

# Using Data to Advance Recovery Focused Decision Making

Presented By

**The Indiana Division of Mental Health and Addiction**

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# Brought To You By:



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January 2021

The use of affirming language inspires hope.

LANGUAGE MATTERS.

**Words have power.**

PEOPLE FIRST.

The P TTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



# Thank You for Joining Us!

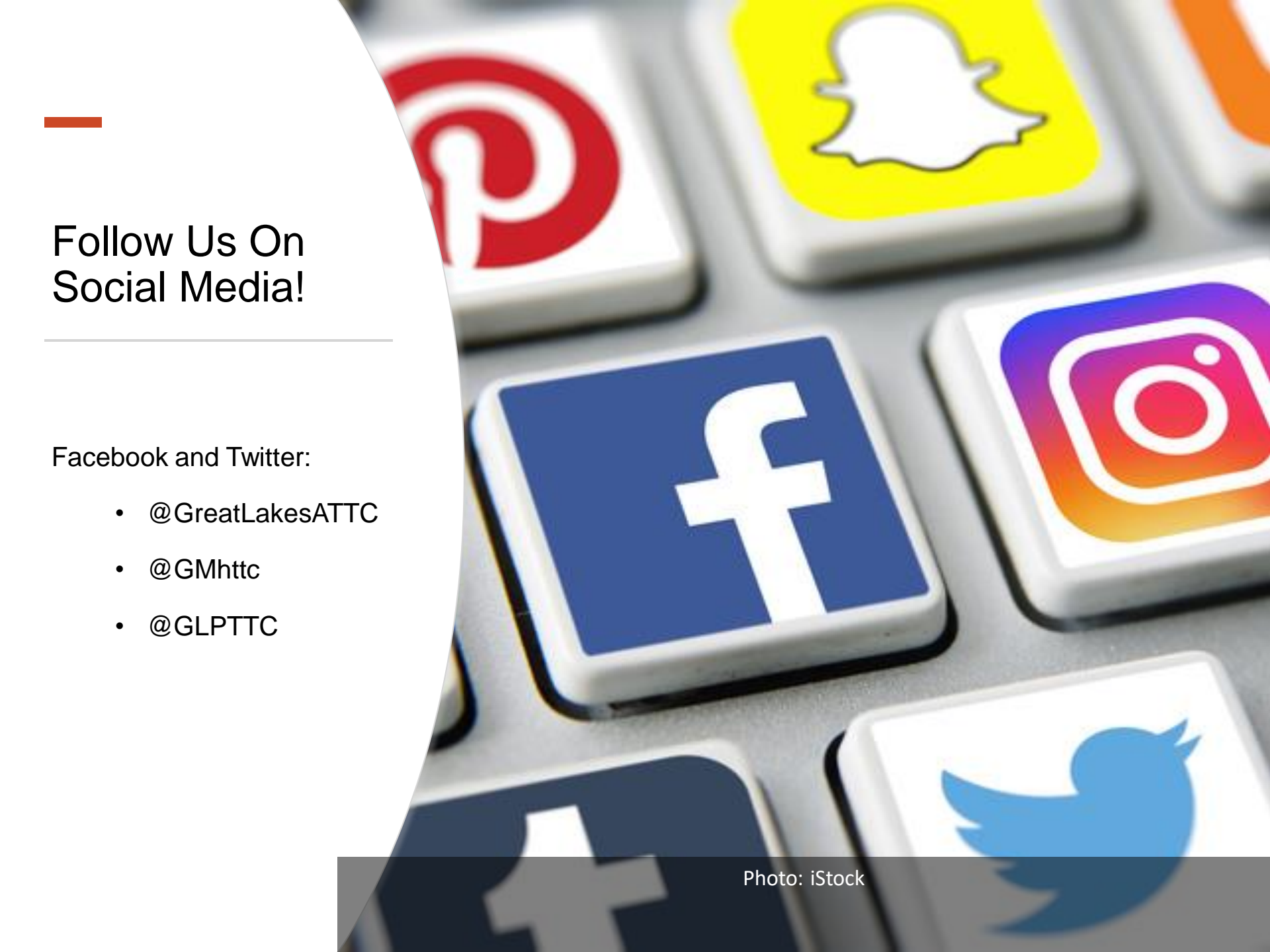
## A few housekeeping items:

- If you are having technical issues, please individually message Stephanie Behlman in the **chat section at the bottom of your screen** and she will be happy to assist you.
- Please put your questions in the chat section and we will have the speakers answer them at the end of the session.

