Co-Producing Recovery and Resiliency in Indiana Using Recovery Data

November 30, 2021

NCAPPS

NASMHPD

Welcome to Today's Webinar

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Thank you for joining us to learn about innovative ways of looking for, collecting, and utilizing recovery-specific data that drives and enhances recovery outcomes through person-centered planning beginning to end.

This webinar series is co-sponsored by the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) and the National Association of State Mental Health Program Directors (NASMHPD).

NCAPPS is funded by the Administration for Community Living and Centers for Medicare & Medicaid Services. NCAPPS webinars are free and open to the public.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.

Webbinar Logistics

- Participants will be muted during this webinar. You can use the **chat** feature in Zoom to post questions and communicate with the hosts.

- Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into **chat**.

- The webinar will be live captioned in English and Spanish. To access the Spanish captions, please use this link: https://www.streamtext.net/player?event=HSRI-SPANISH

- El seminario de web estará subtitulado en vivo en Inglés y Español. Para tener acceso a los subtítulos en Español, utilice este enlace: https://www.streamtext.net/player?event=HSRI-SPANISH

- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.

Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback about the webinar to NCAPPS@hsri.org.

(Please note that this email address is not monitored during the webinar.)

- The recorded webinar, along with a pdf version of the slides and a Plain Language summary, will be available within two weeks at NCAPPS.acl.gov. We will also include questions and responses in the materials that are posted following the webinar.

Who's Here?

"In what role(s) do you self-identify? Select all that apply."

1. Person with a disability/person who uses long-term services and supports

2. Family member/loved one of a person who uses long-term services and supports

3. Self-advocate/advocate

4. Peer specialist/peer mentor

5. Social worker, counselor, or care manager

6. Researcher/analyst

7. Community or faith-based service provider organization employee

8. Government employee (federal, state, tribal, or municipal)

Meet Our Speakers

Amy Brinkley

Ari Nassiri

Wendy Harrold

Jay Chaudhary

Sarah Gunther

Tina Skeel

Becca Sigafus

Co-Producing Recovery and Resiliency in Indiana Using Recovery Data

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

To compassionately serve our diverse community of Hoosiers by dismantling long-standing persistent inequity through deliberate human services system improvement.
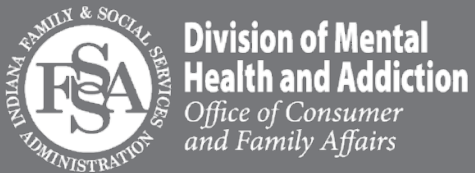
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Division of Mental Health and Addiction

Co Producing Recovery and Resiliency in Indiana using Recovery Data

National Center on Advancing Person-Centered Practices and Systems (NCAPPS)
National Association of State Mental Health Program Directors (NASMHPD)

November 30, 2021 (3:30-5:00 EST)

Indiana Division of Mental Health and Addiction Vision and Mission

- **DMHA Vision:** An unyielding focus on promoting and supporting the mental health and wellness of the people of Indiana.

- **DMHA Mission:** To champion mental health promotion and substance use disorder prevention, treatment and *__recovery systems__* that are high quality, seamlessly integrated and accessible to the people and communities of Indiana.

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Office of Consumer and Family Affairs

Key Concepts

- **"Serenity Approach"**

- **"People use drugs for reasons"**

- **"Recovery is easier when life is"**

- **"There's a peer for that"**

Lived experience feedback loop

Co-producing recovery and resiliency in Indiana process evolution

Starting point

_____

2008–2019: Silos

Indiana Recovery Council (IRC), Recovery Support Workgroup (RSW), Mental Health and Addiction Planning and Advisory Council (MHAPAC) efforts informed DMHA to varying and sometimes contradictory degrees.

2019–2021: "De/siloing"

Began to coordinate recovery efforts by collaboration and intentional focus on all initiatives between the IRC, RSW and MHAPAC.

Recovery/resiliency and consumer advisory silos

IRC = Indiana Recovery Council

What is the Indiana Recovery Council?

The Indiana Recovery Council is comprised of 16 individuals that support the goal of a recovery-oriented, person-centered service delivery system in Indiana.

What does the Indiana Recovery Council do?

Established in 2004, the IRC acts in an advisory capacity to the DMHA and the DMHA Mental Health and Addiction Planning and Advisory Council (to matters pertaining to Indiana residents affected by mental health and addiction issues).

Recovery/resiliency and consumer advisory silos

RSW = Recovery Support Workgroup

What is the Recovery Support Workgroup?

