 | Program participants can change their clinician or case manager they wish. | 4.43 | 4.38 | 4.25 | 4.54 | 4.17 | \*\*5.00 | \*\*5.00 | \*\*4.86 | \*\*4.69 | 4.55 | \*\*4.86 | \*\*5.00 | \*3.68 | 4.34 |
| 30 | Staff at this program regularly attend trainings on cultural competency. | 4.40 | 4.46 | 4.75 | 4.46 | 4.00 | 4.80 | 5.00 | 4.41 | 4.38 | 4.45 | 3.14 | 5.00 | 4.05 | 4.56 |
| 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). | 4.35 | 4.43 | \*4.00 | 4.15 | 4.00 | 4.40 | 4.50 | 4.31 | 4.08 | 4.40 | 3.71 | 4.50 | 4.53 | 4.54 |
| 26 | Staff talk with program participants about what it takes to complete or exit the program. | 4.34 | 4.68 | 4.75 | 4.00 | 4.00 | 4.40 | 5.00 | 4.29 | 4.15 | 4.30 | 3.57 | 4.50 | 4.00 | 4.67 |
| 14 | Staff offer participants opportunities to discuss their spiritual needs and interests when they wish. | 4.31 | 4.45 | 4.50 | 4.08 | 4.00 | 4.60 | 4.00 | 4.20 | 4.42 | 4.26 | 4.00 | 5.00 | 3.79 | 4.62 |

Attachment 1

Attachment 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSA-R Administrators Version** | **MSHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **HBH** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **SHW** | **TBHS** | **The Right Door** | **SUD** |
| 21 | Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs. | 4.29 | 4.32 | 4.50 | 3.92 | 3.83 | 4.20 | 4.00 | 4.60 | 3.69 | 4.45 | 4.29 | 4.50 | 4.00 | 4.62 |
| 8 | Staff believe that program participants have the ability to manage their own symptoms. | 4.28 | 4.42 | 4.25 | 4.19 | 4.00 | 4.40 | 5.00 | \*3.75 | 4.23 | 4.30 | 4.00 | 4.00 | 4.42 | 4.44 |
| 12 | Staff encourage program participants to take risks and try new things. | 4.22 | 4.30 | 4.25 | 4.19 | 3.83 | \*3.80 | 4.50 | 4.19 | 4.31 | 4.25 | 3.57 | 4.00 | 4.05 | 4.43 |
| 24 | People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers. | 4.18 | 4.29 | 4.25 | 4.09 | 4.17 | 4.40 | 4.00 | 4.29 | 4.00 | 4.26 | 3.33 | 4.50 | 4.17 | 4.21 |
| 31 | Staff are knowledgeable about special interest groups and activities in the community. | 4.17 | 4.43 | 4.25 | 3.88 | 3.67 | 4.20 | 5.00 | 4.19 | 4.08 | 3.95 | 3.50 | 4.00 | 4.11 | 4.45 |
| 18 | Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies. | 4.16 | 4.41 | 4.25 | 3.80 | 3.67 | 4.20 | 4.00 | 4.00 | 4.15 | 4.30 | 3.43 | 4.00 | 4.05 | 4.45 |
| 13 | This program offers specific services that fit each participant’s unique culture and life experiences. | 4.15 | 4.38 | 4.50 | 3.77 | 3.83 | 4.60 | 4.00 | 4.19 | 4.08 | 4.28 | 3.29 | 4.00 | 4.11 | 4.31 |
| 11 | Staff regularly ask program participants about their interests and the things they would like to do in the community. | 4.13 | 4.13 | 4.25 | 4.08 | 3.67 | \*3.80 | 4.50 | 4.06 | 4.15 | 4.05 | 3.43 | 4.00 | 4.06 | 4.41 |
| 15 | Staff offer participants opportunities to discuss their sexual needs and interests when they wish. | 4.12 | 4.30 | 4.50 | 4.15 | 4.00 | 4.00 | 4.50 | \*3.93 | 4.23 | \*3.89 | 3.33 | 5.00 | \*3.58 | 4.44 |
| 17 | Staff routinely assist program participants with getting jobs. | 4.01 | 4.45 | 4.75 | 4.00 | 4.00 | 3.80 | 4.00 | 4.40 | 4.17 | \*3.90 | 3.29 | 4.00 | 3.72 | \*3.86 |