# Thank You for Joining Us!

A few more housekeeping items:

- You will be sent a short survey link in an email after the training session, we would really appreciate it if you could fill it out.
- This presentation will be posted on our websites including the slides.
- Certificates of attendance will be sent out to all who attended the full session. They will be sent via email.

A close-up photograph of several social media icons on white keyboard keys. The icons include Pinterest (red circle with white 'P'), Snapchat (yellow square with white ghost), Instagram (purple-to-orange gradient square with white camera icon), Facebook (blue square with white 'f'), and Twitter (blue bird silhouette). The keys are arranged in a grid pattern, and the background is slightly blurred.

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Facebook and Twitter:

- @GreatLakesATTC
- @GMhttc
- @GLPTTC

# Presenters:

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Dated: 1/22/21



# Division of Mental Health and Addiction (DMHA)

## About DMHA

The Division of Mental Health and Addiction sets care standards for the provision of mental health and addiction services to Hoosiers. DMHA is committed to ensuring that clients have access to quality services that promote individual, family and community resiliency and recovery.

## 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.



# DMHA (cont.)

## DMHA core principles:

Our three core principles are systems that are:

High quality	Seamlessly integrated	Accessible
Person-centered	Full continuum of care	Minimal administrative burden
Innovative	Strong partnerships	Accessible to clients and providers
Data-driven	Smooth referrals	Easy to use
Evidence-based	Minimized silos	Expedient
Peer-driven	Functions with payer sources	Transparent
Culturally competent	Includes shared populations	Expedient access to care
Trauma-informed		



# Today's' Learning Objectives

- 1) How Indiana is collecting and defining recovery data.
- 2) How Indiana plans to use the recovery data.



# Indiana Recovery Data Sets

## Overview of Indiana's Recovery Data Sets

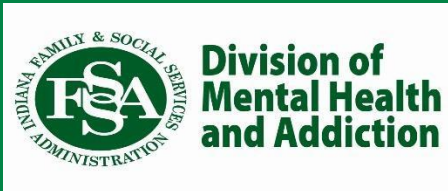
### 1) Recovery Support Workgroup

- a) Indiana Recovery Council Survey
- b) Consumer Satisfaction Surveys (MHSIP/YSFF)
- c) Social Determinants of Health Data
- d) DARMHA Data

### 2) Recovery Data Platform



# Recovery Support Workgroup



# DMHA's Recovery Support Workgroup

A workgroup was developed under MHAPAC (Mental Health and Addiction Advisory Council) by DMHA to promote and develop state-wide recovery supports with the goal of community integration and recovery for persons with mental illness and/or addictions.

The workgroup's first task was to develop and evaluate consumers, the people who support them and mental health and addiction professionals' perception of important recovery supports.



# RSW Gap Analysis and Stakeholder List

## 2012 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)

## Stakeholders

- IHADA - (Home)
- CSH - (Home)
- DMHA - (All)
- Indiana Chamber of Commerce - (Purpose)
- DWD - (Purpose)
- NAMI Indiana - (Community)
- Key Consumer (Community)
- IAIC - (Community)
- ISDH - (Health)
- Etc....

# RSW 2020 Accomplishments

## 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 Brief Set Form
- Data Request Form
- Process Flow Chart

## RSW Mission Statement

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 2020 Accomplishments (cont.)

## Standardization Forms Created for RSW include:

- ❑ Charters for Subgroups



### Recovery Supports Workgroup

**Mission:** *To recommend and promote identified needed supports and resources for individuals in wellness and recovery from mental health and substance use disorders across Indiana*

### HOBBIES & INTEREST SUBGROUP CHARTER

#### DEFINITION

Defined as recreational activities that provide an outlet for stress and promotes creativity. Is included as a priority area as individuals identified this as highly valued but was determined via previous gap analysis that individuals struggle to access these types of supports due to access and financial limitations.

