RECOVERY SELF-ASSESSMENT
FY21 ANNUAL REPORT
Mid-State Health Network

Sandy Gettel
Sandy.gettel@midstatehealthnetwork.org

Contents

Executive Summary

Introduction

The Recovery Self-Assessment was one of two tools required to be completed by Michigan Department of Health and Human Services(MDHHS). Mid-State Health Network (MSHN) chose the Administration of the RSA Administrator and Provider Version as a regional Performance Improvement Project (PIP) from FY15 through FY21. FY21 marked the completion of the PIP, requiring an evaluation to determine if continuation would provide additional benefits.

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. 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. 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.

Summary

Did the targeted interventions increase the region's recovery environment?
For FY2021 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. A score of 3.50 or higher indicates overall satisfaction with the statements in the assessment. MSHN scored a 3.50 or higher on the total comprehensive score, and each subcategory for both the administrator and provider assessment.

Administrator Assessment

An upward trend is exhibited with no significant change since FY15. The subcategories in which MSHN has performed well continues to be the Inviting Subcategory (4.59 a decrease from 4.67) and the Choice Subcategory (4.62 an increase from 4.56). The Involvement Subcategory continues to demonstrate the lowest score since the onset of the project (3.77 an increase from 3.71). In 2017 the Involvement Subcategory did reach 3.64 and has continued to increase each year. Currently all subcategories range from 3.77 to 4.62. Additional analysis was completed using the comprehensive score by provision of clinical services. Nine service program types were utilized. Seven of the eight (one of the nine was new therefore no comparative data exists) decreased. The recovery environment of the organization, based on the assessment of the administrators, exhibited a range of 4.07-4.41 on a scale from 1-5 with 5 being strongly agree.

Provider Assessment

An upward trend is exhibited with no significant change since FY19. MSHN met the expectation of improvement each year by demonstrating a comprehensive score of 4.27 in FY21, up from 4.18 in FY19. Each subcategory stayed the same or demonstrated improvement, in FY21, ranging from 3.71-4.56. The subcategories performing well included the Choice Subcategory (4.56) and Inviting (4.56). Involvement continued to score lowest for the provider assessment. Additional analysis was completed using the comprehensive score by provision of clinical services. Nine service program types were utilized. Seven of the nine (one of the nine was new therefore no comparative data exists) indicated improvement in the recovery environment of the organization exhibiting a range of 4.18-4.80 on a scale from 1-5 with 5 being strongly agree.

Conclusion

The questions that ranked the lowest in both the RSA-Administrator Assessment and the RSA-Provider Assessment from FY20, continue to be among the lowest for FY21, however improvement was exhibited. Growth areas to consider include the Involvement subcategory, particularly the opportunity to attend agency advisory boards, management meetings; and to facilitate staff trainings and education.

Interventions implemented in FY20 demonstrated effectiveness. MSHN has increased opportunities of consumer involvement through the addition of membership on MSHN regional committees and/or councils. MSHN, beginning in October 2021 will include two primary and/or secondary consumers to the membership of the MSHN Quality Improvement Council and the MSHN Customer Service Committee.

The results were reviewed further by the MSHN Quality Improvement Council, the SUD Provider Network, and the Regional Consumer Advisory Council considering the growth areas identified above. Each CMHSP Participant and SUD Provider reviewed their organization to determine the need for local improvement recommendations/interventions. Based on the additional reviews the following recommendations were made.

- Providers will continue to provide opportunities for consumer involvement in the organization. Communication of opportunities include but is not limited to the following methods: internal/external postings, newsletters, newspapers, assigned worker, and social media.
- Based on the completion of the PIP and improved performance demonstrated over the past 6 years, QIC has recommended the administration of the RSA-R Provider and Administrator Versions be discontinued effective FY22.

Methodology

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. The number of respondents for each RSA-R Administrator and Provider Assessments are illustrated in Figure 1.

Figure 1 MSHN RSA-R Number of Respondents

Program	Administrators			Providers		
	2019	2020	2021	2019	2020	2021
Mid-State Health Network	195	124	123	435	397	426
Bay-Arenac Behavioral Health Authority	24	11	14	45	46	56
Community Mental Health Authority of CEI	4	10	16	40	50	31
Community Mental Health for Central Michigan	26	16	14	41	57	56
Gratiot Integrated Health Network	6	4	8	15	27	42
Huron Behavioral Health	5	4	6	0	3	8
LifeWays Community Mental Health	2	5	8	16	37	17
Montcalm Care Center	17	5	6	23	20	18
Newaygo County Community Mental Health	13	6	5	24	21	24
Saginaw County Community Mental Health	20	9	5	30	26	35
Shiawassee County Community Mental Health	7	11	7	0	10	7
The Right Door for Hope Recovery and Wellness	19	8	5	28	0	39
Tuscola Behavioral Health System	2	2	1	6	13	11
MSHN SUD Providers	50	35	28	167	87	82

The distribution period was June 1, 2021 through July 31, 2021. This marks the third and final year of performance improvement project. 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.

MSHN Comprehensive Summary

MSHN, inclusive of the CMHSP Participants and the SATP, has demonstrated a decrease of .01 in the comprehensive score for the RSA-R Administrator Assessment for FY21. MSHN had no change in performance for the RSA-R Provider Assessment for FY21 compared to FY20. Figure 2 demonstrates the progression of the comprehensive score of the Administrator Assessment since 2015. Figure 3 demonstrates the progression of the RSA-R Provider Assessment since its onset in 2019. Figure 4a provides a comprehensive score by Service Type, demonstrating a decrease in 1 out of 8 for the Provider Assessment and a decrease in 7 out of 8 for the Administrator Assessment. These areas will be further explored through the subcategory analysis.

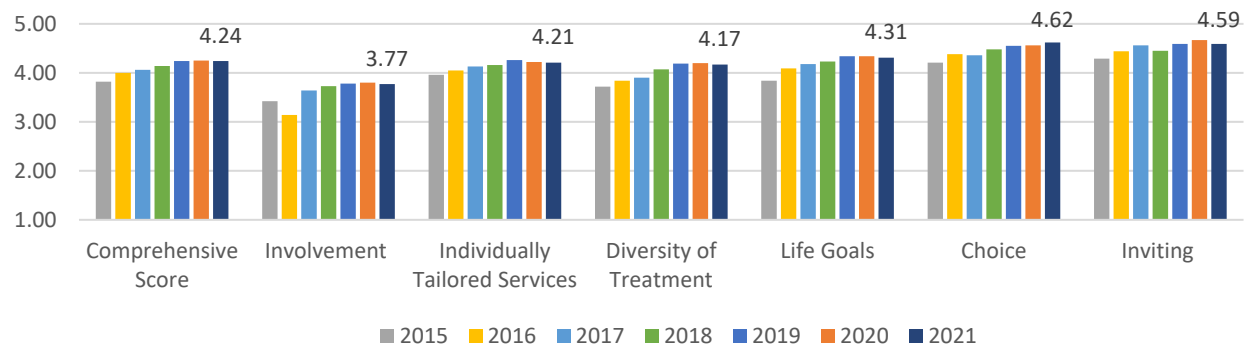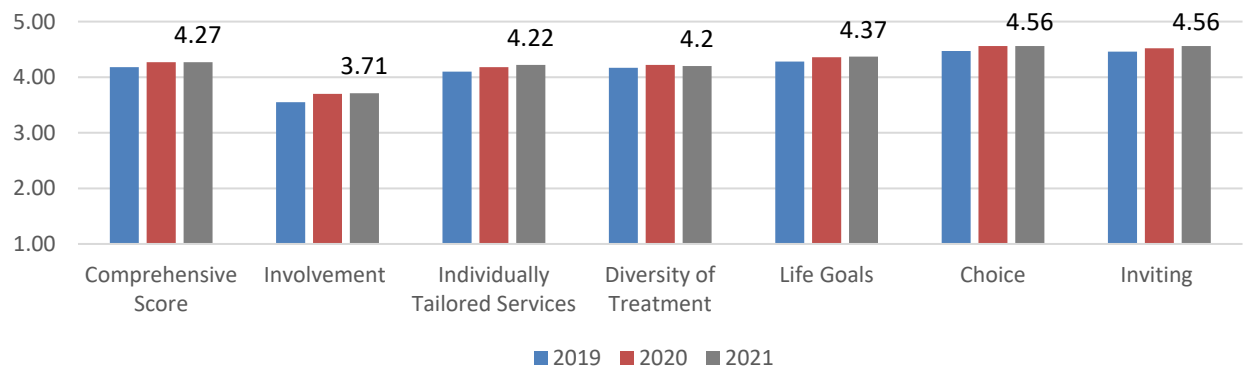Figure 2. MSHN RSA-R Administrator Assessment Comprehensive Score and Subcategory Comprehensive Scores

