

# Co-Producing Recovery and Resiliency in Indiana Using Recovery Data

November 30, 2021



# 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.





# Webinar Logistics

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- 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 subtulado 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

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- After the webinar, you can send follow-up questions and feedback about the webinar to [NCAPPS@hsri.org](mailto: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](http://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**





*To compassionately serve our diverse community of Hoosiers by dismantling long-standing persistent inequity through deliberate human services system improvement.*

**WWW.FSSA.IN.GOV**







# 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.



# Key Concepts

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- **“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

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### ***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

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**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.





# RSW Closer Look - Gap Analysis

## 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 July 1, 2020 – SFY 21

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.**





# Survey Results

## 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

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

### SAMHSA's Dimensions of Recovery defined in survey as:

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



# Survey Results

## 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:

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# 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

**Actionable  
Needs**

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	<b>Need Interferes with Functioning</b>	<b>Action/Intervention Required</b>
3	<b>Need is Dangerous or Disabling</b>	<b>Immediate and/or Intensive Action Required</b>



# Rating Strengths in the CANS/ANSA

**Buildable Strengths**

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





# 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

## HOME

Independent Living Skills  
Community Violence  
Residential Stability

## COMMUNITY

Community Connections  
Family Functioning  
Social Connectedness  
Transportation  
Traditions and Rituals  
Social Functioning  
Family Strengths  
Natural Supports  
Cultural Identity

## PURPOSE

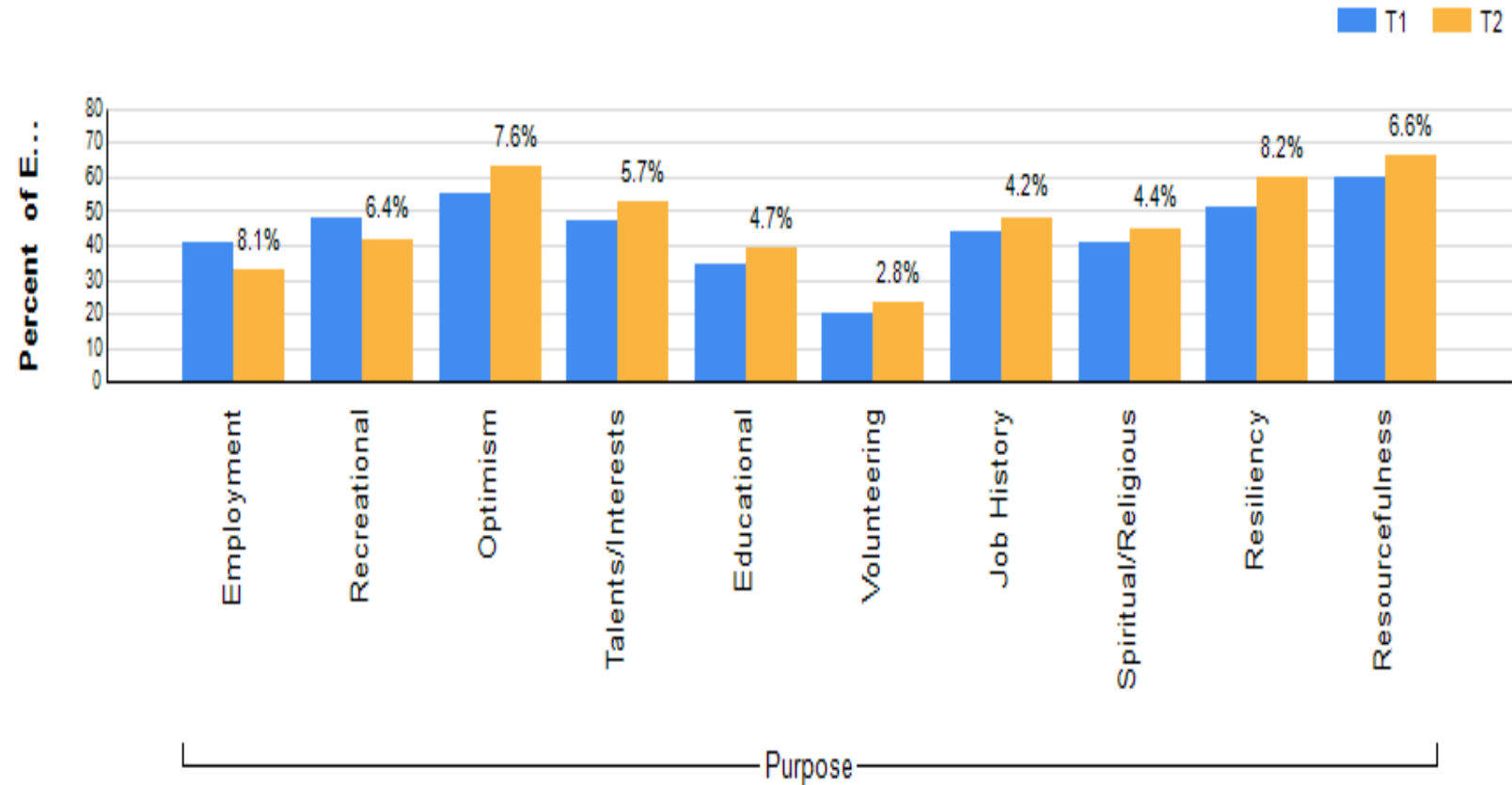
Employment  
Volunteering  
Optimism  
Resourcefulness  
Job History  
Educational  
Talents/Interests  
Spiritual/Religious  
Recreational  
Resiliency