### SUBGROUP MEMBERS

Chairperson & Facilitator: Erin Quiring

Members:

### DATA SET; GAP ANALYSIS & OBJECTIVES

**REQUIRED DATA SET.** The following data set is to be reviewed by the subgroup for this priority area to assist with completion of GAP analysis, then on no less than an annual basis:

- FSSA/DMHA MHSIP Survey - Questions \_\_\_\_\_
- FSSA/DMHA YSS-F Survey - Questions \_\_\_\_\_
- Indiana Recovery Council Survey - Questions \_\_\_\_\_
- SDOH - \_\_\_\_\_
- MPH - \_\_\_\_\_

**GAP ANALYSIS for 2012 – RECOVERY SUPPORTS TOP FIVE PRIORITY RECOMMENDATION(S).** The following includes those previous recommendations based upon the 2012 GAP Analysis: “Hobbies and interest were shown to receive a high rating. The gap analysis showed that while highly valued there is no funding stream to support this. The recovery supports workgroup recommends that efforts focus on this area as important to health. Furthermore this group recommends efforts be undertaken to create a mechanism for providing access to these supports for consumers of services.

Some efforts that might be useful include:

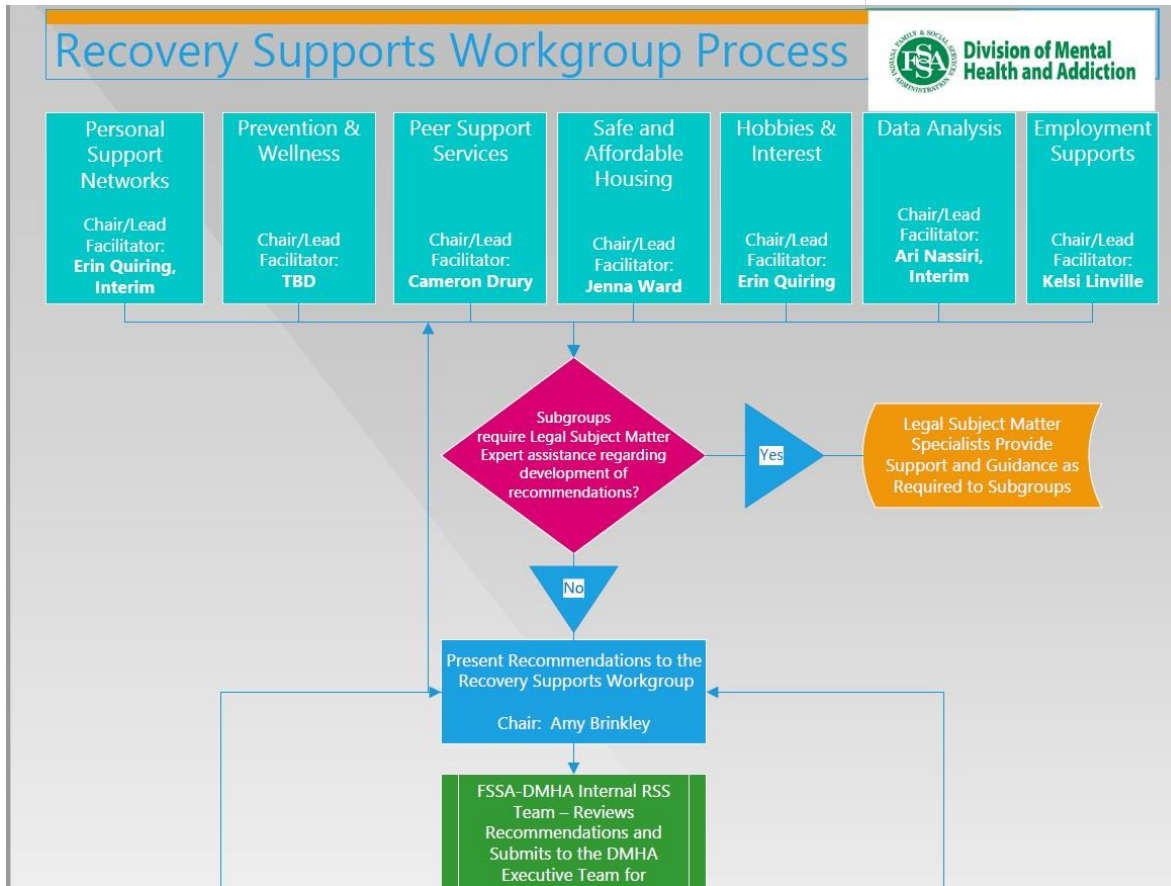
- Establish group Recreation Activities programs supported by DMHA targeted funding
- Create flexible funding streams targeted to payment for community-based classes (such as quilting, pottery, and woodworking) or memberships in gyms, YMCAs and similar programs.



