

Collaborate, Review Data and Change; Repeat

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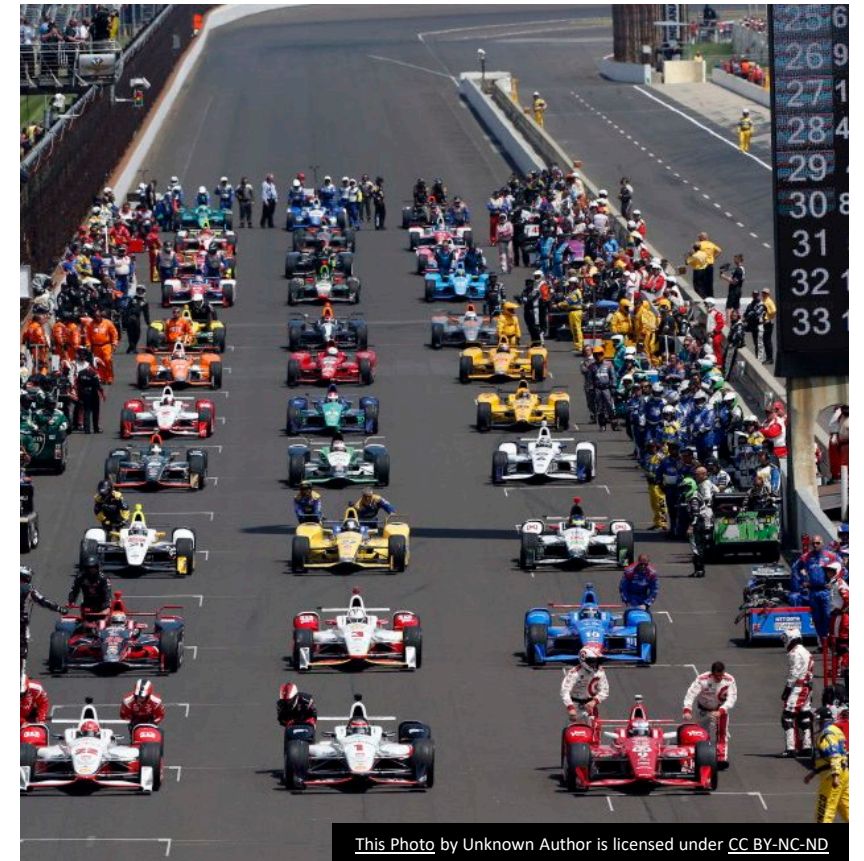
Disclosure

Betty Walton: My spouse, significant other, or I have not had any relevant financial relationships during the past 12 months.

Wendy Harrold: My spouse, significant other, or I have not had any relevant financial relationships during the past 12 months.

Fun Facts about Indiana

- We have the Indianapolis 500 car race.
- The state's motto is "The Crossroads of America."
- Indiana's nickname is the Hoosier State.
- In July 2021, the census estimated 6,805,985 people in Indiana.
- Indiana has a town called Santa Claus.
- Popcorn is the official state snack.
- Indiana has rich concentrations of limestone; Indiana limestone helped build the Pentagon, the Empire State Building, the National Cathedral and more.



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Learning Objectives

Upon completion of this educational activity, you will be able to:

- describe behavioral health recovery dimensions and principles and compare recovery and TCOM frameworks (ANSA items)
- describe the collaborative infrastructure needed to identify, build, and support recovery services and monitor gaps in the system
- interpret several ANSA outcome management reports
- utilize ANSA recovery-related items to inform policy planning and to manage change



Behavioral Health Recovery

The concept of **recovery** from mental health and substance use disorders evolved from a deficit focus to include functional and personal recovery.

Through a collaborative process SAMHSA (2012), the federal behavior health authority, developed recovery's working definition: **“a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”**

In 2022, SAMHSA launched a national Recovery Challenge to identify innovative initiatives and revisit the recovery framework.