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





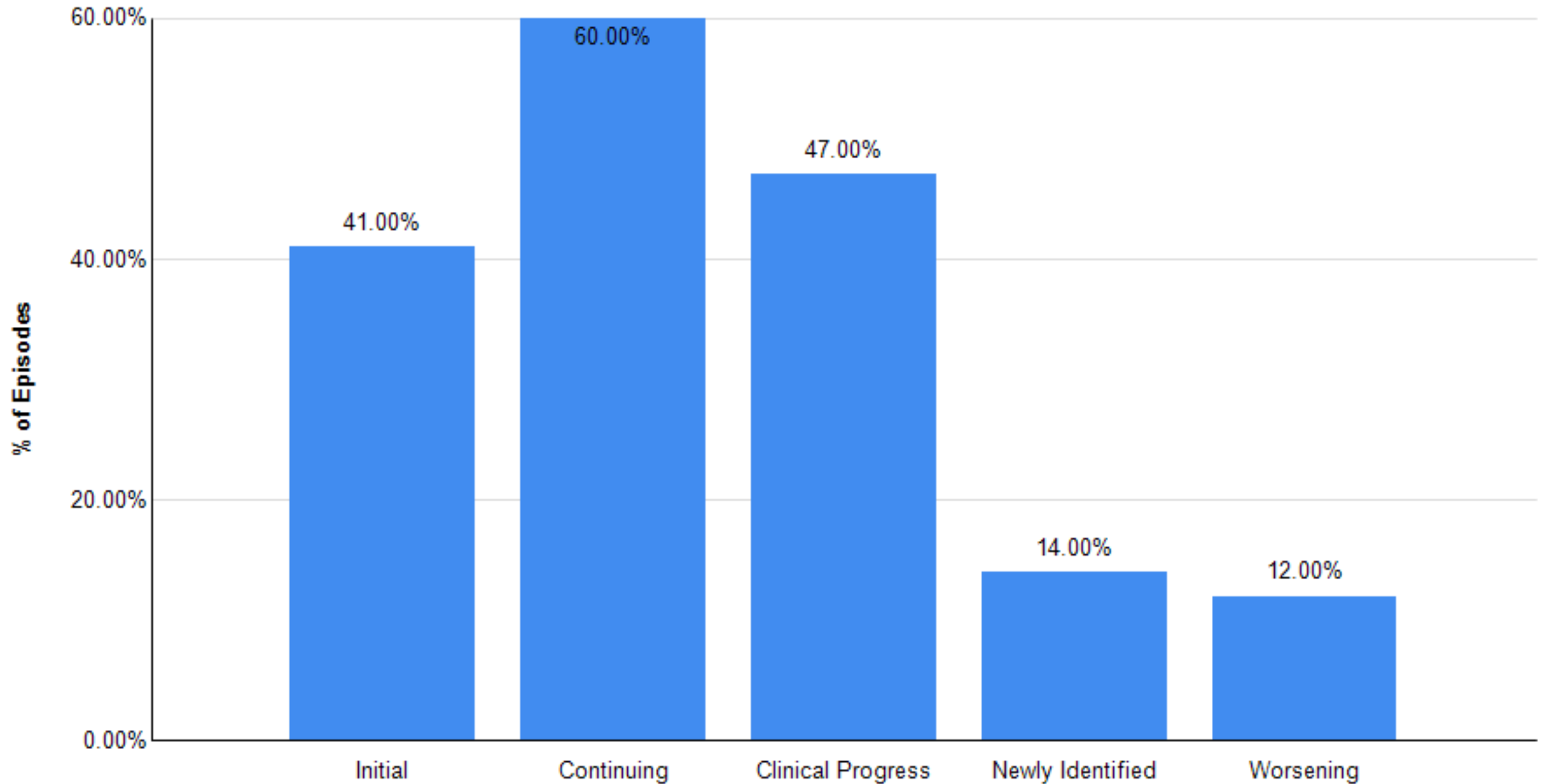
# Delving Deeper in the Data

- 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)