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

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

	Provider Assessment						Administrator Assessment					
	2019		2020		2021		2019		2020		2021	
	n	score	n	score	n	score	n	score	n	score	n	score
Club House	18	3.91	20	4.41	14	4.42	18	4.16	16	4.33	12	4.22
Case Management/Supports Coordination	166	4.19	187	4.26	150	4.18	85	4.28	88	4.25	73	4.21
Intensive Outpatient Therapy SUDP	30	4.28	18	4.22	11	4.48	27	4.41	30	4.43	7	4.41
Outpatient Therapy	215	4.18	162	4.21	142	4.27	82	4.31	78	4.36	72	4.17
Substance Use Disorder (SUD) Residential	63	4.13	24	4.21	26	4.37	27	4.41	20	4.57	16	4.07
Assertive Community Treatment (ACT) CMHSP	23	4.33	33	4.24	29	4.26	20	4.25	21	4.19	20	4.16
Vocational	25	4.46	34	4.48	22	4.63	20	4.31	14	4.31	22	4.41
Detox	29	4.14	9	4.08	6	4.80	13	4.29	11	4.58	9	4.27
MAT					7	4.44					8	4.41
Other					102	4.21	27	4.20			32	4.15

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. Two CMHSPs demonstrated an increase in the comprehensive score for FY21 for the Administrators Assessment.   Nine CMHSPs and MSHN SATPs demonstrated an increase in the comprehensive score for the Provider Assessment in FY21.

Figure 5. CMHSP Participant and SATP RSA-R Administrator Comprehensive Assessment Scores
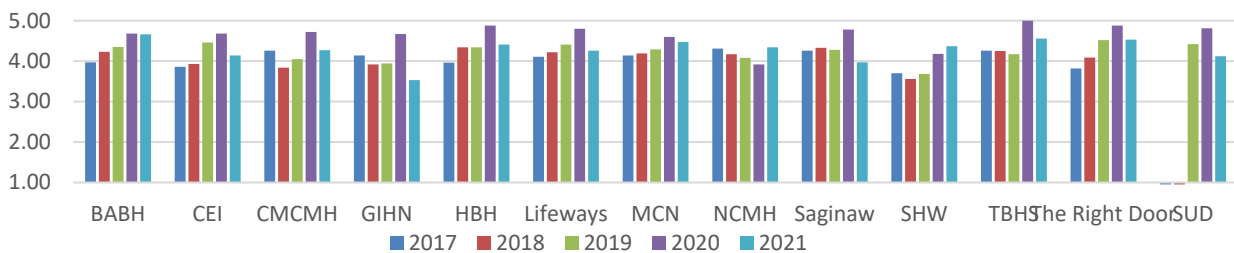
Figure 6. CMHSP Participant and SATP RSA-R Provider Comprehensive Assessment Scores
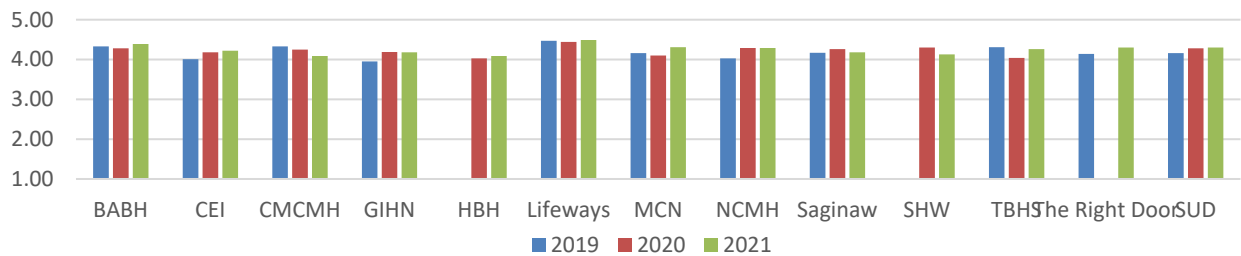
MSHN Subcategory Summary

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

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. Figures 8a-8b 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.

Figure 8a. CMHSP Participants and SATPs comparison of FY21 Inviting Subcategory Score with Questions-Administrator Assessment

■ 1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program
■ 2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)

Figure 8b. CMHSP Participants and SATPs comparison of FY21 Inviting Subcategory Score with Questions-Provider Assessment

■ 1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program
■ 2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)
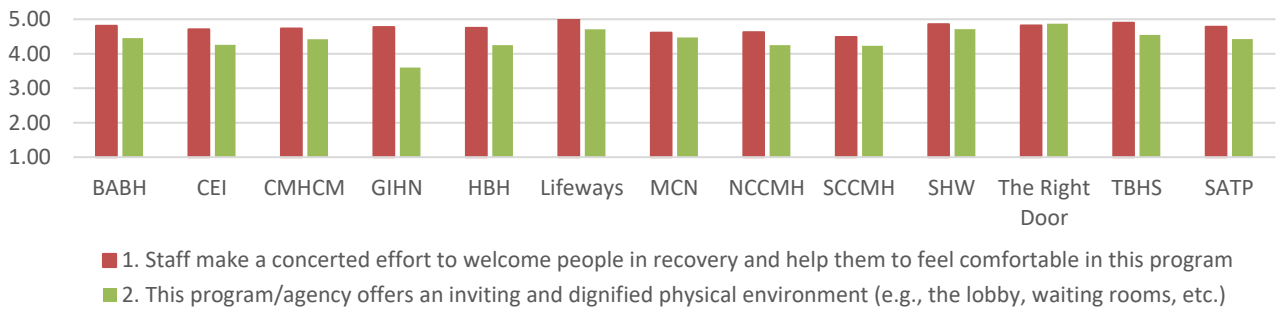
Figure 8c. Service Program Type comparison of the Inviting Subcategory with the Provider and Administrator Assessments
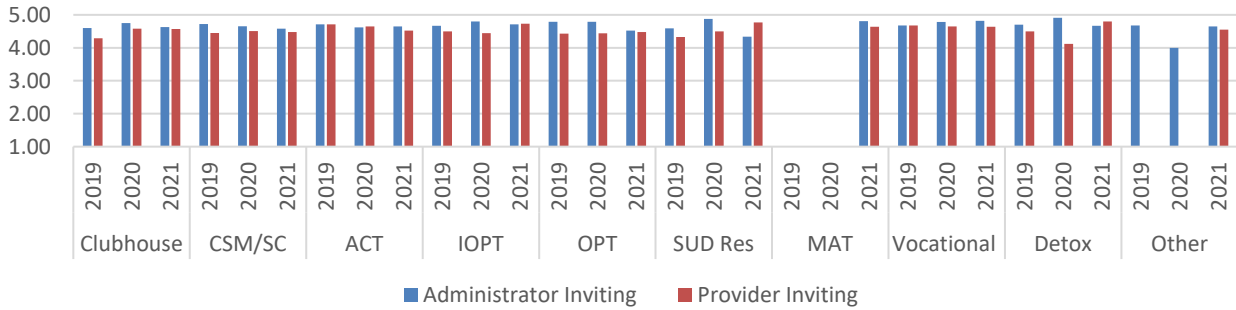
Choice Subcategory

The comprehensive score for both the Administrator and the Provider Assessment was above 3.50. Figures 9a-9b illustrates how each CMHSP and the SATP scored for each question within the subcategory by RSA-R assessment type. Figure 9c illustrates the comprehensive score of the subcategory by service program type.