# RSW 2020 Accomplishments (cont.)

Standardization Forms Created for RSW include:

- ❑ Process Flow Chart



# Objective 1: How We Are Collecting Recovery Data

## Data Set Briefs

- Indiana Recovery Council Survey
- MHSIP/YSSF Consumer Satisfaction Surveys
- DARMHA Data - measure outcomes
- Social Determinants of Health

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### Data Set Briefs in process still:

ICJI - 2020 Compliance Survey  
ICJI - 2021 Compliance Survey  
ICJI - 2019 LCC Survey  
ICJI - 2020 LCC Survey  
ICJI - 2019 LCC Focus Group  
ICJI - 2020 LCC Focus Group

IDOH - Inspect  
IDOH - Essence  
IDOH - Vital Records

Next step is for subgroups to make recommendations to the RSW based off data sets in their focused areas.

# 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>
Distance	<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).

# Social Determinants of Health Open Ended Comments

Social Determinants of Health	Health	Home	Community	Purpose
Housing	<ol style="list-style-type: none"> <li>Continue to direct funding to SUD treatment. Housing, counseling, jobs programs and medicine all need funding.</li> <li>improve Medicaid coverage</li> </ol>	<ol style="list-style-type: none"> <li>most landlords do not want to rent to drug felons</li> <li>Finding somewhere to live is hard</li> <li>Resources...more sober living homes</li> <li>Make things like housing assessable to me if I have a felony charge</li> <li>Fund tiered housing</li> <li>Increase funding for housing</li> <li>Re-evaluate their financial cut offs &amp; standards of living for individuals receiving all benefits; fund more low-income housing projects; create laws to make it harder for <u>landlords</u> to discriminate based on prior convictions</li> <li>Yes, laws regarding persons in recovery, accessibility to recovery residences</li> <li>Increase Recovery Housing capacity</li> <li>Fund more transitional care housing</li> </ol>		

**Total Comments = 152**

**Housing = 14**

**Income/Employment = 4**

**Childcare = 3**

**Food Insecurity = 1**

**Transportation = 8**

**Safe Environment = 0**





# Open Ended Comments

## 152 Total

### Barrier Themes

Quality Provider/Capacity - 24

Insurance/Cost – 19

General - 11

Wait Times – 8

Medication - 8

Criminal Record/Criminal Justice – 8

Peer Social Supports - 7

Lack of Awareness - 7

Stigma - 5

No needs/barriers - 4

**Barriers sorted by  
SAMHSA Dimensions  
of Recovery**

Health - 111

Home 15

Community 12

Purpose 7



# MHSIP/YSSF Data

- ❑ **Mental Health Statistics Improvement Program – Adults**
- ❑ **Youth Satisfaction Survey for Families – Youth/Families**
- ❑ **Administered annually**

## **Key Considerations:**

- Much of the survey is standardized
- Focused on treatment
- Skews positive
- Non-standardized questions can be added/edited

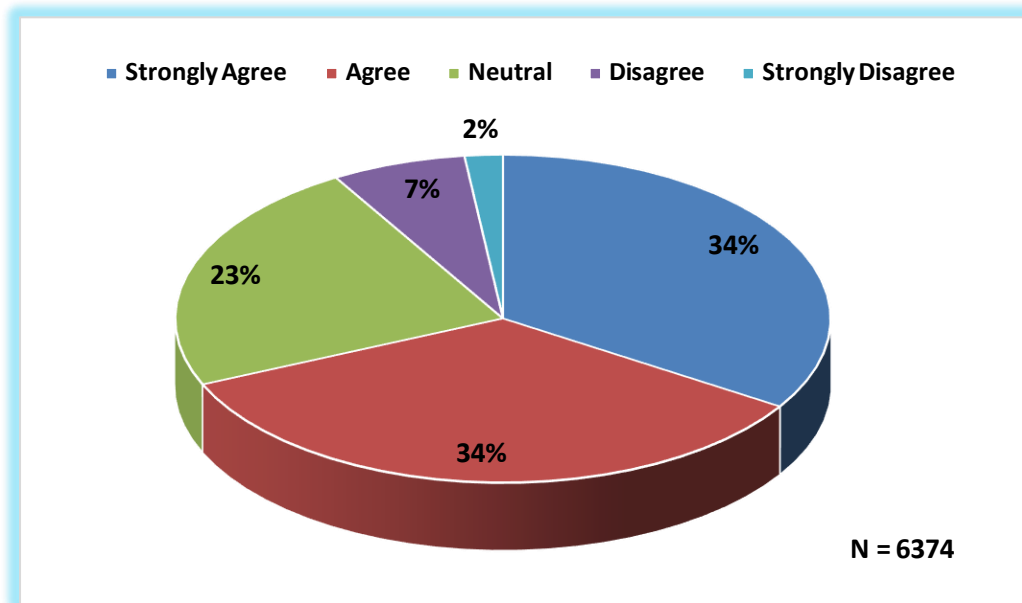
**The survey asked respondents demographic questions to identify their gender, sexual orientation, race, ethnicity, age group, and the county in which they reside.**