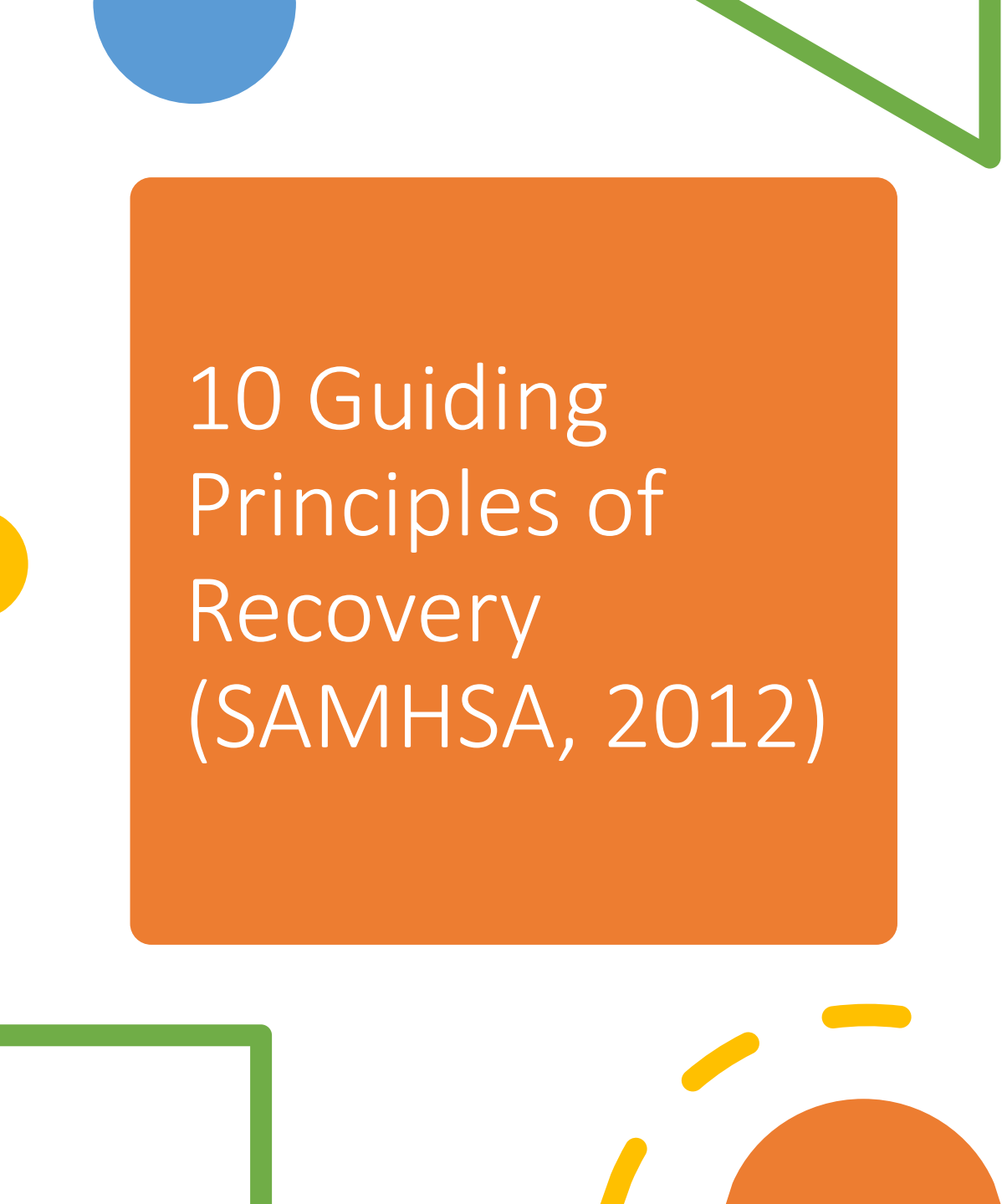


SAMHSA's Dimensions of Recovery

SAMHSA identified the following dimensions that support a life in recovery (SAMHSA, 2012). We use these dimensions to organize all the data we review.

- **HEALTH** – overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being
- **HOME** – having a stable and safe place to live
- **PURPOSE** - conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **COMMUNITY** - having relationships and social networks that provide support, friendship, love, and hope

RECOVERY IS EASIER WHEN LIFE IS!



10 Guiding Principles of Recovery (SAMHSA, 2012)

- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect
- Hope

Recovery Dimensions

Health
Home
Purpose
Community

Recovery Principles

Person-Driven
Many Pathways
Holistic
Peer Support
Relational
Culture
Addresses Trauma
Strengths/Responsibility
Respect
Hope

Compare
Recovery
Dimensions and
Principles

with the

TCOM
Framework and
Items

TCOM Framework

Shared Vision
Personal Change
Collaborative
Outcomes
Management
Considering Culture

ANSA Items

Optimism
Involvement in Recovery
Residential Stability
Transportation
Employment
Recreational
Family Strengths
Natural Supports
Community Connectedness
Volunteering
Cultural Factors
Adjustment to Trauma

Recovery Support Workgroup

Recovery Support 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.

Currently 57 members representing 26 agencies

- Indiana Housing Community Development Authority
- Center for Supportive Housing
- Division of Mental Health and Addiction
- Office of Medicaid, Policy and Planning
- The Wellness Council/Indiana Chamber of Commerce
- Department of Workforce Development
- Indiana Works/APSE/ASPIRE Indiana
- NAMI Indiana & NAMI Indianapolis
- Key Consumer

Mental Health America of Indiana & MHA
Northeast Indiana

Indiana Addictions Issues Coalition

Indiana Department of Health

Indiana Department of Education

Indiana Criminal Justice Institute

Indiana Department of Correction

Indiana Department of Child Services

Indiana Management Performance Hub

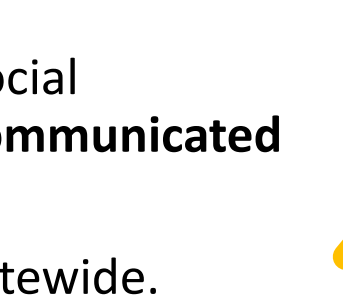
Additional Community Organizations

50% + people with direct lived experience

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Efforts Siloed
– Created
the Recovery
Support
Workgroup

