Recovery-Oriented Services Benchmarking Report
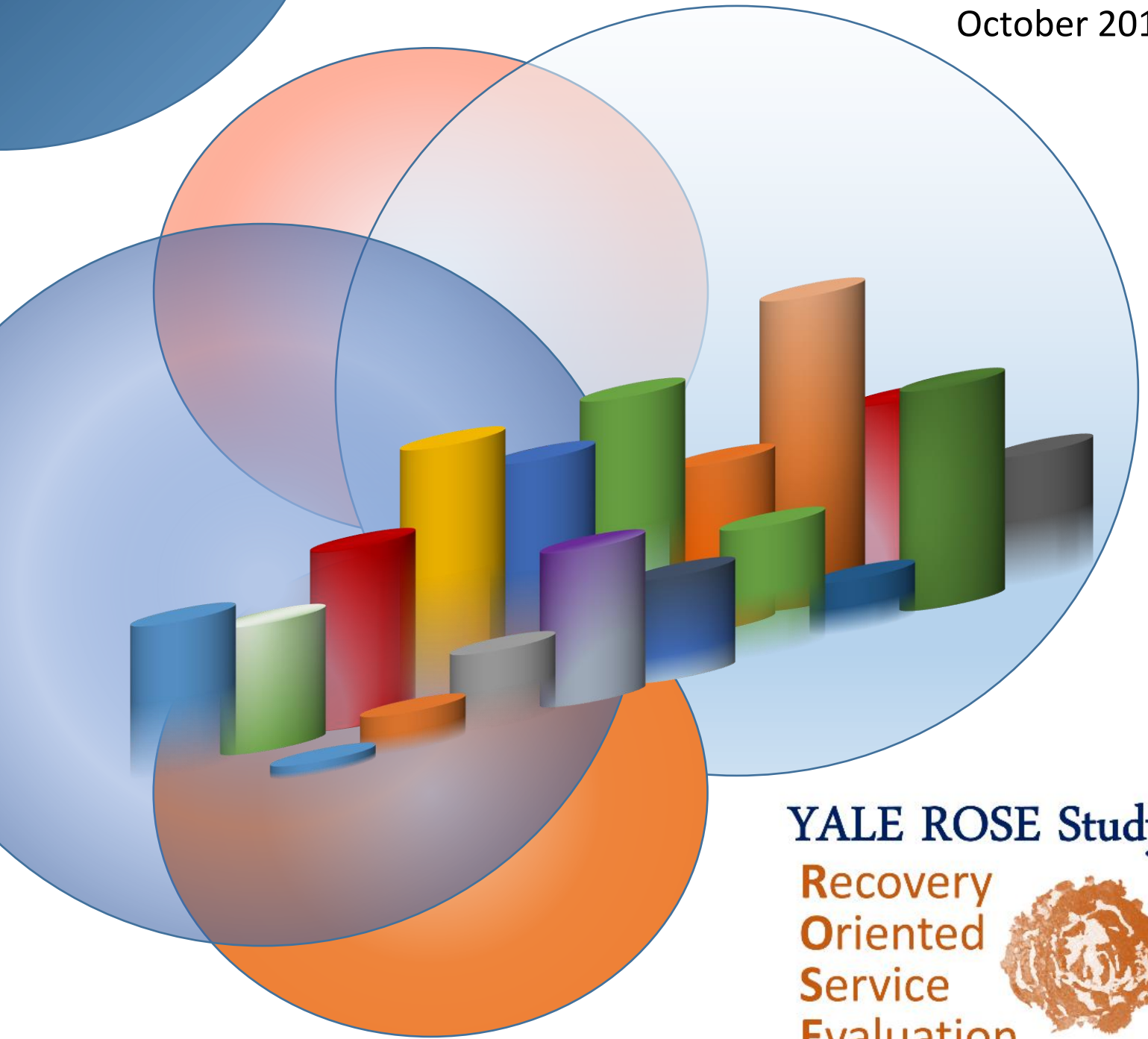
Northcare Network