Figure 9a. CMHSP Participants and SATPs comparison of FY21 Choice Subcategory Score with Questions-Administrator Assessment

- 4. Program participants can change their clinician or case manager if they wish.
- 5. Program participants can easily access their treatment records if they wish.
- 6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.
- 10. Staff listen to and respect the decisions that program participants make about their treatment and care.
- 27. Progress made towards an individual's own personal goals is tracked regularly.

Figure 9b. CMHSP Participants and SATPs comparison of FY21 Choice Subcategory Score with Questions-Provider Assessment

- 4. Program participants can change their clinician or case manager if they wish.
- 5. Program participants can easily access their treatment records if they wish.
- 6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.
- 10. Staff listen to and respect the decisions that program participants make about their treatment and care.
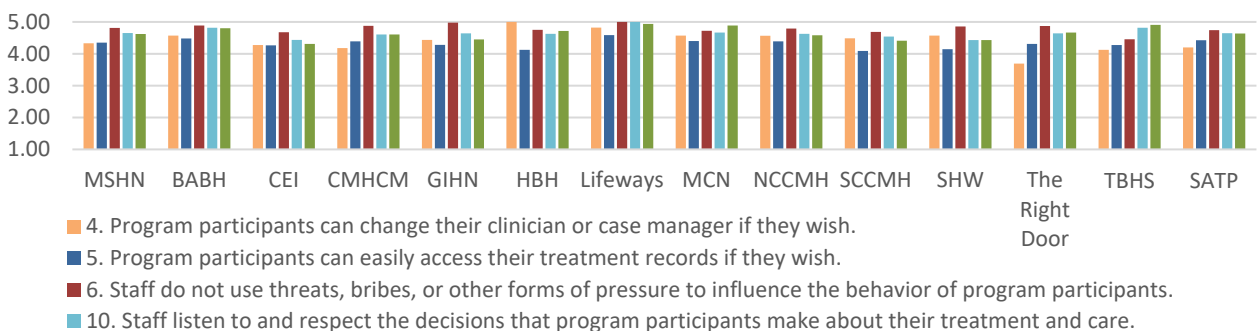
Figure 9c. Service Program Type comparison of the Choice Subcategory with the Provider and Administrator Assessments. No data collected for MAT in 2019 and 2020.
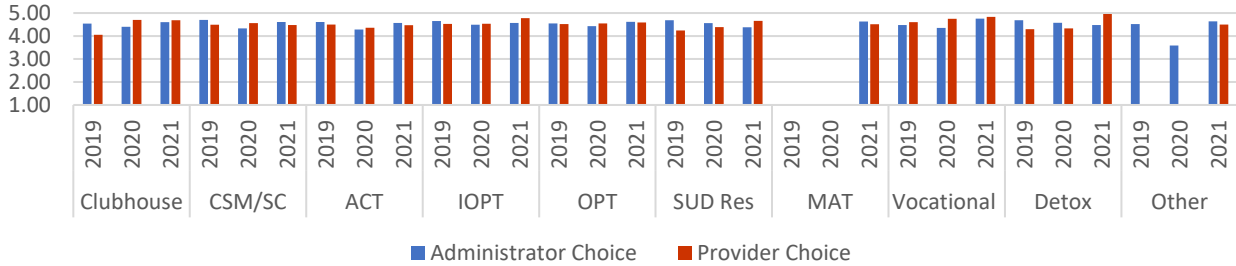
Involvement Subcategory

The comprehensive score for both the Administrator and the Provider assessment for MSHN was above 3.50. 10a illustrates how each CMHSP Participant and SATP responded to each question within the Involvement subcategory administrator assessment. Figure 10b 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 10a. CMHSP Participants and SUD Provider Network comparison of FY21 Involvement Subcategory Score with Questions-Administrator Assessment

- 22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).
- 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.
- 24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.
- 25. People in recovery are encouraged to attend agency advisory boards and management meetings.
- 29. Persons in recovery are involved with facilitating staff trainings and education at this program.
- 33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.
- 34. This agency provides structured educational activities to the community about mental illness and addictions.

Figure 10b. CMHSP Participants and SUD Provider Network comparison of FY21 Involvement Subcategory Score with Questions-Provider Assessment

- ■ 22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).
- ■ 23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.
- ■ 24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.
- ■ 25. People in recovery are encouraged to attend agency advisory boards and management meetings.
- ■ 29. Persons in recovery are involved with facilitating staff trainings and education at this program.

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

■ Administrator Involvement ■ Provider Involvement
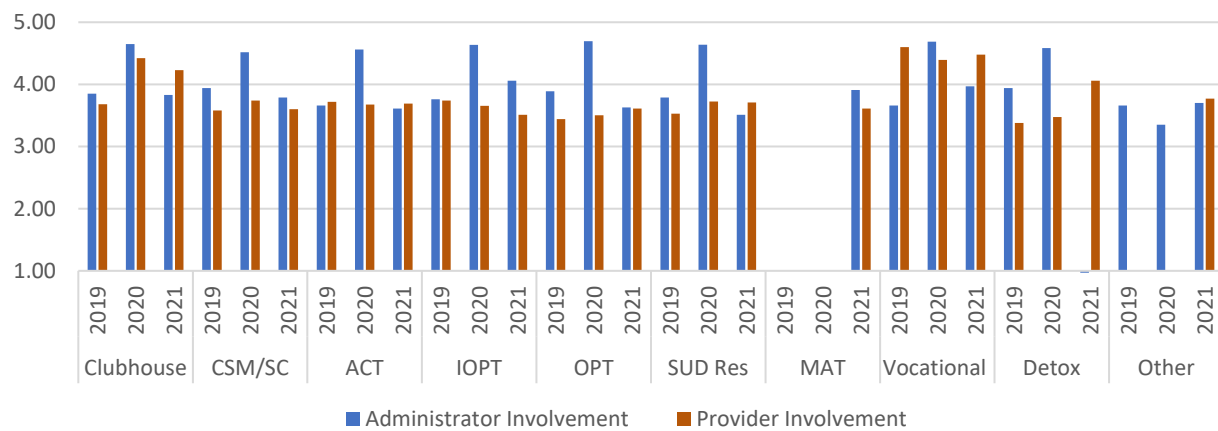
Life Goals Subcategory

The comprehensive score for both the Administrators Assessment and the Provider Assessment was above 3.50. 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 11e demonstrates how each CMHSP Participant and the SATP scored by service program type.

