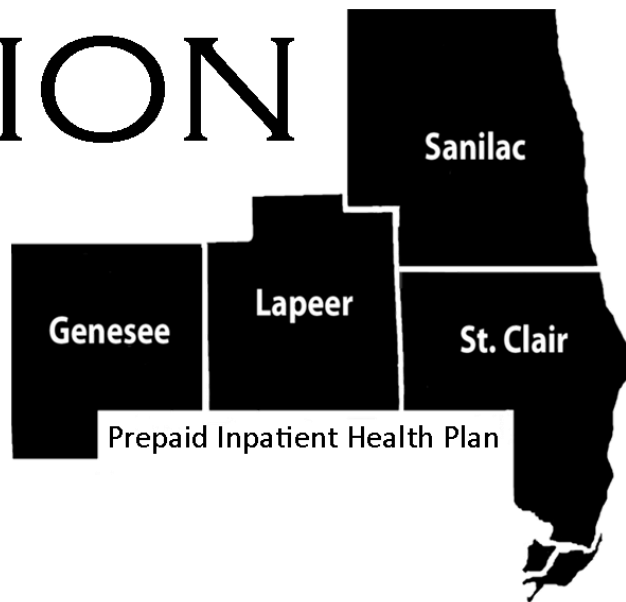


# REGION

# 10



Recovery Self-Assessment Survey Report

FISCAL YEAR 2023

**Region 10 Prepaid Inpatient Health Plan (PIHP)  
Recovery Self-Assessment (RSA) Survey Report Fiscal Year (FY) 2023  
June 2023**

***Introduction***

The Recovery Self-Assessment-Revised (RSA-R) survey was recommended by the Michigan Department of Health and Human Services (MDHHS) to assess the PIHP's efforts to achieve a Recovery-Oriented System of Care (ROSC). The RSA-R is designed to measure the degree to which programs implement recovery-oriented practices. It is a self-reflective tool used to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care. It is intended for use with programs/services for adults who have been diagnosed with a Serious Mental Illness (SMI), Co-occurring Disorders (COD), or Substance Use Disorder (SUD).

Information in this report should be used to support discussions to improve recovery-oriented practices and help program staff and persons in recovery identify practices in their behavioral health agency that facilitate or impede recovery.

The RSA-R survey is administered simultaneously in three separate versions. The three versions are: the Person in Recovery Survey, the Provider Staff Survey, and the Administrator / Manager Survey.

Each survey includes questions which address the following six domains:

- Life Goals (Questions 3, 7-9, 12, 16-18, 28, 31, 32)
  - How the provider encourages persons in recovery to pursue individual goals and interests
- Involvement (Questions 22-25, 29, 33, 34)
  - How the provider involves the persons in recovery in their recovery process
- Diversity of Treatment (Questions 14, 15, 20, 21, 26, 35, 36)
  - How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery
- Choice (Questions 4-6, 10, 27)
  - How the provider considers the preferences and choices of persons in recovery during the recovery process
- Individually Tailored Services (Questions 11, 13, 19, 30)
  - How the provider helps persons in recovery tailor their treatment programs to their individual needs
- Inviting Space (Questions 1-2)
  - How welcoming the facility and its staff are to the persons in recovery

The questions for each survey are attached in the appendix section of this report.

## ***Methodology***

The RSA-R surveys were administered between February 27 – March 17, 2023 via Survey Monkey. To collect information from Persons in Recovery, the RSA-R survey was administered to individuals aged 18 years or older, who have Serious Mental Illness (SMI), Co-occurring Disorders (COD) and/or Substance Use Disorder (SUD) and received services during the three-week period between February 27 – March 17, 2023 within the Region 10 PIHP Community Mental Health Service Program (CMHSP) network and SUD Provider network. Surveys for Persons in Recovery could be completed individually, in groups, or with peer assistance.

The Provider Staff survey was administered to direct providers of service. Direct Providers are defined as those for whom 50% or more of their time is spent providing direct service to consumers. The Administrator / Manager survey was administered to supervisor level staff and above. Administrators / Managers are defined as those for whom less than 50% of their time is spent providing direct services.

The RSA-R surveys utilized Survey Monkey's collector features. A Quick Response (QR) Code was created for completion of the surveys in 2023. Each CMHSP and SUD Provider was given the option to use their preferred method for administering the survey. If the Survey Monkey QR Code was utilized, the survey would automatically submit data to Survey Monkey upon completion. If paper forms were utilized, it was the responsibility of the provider to input the data into Survey Monkey software via a link created by the PIHP. All surveys were anonymous.

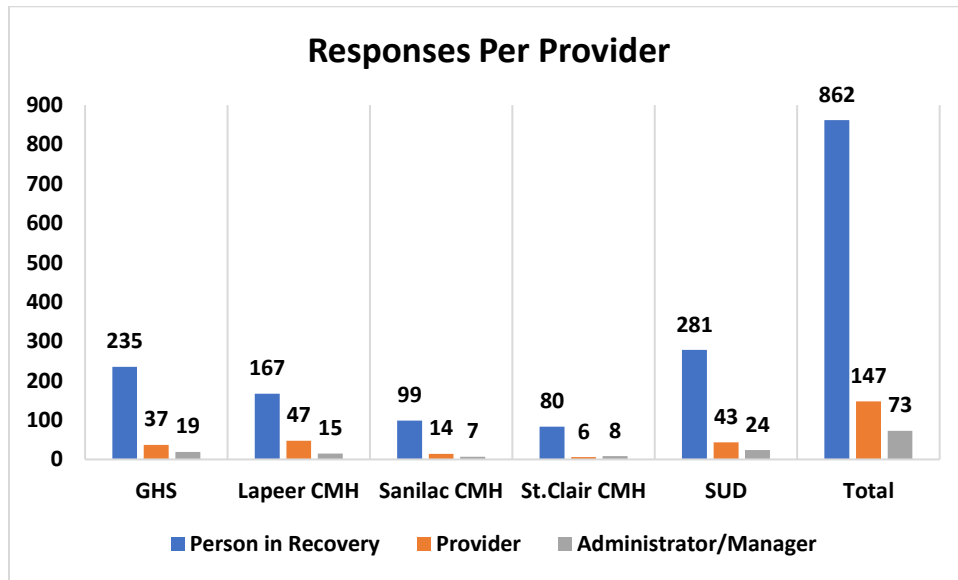
Each question on the RSA-R Survey was scored using a 5-point Likert Scale which ranged from 1, "Strongly Disagree", to 5, "Strongly Agree". In addition to the Likert Scale, respondents could choose "Not Applicable" or "Don't Know" for any survey question. In this report, "Not Applicable" and "Don't Know" responses are excluded from the results. The scores presented on the following pages are the average scores per domain and respondent type.

Likert Scale response options for each item, on all versions of the survey, include:

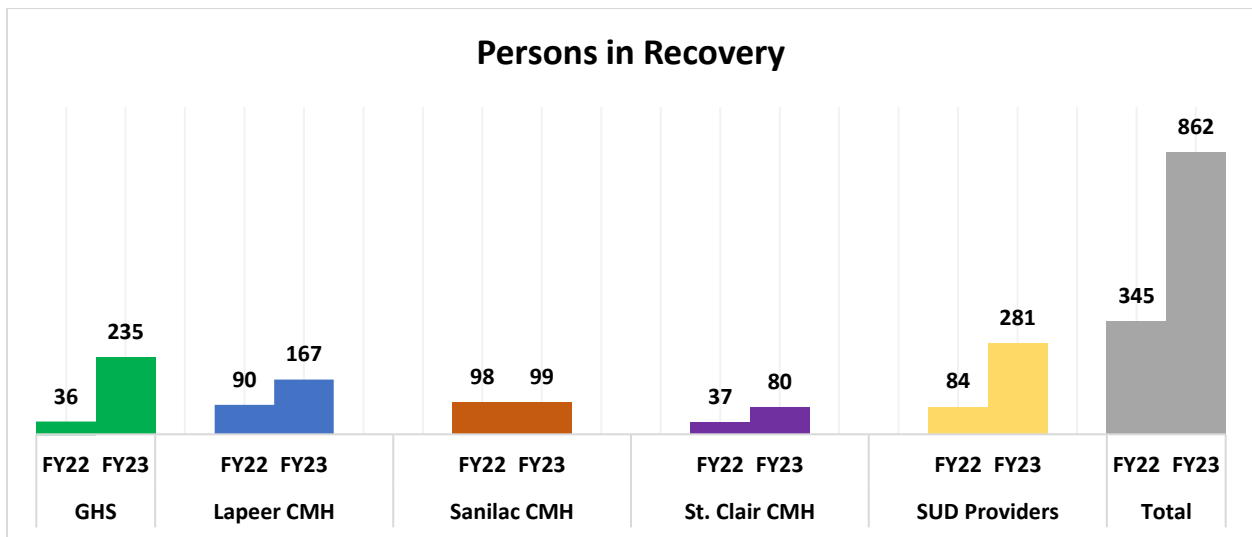
- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly Agree
- N/A – Not Applicable
- D/K – Don't Know