Substance Use Disorder Services

October 2017

YALE ROSE Study

Recovery
Oriented
Service
Evaluation

OVERVIEW: As part of the ROSE study, staff members from your agency completed the Recovery Self-Assessment (RSA), which assesses the degree of recovery supporting policies and practices at an agency. The RSA was developed to operationalize and measure practices that are supportive of a person's recovery, including an environment that:
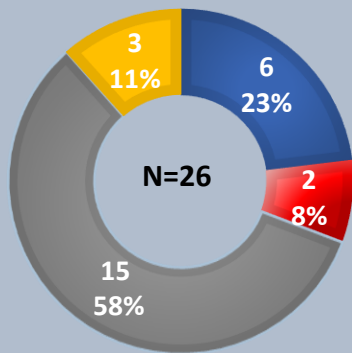
- encourages individuality and focuses on strengths;
- promotes accurate and positive portrayals of mental illness while fighting discrimination;
- uses a language of hope and possibility;
- offers a variety of options for treatment, rehabilitation, and support;
- supports risk-taking, even when failure is a possibility;
- actively involves service users, family members, and other natural supports in the development and implementation of programs and services;
- encourages user participation in advocacy activities;
- helps people develop connections with communities and develop valued social roles, interests and hobbies, and other meaningful activities.

The RSA has been used as a self-reflective tool for agencies to provide observable and measurable data to inform system change. The RSA provides an overall recovery-orientation score as well as sub-scales scores for the following six domains in consumer care.
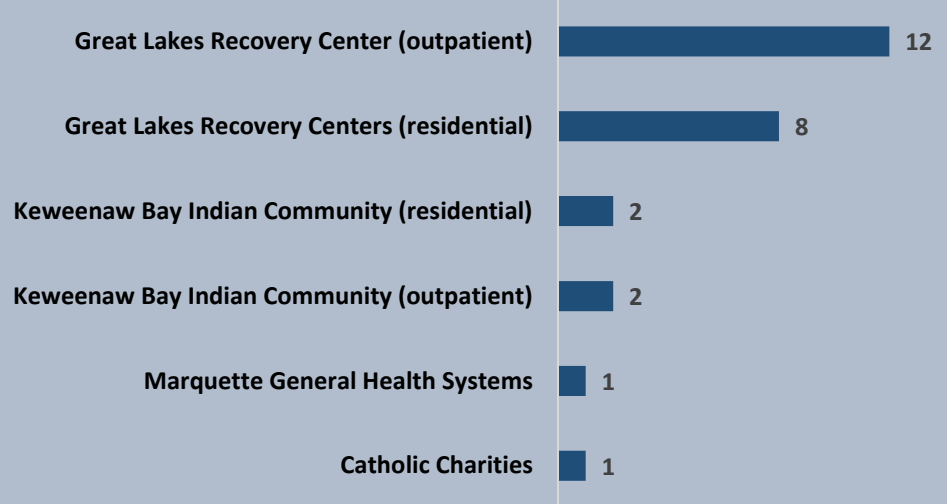
Help with pursuing individually defined goals and interests (e.g., work, education, and hobbies)

Agency ambience is welcoming to help persons in recovery feel comfortable and dignified

Persons in recovery help develop programs, deliver services, train staff, make agency decisions, and educate the community

Life Goals vs. Symptom Management

Inviting Space

Consumer Involvement and Recovery Education

Dimensions of Recovery Oriented Care

Individually Tailored Servces

Diverse Treatment Options

Consumer Choice

Services reflect individual needs, interests, and culture and focus on building connections in community

Availability of different treatments including peer mentors/support and help with participating in non-behavioral health activities

Staff refrain from coercive measures, provide consumers with access to treatment records, and facilitate outside referrals