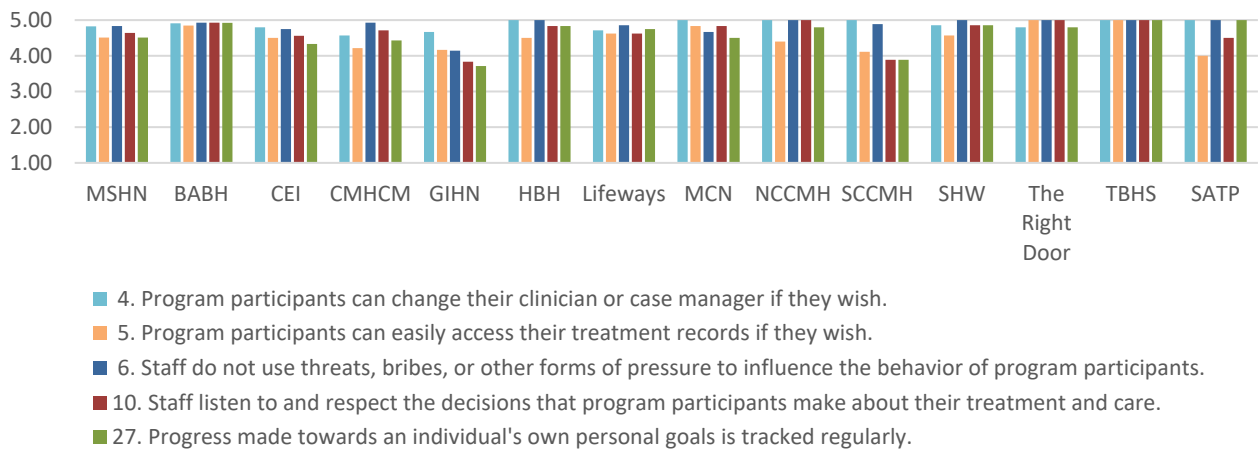Figure 11a. CMHSP Participants and SATP comparison of FY21 Life Goals Subcategory Score with Questions-Administrator Assessment (Questions 3, 7, 8, 9, 12)

- 3. Staff encourage program participants to have hope and high expectations for their recovery.
- 7. Staff believe in the ability of program participants to recover.
- 8. Staff believe that program participants have the ability to manage their own symptoms.
- 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.
- 12. Staff encourage program participants to take risks and try new things.
- 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).

Figure 11b. CMHSP Participant and SATP comparison of FY21 Life Goals Subcategory Score with Questions-Administrator Assessment (Questions 16, 17, 18, 28, 31, 32)

- 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).
- 17. Staff routinely assist program participants with getting jobs.
- 18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.
- 28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
- 31. Staff are knowledgeable about special interest groups and activities in the community
- 32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Figure 11c. CMHSP Participants and SATP comparison of FY21 Life Goals Subcategory Score with Questions-Provider Assessment (Questions 3, 7, 8, 9, 12)

- 3. Staff encourage program participants to have hope and high expectations for their recovery.
- 7. Staff believe in the ability of program participants to recover.
- 8. Staff believe that program participants have the ability to manage their own symptoms.
- 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.
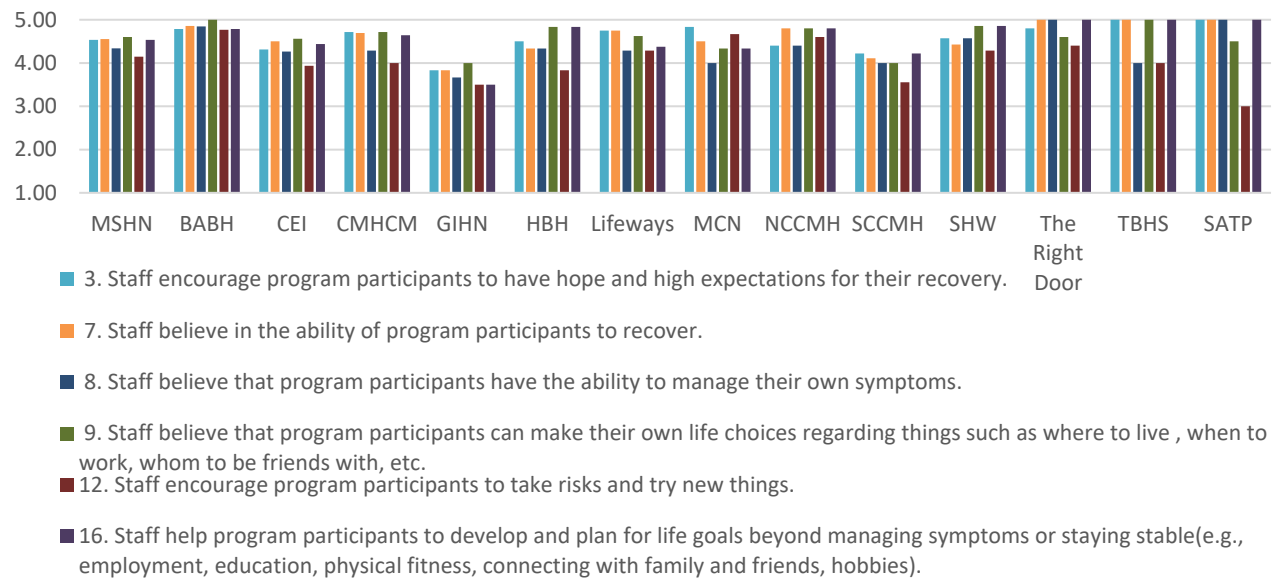- 12. Staff encourage program participants to take risks and try new things.
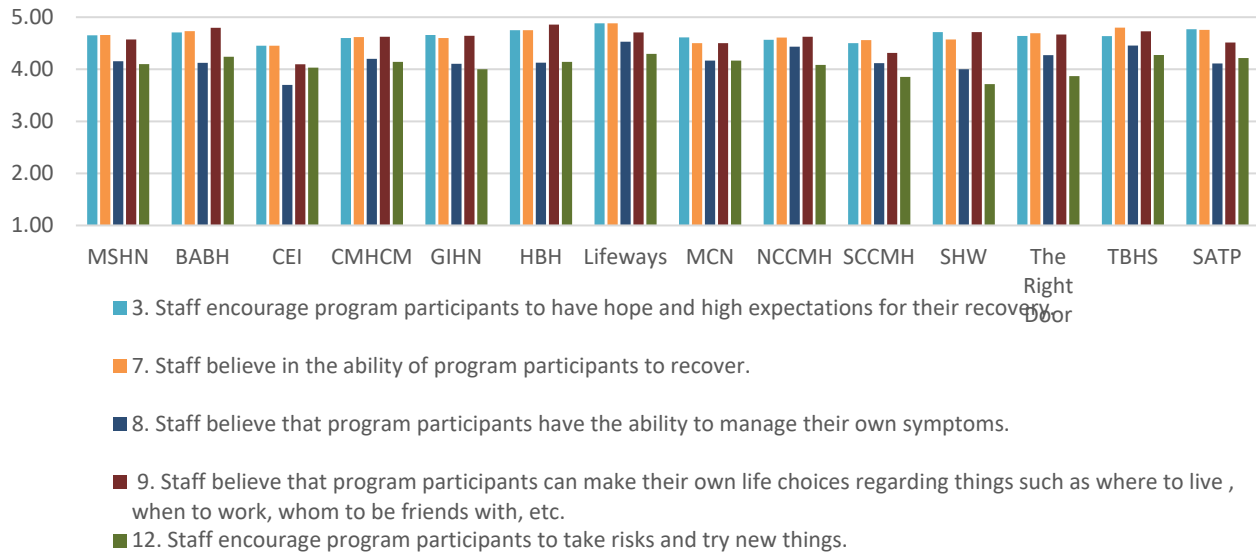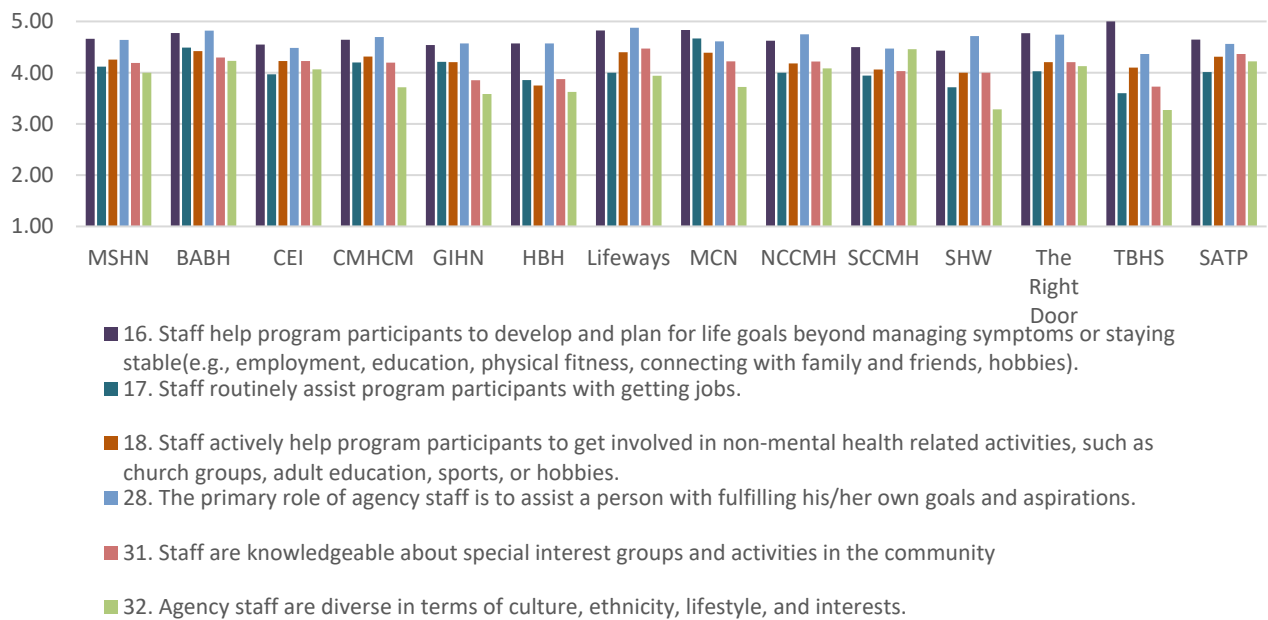
Figure 11d. CMHSP Participants and SATP comparison of FY21 Life Goals Subcategory Score with Questions-Provider Assessment (Questions 16, 17, 18, 28, 31, 32)