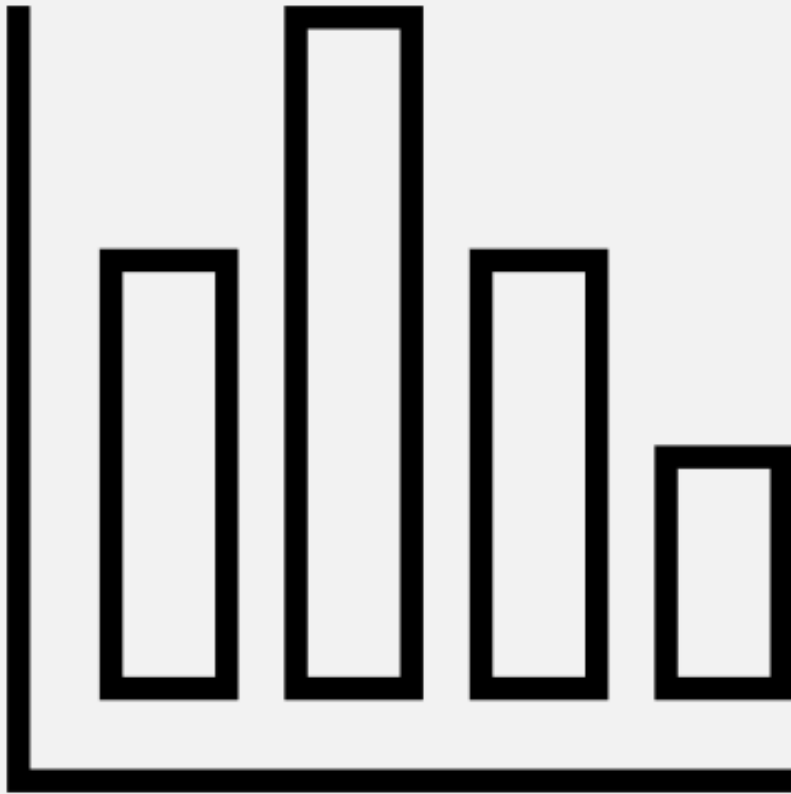
Purpose of the Recovery Supports Workgroup (RSW)

- 1. To break down silos within systems and in the continuum of recovery**, which includes identifying other state agencies or community groups that are conducting the same or similar needs, assessments or activities, and to **coordinate and communicate** these efforts to individuals, providers and local community agencies across the state.
 - 2. Identify existing gaps and needs in the system**, as well as those supports, and services requested by individuals in recovery; **identify strategies and recommend/advise** DMHA (and any other applicable state agency) **for funding/implementation**.
 - 3. Identify resources** to assist and impact with social determinants of health and ensure they are **communicated and connected with individuals in recovery**.
 - 4. To expand and improve recovery supports** statewide.
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- A decorative graphic consisting of several short, curved yellow dashes arranged in a curved path at the bottom right of the slide.

RSW Data Informed Recommendations

Recovery Support Workgroup Data Sets

- Lived Experience Feedback Survey
- Consumer Satisfaction Surveys (MHSIP/YSS-F)
- Assessment Data (CANS/ANSA)
- Recovery Organization Data
- National outcome data and other data collected



ANSA Recovery Items

We selected and grouped ANSA (Lyons, 2009) 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 Connection
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

CANS and ANSA Utilization

- The Indiana Division of Mental Health and Addiction (DMHA) receives more than **350,000** CANS and ANSA assessments a year for over **200,000** individuals.
- Contracted treatment providers utilize the CANS and ANSA.
- Provider staff complete a CANS or ANSA with individuals at admission, every six months and at discharge.



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Information about the Data and Reports

- All data in this presentation came from State Fiscal Year 2022 (July 1, 2021-June 30, 2022).
- Updated CANS/ANSA Assessment and Outcome Reports Resource Guide, <https://dmha.fssa.in.gov/darmha/MainDocuments>

Data Assessment Registry Mental Health and Addiction (DARMHA)

DMHA's main web-based data collection system

- Includes demographics, assessment, National Outcome Measures (NOMs), Diagnoses and Service Data
- Also includes CANS/ANSA Outcome Management Reports

CANS and ANSA Outcome Reports

In order to run a report, please select from the following required fields: Tool ID, Agreement Type, Date Option and T2 Date Range. Other dropdowns and checkboxes are optional filters.

Report: Resolved Actionable Needs (Young Children) ▼

Select Provider: - STATEWIDE - ▼

(Required) Tool ID: < Select > ▼

(Required) Agreement Type: < Select > ▼

SUD Treatment: Only show data for people with SUD treatment within the time frame chosen