The Recovery Support Workgroup is comprised of more than a dozen state agencies, community (statewide) stakeholders and more than 51% of people with lived experience.

What does the Recovery Support Workgroup do?

The Recovery Support Workgroup uses recovery data to validate the lived experience feedback from the IRC and inform recommendations to DMHA for funding, policy and programs.

RECOVERY SUPPORT WORKGROUP

Co-producing recovery and resiliency in Indiana process evolution...

Outcome as of July 2021

_____

Step 1*:* IRC identifies lived experience gaps and needs for RSSs.

Step 2*:* RSW provides data-informed recommendations to DMHA / MHAPAC to address lived experience gap

Step 3*:* DMHA / MHAPAC to review, then accept or reject recommendations of the RSW, and to utilize existing funding (specifically BG) to fund programs and initiatives that are approved for funding by DMHA / MHAPAC.

2012/2019 Statewide Gap Analysis

The following reflects their findings and identified the top five recovery supports:

☐ Personal support networks **(Community)**

☐ Peer support services **(Community)**

☐ Hobbies and interest **(Purpose)**

☐ Prevention and wellness **(Health)**

☐ Safe and affordable housing **(Home)**

We found employment intrinsically essential throughout each priority.

Contracted with Essential Virtual Solutions July1,2020 – SFY21

Reviewing RSW Membership (50% lived experience voice representation)

Standardize process for goals, objectives, outcomes (survey current members)

Create a template for data reports (measuring outcomes) (data group added)

Recommendation/Implementation phase 6 month (employment supports group added)

Standardization Forms Created for RSW include:

☐ Charters for Subgroups

☐ Data Set Brief Form

☐ Data Request Form

☐ Process Flow Chart

Reflection

Key Stakeholders Weigh In

1. What is your role on the Recovery Support Workgroup (RSW)?

2. Did you feel involved in the decision-making process of the RSW?

3. What did it feel like on your end as you were experiencing this?

4. Please share any other thoughts you have on this section of the process.

Recovery Support Workgroup

RSW Mission

'Our mission is to recommend and promote identified needed supports and resources for individuals in wellness and recovery from mental health and substance use disorders across Indiana.'

RSW STAKEHOLDERS

- Indiana Housing Community Development Authority
- Center for Supportive Housing
- Division of Mental Health and Addiction
- Office of Medicaid, Policy and Planning
- Indiana Chamber of Commerce
- Department of Workforce Development
- APSE/ASPIRE NAMI Indiana
- Key Consumer
- Indiana Addictions Issues Coalition
- Indiana department of Health
- Indiana Department of Education
- Indiana Criminal Justice Institute
- Indiana Department of Corrections
- Department of Natural Resources
- Essential Virtual Solutions contractor
- **50% + people with direct lived experience**

RSW Data Informed recommendations…

__Overview of Indiana's Recovery Data Sets__

Recovery Support Workgroup Data Sets

1) Lived Experience Feedback Survey
2) Consumer Satisfaction Surveys (MHSIP/YSS-F))
3) Assessment Data (CANS/ANSA)
4) Social Determinants of Health Data
5) Recovery Data Platform

Cross State Agency Data Collection – (MPH)

Key recovery data

Indiana Recovery Council Survey

- Lived Experience Feedback Survey
  - Consumer Driven Survey
  - Bucketed gaps/needs into themes based on SAMHSA's Dimension of Recovery
  - Open-ended responses color-coded under each dimension as well
  - Statewide listening sessions to further fill in needs as defined in survey
  - Recovery/Wellness needs identified by age, race, location, length of time in recovery/wellness and other demographics

Indiana Recovery Council 2020 Survey

First time survey administered to people with mental health and substance use disorder lived experiences.

Key Considerations:

1. 19 Total Recovery Centered and Demographic Questions included
2. Survey open approximately 4 weeks from July 24, 2020 – August 20, 2020
3. Survey was sent out 6 months into the COVID pandemic
4. 199 People with mental health and addiction lived experience completed the survey

The survey asked respondents demographic questions to identify their gender, race, ethnicity, age group, and the county in which they reside.