- 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).
- 17. Staff routinely assist program participants with getting jobs.
- 18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.
- 28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
- 31. Staff are knowledgeable about special interest groups and activities in the community
- 32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.

Figure 11e. Service Program Type comparison of Life Goals Subcategory
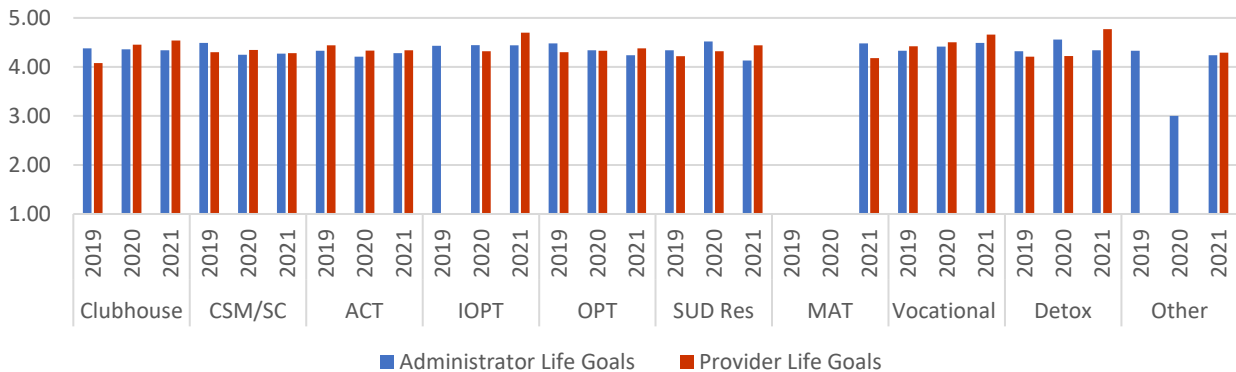
Individually Tailored Services Subcategory

The comprehensive score for both the Administrators and the Provider assessment was above 3.50. 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 12a. CMHSP Participants and SATPs comparison of FY21 Individually Tailored Services Subcategory Score with Questions-Administrator Assessment

■ 11. Staff regularly ask program participants to take risks and try new things.

■ 13. This program offers specific services that fit each participant's unique culture and life experiences.

■ 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).

■ 30. Staff at this program regularly attend trainings on cultural competency.

Figure 12b. CMHSP Participants and SATPs comparison of FY21 Individually Tailored Services Subcategory Score with Questions-Provider Assessment
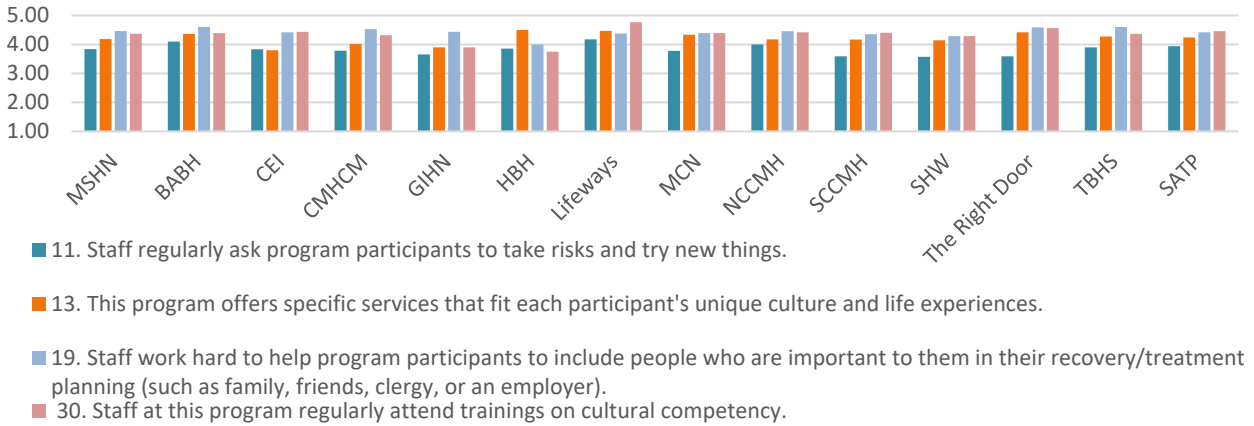

- 11. Staff regularly ask program participants to take risks and try new things.

- 13. This program offers specific services that fit each participant's unique culture and life experiences.

- 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).
- 30. Staff at this program regularly attend trainings on cultural competency.