(Required) Date Option: < Select > ▼

Reporting Field 1: < Select > ▼

Reporting Field 2: < Select > ▼

Gender Identity: < Select > ▼

DMHA Supported Consumer: < Select > ▼

Episode Status: < Select > ▼

(Required) T2 Date Range: < Select > ▼

Age Group: < Select > ▼

County: < Select > ▼

EBP Question: < Select > ▼

Rural/Urban Option: < Select > ▼

Display Option: Chart Chart with Summary Data Raw Data

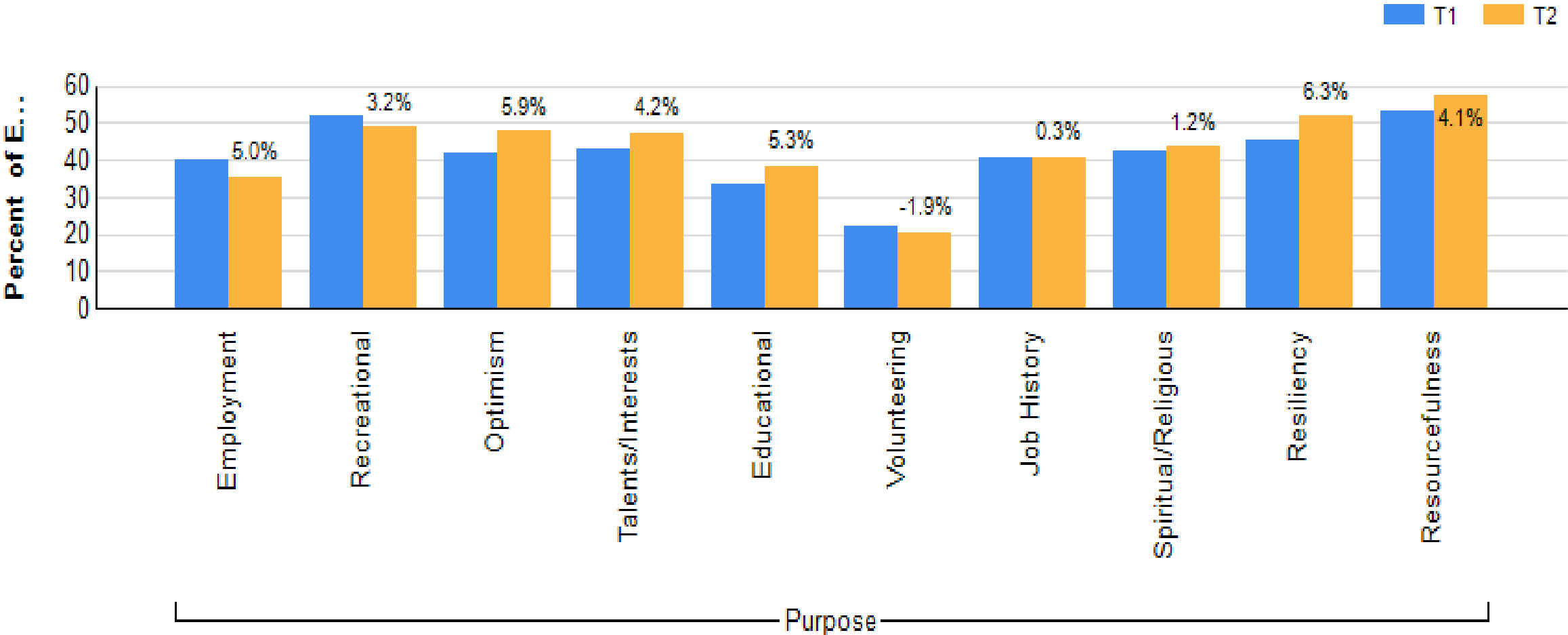
Race:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Nat Hawaiian/Pacific Isl | <input type="checkbox"/> Other Single Race |

Ethnicity:

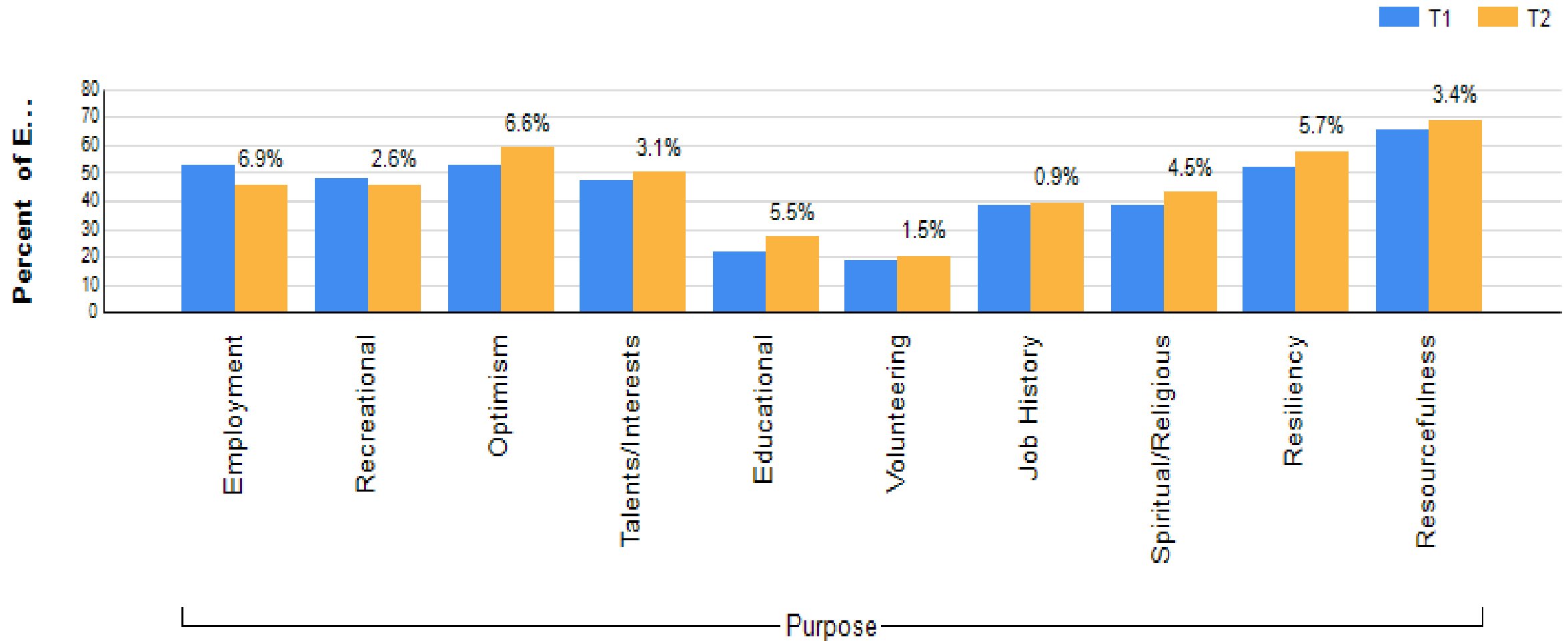
- | | |
|--|---|
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Latino, Unknown Origin |
| <input type="checkbox"/> Unknown Ethnicity | |

Purpose ANSA Items for Individuals with SMI, SFY22, Statewide, n = 45,114



The Purpose Recovery dimension includes need and strength items. The % at top of T2 Bar reflects the percentage of change over time; positive percentage = improvement.