Mental Health Lived Experience - 20%	Co-Occurring 50%	Substance Use Disorder Lived Experience - 18%	Family – 11%

Dimensions of Recovery Missing from Daily Lives:

	Total	White/Caucasian	Black/African American
Health	47%	47%	29%
Home	48%	46%	71%
Community	39%	39%	50%
Purpose	52%	51%	57%

Barriers to Treatment/Recovery Supports

	Total	White/Caucasian	Black/African American
Medication	27%	25%	14%
Housing	34%	33%	36%
Cost/Insurance	52%	52%	36%
Distance	19%	19%	36%
Childcare	16%	16%	14%
Availability/Access	50%	51%	50%
Transportation	32%	31%	50%

SAMHSA's Dimensions of Recovery defined in survey as:

a. **Health** (access to treatment, medication, insurance, primary care doctor.)
b. **Home** (safe and affordable housing, supportive housing, transition housing).
c. **Community** (peer support services, social supports).
d. **Purpose** (exercise, hobbies, education, or employment opportunities).

SAMHSA's Dimensions of Recovery defined in survey as:

a. **Health** (access to treatment, medication, insurance, primary care doctor.)

b. **Home** (safe and affordable housing, supportive housing, transition housing).

c. **Community** (peer support services, social supports).

d. **Purpose** (exercise, hobbies

Dimensions of Recovery Missing from Daily Lives:

	Total	White/Caucasian	Black/African American
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Purpose	52%	51%	57%

Key recovery data

Consumer Satisfaction Surveys

- 8,000+ responses annually

- Utilize the national surveys, the Mental Health Statistics Improvement Program (MHSIP) adult consumer satisfaction survey and the Youth Services Survey for Families (YSS-F).   Standardized survey that addresses recovery support needs by consumers

- Distributed and collected through providers (tend to skew positive)

Using Assessment Data

- **CANS** stands for Child and Adolescent Needs and Strengths

- **ANSA** stands Adult Needs and Strengths Assessment

- The CANS and ANSA are holistic assessment tools designed to tell a story and be a communication tool.

- They can inform individual treatment plans, monitor progress and evaluate services. They can also be used for decision support.

- Simple Rating System (0-3)

- Main categories are Life Functioning, Behavioral Health Needs, Risk Behaviors and Strengths.

- Provider staff complete a CANS or ANSA with individuals at admission, every six months and at discharge.

- You can learn more about the tools at https://praedfoundation.org/.

Rating Needs in the CANS/ANSA

Rating	Level of Need	Appropriate Action
0	No Evidence of Need	No Action
1	Significant History or possible need which is not interfering with functioning	Watchful Waiting, Prevention, Further Assessment
2	**Need Interferes with Functioning**	**Action/Intervention Required**
3	**Need is Dangerous or Disabling**	**Immediate and/or Intensive Action Required**

Actionable Needs

Rating Strengths in the CANS/ANSA

Rating	Level of Strength	Appropriate Action
0	Centerpiece Strength	Central to Planning
1	Strength Present	Useful in Planning
2	**Identified Strength**	**Must be Built or Developed**
3	**No Strength Identified**	**Strength Creation or Identification may be Indicated**

Buildable Strengths

ANSA Items Utilized

We selected and grouped ANSA items into SAMHSA's dimensions of recovery so that the Recovery Support Workgroup could more easily utilize the data.

HEALTH

Medical/Physical
Involvement in Recovery
Self Care
Sleep
Medication Involvement

COMMUNITY

Community Connections
Family Functioning
Social Connectedness
Transportation
Traditions and Rituals