# Key Survey Outcomes

- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
- I am happy with the friendships I have.
- I know people who will listen and understand me when I need to talk.

*Figure 22: Respondents who reported their provider offered opportunities to access peer support*



# DARMHA Data

- ❑ **Data Assessment Registry for Mental Health and Addiction**
- ❑ **Records are required for all contracted providers**

## **Key Considerations:**

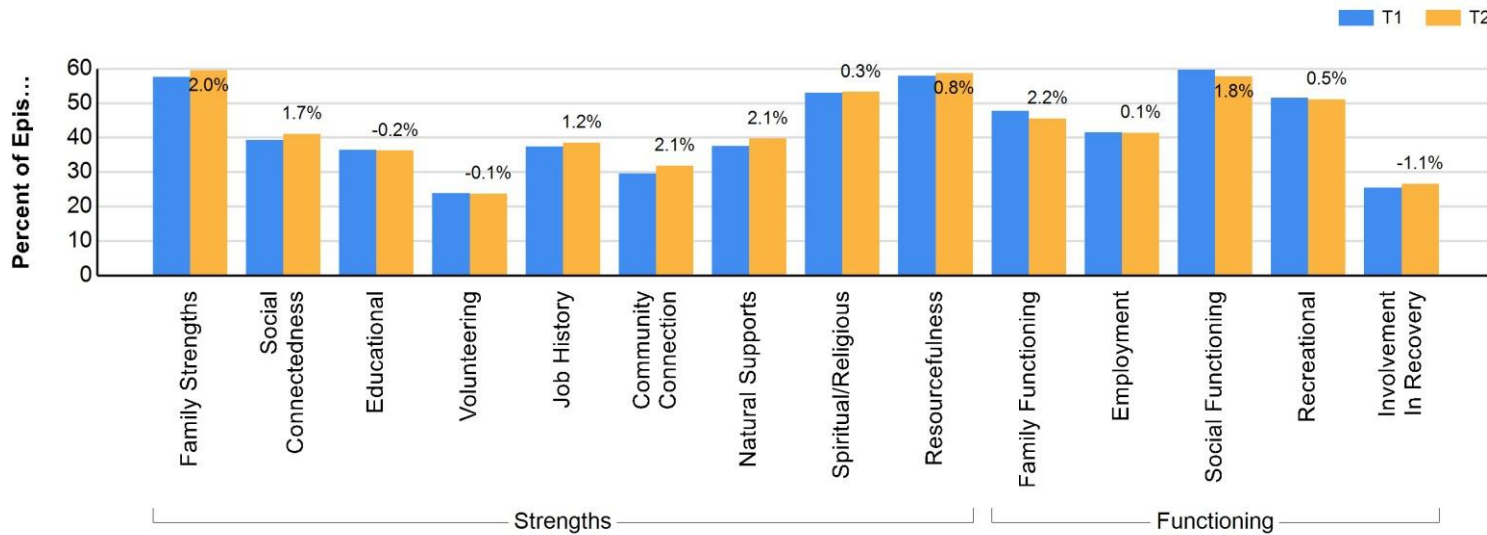
- Focused on treatment
- Relies on providers for data accuracy/input
- Contains years of data
- Child and Adolescent Needs and Strengths and Adult Needs and Strengths Assessments