Prepared by the Yale Program for Recovery and Community Health

Yale University
School of Medicine

RESULTS: A total of 26 survey participants from six agency settings completed the RSA.
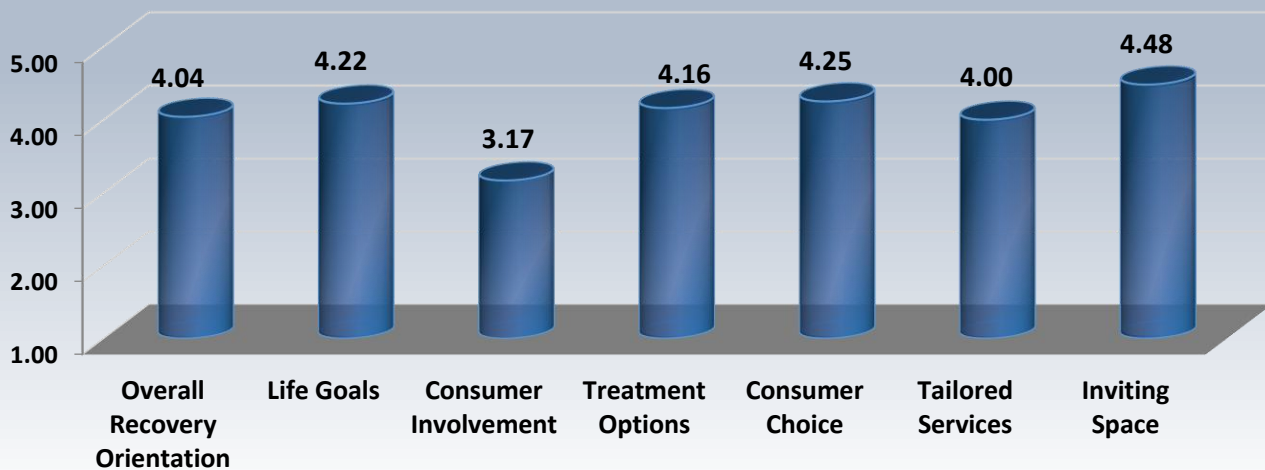
Survey Respondents

N=26

- ■ **Directors / Adminstrators**
- ■ **Supervisors / Team Leaders**
- ■ **Direct Service Providers/Clinicians**
- ■ **Other** (specific job roles included: case manager, peer worker, clerical)