Attachment 1

Attachment 1

Attachment 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSA-R Administrators Version** | **MSHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **HBH** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **SHW** | **TBHS** | **The Right Door** | **SUD** |
| 34 | This agency provides structured educational activities to the community about mental illness and addictions. | 4.01 | 4.05 | 5.00 | 3.88 | 5.00 | 4.00 | 3.00 | 4.25 | 3.85 | 3.93 | \*3.00 | 5.00 | 4.17 | \*3.89 |
| 33 | This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. | 3.99 | \*3.90 | \*4.25 | 3.56 | 4.00 | 4.20 | \*2.50 | 4.31 | 3.54 | 4.33 | 3.40 | 5.00 | 4.12 | 4.15 |
| 32 | Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. | 3.92 | 4.08 | 4.75 | 3.38 | 3.67 | \*3.00 | 4.00 | 4.13 | 3.85 | 4.42 | 3.14 | \*3.00 | 3.95 | 4.06 |
| 20 | Staff actively introduce program participants to persons in recovery who can serve as role models or mentors. | 3.89 | \*3.76 | 4.75 | \*3.24 | \*3.50 | \*3.60 | \*3.00 | \*3.86 | \*3.17 | 4.11 | 3.33 | 5.00 | 3.79 | 4.51 |
| 22 | Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup). | \*3.78 | 4.14 | \*3.67 | \*3.28 | \*3.67 | 4.40 | 4.00 | \*3.57 | 3.62 | \*3.70 | \*2.33 | \*4.00 | \*3.63 | 4.23 |
| 25 | People in recovery are encouraged to attend agency advisory boards and management meetings. | \*3.73 | \*3.53 | 4.50 | 3.57 | 3.83 | 4.40 | 5.00 | 4.33 | \*3.30 | 4.31 | 3.83 | 4.50 | 3.88 | \*3.17 |
| 23 | People in recovery are encouraged to help staff with the development of new groups, programs, or services. | \*3.67 | \*3.45 | \*3.25 | \*3.13 | \*3.50 | 4.00 | \*3.00 | 4.07 | \*3.45 | 4.20 | \*3.00 | \*4.00 | \*3.68 | \*3.89 |
| 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 | 4.00 | 4.25 | \*3.20 | 3.80 | 4.60 | \*1.00 | 4.13 | \*2.75 | \*3.19 | \*2.20 | \*4.00 | 3.82 | 4.02 |
| 29 | Persons in recovery are involved with facilitating staff trainings and education at this program. | \*3.06 | \*2.70 | \*3.00 | \*2.48 | \*2.67 | \*3.40 | \*3.00 | \*4.00 | \*2.42 | \*3.39 | \*2.43 | \*3.00 | \*3.18 | \*3.38 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **RSA-R Provider Version** | **MSHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **TBHS** | **The Right Door** | **SUD** |
| 6 | Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants. | \*\*4.73 | \*\*4.84 | \*\*4.60 | \*\*4.90 | \*\*4.80 | \*\*4.88 | \*\*4.55 | \*\*4.63 | \*\*4.87 | 3.83 | \*\*4.86 | \*\*4.70 |
| 1 | Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program. | \*\*4.67 | \*\*4.76 | \*\*4.58 | \*\*4.80 | \*\*4.47 | \*\*4.87 | 4.45 | \*\*4.57 | \*\*4.66 | 4.67 | 4.54 | \*\*4.70 |
| 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). | \*\*4.63 | 4.60 | \*\*4.59 | \*\*4.78 | 4.20 | 4.75 | \*\*4.65 | \*\*4.54 | \*\*4.63 | \*\*4.83 | \*\*4.54 | \*\*4.66 |
| 3 | Staff encourage program participants to have hope and high expectations for their recovery. | \*\*4.62 | \*\*4.71 | 4.35 | \*\*4.73 | 4.20 | 4.75 | 4.32 | 4.38 | \*\*4.70 | \*\*5.00 | 4.43 | \*\*4.74 |
| 7 | Staff believe in the ability of program participants to recover. | \*\*4.62 | \*\*4.73 | 4.37 | 4.65 | 4.20 | 4.63 | 4.43 | 4.52 | 4.52 | \*\*4.83 | 4.54 | \*\*4.74 |
| 28 | The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations. | 4.58 | 4.61 | \*\*4.53 | \*\*4.80 | 4.20 | \*\*4.81 | 4.43 | \*\*4.58 | \*\*4.57 | \*\*4.83 | 4.46 | 4.58 |
| 27 | Progress made towards an individual’s own personal goals is tracked regularly. | 4.57 | 4.51 | \*\*4.56 | 4.68 | \*\*4.33 | \*\*4.94 | 4.30 | \*\*4.58 | 4.43 | 4.50 | \*\*4.57 | 4.60 |
| 10 | Staff listen to and respect the decisions that program participants make about their treatment and care. | 4.55 | \*\*4.71 | 4.45 | 4.71 | \*\*4.33 | 4.69 | \*\*4.55 | 4.46 | 4.53 | 4.33 | 4.46 | 4.52 |
| 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. | 4.41 | 4.57 | 4.35 | 4.68 | \*\*4.47 | \*\*4.75 | 4.41 | 4.33 | 4.20 | \*\*5.00 | \*\*4.54 | 4.27 |