Social Functioning
Family Strengths
Natural Supports
Cultural Identity

HOME

Independent Living Skills
Community Violence
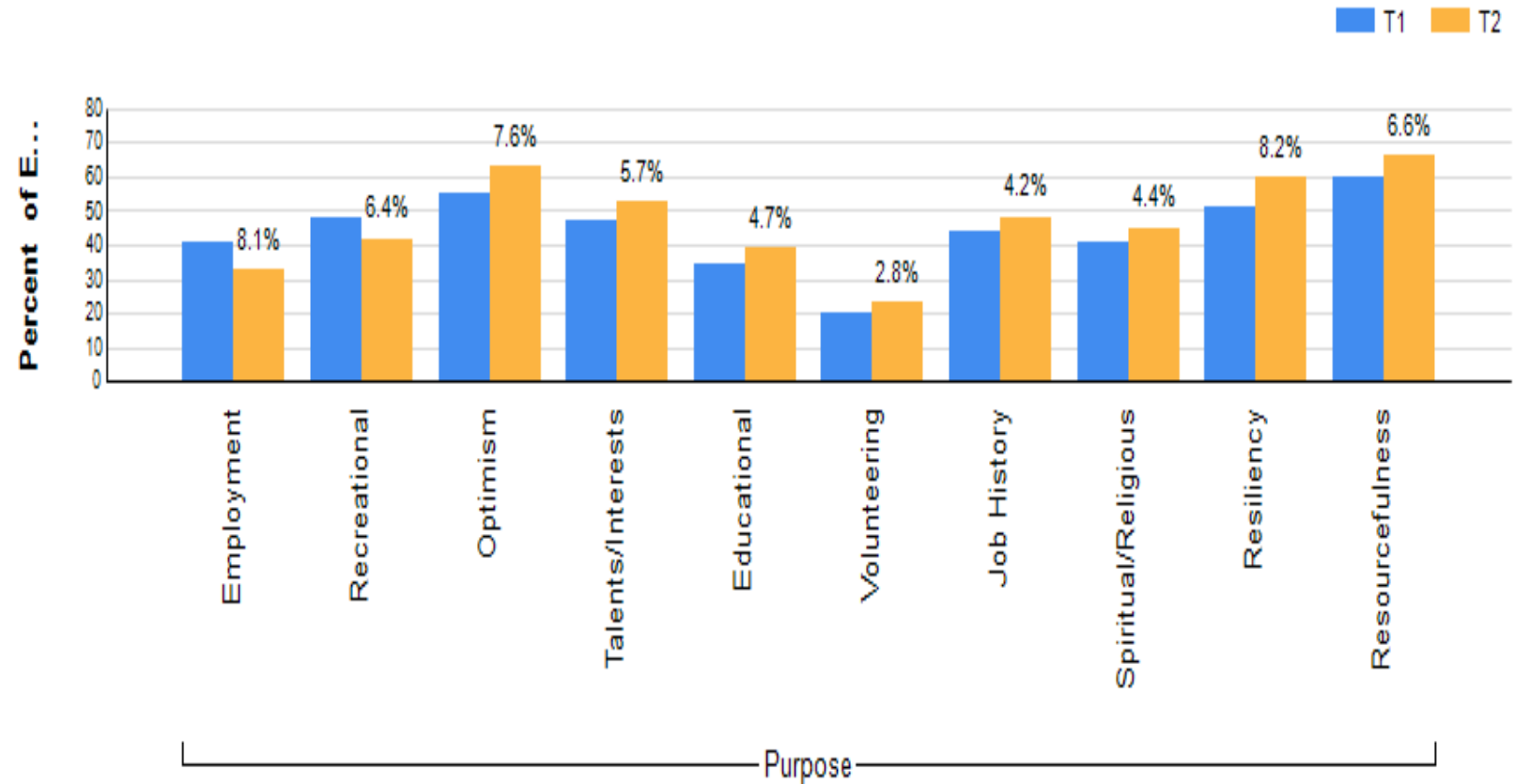Residential Stability

PURPOSE

Employment
Volunteering
Optimism
Resourcefulness

Job History
Educational
Talents/Interests
Spiritual/Religious

Recreational
Resiliency

# Purpose Related ANSA Items Over Time for those with SUD (SFY 2021)

Delving Deeper in the Data

- Other ways we can view the data…
  - We can look at just an item to see what is happening.
  - We can look at actionable needs for an item by counties.
  - We can also link this data to other data, such as chronic health conditions, or Medicaid data to get a better picture of what is going on.