## Region 10 Survey Results

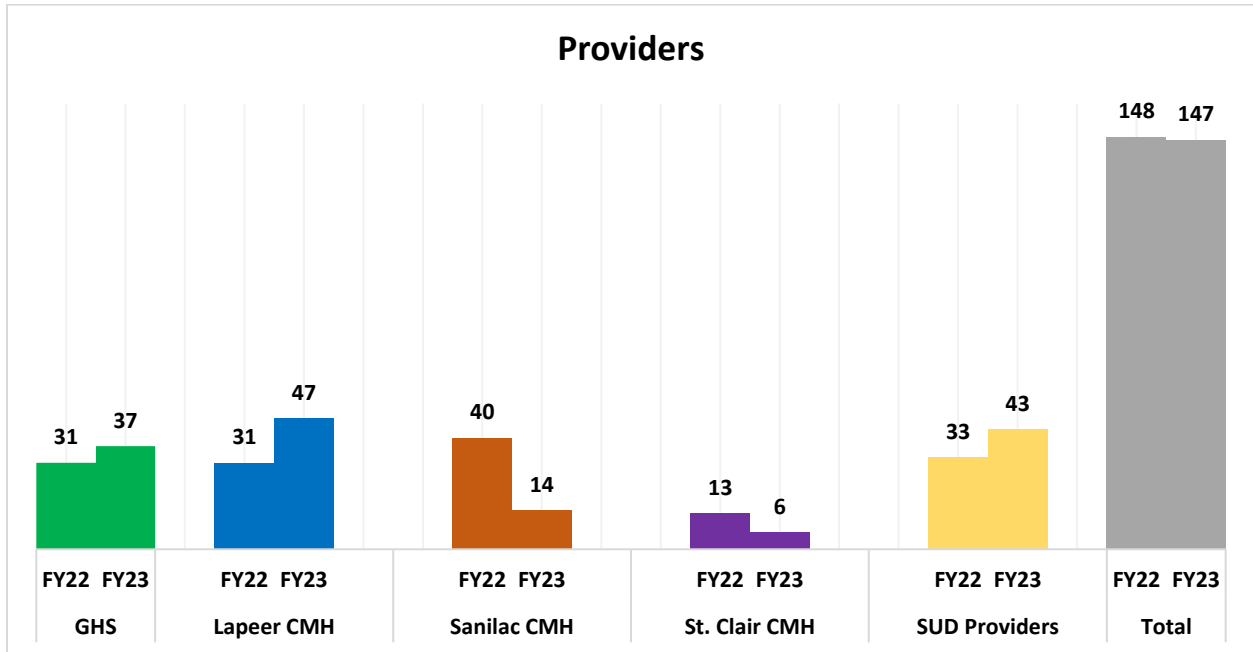
The RSA-R survey was administered by each of Region 10 PIHP’s CMHSP affiliates and SUD Providers. All results were analyzed via the survey collection tool. A total of 1,082 surveys were completed overall during the FY2023 survey administration period. Trend analysis compared FY2023 data to past RSA survey data to show longitudinal change. The graph below shows a break-out of the number of surveys completed by provider, when identified.



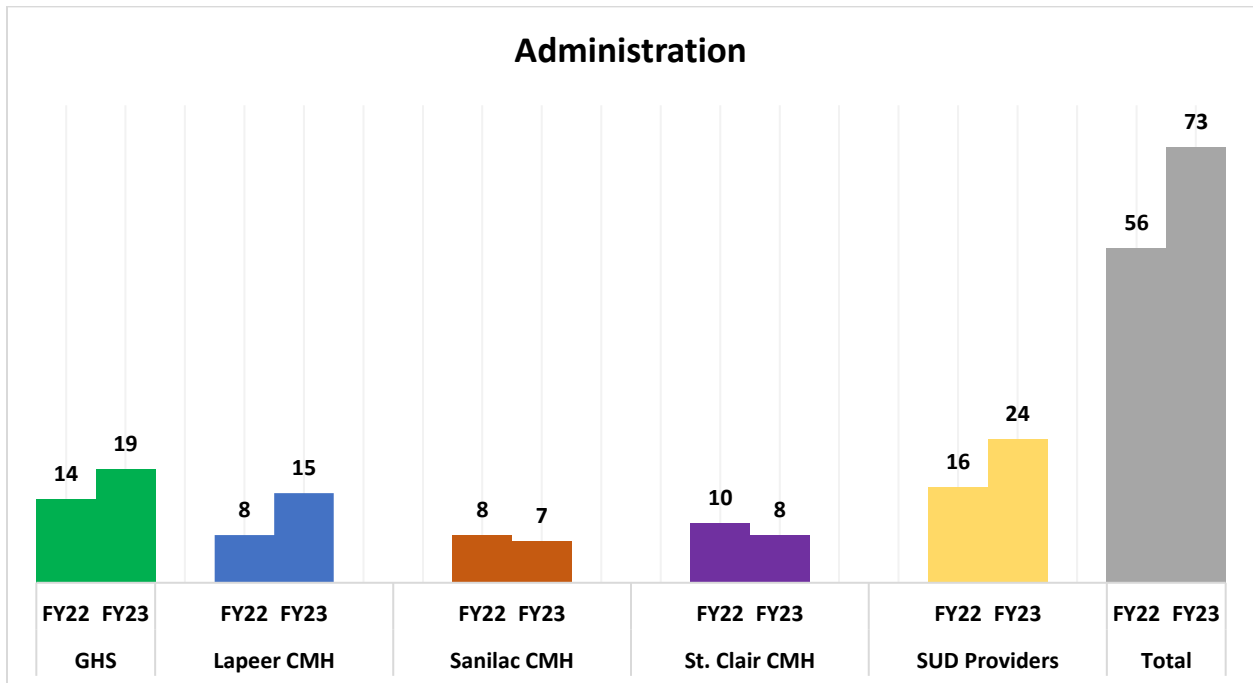
The total respondents increased significantly over the previous fiscal year. Survey totals increased across the board for persons served. The following charts illustrate a comparison of FY2022 and FY2023 for each survey type. Note that SUD survey data was not broken down by Provider in past years, so no SUD Provider-specific comparison information is available. Charts only represent the SUD network as a whole.



Provider surveys did not follow the same trend. GHS, Lapeer CMH, and the SUD community saw more participation, while numbers decreased for Sanilac CMH and St. Clair CMH.



Administration trended similarly to direct service Providers, with the same individual Provider increases and decreases noted.