|  |  |
| --- | --- |
| Key | \*Five Lowest Scores \*\*Five Highest Scores |
| Life Goals | Choice |
| Involvement | Individually Tailored Services |
| Diversity of Treatment Options | Inviting Factor |

Comparison by Organization

Attachment 2

Attachment 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **RSA-R Provider Version** | **MSHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **TBHS** | **The Right Door** | **SUD**  Attachment 2 |
| 26 | Staff talk with program participants about what it takes to complete or exit the program. | 4.35 | 4.31 | 3.94 | 4.36 | 3.93 | 4.56 | 4.11 | 4.29 | 4.40 | 4.83 | 4.08 | 4.51 |
| 14 | Staff offer participants opportunities to discuss their spiritual needs and interests when they wish. | 4.35 | 4.46 | 4.08 | 4.56 | 4.09 | 4.69 | \*3.71 | 4.08 | 4.20 | 4.17 | 4.07 | 4.52 |
| 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). | 4.32 | 4.49 | 4.11 | 4.63 | 3.86 | 4.56 | 4.29 | 4.17 | 4.47 | 4.50 | 4.18 | 4.27 |
| 21 | Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs. | 4.30 | 4.33 | 4.00 | 4.45 | 4.13 | 4.60 | 4.38 | 3.83 | 4.43 | 4.50 | 4.44 | 4.32 |
| 2 | This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.). | 4.26 | 4.10 | 4.38 | 4.49 | 3.73 | 4.75 | 4.52 | 4.30 | 4.07 | 4.50 | 4.64 | 4.14 |
| 4 | Program participants can change their clinician or case manager they wish. | 4.22 | 4.55 | 4.03 | 4.67 | 4.21 | 4.38 | 4.53 | 4.50 | 4.40 | 4.60 | 3.96 | 3.98 |
| 5 | Program participants can easily access their treatment records if they wish. | 4.21 | 4.19 | 4.11 | 4.39 | 4.17 | 4.44 | 4.71 | 3.81 | 4.00 | 4.40 | 4.16 | 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. | 4.17 | 4.32 | 3.95 | 4.49 | 3.75 | 4.50 | 4.13 | 3.96 | 4.03 | 4.33 | 4.11 | 4.18 |
| 30 | Staff at this program regularly attend trainings on cultural competency. | 4.16 | 4.28 | 4.08 | 4.27 | 3.92 | 4.38 | 4.00 | 4.05 | 4.10 | \*3.83 | 4.18 | 4.18 |
| 24 | People in recovery are encouraged to be involved in the evaluation of this agency’s programs, services, and service providers. | 4.12 | 4.41 | 3.75 | 4.28 | 3.55 | 4.53 | 4.19 | 4.00 | 4.07 | 4.00 | 4.04 | 4.14 |
| 12 | Staff encourage program participants to take risks and try new things. | 4.11 | 4.08 | 3.95 | 4.24 | 3.73 | 4.20 | 4.13 | 4.10 | 4.00 | 4.50 | 4.17 | 4.15 |
| 31 | Staff are knowledgeable about special interest groups and activities in the community. | 4.10 | 4.20 | 3.97 | 4.18 | 3.60 | 4.50 | 3.83 | 3.88 | 4.20 | 4.33 | 4.07 | 4.14 |