Progress for Employment (SUD Clients - SFY 2021)
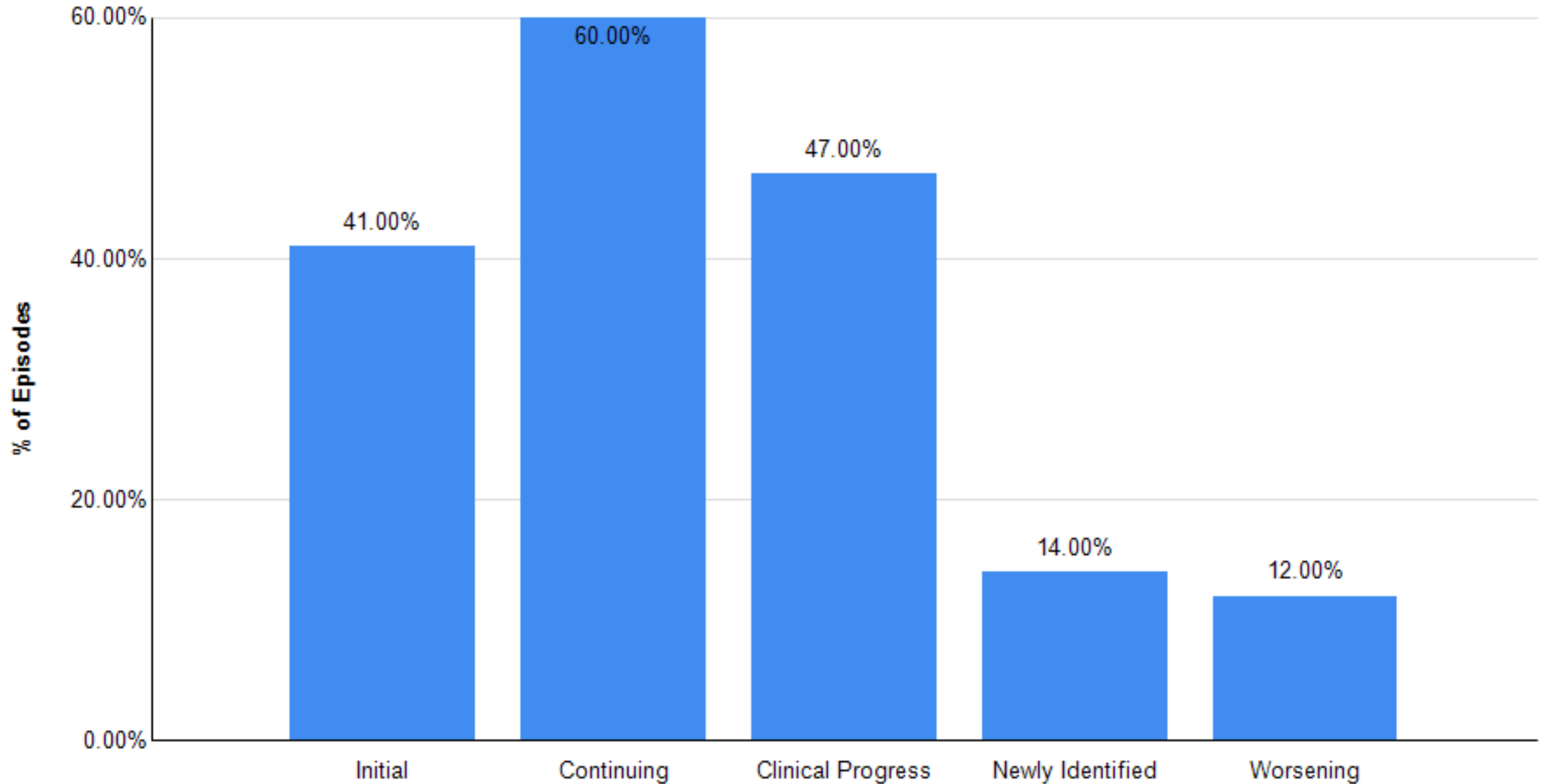
Top Five Most Common Actionable Recovery Items at Admission for Those with SMI

1. Sleep (61%)
2. Social Functioning (60%)
3. Resourcefulness (55%)
4. Family Functioning (52%)
5. Recreational (52%)

Top Five Most Common Actionable Recovery Items at Admission for Those with SUD

1. Resourcefulness (60%)
2. Optimism (55%)
3. Legal (55%)
4. Family Strengths (54%)
5. Resiliency (52%)

Next Steps

- Meet with each RSW sub-group to discuss their data and what additional analysis is needed.

- Look into the research to see what recovery supports have had the positive results.

Key recovery data

Social Determinants of Health

- Family Social Services Administration (FSSA) created a public facing dashboard

- SDOH data dashboard
  - Pulled from FSSA's data sets
  - Survey presented to every Hoosier applying electronically for Medicaid/HIP/SNAP/TANF in Indiana
  - Participation in survey did not impact eligibility for services at all – optional.
  - Cross walked with ICD codes connecting to SMI/SUD clients

https://www.in.gov/fssa/hoosier-health-and-well-being-atlas/

Social Determinants of Health SDOH – FSSA Questions

1. Not enough money for food in the last 12 months.
2. Utilities shut off in the last 12 months.
3. Fear of not having stable housing in next 2 months.
4. Problems getting childcare.
5. Cost prevented seeing doctor in last 12 months.
6. Transportation prevented seeing doctor in last 12 months.
7. Need help reading hospital materials.
8. Fear of being hurt in home.
9. Actively seeking work in last 4 weeks.
10. Not engaged in regular exercise.