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

- Administrator Individually Tailored Services
- Provider Individually Tailored Services
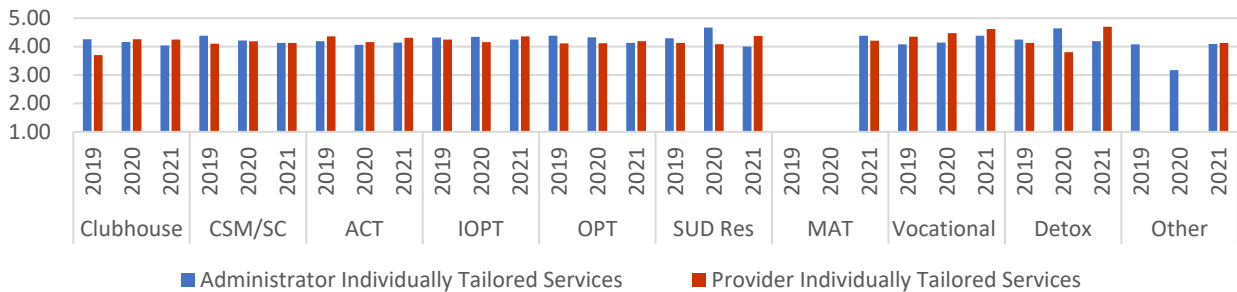
Diversity Subcategory

The comprehensive score for both the Administrator and Provider Assessment was above 3.5. 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 13a. CMHSP Participants and SATPs comparison of FY21 Diversity of Treatment Subcategory Score with Questions-Administrator Assessment
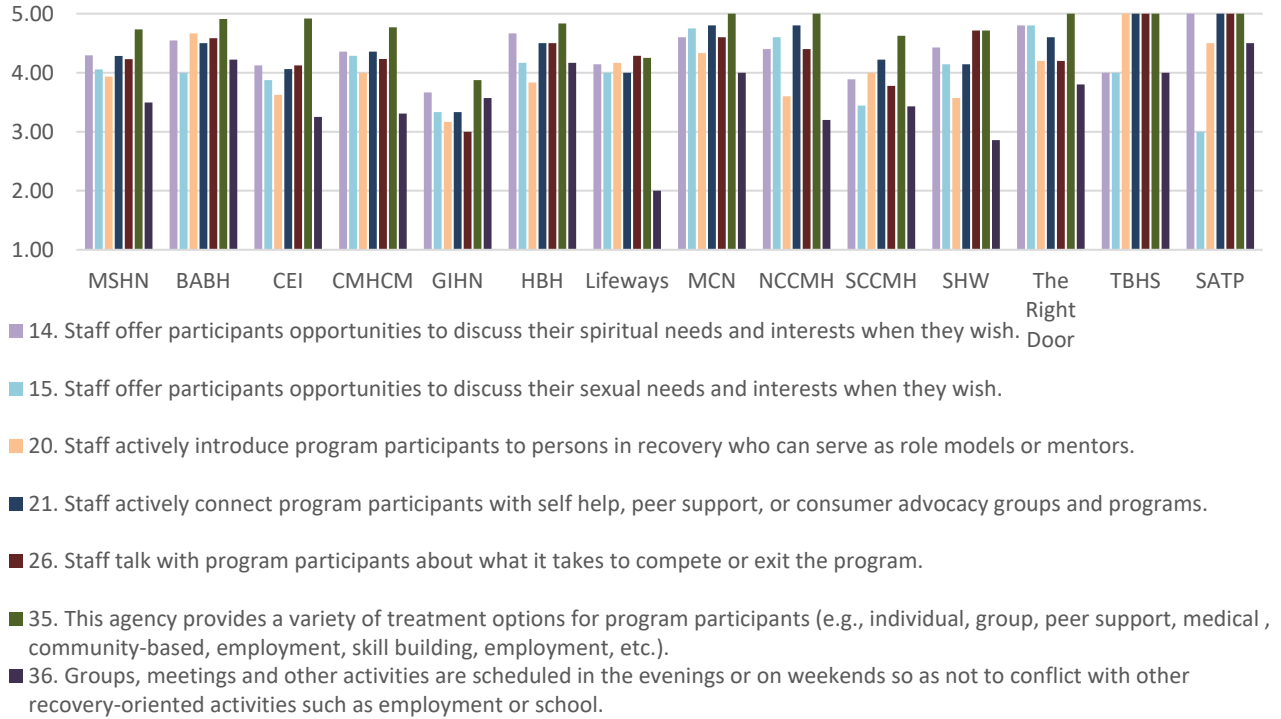

- 14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.
- 15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
- 20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.
- 21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.
- 26. Staff talk with program participants about what it takes to compete or exit the program.
- 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.).
- 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.

Figure 13b. CMHSP Participants and SATPs comparison of FY21 Diversity of Treatment-Provider Assessment

- 14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.
- 15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.
- 20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.
- 21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.
- 26. Staff talk with program participants about what it takes to complete or exit the program.

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

Legend: ■ Administrator Diversity of Treatment   ■ Provider Diversity of Treatment
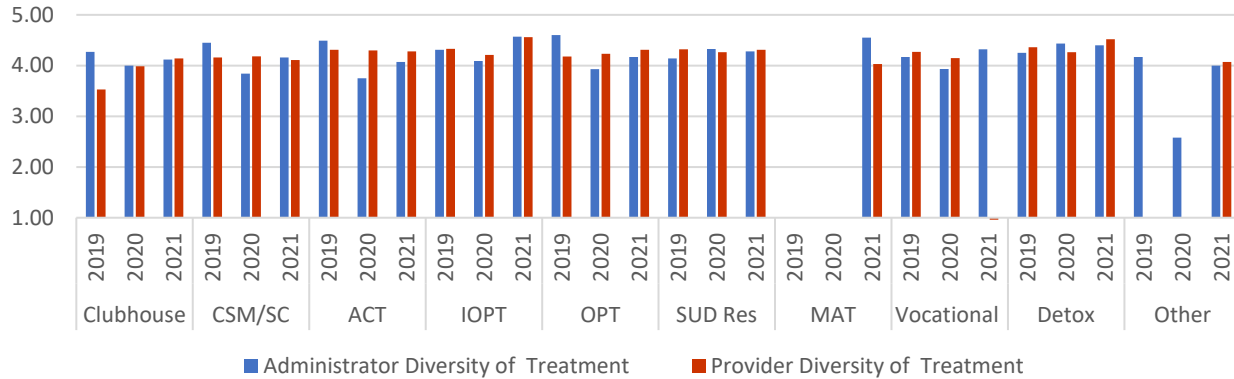
Summary

For FY2021 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

Did the targeted interventions increase the region's recovery environment? MSHN met the expectation of a total comprehensive score of 3.50 or higher on the RSA Administrator Assessment, indicating overall satisfaction with the statements in the assessment. Additionally, MSHN demonstrated a score of 3.50 and higher for each subcategory. An upward trend is exhibited with no significant change since FY2020. The subcategories in which MSHN has performed well continues to be the Inviting Subcategory (4.59 a decrease from 4.67) and the Choice Subcategory (4.62 an increase from 4.56). The Involvement Subcategory continues to demonstrate the lowest score since the onset of the project (3.77 an increase from 3.71). In 2017 the Involvement Subcategory did reach 3.64 and has continued to increase each year. Currently all subcategories range from 3.77 to 4.62. Additional analysis was completed using the comprehensive score by provision of clinical services. Nine service program types were utilized. Seven of the eight (one of the nine was new therefore no comparative data exists) decreased. The recovery environment of the organization, based on the assessment of the administrators, exhibited a range of 4.07-4.41 on a scale from 1-5 with 5 being strongly agree.

The 5 questions that scored the highest

Questions	MSHN
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.84
4. Program participants can change their clinician or case manager if they wish.	4.82
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program	4.75
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.).	4.73
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.64

The five questions that scored the lowest

Questions	MSHN
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	3.89
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.83
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	3.80
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.	3.49
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	3.27

Provider Assessment

Did the targeted interventions increase the region's recovery environment? The MSHN RSA-R Provider Assessment of Recovery met the expectation of improvement each year by demonstrating a comprehensive score of 4.27 in FY21, up from 4.25 in FY20. Each subcategory stayed the same or demonstrated improvement in FY21, ranging from 3.71-4.56. The subcategories performing well included the Choice Subcategory (4.56) and Inviting (4.56). Involvement continued to score lowest for the provider assessment.   Additional analysis was completed using the comprehensive score by provision of clinical services. Nine service program types were utilized. Seven of the nine indicated improvement in the recovery environment of the organization exhibiting a range of 4.18-4.80 on a scale from 1-5 with 5 being strongly agree.