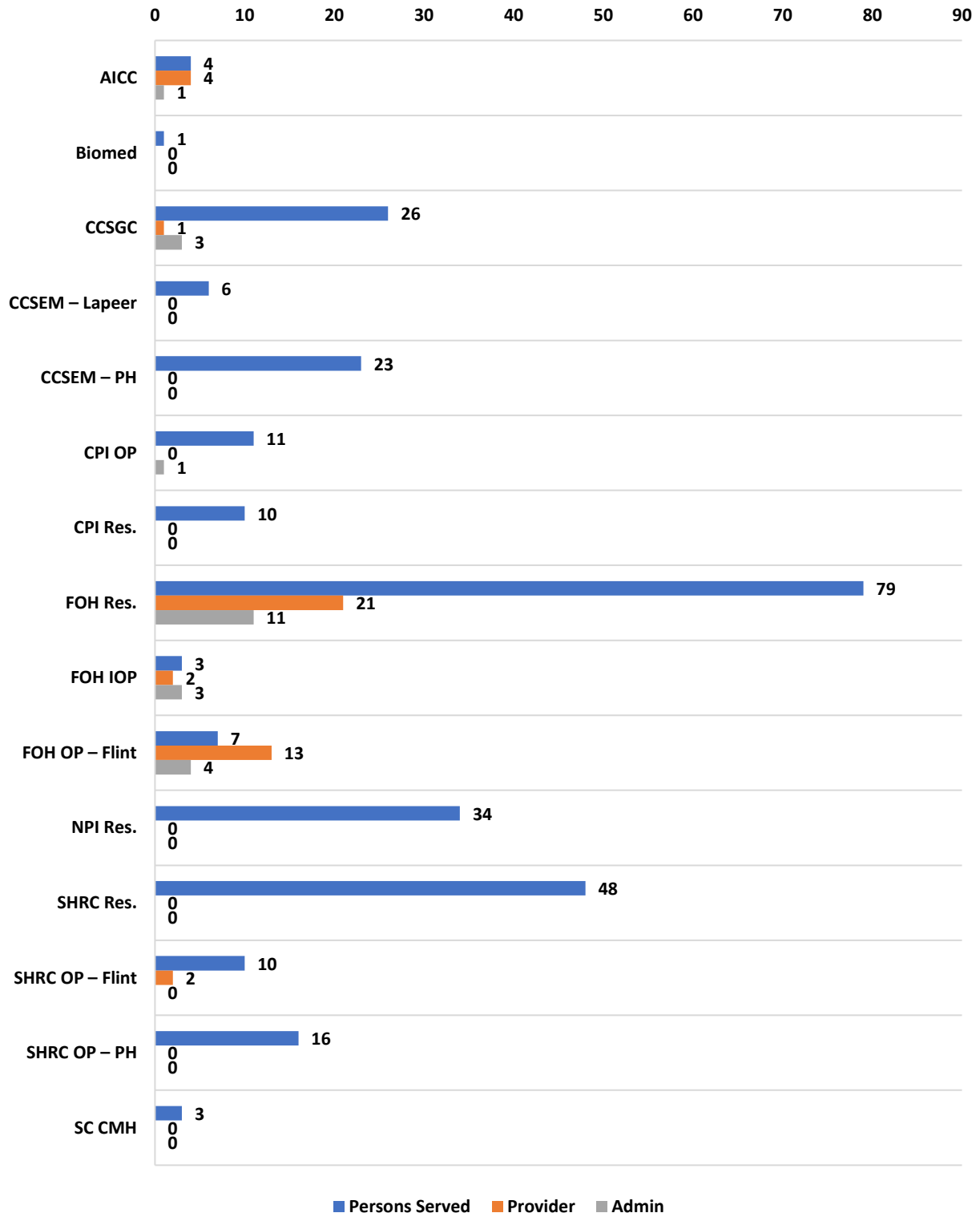


The graph on the following page shows a break-out of the number of surveys completed in FY2023 by SUD Providers, further broken down by program type. Note that this is not an exhaustive list of SUD Providers in Region 10; rather, it only includes those Providers which were represented by at least one survey from at least one of the three groups.

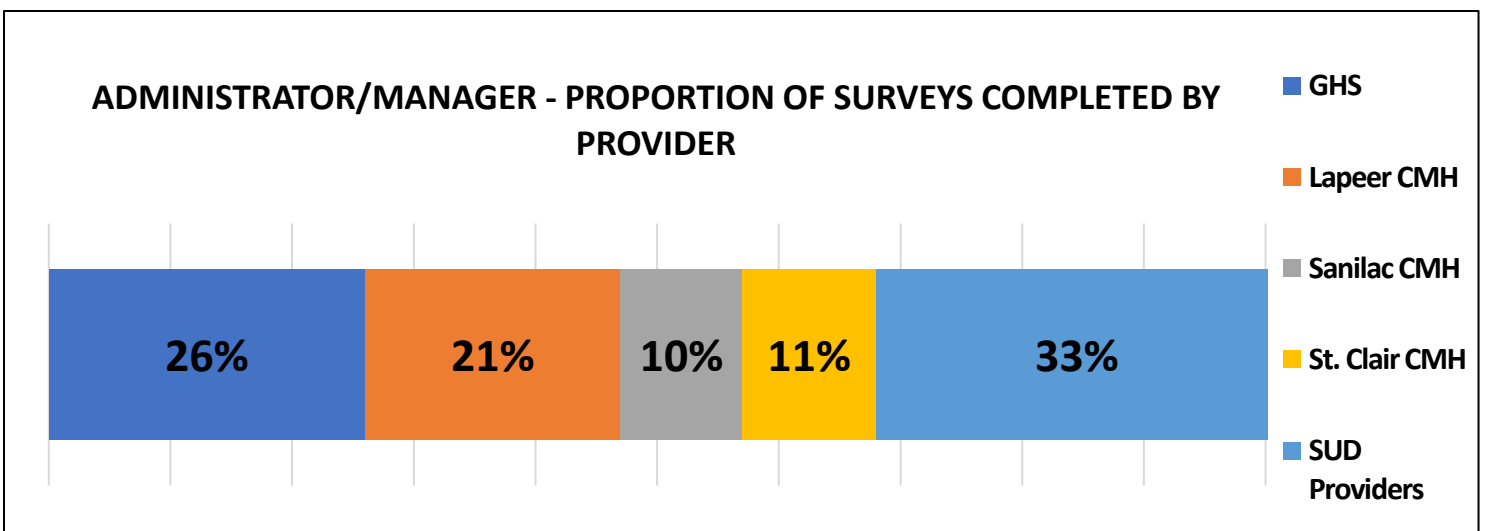
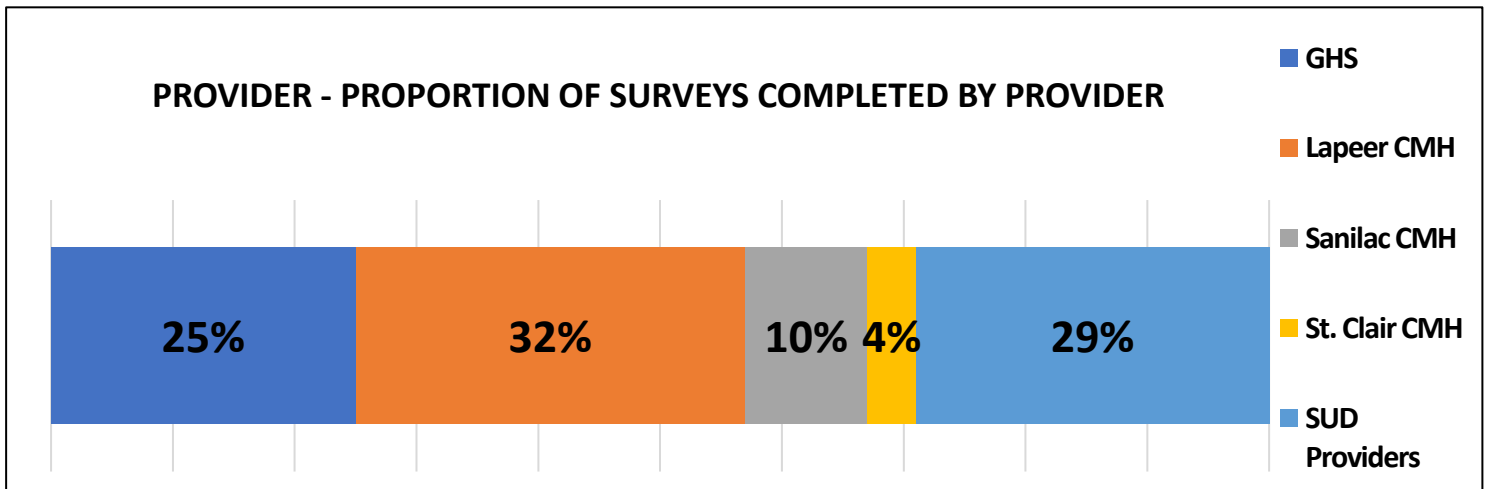
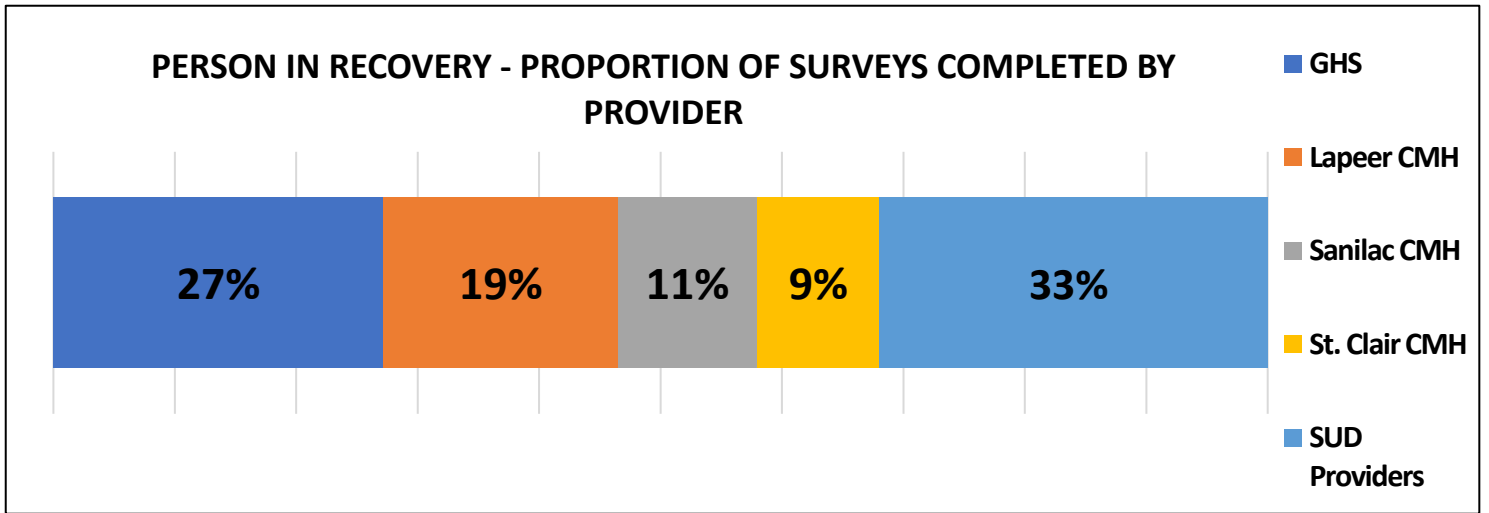
The abbreviation coding found on the following pages for participating SUD Providers is as follows:

AICC	Alcohol Information & Counseling Center (AICC)
Biomed	Biomed Behavioral Healthcare
CCSGC	Catholic Charities of Shiawassee and Genesee Counties
CCSEM – Lapeer	Catholic Charities of Southeast Michigan - Lapeer
CCSEM – PH	Catholic Charities of Southeast Michigan - Port Huron
CPI OP	Community Programs Inc. (CPI) Outpatient Flint
CPI Res.	Community Programs Inc. (CPI) Residential
FOH Res.	Flint Odyssey House (FOH) Residential
FOH IOP	Flint Odyssey House (FOH) Intensive Outpatient
FOH OP – Flint	Flint Odyssey House (FOH) Outpatient Flint
NPI Res.	New Paths (NPI) Residential
SHRC Res.	Sacred Heart Rehabilitation Center (SCRC) Residential
SHRC OP – Flint	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint
SHRC OP – PH	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron
SC CMH	St. Clair County Community Mental Health

## Responses Per SUD Provider



The charts below show the proportion of surveys completed by each provider for the three survey versions.



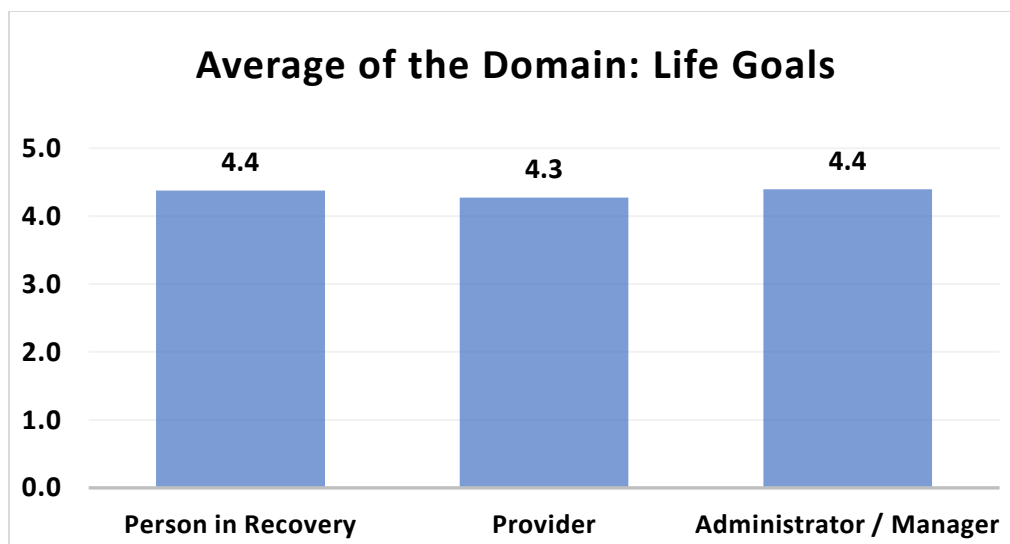
The following pages break the survey down by Domain.



## Domain: Life Goals

*How the provider encourages persons in recovery to pursue individual goals and interests*

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q3:</b> Staff encourage program participants to have hope and high expectations for their recovery.	4.6	4.6	4.7
<b>Q7:</b> Staff believe in the ability of program participants to recover.	4.7	4.6	4.7
<b>Q8:</b> Staff believe that program participants have the ability to manage their own symptoms.	4.4	3.9	4.0
<b>Q9:</b> 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.	4.5	4.2	4.0
<b>Q12:</b> Staff encourage program participants to take risks and try new things.	4.2	4.2	4.0
<b>Q16:</b> 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).	4.5	4.5	5.0
<b>Q17:</b> Staff routinely assist program participants with getting jobs.	3.9	4.0	4.0
<b>Q18:</b> Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	4.1	4.3	4.7
<b>Q28:</b> The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	4.5	4.5	4.7
<b>Q31:</b> Staff are knowledgeable about special interest groups and activities in the community.	4.3	4.2	4.0
<b>Q32:</b> Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	4.4	4.1	4.7



## Domain: Life Goals - Provider Breakdown

How the provider encourages persons in recovery to pursue individual goals and interests

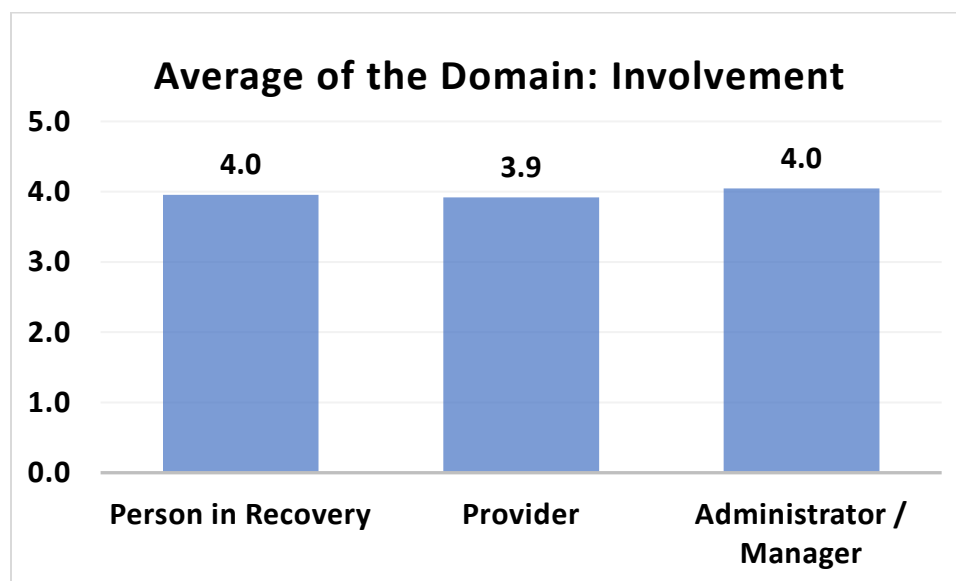
(Averages noted with an asterisk\* indicate n < 5)