SDOH – Data

Hoosier Health & Well-Being Atlas
Click county or question to filter metrics

Counties Selected:
Adams
Allen
Bartholomew
Benton
Blackford
Boone
Brown
Carroll
Cass
Clark
Clay
Clinton
Crawford
Daviess

399,304
Total Assessments Completed

100.00%
Percent of Respondents

Per Selection Since Aug. 2018

1 Not enough money for food in the last 12 mos.
2 Utilities shut off in last 12 mos.
3 Fear of not having stable housing in next 2 mos.
4 Problems getting child care
5 Cost prevented seeing doctor in last 12 mos.
6 Transportation prevented seeing doctor in last 12 mos.
7 Need help reading hospital materials
8 Fear of being hurt in home
9 Actively seeking work in last 4 weeks
10 Not engaged in regular exercise

Age
18-22
23-27
28-32
33-37
38-42
43-47
48-52
53-57
58-62
63-67
68-72
73-77
78+

Education
No formal education
No HS diploma
HS diploma
Other credentials
Associate
Bachelor's
Grad School

Gender
Female
Male

Ethnicity
White
Black
Hispanic
Asian
Multiracial
Native American
Hawaiian

Marital Status
Single
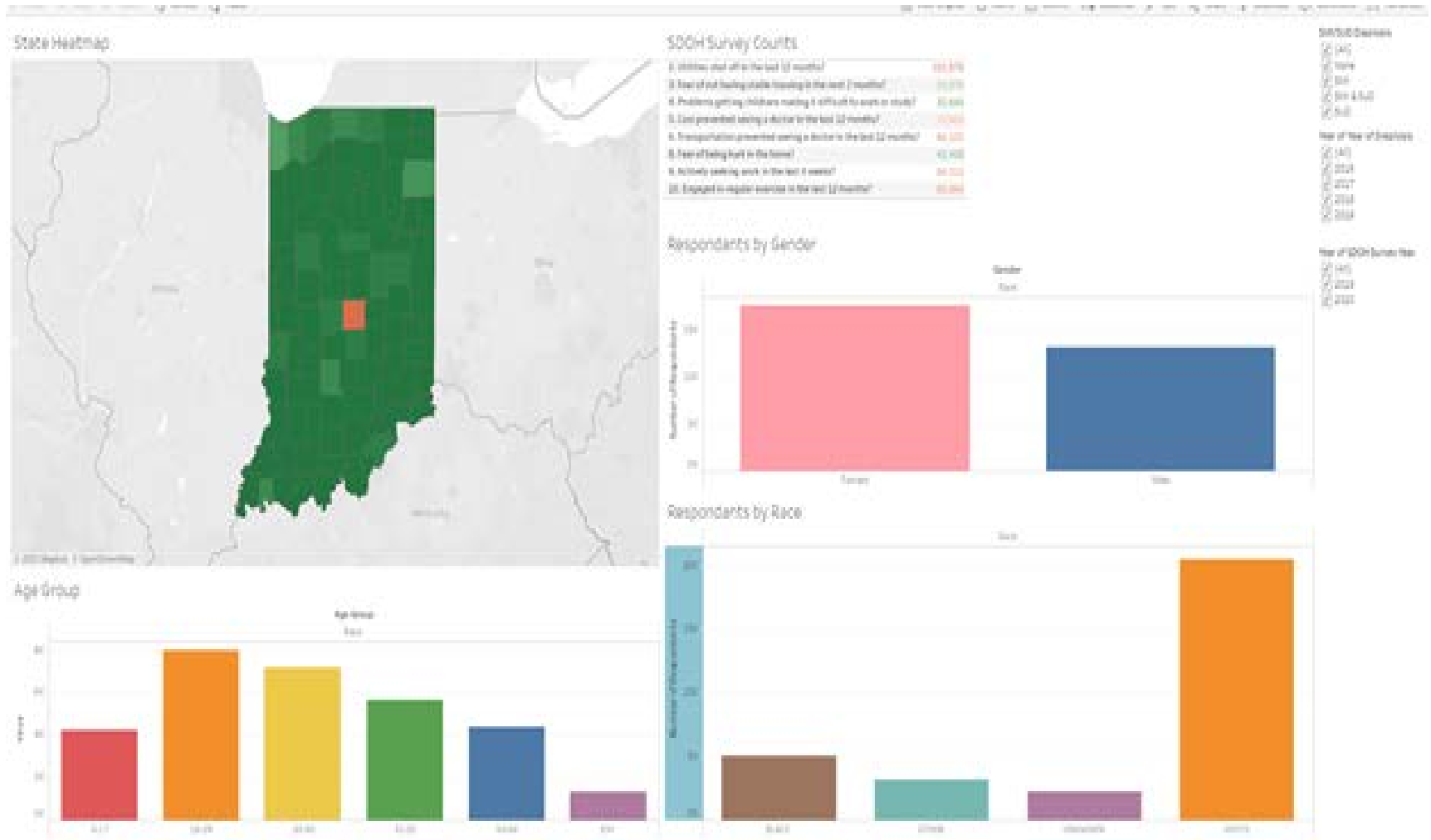Married
Divorced
Separated
Widowed