**Contains questions related to individuals' gender, sexual orientation, race, ethnicity, age group, referral source, the county in which they reside, etc.**



# CANS/ANSA Items

- ❑ Contains a range of needs and strengths that overlap with recovery supports
- ❑ Reports are being built into system

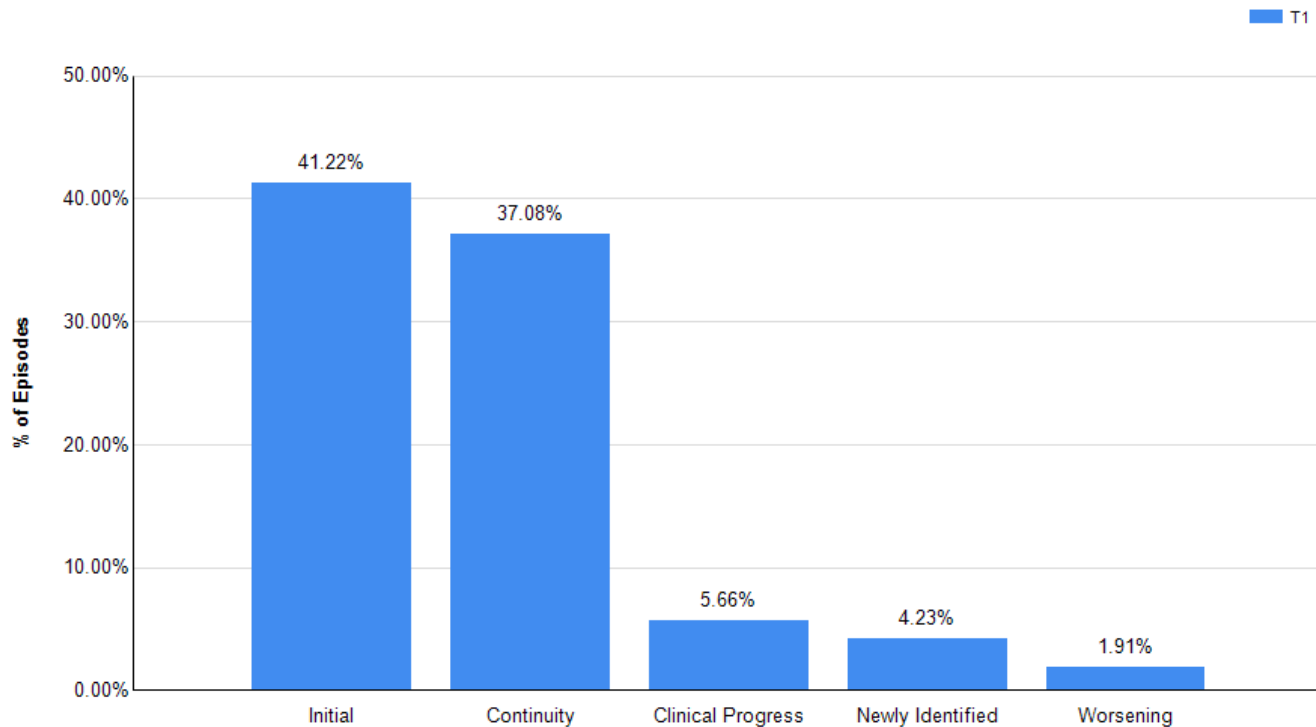


Community Integration  
 Statewide, n = 5,542, e = 5,552 as of  
 05/22/2020



# CANS/ANSA Items (cont.)

☐ New, more sensitive reports in process



Progress Breakout Item: Employment

Actionable, Continuing, Better, Newly Identified, Worsening Report for Adults

Statewide, n = 6,522, e = 6,551 as of 06/25/2020



# Social Determinants of Health Data

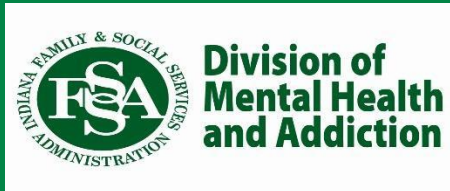
- Provided to anyone applying for Medicaid online
- Matched data to individuals with previous mental health or substance use diagnosis

## Key Considerations:

Contains questions related to individuals' gender, race, ethnicity, age group, and the county in which they reside.