T1





## 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



Counties Selected:

Adams  
Allen  
Bartholomew  
Benton  
Blackford  
Boone  
Brown  
Carroll  
Cass  
Clark  
Clay  
Clinton  
Crawford  
Davies

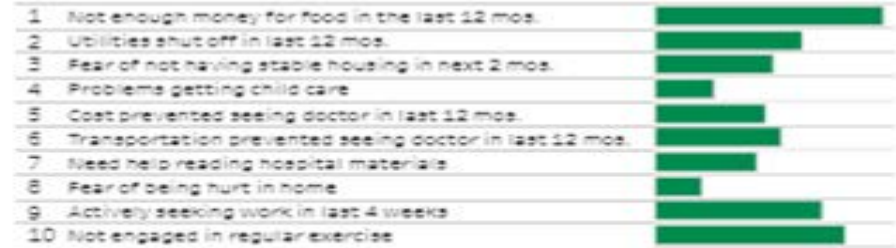
## Hoosier Health & Well-Being Atlas

Click county or question to filter metrics

**399,304**  
Total Assessments Completed

**100.00%**  
Percent of Respondents

Per Selection Since Aug. 2018



### Age



### Education



### Ethnicity



### Gender

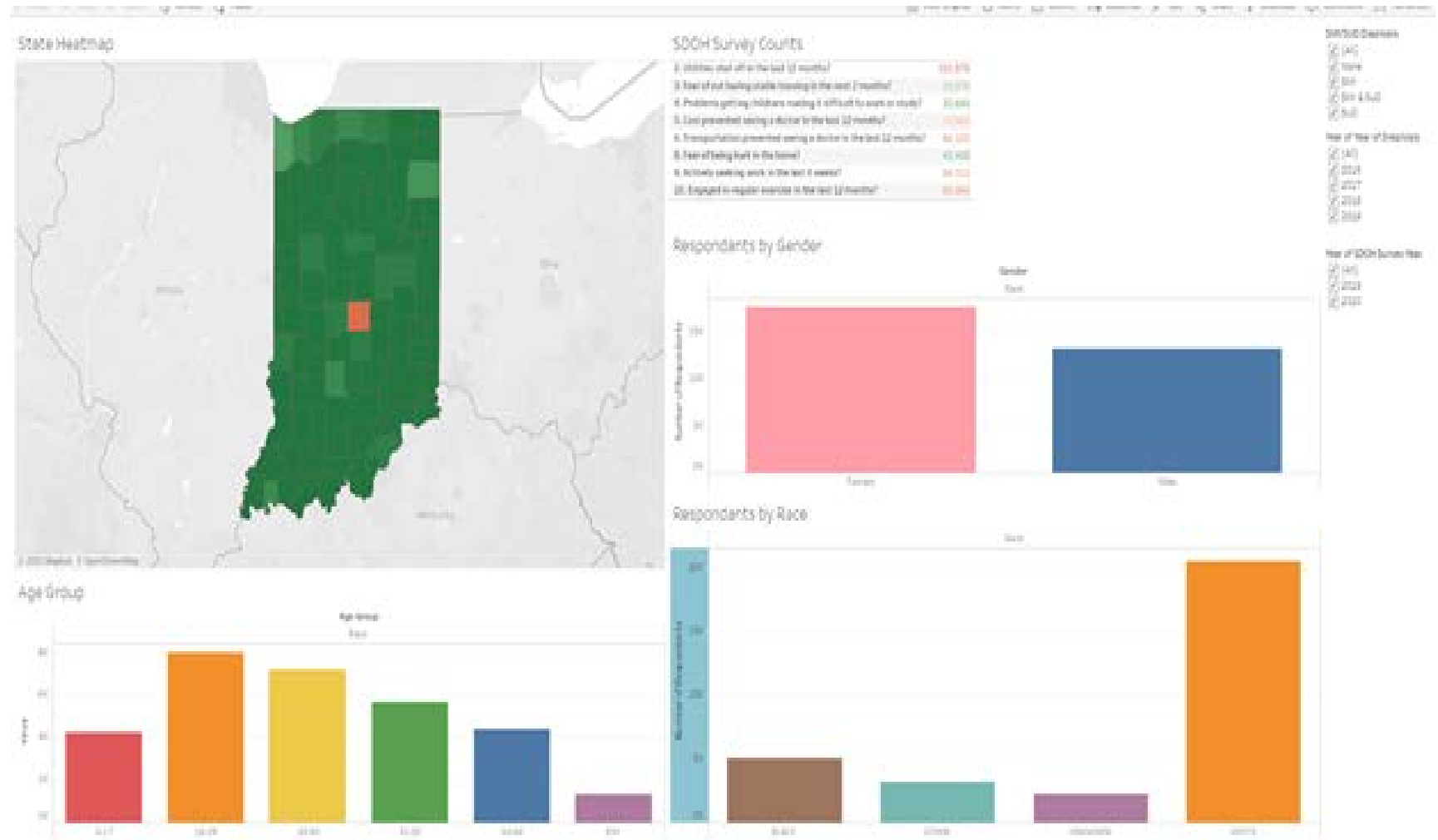


### Marital Status





# 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)

# Recovery Vital Signs



## 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



# Engagement Scale Data



## 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

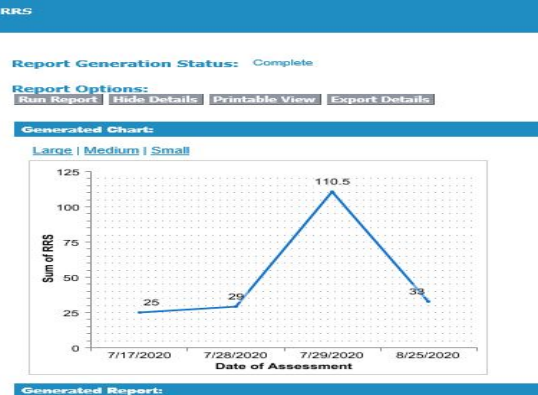