37

SDOH – Data cont.

Key recovery data

Recovery data platform

❑ **Provided free to all peers within Regional Recovery Hubs (RCO's) – 20 total to date**

❑ **Recovery Vital Signs (BARC 10, Engagement Scale, and Lifestyle Scale included)**

❑ **Peers administer scales and monitor recovery vital signs (prevention opportunity)**

Key Considerations:

RDP launched in 2020 and recovery vital signs are not consistently captured yet

Contains scales related to recovery supports, recovery capital and social determinants of health.

Recovery Data Platform

❑Cloud based Platform for RCO's to capture services

❑General Interactions, Intakes, Referrals

❑Recovery Management Plan
- SMART Goals
- Action Plan

❑**Recovery Vital Signs (Scales)**
- Brief Addiction Recovery Capital Scale (once a month or bi – monthly)
- Engagement Scale (once a week)
  - Outcome Rating Scale
  - Relationship Rating Scale
  - Cravings Rating Scale
- Lifestyle Scale (upon intake, 6 months thereafter)

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Lifestyle Scale

❑ What is the highest level of education you have finished, whether or not you received a degree?

❑ Because of a physical, mental, or emotional condition do you have difficulty doing errands alone-such as a doctor's office or shopping?

❑ If you have ever been in juvenile/adult detention, jail, or prison for more than 3 days, how long has it been since you last got out?

❑ Describe your current relationship status.

❑ With whom do you live?

❑ **Do you have medical or health care insurance?**

Brief Addiction Recovery Capital Scale (BARC 10)
❑There are more important things to me in life than using substances
❑In general I am happy with my life
❑I have enough energy to complete the tasks I set myself
❑I am proud of the community I live in and feel part of it
❑I get lots of support from friends
❑I regard my life as challenging and fulfilling without the need for using drugs or alcohol
❑My living space has helped drive my recovery journey
❑I take full responsibility for my actions
❑I am happy dealing with a range of professional people
❑I am making good progress on my recovery journey

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Outcome Rating Scale (ORS)
- ❑ Over the last 7 days how do you rate your individual well-being?
- ❑ Thinking back over the last 7 days, how have things been going in your relationships?
- ❑ How have things been going for you socially?
- ❑ Rate how things are in your life overall.

Cravings Rating Scale (CRS)
- ❑ What has your craving level been during the last 7 days on a 0 to 10 scale?
- ❑ How do you rate your' cravings in the last 24 hours?

Relationship Ratings Scale (RRS)
- ❑ How well did you feel heard understood today, (left is not at all, right is completely understood)
- ❑ To what degree did we talk about the concerns that you wanted to talk about today (left is we did not talk about, right is we did talk about what I wanted to talk about)
- ❑ How much did you feel supported and encouraged during our conversation? (left is not supported, right is completely supported)
- ❑ Over-all how would you rate today's conversation, (left is not the best relationship for change efforts, right is the best relationship for change efforts)
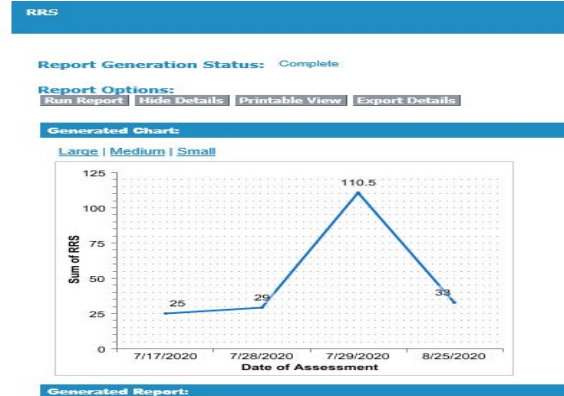