Purpose ANSA Items for Individuals with SMI, SFY22, Marion County, n = 5,778



The Purpose Recovery dimension includes need and strength items. The % at top of T2 Bar reflects the percentage of change over time; positive percentage = improvement.

Purpose ANSA Items for Individuals with SMI, SFY22, Marion County, n = 5,778

	ANSA Items	Percent at T1	Percent at T2	Change
Needs	Employment	48.60%	43.22%	5.38%
	Recreational	60.26%	57.08%	3.18%
Strengths	Optimism	45.26%	56.82%	11.56%
	Talents/Interests	36.53%	45.57%	9.05%
	Educational	27.69%	38.81%	11.13%
	Volunteering	21.36%	21.89%	0.53%
	Job History	32.09%	35.92%	3.83%
	Spiritual/Religious	44.02%	49.58%	5.55%
	Resiliency	43.34%	55.46%	12.12%
	Resourcefulness	50.25%	58.06%	7.81%

Admission data for individuals
with Serious Mental Illness –
Represents 45,114 People

Top Actionable Needs

- Sleep (61%)
- Social Functioning (60%)
- Family Functioning (52%)
- Recreational (52%)
- Medical/Physical (41%)
- Employment/Job History (40%)

Most Common Strengths Present

- Resourcefulness (53%)
- Family Strengths (50%)
- Resiliency (46%)
- Talents/Interests (43%)
- Spiritual/Religious (42%)
- Optimism (42%)

Admission data for individuals
with Substance Use Disorders –
Represents 11,932 People

Top Actionable Needs

- Social Functioning (52%)
- Sleep (51%%)
- Family Functioning (49%)
- Recreational (49%)
- Employment (41%)
- Medical/Physical (32%)

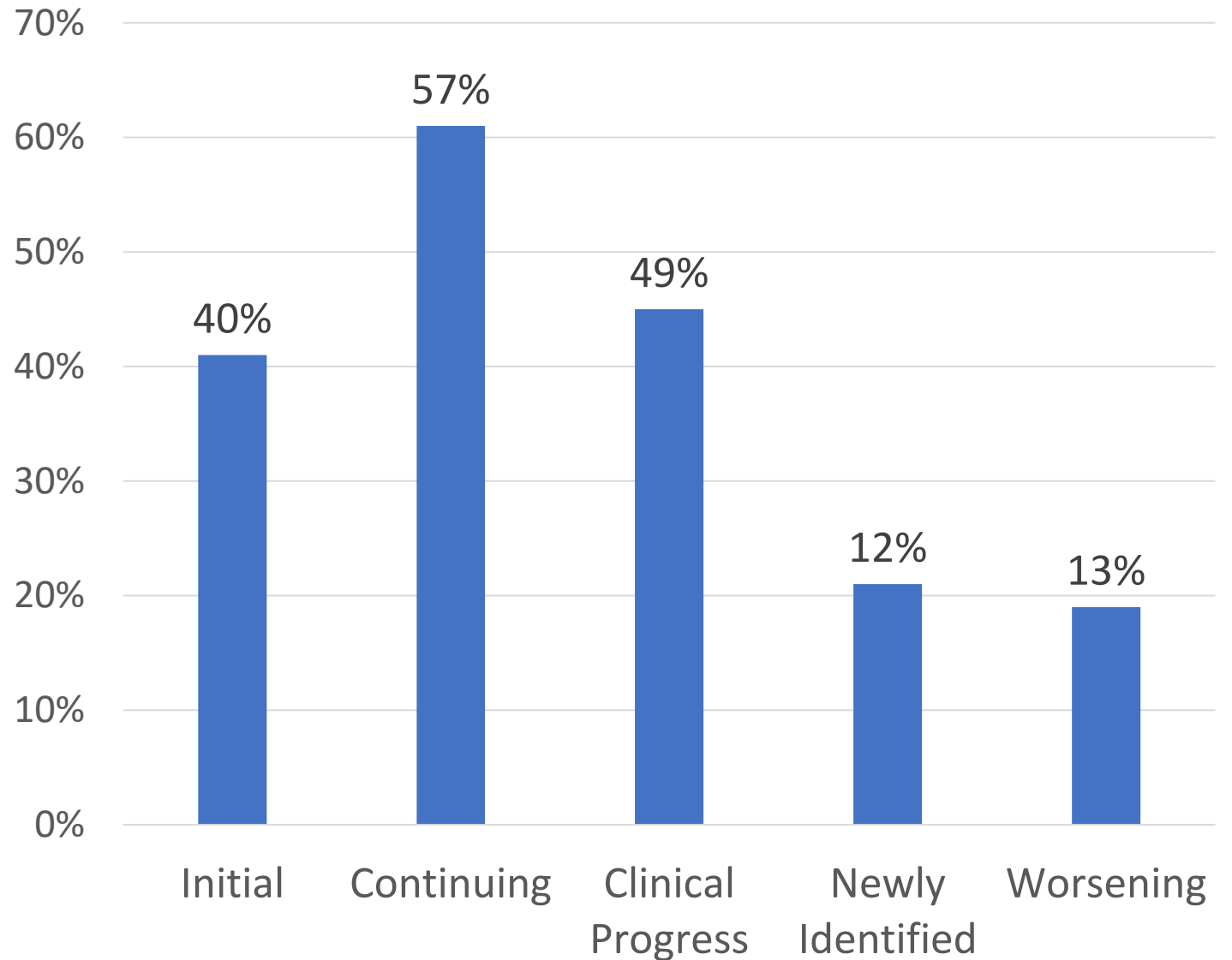
Most Common Strengths Present

- Resourcefulness (58%)
- Optimism (54%)
- Family Strengths (53%)
- Resiliency (50%)
- Talents/Interests (46%)
- Job History (43%)