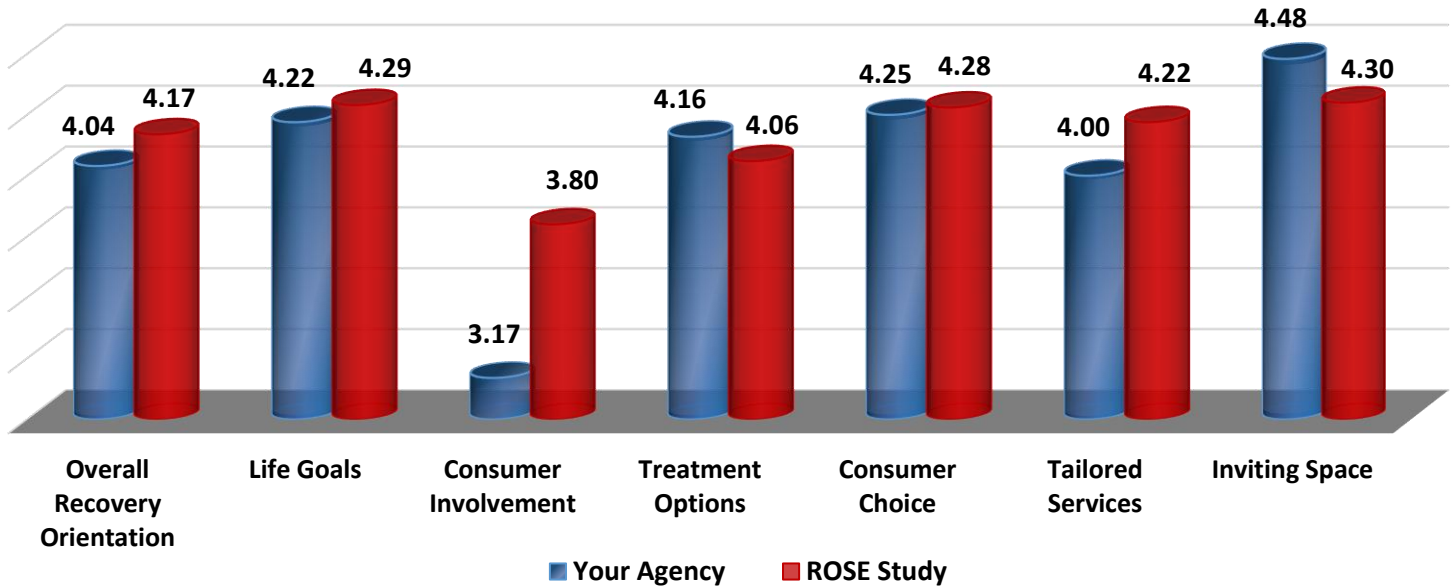## Agency Representation

Agency	Count
Great Lakes Recovery Center (outpatient)	12
Great Lakes Recovery Centers (residential)	8
Keweenaw Bay Indian Community (residential)	2
Keweenaw Bay Indian Community (outpatient)	2
Marquette General Health Systems	1
Catholic Charities	1

Average RSA Scores

Overall Recovery Orientation	Life Goals	Consumer Involvement	Treatment Options	Consumer Choice	Tailored Services	Inviting Space
4.04	4.22	3.17	4.16	4.25	4.00	4.48

AVERAGE SCORES BY RESPONDENT TYPE

	Director or Administrator	Supervisor or Team Leader	Direct Service Provider	Other
Overall Recovery Orientation	4.24	3.78	3.96	4.41
Life Goals	4.37	4.18	4.17	4.32
Consumer Involvement	3.24	2.60	3.08	4.10
Treatment Options	4.48	3.20	4.07	4.70
Consumer Choice	4.48	4.00	4.14	4.70
Tailored Services	4.35	4.00	3.89	4.13
Inviting Space	4.33	5.00	4.47	4.75

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INTERPRETATIONS: To provide some context to your scores, we compared your agency's scores to the current national sample of participating behavioral health agencies in the ROSE Study. We have also provided an item analysis for each of the RSA sub-scales to provide further information about the survey responses from your agency.

YOUR AGENCY COMPARED TO NATIONAL SAMPLE

Chart values — Your Agency (blue) vs ROSE Study (red):
- Overall Recovery Orientation: 4.04 / 4.17
- Life Goals: 4.22 / 4.29
- Consumer Involvement: 3.17 / 3.80
- Treatment Options: 4.16 / 4.06
- Consumer Choice: 4.25 / 4.28
- Tailored Services: 4.00 / 4.22
- Inviting Space: 4.48 / 4.30

■ Your Agency   ■ ROSE Study

ITEM ANALYSIS OF SUB-SCALES

Life Goals	% Agree or Strongly Agree
Staff believe in the ability of the program participants to recover.	100.0%
Staff encourage program participants to have hope and high expectations for their recovery.	96.0%
The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	92.0%
Staff encourage program participants to take risks and try new things.	92.0%
Staff believe that program participants have the ability to manage their own symptoms.	85.0%
Staff actively help program participants to get involved in non-mental health related activities, such as church groups, adult education, sports, or hobbies.	85.0%
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).	76.0%
Staff believe program participants can make their own life choices regarding things such as where to live, when, to work, whom to be friends with, etc.	74.0%
Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	73.0%
Staff are knowledgeable about special interest groups and activities in the community.	65.0%
Staff routinely assist program participants with getting jobs.	56.0%

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Consumer Involvement	% Agree or Strongly Agree
Staff actively help people find ways to give back to their community (e.g., volunteering, community services, neighborhood watch/cleanup).	85.0%
People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	72.0%
People in recovery are encouraged to help staff with development of new groups, programs, or services.	50.0%
Persons in recovery are involved with facilitating staff trainings and education at this program.	36.0%
People in recovery are encouraged to attend agency advisory boards and management meetings.	22.0%