Sliding Scale

Self Reported on a regular basis (each meeting/week)
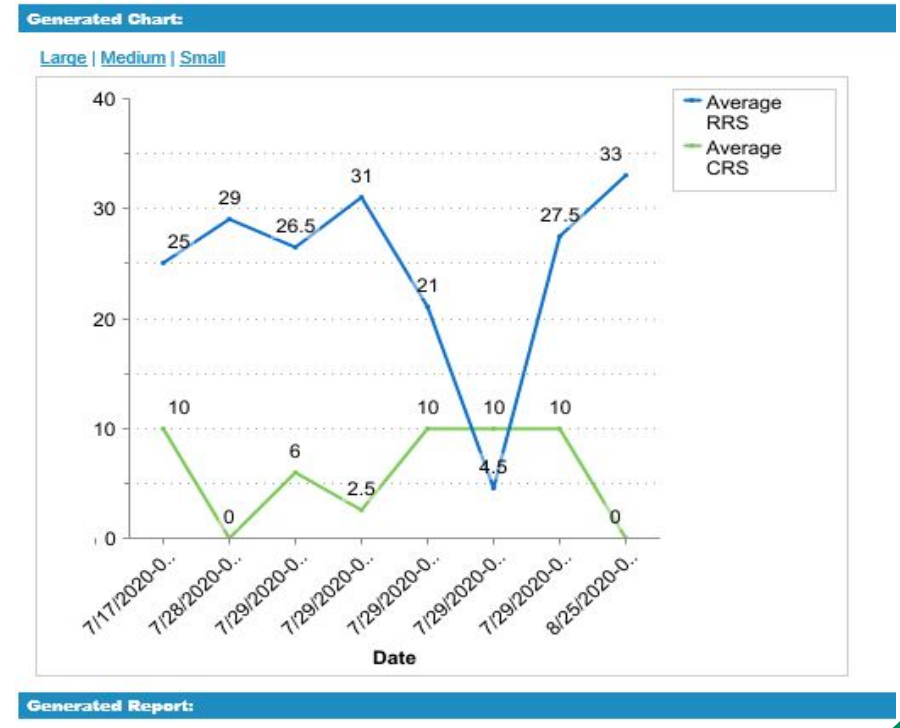
Comparative Capabilities

Engagement Scale Reports

Outcome Rating Scale

Craving Rating Scale

RRS compared to CRS

To Date (as of 7.29.21)

- ❑ 20 Organizations using RDP
- ❑ 100+ licenses issued to date
- ❑ Recovery Vital Scales – 1,200
- ❑ 2,200 Individual Participants in the system (1800+ engaged)
- ❑ In June 2021 alone: (1 month!)
  - ❑ 2072 People Served in Direct Peer Support
  - ❑ 1557 People Served in Group Peer Support

RSW data driven recommendations can direct Regional Recovery Hubs focus and Recovery Support Services offered locally through hubs.

To Date Totals
People Served = 17,920
Groups = 16,340
Referrals = 5,647

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Reflection

Key Stakeholders Weigh In

1. Please share your experiences/observations watching this process unfold.

2. What if anything would you encourage or discourage other states to model as it relates to what Indiana is doing with the Recovery Support Workgroup and lived experience feedback loop.

3. Share anything else you think people should be aware of.

Next Steps…

❑ Ongoing efforts include standardizing and visualizing recovery data collection in Indiana by creating recovery dashboards and resource mapping etc.…

❑ Funding of research efforts to capture return on investment (ROI) for individuals and communities when the dimensions of recovery elements are available to people with Substance Use Disorders or Serious Mental Illness.

❑ Continue to solidify lived experience feedback loop and amplify consumer voice and choice to drive DMHA decisions, programming, and funding initiatives.

Indiana Division of Mental Health and Addiction

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Real-Time Evaluation Questions

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality NCAPPS webinars.

- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at NCAPPS@hsri.org

Real-Time Evaluation Questions

1. **Overall, how would you rate the quality of this webinar?**

2. **How well did the webinar meet your expectations?**

3. **Do you think the webinar was too long, too short, or about right?**

4. **How likely are you to use this information in your work or day-to-day activities?**

5. **How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**

6. **How could future webinars be improved?**

Thank You.

The content and views expressed in this webinar are those of the presenters and do not necessarily reflect that of Centers for Medicare and Medicaid Services (CMS) or the Administration for Community Living (ACL) .