Delving Deeper in the Data

- Other ways we can view the data...
 - We can look at a specific ANSA item to see what is happening.
 - We can look at actionable needs for an item by counties.
 - We can also link ANSA data to other data (e. g. demographic information, National Outcome Measure data, Social Determinants of Health, or Medicaid claims) to get a better picture of what is going on.
 - Disaggregate data by age, gender, race/ethnicity, or geography

Employment
Progress for
Individuals
with SUD,
SFY 2022,
n = 11,932



Community Recovery Dimension: Item level Data

ANSA Items	Actionable	Continuing	Clinical Progress	New Identified	Worsening
Family Functioning	52%	74%	35%	28%	8%
Social Functioning	60%	76%	35%	31%	9%
Transportation	18%	54%	52%	12%	8%
Cultural Identity	1%	32%	70%	1%	1%
Rituals & Traditions	1%	25%	78%	<1%	1%
Family Strengths	50%	75%	34%	28%	13%
Social Connectedness	37%	67%	41%	22%	8%
Community Connection	27%	60%	47%	16%	10%
Natural Supports	39%	67%	41%	23%	9%

N = 45,114 adults with SMI



Disaggregating the Data to Identify, Address, & Monitor Disparities

Averages (means) do not represent the progress of individuals or of groups of people related to characteristics, such as:

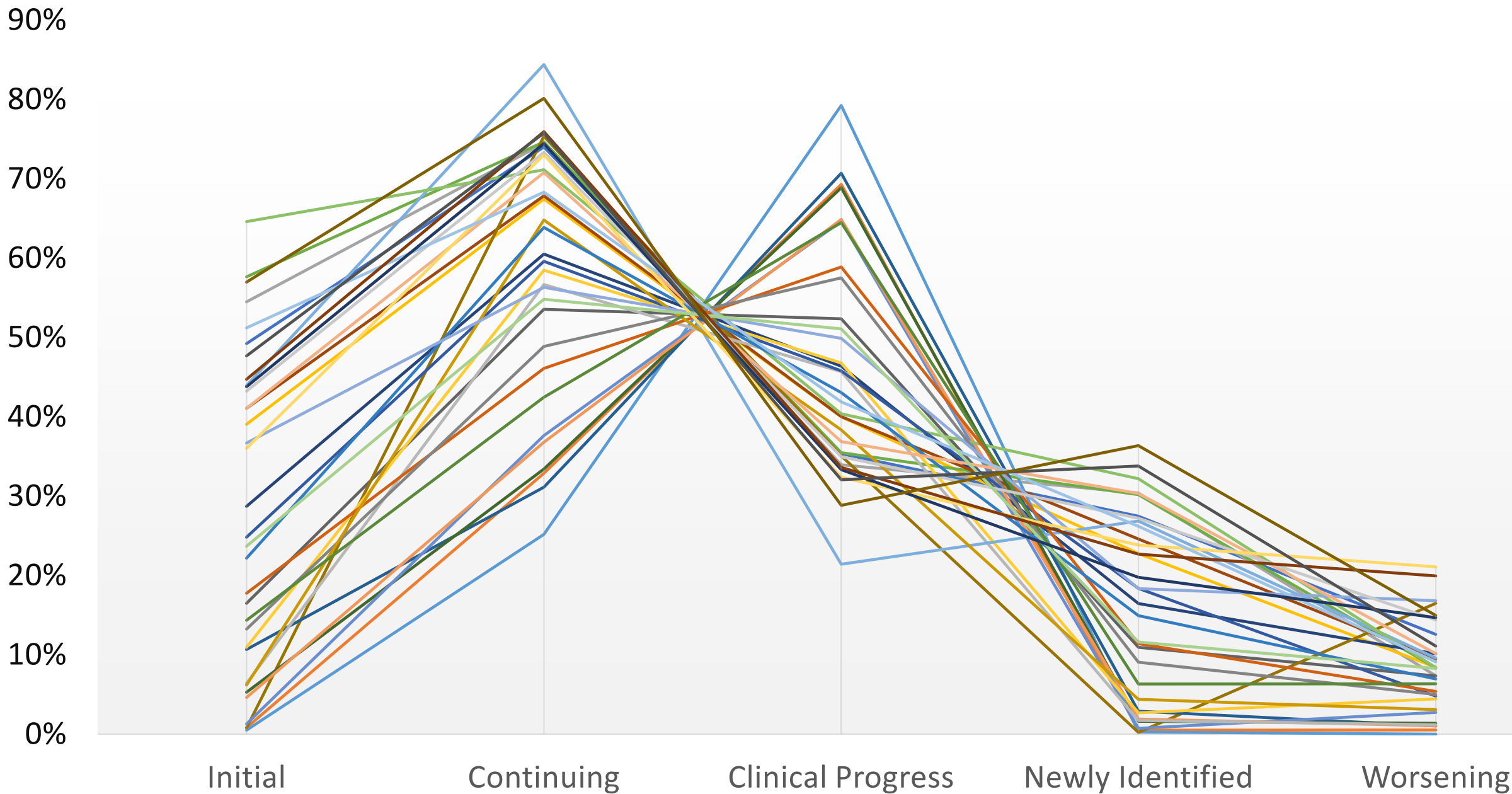
- age
- gender identity
- race/ethnicity
- geography
- intersections of characteristics

It is necessary to disaggregate data to identify, address, & monitor disparities.