# Recovery Data Platform





# Recovery Data Platform

## Faces and Voices of Recovery

- Cloud based recovery platform-Salesforce
- 2 Year Contract
  - 200 licenses (peers)
  - 2 Super Users (1-DMHA, 1-Governor's office)

## Current Partners

- Regional Recovery Hubs
  - 16 Organizations (+)
  - 1-10 Staff per Organization
- 4 Pilot Sites
  - INWELL, NAMI WCI, Choices, and The Landing
  - Youth, Mental Health Peer, Addiction Recovery, Recovery Residence



# Recovery Data Platform

- ❑ General Interactions, Intakes, Referrals
- ❑ Recovery Management Plan
  - SMART Goals
  - Action Plan
  
- ❑ **Recovery Vital Signs (Scales)**
  - Brief Addiction Recovery Capital Scale (once a week)
  - Engagement Scale (once a week)
    - Outcome Rating Scale
    - Relationship Sessions
    - 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

## Relationships Rating Scale

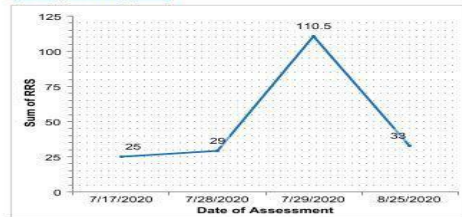
RRS

Report Generation Status: Complete

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## Craving Rating Scale

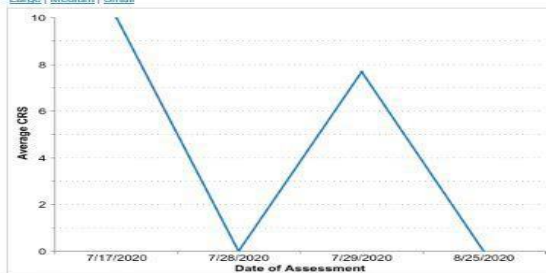
CRS

Report Generation Status: Complete

Report Options: Run Report | Hide Details | Printable View | Export Details

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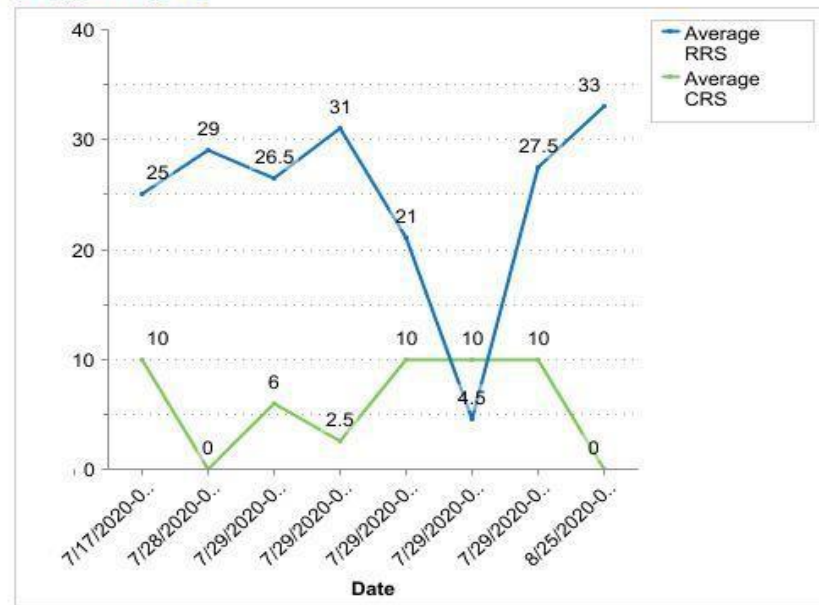
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## RRS compared to CRS

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Generated Report:

Plan is to collect data, review, and revisit in 12 months.



# Recovery Data Platform

## To Date

- ❑ 20 Organizations using RDP
- ❑ 100 licenses issued to date
- ❑ Almost 900 Participants in the system
- ❑ December 2020
  - ❑ 1613 People Served
  - ❑ 1194 People Served in Groups

### To Date Totals

People Served = 7,261

Groups = 6,798

Total= 14,059

Referrals = 2,640

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



# Ask us anything



# Indiana Division of Mental Health and Addiction

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