	Providers	Person in Recovery	Provider Staff	Administrator / Manager
<b>CMHSPs</b>	GHS	4.3	4.4	4.3
	Lapeer CMH	4.6	4.2	4.2
	Sanilac CMH	4.5	4.2	4.4
	St. Clair CMH	4.6	4.4	4.3
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	4.8*	4.6*	4.1*
	Biomed Behavioral Healthcare	3.7*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	4.3	4.5*	4.1*
	Catholic Charities of Southeast Michigan - Lapeer	4.6	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	4.1	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.8	N/A	4.3*
	Community Programs Inc. (CPI) Residential	4.5	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.8	4.1	4.3
	Flint Odyssey House (FOH) Intensive Outpatient	4.3*	4.4*	4.1*
	Flint Odyssey House (FOH) Outpatient Flint	4.5	4.2	4.1*
	New Paths (NPI) Residential	3.9	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	4.2	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.5	4.5*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.9	N/A	N/A
St. Clair County Community Mental Health	4.7*	N/A	N/A	

## Domain: Involvement

How the provider involves the persons in recovery in their recovery process

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q22:</b> Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	4.0	4.0	4.3
<b>Q23:</b> People in recovery are encouraged to help staff with the development of new groups, programs, or services.	3.9	4.0	4.0
<b>Q24:</b> People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	4.2	4.2	4.7
<b>Q25:</b> People in recovery are encouraged to attend agency advisory boards and management meetings.	3.7	3.8	4.0
<b>Q29:</b> Persons in recovery are involved with facilitating staff trainings and education at this program.	3.9	3.6	4.0
<b>Q33:</b> This agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. <i>(Administrators Only)</i>	N/A	N/A	4.3
<b>Q34:</b> This agency provides structured educational activities to the community about mental illness and addictions. <i>(Administrators Only)</i>	N/A	N/A	3.0



## Domain: Involvement - Provider Breakdown

How the provider involves the persons in recovery in their recovery process

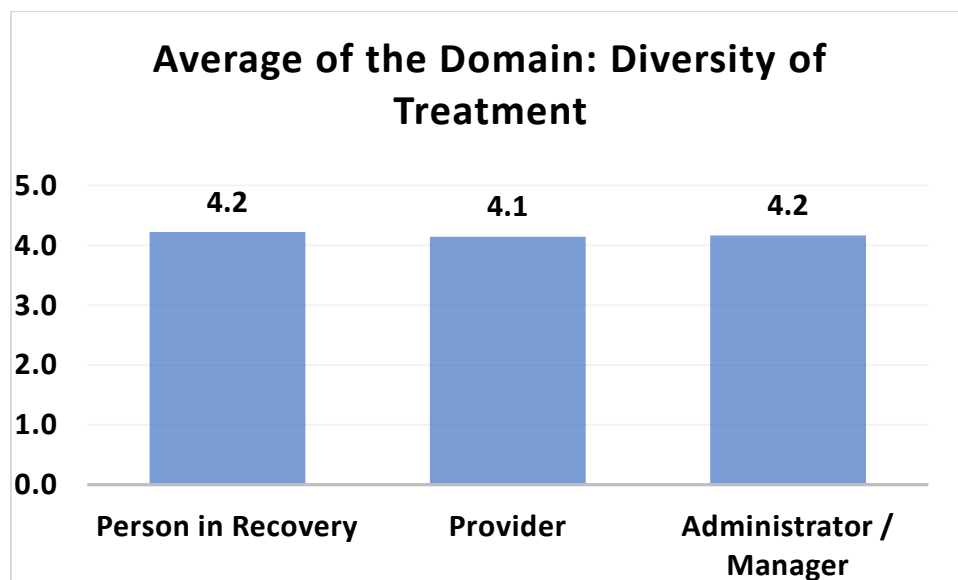
(Averages noted with an asterisk\* indicate  $n < 5$ )

	Providers	Person in Recovery	Provider Staff	Administrator / Manager
<b>CMHSPs</b>	GHS	3.9	4.0	3.7
	Lapeer CMH	4.3	3.9	3.7
	Sanilac CMH	4.3	4.0	4.1
	St. Clair CMH	4.2	4.1	4.1
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	4.0*	4.0*	3.5*
	Biomed Behavioral Healthcare	3.5*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	3.0	3.6*	3.2*
	Catholic Charities of Southeast Michigan - Lapeer	4.2	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	3.8	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.8	N/A	4.4*
	Community Programs Inc. (CPI) Residential	4.2	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.3	3.7	4.1
	Flint Odyssey House (FOH) Intensive Outpatient	4.3*	3.7*	4.0*
	Flint Odyssey House (FOH) Outpatient Flint	4.3	3.7	3.7*
	New Paths (NPI) Residential	2.7	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	3.9	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.1	4.5*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.8	N/A	N/A
St. Clair County Community Mental Health	5*	N/A	N/A	

## Domain: Diversity of Treatment

*How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery*

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q14:</b> Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	4.4	4.2	5.0
<b>Q15:</b> Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	4.0	3.8	4.5
<b>Q20:</b> Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	4.2	4.0	4.0
<b>Q21:</b> Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	4.4	4.3	4.7
<b>Q26:</b> Staff talk with program participants about what it takes to complete or exit the program.	4.2	4.4	4.7
<b>Q35:</b> 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.). <i>(Administrators Only)</i>	N/A	N/A	3.0
<b>Q36:</b> 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. <i>(Administrators Only)</i>	N/A	N/A	3.0



## Domain: Diversity of Treatment - Provider Breakdown

*How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery*

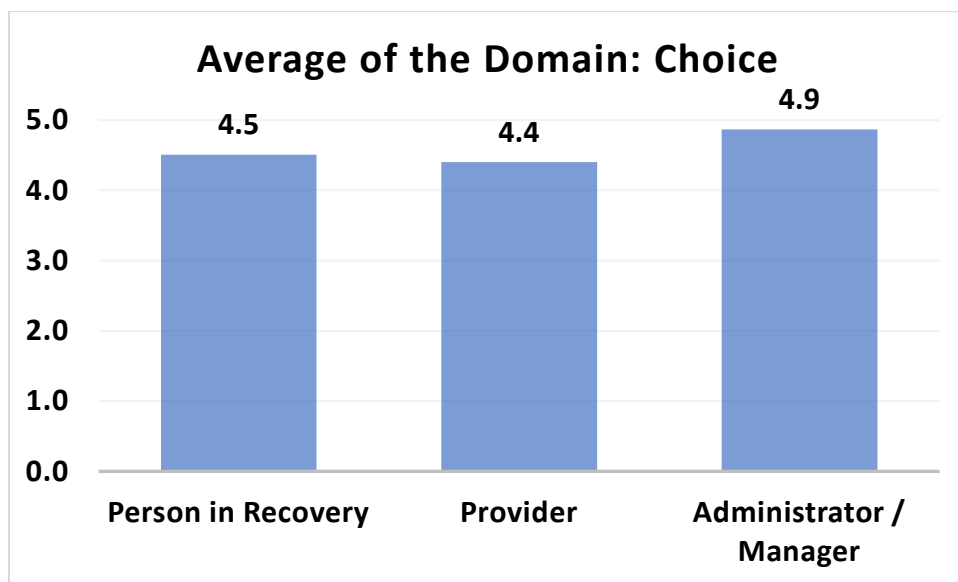
*(Averages noted with an asterisk\* indicate n < 5)*

	<b>Providers</b>	<b>Person in Recovery</b>	<b>Provider Staff</b>	<b>Administrator / Manager</b>
<b>CMHSPs</b>	GHS	4.1	4.3	3.9
	Lapeer CMH	4.5	4.1	3.8
	Sanilac CMH	4.4	4.1	4.2
	St. Clair CMH	4.4	4.1	4.0
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	4.3*	4.5*	4.2*
	Biomed Behavioral Healthcare	4.0*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	4.4	4.2*	4.2*
	Catholic Charities of Southeast Michigan - Lapeer	4.7	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	3.9	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.7	N/A	5*
	Community Programs Inc. (CPI) Residential	4.7	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.5	4.0	4.3
	Flint Odyssey House (FOH) Intensive Outpatient	4*	4.2*	4.3*
	Flint Odyssey House (FOH) Outpatient Flint	4.4	4.1	4.0
	New Paths (NPI) Residential	3.8	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	4.2	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.1	4.3*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.8	N/A	N/A
	St. Clair County Community Mental Health	4.2*	N/A	N/A