Diverse Treatment Options	% Agree or Strongly Agree
Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	100.0%
Staff talk with program participants about what it takes to complete or exit the program.	100.0%
Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	89.0%
Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	76.0%
Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	65.0%

Consumer Choice	% Agree or Strongly Agree
Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	96.0%
Staff listen to and respect the decisions that program participants make about their treatment and care.	96.0%
Progress made towards an individual's own personal goals is tracked regularly.	96.0%
Program participants can change their clinician or case manager if they wish.	67.0%
Program participants can easily access their treatment records if they wish.	65.0%

Individually Tailored Services	% Agree or Strongly Agree
Staff regularly ask program participants about their interests and the things they would like to do in the community.	96.0%
Staff work hard to help program participants to include people who are important to them in their recovery/treatment plannings (such as family, friends, clergy, or an employer).	81.0%
This program offers specific services that fit each participant's unique culture and life experiences.	80.0%
Staff at this program regularly attend trainings on cultural competency.	72.0%

Inviting Space	% Agree or Strongly Agree
Staff at my agency make a concerted effort to welcome people in recovery and help them to feel comfortable here.	93.0%
This agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).	93.0

CONCLUSIONS & RECOMMENDATIONS: Your agency's scores suggest a number of practices and policies that are supportive of recovery-oriented care to your consumers. Below we have provided a list of your agency's strengths and areas for growth. Based on the responses from your agency staff, we have also provided a list of specific action steps that may potentially increase the level of recovery-oriented care at your agency.

Highest rated items by respondents at your agency
Staff believe in the ability of the program participants to recover.
Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.
Staff routinely assist program participants with getting jobs.
Staff encourage program participants to have hope and high expectations for their recovery.
Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.
Staff listen to and respect the decisions that program participants make about their treatment and care.
Staff regularly ask program participants about their interests and the things they would like to do in the community.
Progress made towards an individual's own personal goals is tracked regularly.
The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.

(Left vertical label: **STRENGTHS**)

Lowest rated items by respondents at your agency
People in recovery are encouraged to attend agency advisory boards and management meetings.
Persons in recovery are involved with facilitating staff trainings and education at this program.
People in recovery are encouraged to help staff with development of new groups, programs, or services.
Staff routinely assist program participants with getting jobs.
Program participants can easily access their treatment records if they wish.
Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.
Staff are knowledgeable about special interest groups and activities in the community.

(Left vertical label: **GROWTH AREAS**)

RECOMMENDATIONS TO CONSIDER

1) **Employ more adults in recovery** to work at your agency as direct care providers (e.g., peer support specialists, recovery guides).

2) **Invite consumers and family members** to sit on advisory boards and have representatives on their behalf participate in administrative meetings and staff trainings.

3) **Use consumer input and active participation** in various activities such as: 1) evaluating services and providers, 2) leading or co-facilitating continuing education training, 3) creating new agency services and supports, and 4) providing peer support, coaching, and mentoring to fellow consumers.

ADDITIONAL RESOURCES ABOUT THE RSA

http://medicine.yale.edu/psychiatry/prch/tools/rec_selfassessment.aspx

http://hsrc.ucsd.edu/public/RSA_Report_May08_8-26-08.pdf

http://www.mentalhealth.va.gov/communityproviders/docs/review_recovery_measures.pdf

ADDITIONAL RESOURCES ABOUT
RECOVERY-ORIENTED CARE PRACTICES AND PRINCIPLES

Peer Services	http://inaops.org/ http://www.mentalhealthamerica.net/peer-services
Recovery-Oriented Approaches	http://www.samhsa.gov/recovery/publications-resources http://www.ct.gov/dmhas/lib/dmhas/recovery/mhmodel.pdf https://store.samhsa.gov/shin/content/SMA09-4371/SMA09-4371.pdf
Self-Help	http://www.mhselfhelp.org/