| Attachment 2 | **RSA-R Provider Version** | **SHN** | **BABH** | **CEI** | **CMCMH** | **GIHN** | **Lifeways** | **MCN** | **NCMH** | **Saginaw** | **TBHS** | **The Right Door** | **SUD** |
| 15 | Staff offer participants opportunities to discuss their sexual needs and interests when they wish. | 4.02 | 4.29 | 3.94 | 4.32 | 4.00 | 4.56 | \*2.81 | 4.14 | \*3.69 | 4.50 | 3.87 | 4.02 |
| 8 | Staff believe that program participants have the ability to manage their own symptoms. | 4.01 | 4.36 | 3.74 | 4.12 | 4.13 | 4.44 | \*3.77 | 4.08 | \*3.67 | 4.33 | 4.15 | 3.95 |
| 13 | This program offers specific services that fit each participant’s unique culture and life experiences. | 3.99 | 4.10 | 3.86 | 4.25 | 3.80 | 4.50 | 4.13 | 3.83 | 3.97 | \*3.83 | 4.12 | 3.90 |
| 11 | Staff regularly ask program participants about their interests and the things they would like to do in the community. | 3.93 | \*3.98 | 3.84 | \*3.95 | 3.73 | 4.06 | \*3.82 | 4.00 | \*3.57 | 4.00 | 3.79 | 4.04 |
| 32 | Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests. | 3.90 | 4.07 | 3.90 | 4.13 | \*3.50 | 4.19 | 3.91 | \*3.54 | 4.21 | \*3.50 | \*3.79 | 3.85 |
| 17 | Staff routinely assist program participants with getting jobs. | 3.90 | 4.22 | 3.92 | 4.16 | 4.00 | 4.29 | 4.48 | 3.59 | 3.86 | 4.00 | \*3.78 | \*3.66 |
| 22 | Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup). | \*3.80 | 4.17 | \*3.42 | 4.08 | \*3.42 | \*3.93 | 4.00 | 3.59 | 3.72 | \*3.67 | 3.81 | \*3.77 |
| 20 | Staff actively introduce program participants to persons in recovery who can serve as role models or mentors. | \*3.79 | \*3.80 | \*3.63 | \*3.57 | 3.58 | \*4.00 | 3.95 | \*3.05 | 3.90 | 4.17 | 4.04 | 3.89 |
| 23 | People in recovery are encouraged to help staff with the development of new groups, programs, or services. | \*3.49 | \*3.91 | \*3.19 | \*3.41 | \*3.10 | \*3.75 | 3.95 | \*3.19 | \*3.68 | 4.00 | \*3.09 | \*3.47 |
| 25 | People in recovery are encouraged to attend agency advisory boards and management meetings. | \*3.23 | \*3.71 | \*2.71 | \*3.67 | \*3.36 | \*3.67 | 4.20 | \*3.21 | \*3.58 | 4.17 | \*3.42 | \*2.70 |
| 29 | Persons in recovery are involved with facilitating staff trainings and education at this program. | \*2.92 | \*3.22 | \*2.58 | \*2.43 | \*2.93 | \*3.45 | \*3.30 | \*2.50 | 3.80 | \*3.33 | \*2.81 | \*2.83 |

Attachment 2