## Domain: Choice

*How the provider considers the preferences and choices of persons in recovery during the recovery process*

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q4:</b> Program participants can change their clinician or case manager if they wish.	4.4	4.3	5.0
<b>Q5:</b> Program participants can easily access their treatment records if they wish.	4.4	4.3	4.7
<b>Q6:</b> Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	4.6	4.6	5.0
<b>Q10:</b> Staff listen to and respect the decisions that program participants make about their treatment and care.	4.6	4.4	5.0
<b>Q27:</b> Progress made towards an individual's own personal goals is tracked regularly.	4.5	4.5	4.7



## Domain: Choice - Provider Breakdown

How the provider considers the preferences and choices of persons in recovery during the recovery process

(Averages noted with an asterisk\* indicate n < 5)

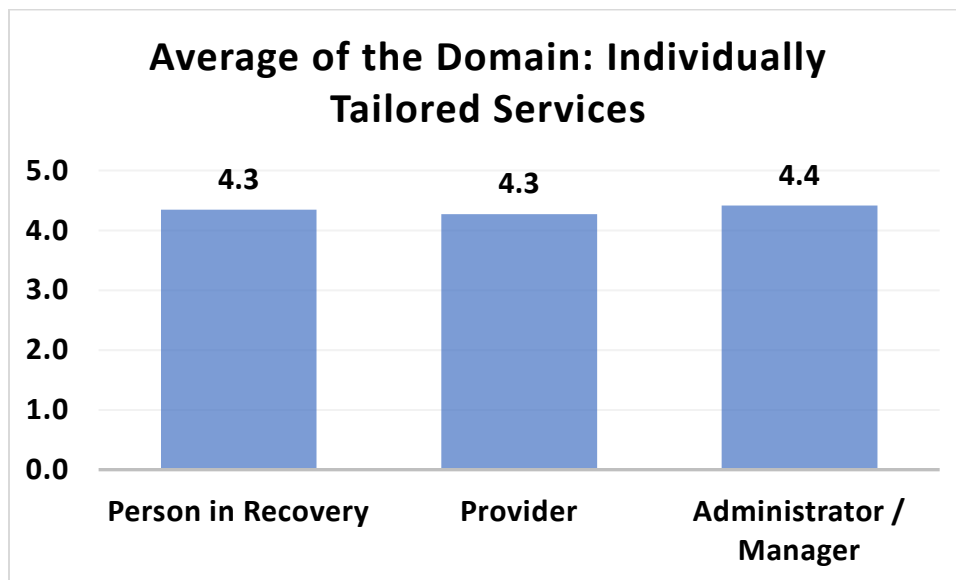
	Providers	Person in Recovery	Provider Staff	Administrator / Manager
<b>CMHSPs</b>	GHS	4.5	4.5	4.5
	Lapeer CMH	4.7	4.3	4.4
	Sanilac CMH	4.6	4.4	4.6
	St. Clair CMH	4.8	4.7	4.5
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	4.8*	5.0	4.2
	Biomed Behavioral Healthcare	4.0*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	4.8	5.0*	4.5*
	Catholic Charities of Southeast Michigan - Lapeer	4.6	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	4.2	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.9	N/A	4.6*
	Community Programs Inc. (CPI) Residential	4.6	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.9	4.2	3.8
	Flint Odyssey House (FOH) Intensive Outpatient	3.6*	4.4*	4.3*
	Flint Odyssey House (FOH) Outpatient Flint	4.7	4.3	4.3*
	New Paths (NPI) Residential	4.0	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	4.3	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.8	4.6*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.9	N/A	N/A
	St. Clair County Community Mental Health	4.1*	N/A	N/A



## Domain: Individually Tailored Services

*How the provider helps persons in recovery tailor their treatment programs to their individual needs*

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q11:</b> Staff regularly ask program participants about their interests and the things they would like to do in the community.	4.3	4.3	4.3
<b>Q13:</b> This program offers specific services that fit each participant's unique culture and life experiences.	4.3	4.1	4.0
<b>Q19:</b> 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).	4.4	4.3	5.0
<b>Q30:</b> Staff at this program regularly attend trainings on cultural competency.	4.4	4.4	4.3



## Domain: Individually Tailored Services - Provider Breakdown

How the provider helps persons in recovery tailor their treatment programs to their individual needs

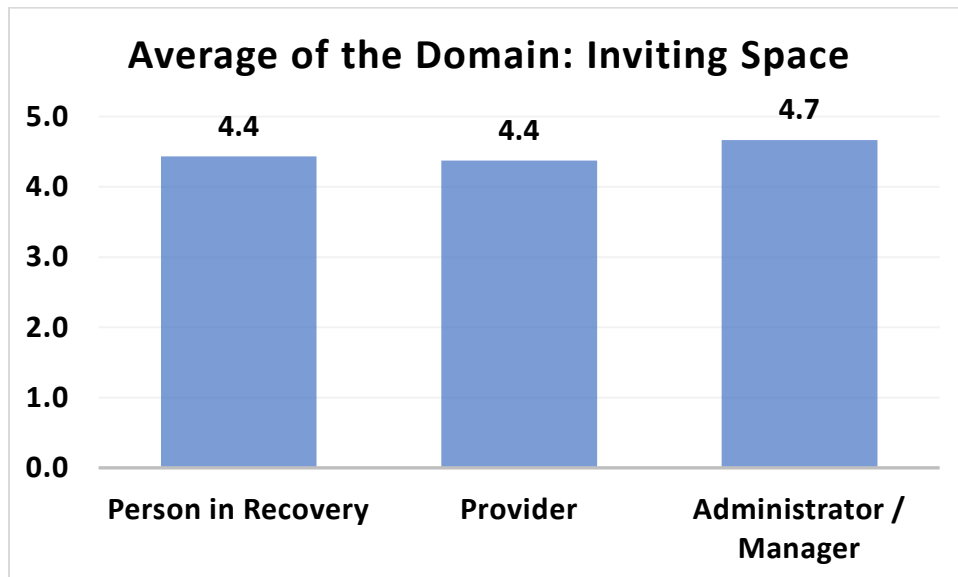
(Averages noted with an asterisk\* indicate n < 5)

	Providers	Person in Recovery	Provider Staff	Administrator / Manager
<b>CMHSPs</b>	GHS	4.4	4.5	4.4
	Lapeer CMH	4.6	4.1	4.2
	Sanilac CMH	4.5	4.2	4.4
	St. Clair CMH	4.7	4.4	4.2
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	4.8*	4.8*	4.0*
	Biomed Behavioral Healthcare	4.0*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	4.4	4.0*	4.1*
	Catholic Charities of Southeast Michigan - Lapeer	4.5	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	4	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.8	N/A	4.8*
	Community Programs Inc. (CPI) Residential	4.7	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.4	4.1	4.0
	Flint Odyssey House (FOH) Intensive Outpatient	4.3*	4.4*	4.3*
	Flint Odyssey House (FOH) Outpatient Flint	4.5	4.1	3.5*
	New Paths (NPI) Residential	3.7	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	4.2	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.5	4.5*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.8	N/A	N/A
St. Clair County Community Mental Health	4.2*	N/A	N/A	

## Domain: Inviting Space

*How welcoming the facility and its staff are to the persons in recovery*

	Person in Recovery	Provider Staff	Administrator / Manager
<b>Q1:</b> Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.	4.7	4.6	4.7
<b>Q2:</b> This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	4.2	4.1	4.7



## Domain: Inviting Space - Provider Breakdown

How welcoming the facility and its staff are to the persons in recovery

(Averages noted with an asterisk\* indicate n < 5)