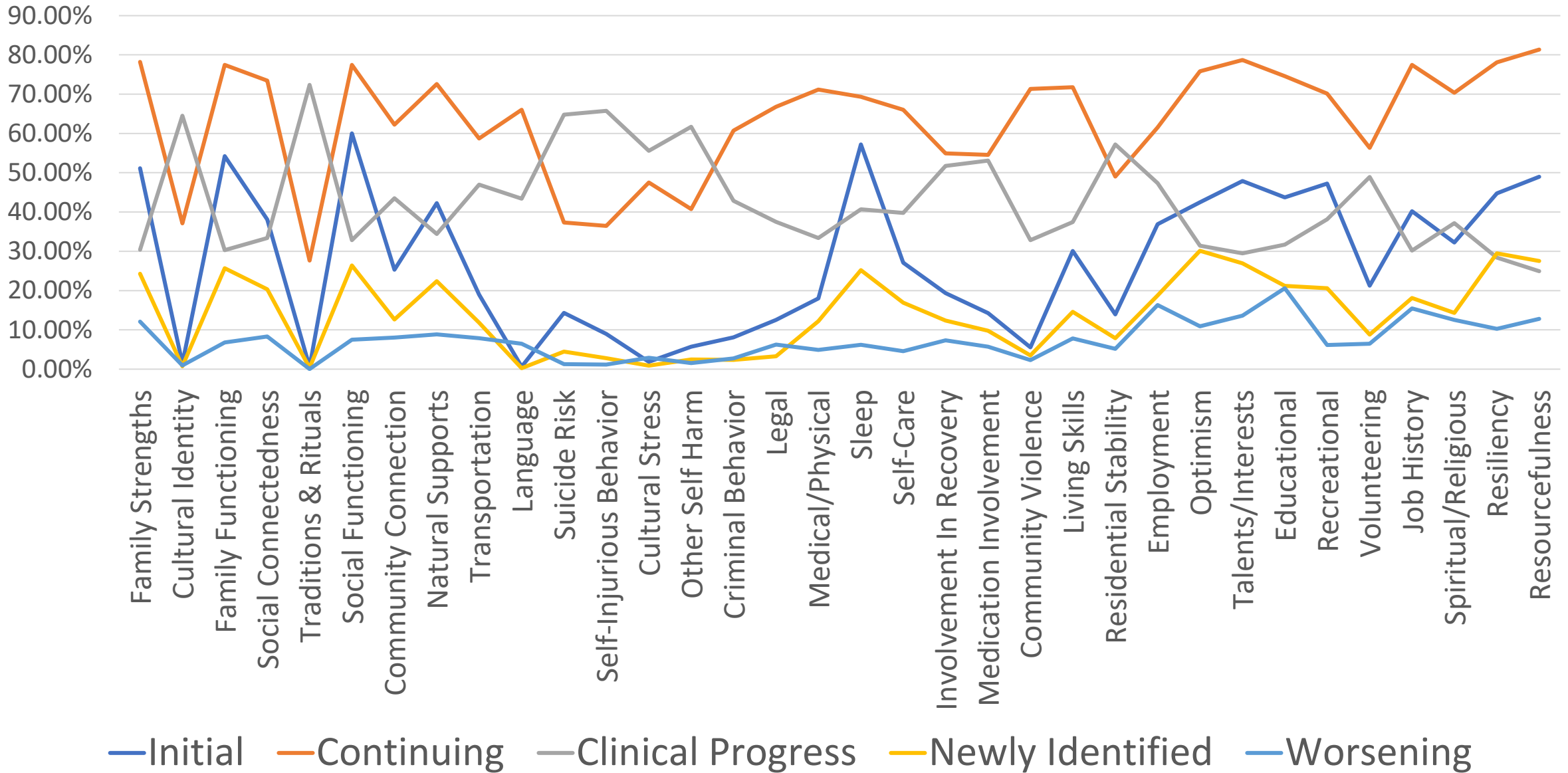
Comparison of **Involvement in Recovery** Progress by Characteristics of Individuals with SMI

Characteristics (#)	Actionable	Continuing	Clinical Progress	Newly Identified	Worsening
Everyone (45,114)	21%	49%	56%	13%	7%
Women (26,846)	18%	46%	59%	11%	5%
Men (17,254)	26%	53%	54%	15%	7%
TAY (8,591)	19%	55%	52%	12%	7%
Black TAY (1,151)	20%	64%	45%	15%	7%
Black (5,720)	33%	58%	51%	18%	7%
Hispanic (1,828)	20%	52%	56%	10%	6%
Native American (449)	24%	50%	57%	17%	7%
White-NH (36,086)	19%	47%	58%	12%	6%
Rural Community (16,868)	19%	45%	60%	12%	6%

Progress Patterns for Women with Serious Mental Illness, n = 26,846



ANSA Item-Level Progress Report for Transition-Age Youth, n = 8,591



Research: What factors predict recovery for adults with SMI?