Self Reported on a regular basis (each meeting/week)

Comparative Capabilities



# Engagement Scale Reports

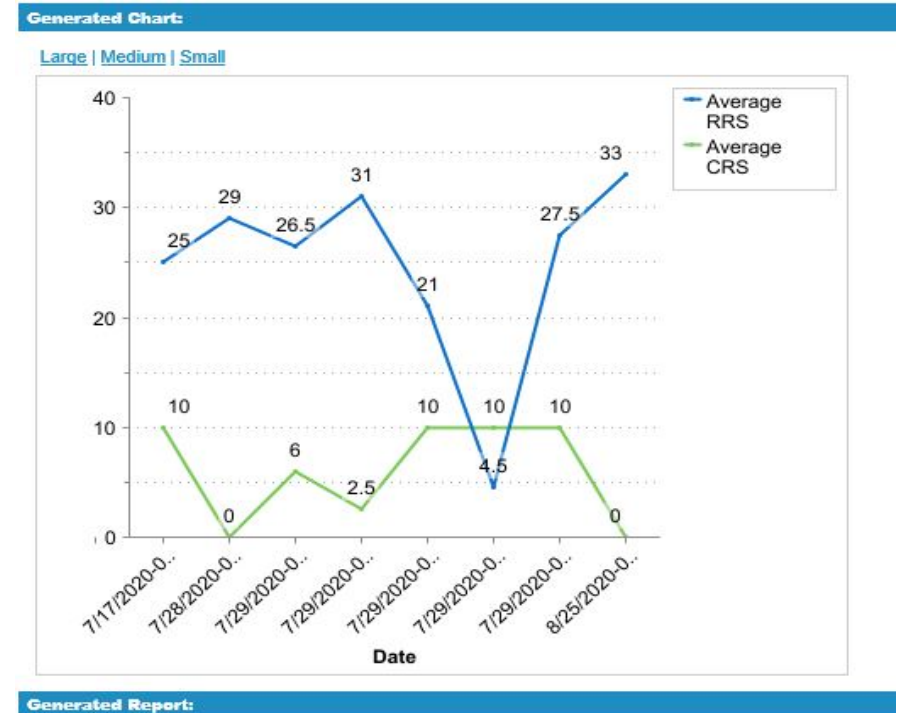
## Outcome Rating Scale



## Craving Rating Scale



## RRS compared to CRS



# Recovery Data Platform



## 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



# 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



**Division of  
Mental Health  
and Addiction**



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**Indiana Division of Mental Health and Addiction**

<https://www.in.gov/fssa/dmha/office-of-consumer-and-family-affairs/>



# 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](mailto: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.

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