The five questions that scored the highest

Provider	MSHN
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.81
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program	4.75
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).	4.66
7. Staff believe in the ability of program participants to recover.	4.66
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.65

The five questions that scored the lowest

Provider	MSHN
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	3.93
11. Staff regularly ask program participants to take risks and try new things.	3.84
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.61
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	3.43
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	3.24

Evaluation of Effectiveness

Interventions implemented in FY20 demonstrated effectiveness. MSHN has increased opportunities of consumer involvement. MSHN, beginning in October 2021 will include two primary and/or secondary consumers to the membership of the MSHN Quality Improvement Council and the MSHN Customer Service Committee.

The questions that ranked the lowest in both the RSA-Administrator Assessment and the RSA-Provider Assessment from FY20, continue to be among the lowest for FY21, however improvement was exhibited. Growth areas to consider include subcategories or questions that perform below the 3.50 indicating disagreement or room for improvement. Question 29 continued to receive a score of less than 3.50 for both the administrator and provider assessments. Additionally, 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 results were reviewed further by the MSHN Quality Improvement Council, the SUD Provider Network, and the Regional Consumer Advisory Council considering the growth areas identified above. Each CMHSP Participant and SUD Provider reviewed their organization to determine the need for local improvement recommendations/interventions. Based on the additional reviews the following recommendations were made.

Recommendations

- Providers will continue to provide opportunities for consumer involvement in the organization. Communication of opportunities include but is not limited to the following methods: internal/external postings, newsletters, newspapers, assigned worker, and social media.
- Based on the completion of the PIP and improved performance demonstrated over the past 6 years, QIC has recommended the administration of the RSA-R Provider and Administrator Versions be discontinued effective FY22.

Attachment 1 demonstrates the average response for each question the MSHN Administrators Assessment.
Attachment 2 demonstrates the average response for each question on the MSHN Providers Assessment.

Report Completed by: Sandy Gettel MSHN Quality Manager　　　**Date: 8/31/2021**
MSHN QIC Review:　　　　　　　　　　　　　　　　　　　　　　**Date: 9/23/2021**
Provider Network Review:　　　　　　　　　　　　　　　　　 **Date: 9/23/2021**

Comparison by Organization

Key	*Five Lowest Scores* **Five Highest Scores** for each organization

Recovery Self-Assessment – Administrator Version

Administrator	MSHN	BABH	CEI	CMHCM	GIHN	HBH	Lifeways	MCN	NCCMH	SCCMH	SHW	The Right Door	TBHS	SATP
Inviting														
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program	4.75	4.86	4.73	4.71	4.33	4.83	4.88	4.67	5.00	4.33	5.00	5.00	5.00	5.00
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)	4.55	4.71	4.13	4.79	3.13	4.83	5.00	4.60	4.60	4.78	4.71	5.00	5.00	5.00
Life Goals														
3. Staff encourage program participants to have hope and high expectations for their recovery.	4.54	4.79	4.31	4.71	3.83	4.50	4.75	4.83	4.40	4.22	4.57	4.80	5.00	5.00
7. Staff believe in the ability of program participants to recover.	4.55	4.86	4.50	4.69	3.83	4.33	4.75	4.50	4.80	4.11	4.43	5.00	5.00	5.00
8. Staff believe that program participants have the ability to manage their own symptoms.	4.34	4.85	4.27	4.29	3.67	4.33	4.29	4.00	4.40	4.00	4.57	5.00	4.00	5.00
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.	4.60	5.00	4.56	4.71	4.00	4.83	4.63	4.33	4.80	4.00	4.86	4.60	5.00	4.50
12. Staff encourage program participants to take risks and try new things.	4.15	4.77	3.94	4.00	3.50	3.83	4.29	4.67	4.60	3.56	4.29	4.40	4.00	3.00
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	4.79	4.44	4.64	3.50	4.83	4.38	4.33	4.80	4.22	4.86	5.00	5.00	5.00
17. Staff routinely assist program participants with getting jobs.	4.13	4.54	3.93	4.36	3.17	4.33	3.40	4.50	4.00	4.22	3.86	4.40	5.00	4.00
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	4.14	4.55	3.81	4.29	3.17	4.50	4.14	4.33	4.20	3.78	4.43	4.60	4.00	4.50
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.59	4.93	4.40	4.79	4.14	4.83	4.25	4.33	4.80	4.11	5.00	4.80	5.00	4.50
31. Staff are knowledgeable about special interest groups and activities in the community	4.29	4.64	4.20	4.36	3.33	4.33	4.75	4.50	4.40	4.00	4.00	4.40	4.00	4.50
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	3.94	4.62	4.31	3.71	3.13	3.00	4.25	4.00	3.60	3.89	3.71	4.40	3.00	4.50

Administrator	MSHN	BABH	CEI	CMHCM	GIHN	HBH	Lifeways	MCN	NCCMH	SCCMH	SHW	The Right Door	TBHS	SATP
Choice														
4. Program participants can change their clinician or case manager if they wish.	4.82	4.91	4.80	4.57	4.67	5.00	4.71	5.00	5.00	5.00	4.86	4.80	5.00	5.00
5. Program participants can easily access their treatment records if they wish.	4.51	4.85	4.50	4.21	4.17	4.50	4.63	4.83	4.40	4.11	4.57	5.00	5.00	4.00
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.84	4.93	4.75	4.93	4.14	5.00	4.86	4.67	5.00	4.89	5.00	5.00	5.00	5.00
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.64	4.93	4.56	4.71	3.83	4.83	4.63	4.83	5.00	3.89	4.86	5.00	5.00	4.50
27. Progress made towards an individual's own personal goals is tracked regularly.	4.51	4.92	4.33	4.43	3.71	4.83	4.75	4.50	4.80	3.89	4.86	4.80	5.00	5.00
Individually Tailored Services														
11. Staff regularly ask program participants to take risks and try new things.	3.97	4.62	3.73	3.71	3.50	3.67	4.13	4.33	4.60	3.25	4.14	4.20	4.00	2.50
13. This program offers specific services that fit each participant's unique culture and life experiences.	4.12	4.64	4.13	4.14	3.50	4.17	3.88	4.17	4.20	3.67	4.14	4.40	4.00	4.50
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning	4.31	4.77	4.33	4.14	3.17	4.67	4.13	4.33	4.00	4.11	4.71	4.60	5.00	5.00
30. Staff at this program regularly attend trainings on cultural competency.	4.53	4.64	4.50	4.50	4.00	4.67	4.75	4.50	4.60	4.22	4.86	4.60	5.00	5.00
Diversity of Treatment														
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.29	4.55	4.13	4.36	3.67	4.67	4.14	4.60	4.40	3.89	4.43	4.80	4.00	5.00
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.06	4.00	3.88	4.29	3.33	4.17	4.00	4.75	4.60	3.44	4.14	4.80	4.00	3.00
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	3.93	4.67	3.63	4.00	3.17	3.83	4.17	4.33	3.60	4.00	3.57	4.20	5.00	4.50
21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.	4.28	4.50	4.06	4.36	3.33	4.50	4.00	4.80	4.80	4.22	4.14	4.60	5.00	5.00
26. Staff talk with program participants about what it takes to compete or exit the program.	4.23	4.58	4.13	4.23	3.00	4.50	4.29	4.60	4.40	3.78	4.71	4.20	5.00	5.00