	Providers	Person in Recovery	Provider Staff	Administrator / Manager
<b>CMHSPs</b>	GHS	4.4	4.4	4.3
	Lapeer CMH	4.6	4.3	4.4
	Sanilac CMH	4.5	4.3	4.5
	St. Clair CMH	4.7	4.3	4.4
<b>SUD Provider Network</b>	Alcohol Information & Counseling Center (AICC)	5*	4.9*	5*
	Biomed Behavioral Healthcare	4*	N/A	N/A
	Catholic Charities of Shiawassee and Genesee Counties	4.8	5*	5*
	Catholic Charities of Southeast Michigan - Lapeer	4.8	N/A	N/A
	Catholic Charities of Southeast Michigan - Port Huron	4.4	N/A	N/A
	Community Programs Inc. (CPI) Outpatient Flint	4.8	N/A	5
	Community Programs Inc. (CPI) Residential	4.9	N/A	N/A
	Flint Odyssey House (FOH) Residential	3.7	4.4	4.3
	Flint Odyssey House (FOH) Intensive Outpatient	4.3*	4.5*	4.2*
	Flint Odyssey House (FOH) Outpatient Flint	4.4	4.4	3.5*
	New Paths (NPI) Residential	3.7	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Residential	4.5	N/A	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Flint	4.6	3.5*	N/A
	Sacred Heart Rehabilitation Center (SCRC) Outpatient - Port Huron	4.8	N/A	N/A
St. Clair County Community Mental Health	4.7*	N/A	N/A	

## ***Longitudinal Analysis***

The tables below demonstrate the average rating for each domain over time for each RSA survey.

### **Person in Recovery**

<b>Domain</b>	<b>FY2020</b>	<b>FY2021</b>	<b>FY2022</b>	<b>FY2023</b>
Life Goals	4.2	4.2	4.4	4.4
Involvement	3.8	3.7	4.1	4.0
Diversity of Treatment	4.0	4.0	4.3	4.2
Choice	4.3	4.3	4.5	4.5
Individually Tailored Services	4.1	4.1	4.4	4.3
Inviting Space	4.3	4.3	4.5	4.6

### **Provider Staff**

<b>Domain</b>	<b>FY2020</b>	<b>FY2021</b>	<b>FY2022</b>	<b>FY2023</b>
Life Goals	4.3	4.4	4.2	4.3
Involvement	3.9	3.9	3.8	3.9
Diversity of Treatment	4.2	4.2	4.1	4.1
Choice	4.4	4.4	4.3	4.4
Individually Tailored Services	4.3	4.2	4.2	4.3
Inviting Space	4.4	4.4	4.4	4.4

### **Administrator / Manager**

<b>Domain</b>	<b>FY2020</b>	<b>FY2021</b>	<b>FY2022</b>	<b>FY2023</b>
Life Goals	4.4	4.4	4.3	4.4
Involvement	4.1	4.0	4.0	4.0
Diversity of Treatment	4.3	4.1	4.2	4.2
Choice	4.5	4.4	4.5	4.9
Individually Tailored Services	4.3	4.3	4.3	4.4
Inviting Space	4.5	4.4	4.4	4.7

## Summary of Findings / Discussion:

Overall, the RSA-R survey percentages reveal that program implementation of a Recovery-Oriented System of Care is in place throughout the Region 10 CMHSP network and SUD Provider network. Across these findings, in both questions and domains, assessments of the Recovery-Oriented System of Care are in the positive range (agree / strongly agree categories).

Response totals increased in FY2023. The number of Persons in Recovery completing a survey went up from 345 in FY2022 to 862 in FY2023 (150%). Persons in Recovery receiving services by an SUD Provider accounted for 281 of the 862 responses for the Persons in Recovery respondent type (33%). Response totals by CMHSP vary across the region. As the largest CMHSP within the region, GHS had the highest response total for the Person in Recovery survey with 235 of 862 responses (27%), which is a significant increase since FY2022 in which they had the lowest percentage of respondents. Lapeer CMH had the next highest response total for the Person in Recovery survey with 167 of 862 responses (19%). St. Clair CMH had the lowest number of responses from Persons in Recovery with 80 of 862 (9%). This percentage was not significantly different from FY2022. Rounding out the CMHSPs in the Region, at Sanilac CMH, 99 surveys were completed by Persons in Recovery (11%).

In terms of surveys completed by staff, a total of 147 surveys were submitted by direct service Providers (a decrease of one (1) over FY2022) and 73 by Management/Administration (an increase of 17 over FY2022). With 47 respondents, Lapeer CMH accounted for the greatest percentage of Provider surveys (32%). St. Clair CMH had the lowest response total for Provider with six (6) out of 147 (4%). In the Administrator / Manager group, GHS had the highest response total with 19 out of 73 (26%). Sanilac CMH had the lowest number of Administrator / Manager respondents with seven (7; 10%).

In FY2022, the implementation of the Survey Monkey QR Code collector was intended to improve participation for the Persons in Recovery survey by providing a convenient method of distribution. However, use of this mechanism was not tracked. In FY2023, the provision was continued, and a question regarding how one accessed the survey was added in order to measure its use. Only eight (8) Persons in Recovery indicated utilization of the QR code, four (4) Provider direct care staff, and zero (0) Administrators / Managers. Among Persons in Recovery, the most popular method used was a paper survey, representing 770 of 862 surveys (89%).

When reviewing average scores by respondent type, the **Involvement** domain (*How the provider involves the Persons in Recovery in their recovery process*) scored lowest of all domains for all respondent types. This domain continues to be the lowest scoring domain each year since FY2019 across all three respondent types.

Looking at average results for each domain in FY2020 through FY2023, the domain **Choice** (*How the provider considers the preferences and choices of Persons in Recovery during the recovery process*) is one of the highest scoring domains across all respondent types each year. This is followed by **Inviting Space** (*How welcoming the facility and its staff are to the Persons in Recovery*), which also scored highest for Person in Recovery all four years, Provider Staff three out of four years, and Administrator/Managers three out of four years. Persons in Recovery average survey results show the highest scores in the **Choice** domain with a 4.5 average and the **Inviting Space** domain also with a 4.5 average score for FY2023. The average survey results in FY2023 for Providers showed the highest results in the **Choice** and **Inviting Space** domains, with 4.4 for each. The average survey results in FY2023 for Administrator / Manager also scored highest in **Choice** and **Inviting Space** domains, with 4.9 and 4.7 respectively.

Administrator / Manager results reveal slightly higher scores when compared to Persons in Recovery and Provider Staff surveys in many domains. When reviewing the average of each domain, the averages for Administrator / Manager were higher than or equal to the average of each domain reported for the Provider and Persons in Recovery. This is a new pattern. In the past several years, the Administrator / Manager group has averaged each domain equal to or less than Persons in Recovery. Across domains, Persons in Recovery scored each domain equal to or less than FY2022 scores, with the exception of **Inviting Space**, which was scored higher. In contrast, Provider Staff as well as Administrator / Manager scored each domain equal to or higher than FY2022 scores.

There were notable findings observed within each domain. For the **Life Goals** domain (*How the provider encourages persons in recovery to pursue individual goals and interests*), **Question 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).*), Administration scored the item at 5.0, while both Persons in Recovery and Providers scored it a 4.5. This may indicate that administration perceives life planning is fully taking place while both Persons in Recovery and Providers feel that more could be done. When looking across the provider network, the SUD community average lower for this domain than the CMHSPs. However, this is not seen at each individual provider. For example, Persons in Recovery receiving services at Biomed scored this item the lowest with a 3.7 average, but the highest average was also found in the SUD Network with a 4.9 from Sacred Heart Rehabilitation Center Outpatient – Port Huron.

In the **Involvement** domain (*How the provider involves the persons in recovery in their recovery process*), all groups were in agreement on both the highest scored and lowest scored questions. However, scores varied significantly within that distinction. For **Question 24** (*People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.*), all 3 ranked this the highest, but Persons in Recovery scored it a 4.2 while the Administrator/Manager group scored it a 4.7. For **Question 29** (*Persons in recovery are involved with facilitating staff trainings and education at this program.*), all 3 groups agreed that this was the lowest. Persons in Recovery and Administrators / Managers were nearly in agreement with respective scores of 3.9 and 4.0, but Provider staff scored this item much lower at a 3.6. Provider breakdowns show some disparity among groups. For example, among the CMHSPs, Persons in Recovery scored this item the highest at Lapeer CMH with a 4.3. Meanwhile, Administrators /Managers at Lapeer CMH scored this domain the lowest among the CMHSPs with a 3.7. The SUD network shows a large range, with Persons in Recovery at St. Clair CMH for SUD services averaging 5.0 for this domain. Of note, the sample size for this population is only three (3). The lowest score is found from New Paths Residential Persons in Recovery, whose scores averaged 2.7 for this domain.