Linking ANSA data with other relevant information

Prevalence

National Survey on Drug Use and Health (NSDUH). In 2020, **21%** of adults experienced mental illness; **5.6%** experienced severe mental illness (SMI). Over **29%** had mental illness or a substance use disorder (SUD); **2.2%** had SMI and SUD (SAMHSA, 2021).

Rural vs. Urban. In 2018, the prevalence serious mental illness (SMI) differed for rural and urban adults ages 18 and over. **5.8%** of rural adults experienced SMI (e.g., major depression, bipolar disorder, schizophrenia) compared to **4.1%** of urban adults (SAMHSA, 2019; Ezekiel et al., 2021).

Varies by Age. Prevalence of SMI varied by age: **9.7%** of young adults (18-25), **6.9%** (26-49), & **3.4%** (50 & older). However, young adults with SMI were less likely to participate in treatment (**57.6%**) than older adults (**63%**; SAMHSA, 2021).

Disparate Service Access & Outcomes

- **Mental health services utilization by adults differed by race/ethnicity:** adults reporting two or more races (17.1%), white adults (16.6%), and American Indian or Alaska Native adults (15.6%), followed by Black (8.6%), Hispanic (7.3%), and Asian (4.9%) adults (SAMHSA, 2015).
- **Having SMI and SUD** has been related to disparate service access (Priester et al., 2016).
- **Social determinants of health (SDOH)** may increase mental health risks, and serious mental illness increases the likelihood of poverty and other SDOH (Braveman et al., 2011; American..., 2019).
- **Outcome disparities** have been documented related to race, ethnicity, gender and geography (Andrykowski et al., 2014; Eack & Newheill, 2012; WHO, n. d.).

Method - Analysis

Hierarchical Linear Regression (HLR) variables based on the literature

- **Dependent Variable.**
Recovery Rate
(# resolved needs/# ever actionable needs; Cordell et al., 2016);
Mean=0.24;
(SD=0.28912)
- **Predictive variables** were directly entered in three blocks.
- **SPSS, v. 28**

age, female, people of color, rural, housing stability, transportation

CBT, Peer support, Supportive housing, Medication management, duration

involvement in recovery, SUD recovery support, resiliency, community connection, job history, spiritual/religious

Results:
Descriptive
Information
n = 12,614

	Variables	Mean	SD
Predictors	People of Color	.2340	.42855
	Residential Stability	.82	1.014
	Transportation	.69	.878
	Rural	.17	.376
	Age	36.72	11.691
	Female	.46	.49855
	Involvement in Recovery	1.22	1.037
	SUD Recovery Support	1.51	1.178
	Resiliency	1.39	.869
	Community Connection	1.94	.989
	Job History	1.51	.974
	Spiritual/Religious	1.74	1.086
	CBT	.50	.500
	Peer Support	.11	.312
	Supportive Housing	.03	.170
	Medication Management	.25	.430
	Duration -Years	1.06	1.086

HLR Results
for
Recovery,
N=12,614

Variables	Model 1	Model 2	Model 3
Age	0.027**	- 0.013	- 0.022**
Female	- 0.00	- 0.119*	- 0.023**
People of Color	- 0.037***	- 0.136***	- 0.024 ***
Rural	- 0.038***	- 0.044***	- 0.057*
Residential Stability	- 0.065***	- 0.054***	0.007
Transportation	- 0.010	- 0.025**	0.039***
Cognitive Behavioral Therapy (CBT)		0.073***	0.046***
Peer Support		0.046***	0.062***
Supportive Housing		- 0.018*	- 0.020*
Medication Management		- 0.136***	- 0.084***
Duration - Years		0.239***	0.220***
Involvement in Recovery			- 0.242***
SUD Recovery Support			- 0.142***
Resiliency			- 0.128***
Community Connection			- 0.058***
Job History			- 0.048***
Spiritual/Religious			0.054***

R² = 0.008, .076, 0.143, and 0.229. *p < .05; ** p< .01; ***p < .001.

Findings

Lower levels of recovery were related to:

- Older individuals
- Women
- People of color
- Adults living in a rural community
- Inadequate SUD recovery support
- Not actively involved in self-directed recovery
- Self-care challenges (supportive housing and medication management)



Findings

Higher levels of recovery were related to:

- Active involvement in planning/treatment and self management
- SUD Recovery Support
- Community Connections
- Job History
- Resiliency
- Early identification of housing stability and/or transportation issues
- Longer Duration of Services/Supports (engagement)
- Peer Supports
- Cognitive Behavioral Therapy





Disseminating & Utilizing Recovery Data & Findings

Sharing Recovery Data with RSW Workgroups

- Started with the Health RSW group. They welcomed the information but requested disaggregated data by:

- Age
- Gender
- Race & Ethnicity
- Geography
- Intersections (e.g., Hispanic, female, young adults)

Solutions?

- Presentations of high-level data to each work group.
- Periodic ad hoc reports with disaggregated information and trends.
- Research Briefs & Infographics
- Create dashboard access to de-identified ANSA data that can be filtered to inform emerging questions.



Discussion

Discussion - Implications

- Strategies to inform policy decisions & monitor programs
- Limitation: Focused only on individuals in treatment
- More individuals with behavioral health disorders (SMI, SUD) may be in jail, prison, and homeless shelters than in treatment (Insel, 2022).
- We know a lot about what works, but implementation is limited (Insel, 2022).
- How can this knowledge and resources be leveraged to move from mental illness to mental health?



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Thank you
for
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