35. This agency provides a variety of treatment options for program participants.	4.73	4.91	4.92	4.77	3.88	4.83	4.25	5.00	5.00	4.63	4.71	5.00	5.00	5.00
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.	3.49	4.22	3.25	3.31	3.57	4.17	2.00	4.00	3.20	3.43	2.86	3.80	4.00	4.50
Involvement														
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	3.80	4.31	3.56	3.93	3.17	4.17	3.71	3.83	3.80	3.38	4.00	3.60	4.00	4.00
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.83	4.50	3.50	3.86	3.00	4.00	4.17	4.33	3.80	3.11	4.29	3.80	4.00	5.00
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	4.15	4.64	3.87	4.21	3.20	4.33	4.13	4.67	4.20	3.67	4.71	4.00	4.00	5.00
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	3.89	4.33	3.47	3.86	3.00	4.50	3.25	4.17	4.00	4.00	4.14	4.00	5.00	3.00
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	3.27	4.38	3.33	3.23	2.17	3.40	3.14	4.20	2.60	2.89	3.14	3.40	3.00	4.50
33. This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery.	4.07	4.60	3.83	3.92	3.71	4.50	3.60	4.67	3.60	3.75	4.00	4.60	5.00	4.50
34. This agency provides structured educational activities to the community about mental illness and addictions.	3.95	3.70	4.00	3.69	3.25	4.50	2.75	4.50	4.40	4.14	4.14	4.60	5.00	4.00

Key	*Five Lowest Scores **Five Highest Scores for each organization

Recovery Self-Assessment Provider Version

Provider	MSHN	BABH	CEI	CMHCM	GIHN	HBH	Lifeways	MCN	NCCMH	SCCMH	SHW	The Right Door	TBHS	SATP
Inviting														
1. Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program	4.75	4.81	4.71	4.73	4.78	4.75	5.00	4.61	4.63	4.49	4.86	4.82	4.90	4.78
2. This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.)	4.37	4.45	4.26	4.42	3.60	4.25	4.71	4.47	4.25	4.23	4.71	4.87	4.55	4.43
Life Goals														
3. Staff encourage program participants to have hope and high expectations for their recovery.	4.65	4.71	4.45	4.60	4.66	4.75	4.88	4.61	4.57	4.50	4.71	4.64	4.64	4.77
7. Staff believe in the ability of program participants to recover.	4.66	4.73	4.45	4.62	4.60	4.75	4.88	4.50	4.61	4.56	4.57	4.69	4.80	4.76
8. Staff believe that program participants have the ability to manage their own symptoms.	4.15	4.12	3.70	4.20	4.11	4.13	4.53	4.17	4.43	4.12	4.00	4.27	4.45	4.11
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	4.80	4.10	4.63	4.64	4.86	4.71	4.50	4.63	4.31	4.71	4.67	4.73	4.51
12. Staff encourage program participants to take risks and try new things.	4.10	4.24	4.03	4.14	4.00	4.14	4.29	4.17	4.08	3.85	3.71	3.87	4.27	4.22
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).	4.66	4.77	4.55	4.64	4.54	4.57	4.82	4.83	4.63	4.50	4.43	4.77	5.00	4.65
17. Staff routinely assist program participants with getting jobs.	4.12	4.49	3.97	4.20	4.21	3.86	4.00	4.67	4.00	3.94	3.71	4.03	3.60	4.01
18. Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	4.26	4.42	4.23	4.31	4.21	3.75	4.40	4.39	4.18	4.06	4.00	4.21	4.10	4.31
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.64	4.82	4.48	4.70	4.57	4.57	4.88	4.61	4.75	4.47	4.71	4.74	4.36	4.56
31. Staff are knowledgeable about special interest groups and activities in the community	4.19	4.30	4.23	4.20	3.85	3.88	4.47	4.22	4.22	4.03	4.00	4.21	3.73	4.37
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	4.00	4.23	4.06	3.71	3.59	3.63	3.94	3.72	4.08	4.46	3.29	4.13	3.27	4.22

Provider	MSHN	BABH	CEI	CMHCM	GIHN	HBH	Lifeways	MCN	NCCMH	SCCMH	SHW	The Right Door	TBHS	SATP
Choice														
4. Program participants can change their clinician or case manager if they wish.	4.33	4.57	4.28	4.18	4.44	5.00	4.82	4.57	4.57	4.49	4.57	3.69	4.13	4.20
5. Program participants can easily access their treatment records if they wish.	4.35	4.48	4.27	4.39	4.28	4.13	4.59	4.40	4.39	4.09	4.14	4.31	4.27	4.42
6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.81	4.89	4.68	4.88	4.98	4.75	5.00	4.72	4.79	4.69	4.86	4.87	4.45	4.74
10. Staff listen to and respect the decisions that program participants make about their treatment and care.	4.65	4.82	4.43	4.61	4.64	4.63	5.00	4.67	4.63	4.54	4.43	4.64	4.82	4.65
27. Progress made towards an individual's own personal goals is tracked regularly.	4.62	4.80	4.31	4.61	4.45	4.71	4.94	4.89	4.58	4.41	4.43	4.67	4.91	4.63
Individually Tailored Services														
11. Staff regularly ask program participants to take risks and try new things.	3.84	4.10	3.83	3.79	3.66	3.86	4.18	3.78	4.00	3.59	3.57	3.59	3.90	3.94
13. This program offers specific services that fit each participant's unique culture and life experiences.	4.19	4.36	3.80	4.02	3.90	4.50	4.47	4.33	4.17	4.17	4.14	4.42	4.27	4.24
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).	4.46	4.60	4.42	4.53	4.44	4.00	4.38	4.39	4.46	4.35	4.29	4.59	4.60	4.42
30. Staff at this program regularly attend trainings on cultural competency.	4.37	4.39	4.43	4.32	3.90	3.75	4.76	4.39	4.42	4.40	4.29	4.56	4.36	4.46
Diversity of Treatment														
14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.35	4.47	4.19	4.25	4.20	4.88	4.71	4.13	4.17	4.24	4.29	4.28	4.64	4.48
15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.00	4.21	3.58	4.38	3.77	4.25	4.50	3.43	4.09	3.88	4.17	3.95	4.55	3.82
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	3.93	4.00	3.90	3.54	3.94	3.43	3.75	4.00	3.77	4.00	3.57	4.00	4.50	4.16
21. Staff actively connect program participants with self help, peer support, or consumer advocacy groups and programs.	4.46	4.52	4.40	4.26	4.41	3.75	4.69	4.53	4.30	4.43	4.14	4.64	4.40	4.62
26. Staff talk with program participants about what it takes to complete or exit the program.	4.25	4.45	3.73	4.09	4.21	3.57	4.56	4.38	4.33	4.09	4.14	4.31	4.55	4.40

Provider	MSHN	BABH	CEI	CMHCM	GIHN	HBH	Lifeways	MCN	NCCMH	SCCMH	SHW	The Right Door	TBHS	SATP
Involvement														
22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	4.00	4.41	3.53	4.02	4.13	3.50	3.79	4.00	4.09	3.85	3.86	4.00	4.11	3.95
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.61	4.02	3.14	3.35	3.56	2.71	3.85	3.88	3.67	3.70	3.29	3.67	3.00	3.77
24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	4.16	4.17	3.87	4.18	4.22	3.71	4.53	4.28	4.21	4.15	4.00	4.36	4.10	4.09
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	3.43	3.40	3.39	3.47	3.64	2.86	3.86	3.53	3.95	3.43	3.57	3.49	3.50	3.05
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	3.24	3.36	3.19	2.96	3.36	2.57	2.50	3.81	3.21	3.42	3.00	3.32	2.70	3.37