For the **Diversity of Treatment** domain (*How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery*), the Administrator / Manager group scored **Question 14** (*Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.*) with a 5.0. However, Persons in Recovery averaged 4.4 and Providers 4.2. Interesting to note, Administrators / Managers scored **Questions 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*) with a 3.0. These are their lowest average scores overall, and these two questions are only given to that particular group. A similar disparity is noted to the previous domain within the CMHSP network. Persons in Recovery at Lapeer CMH gave an average score of 4.5 which is the highest among

CMHSPs. However, Administrators / Managers at Lapeer CMH scored this domain a 3.8, the lowest of the CMHSPs. SUD Providers show the lowest score from Persons in Recovery at Flint Odyssey House (FOH) Residential with a 3.5 average. Providers and Administrators / Managers at FOH Residential averaged 4.0 and 4.3 respectively.

In the domain of **Choice** (*How the provider considers the preferences and choices of persons in recovery during the recovery process*), the Administrator / Manager group scored three (3) questions with a 5.0 average. These were **Questions 4** (*Program participants can change their clinician or case manager 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.*). Persons served and Providers were in agreement with **Question 6** ranking the highest, but at a 4.6 average each. Provider breakdowns at the CMHSPs show St. Clair CMH scoring the highest in this domain, with Persons in Recovery, Providers, and Administrators / Managers each averaging higher within their respective groups than other CMHSPs (4.7, 4.7, and 4.5 respectively). A disparity is noted among SUD providers. For FOH Intensive Outpatient (IOP), Persons in Recovery scored this domain an average of 3.6, the lowest found across the board. However, Providers and Administrators / Managers from FOH IOP scored this domain with a respective 4.4 and 4.3.

In the **Individually Tailored Services** domain (*How the provider helps persons in recovery tailor their treatment programs to their individual needs*), all three groups ranked **Question 13** (*This program offers specific services that fit each participant's unique culture and life experiences.*) the lowest. This indicates agreement across the board that programs could offer more unique services. For **Question 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).*), Administrators / Managers averaged a 5.0 score. However, this question was only scored an average of 4.4 and 4.3 by Persons in Recovery and Providers, respectively. In terms of the network breakdown, there is a significant difference noted. For Persons in Recovery, this domain averaged 4.7 at St. Clair CMH and only 4.0 among the SUD providers. However, there are again some high scores noted in the SUD network. Both Alcohol Information and Counseling Center (AICC) and Community Programs Incorporated (CPI) Outpatient averaged 4.8 among Persons in Recovery. It is noted that the lowest scores overall among Persons in Recovery come from SUD Residential services. However, CPI's Residential program is an outlier to this finding with an average of 4.7 for this domain from Persons in Recovery.

In the last domain of **Inviting Space** (*How welcoming the facility and its staff are to the persons in recovery*) there is a significant disparity regarding **Question 2** (*This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).*). While Persons in Recovery scored this question with an average of 4.2, and Providers with 4.1, Administrators / Managers averaged a 4.7 response total. This may indicate that Administration feels that the physical environment is more appealing than what is perceived by persons served and direct care staff. Provider breakdowns illustrate AICC with the highest overall score (5.0) from both Persons in Recovery and Administrators / Managers. Providers at AICC agree, having scored the domain with a 4.9 average. Also with high scores across the board was Catholic Charities of Shiawassee and Genesee Counties (4.8 Persons in Recovery, 5.0 Providers, 5.0 Administrators / Managers). Of note, there appears to be less agreement at the CMHSPs, with St. Clair CMH having averaged 4.7 among Persons in Recovery, but 4.3 and 4.4 among Providers and Administrators / Managers respectively.

Survey results are shared and discussed at the regional Quality Management Committee meetings. Quality Management Committee members discussed a potential survey administration schedule to



better plan for future surveys. Committee members also shared feedback regarding methods to administer future surveys to improve efficiency and consistency among the Region. Individual survey results for each Provider will also be sent via email so that organizations can focus internally on and incorporate results.

**Recommendations:**

- Utilize findings and questions to guide discussion during qualitative assessments of individuals' experience with services (i.e., focus groups) at each network affiliate.
- The PIHP and network affiliates should review survey administration processes to identify opportunities for improvement and bring more efficiencies to the process.
- The PIHP and network affiliates should continue to put forth efforts to increase the response total for Persons in Recovery.
- The PIHP and network affiliates should put forth efforts to increase the response total for Provider Staff as well as Administrator / Manager Staff. Provider staff responses dropped by one (1) compared to FY2022.
- Consideration should be given to the time taken for staff to enter paper surveys. 89% of all surveys completed by Persons in Recovery were done on paper. Promotion of QR code or other virtual administration methods may benefit providers.
- Involvement Domain scoring has been consistently low since administration of the survey began within the Region. Attention should be given to increasing these scores by each Provider.

**References:**

1. MDHHS – PIHP FY2021 Policy and Practice Guideline – Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans
2. OROSC Recovery Policy and Practice Advisory #12 Version 7.30.19

## Appendix A: Person in Recovery Survey Questions

1. Staff welcome me and help me feel comfortable in this program.
2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.
3. Staff encourage me to have hope and high expectations for myself and my recovery.
4. I can change my clinician or case manager if I want to.
5. I can easily access my treatment records if I want to.
6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.
7. Staff believe that I can recover.
8. Staff believe that I have the ability to manage my own symptoms.
9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
10. Staff listen to me and respect my decisions about my treatment and care.
11. Staff regularly ask me about my interests and the things I would like to do in the community.
12. Staff encourage me to take risks and try new things.
13. This program offers specific services that fit my unique culture and life experiences.
14. I am given opportunities to discuss my spiritual needs and interests when I wish.
15. I am given opportunities to discuss my sexual needs and interests when I wish.
16. Staff help me 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 help me to find jobs.
18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.
19. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).
20. Staff introduce me to people in recovery who can serve as role models or mentors.
21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.
22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).
23. I am encouraged to help staff with the development of new groups, programs, or services.

## Appendix A: Person in Recovery Survey Questions

24. I am encouraged to be involved in the evaluation of this program's services and service providers.
25. I am encouraged to attend agency advisory boards and/or management meetings if I want.
26. Staff talk with me about what it would take to complete or exit this program.
27. Staff help me keep track of the progress I am making towards my personal goals.
28. Staff work hard to help me fulfill my personal goals.
29. I am/can be involved with staff trainings and education programs at this agency.
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.
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.

## Appendix B: Provider Staff Survey Questions

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.).
3. Staff encourage program participants to have hope and high expectations for their recovery.
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.
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. D/K
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.
10. Staff listen to and respect the decisions that program participants make about their treatment and care.
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
12. Staff encourage 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.
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.
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/addiction related activities, such as church groups, adult education, sports, or hobbies.
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).
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

## Appendix B: Provider Staff Survey Questions

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.
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.
26. Staff talk with program participants about what it takes to complete or exit the program.
27. Progress made towards an individual's own personal goals is tracked regularly.
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
29. Persons in recovery are involved with facilitating staff trainings and education at this program.
30. Staff at this program regularly attend trainings on cultural competency.
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.

## Appendix C: Administrator / Manager Survey Questions

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.).
3. Staff encourage program participants to have hope and high expectations for their recovery.
4. Program participants can change their clinician or case manager 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.
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.
10. Staff listen to and respect the decisions that program participants make about their treatment and care.
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.
12. Staff encourage 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.
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.
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.
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).
20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.

## Appendix C: Administrator / Manager Survey Questions

21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.
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.
26. Staff talk with program participants about what it takes to complete or exit the program.
27. Progress made towards an individual's own personal goals is tracked regularly.
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.
29. Persons in recovery are involved with facilitating staff trainings and education at this program.
30. Staff at this program regularly attend trainings on cultural competency.
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.

### Separate Section for Administrators Only

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.
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