Division of Mental Health and Addiction

Recovery Supports Workgroup Member Survey Report

September 21, 2020

Survey conducted by: ESSENTIAL VIRTUAL SOLUTIONS, LLC.

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Background

In FFY 2012 and 2013, the Family and Social Services Administration, Division of Mental Health and Addiction submitted a Mental Health and Substance Abuse Prevention and Treatment Block Grant application that identified Recovery Supports as one of their four identified priority areas. Recovery Supports was designated as "Priority Area 2" and incorporated established strategies, performance indicators and dashboards to conduct and complete in order to achieve their identified application goals. To elevate this priority area and provide the supports to achieve the established goals, a workgroup was developed and assigned under the Mental Health and Addiction Planning and Advisory Council or "MHAPAC" called the "Recovery Supports Priority Area Workgroup". This workgroup included members of the Mental Health and Addiction Planning and Advisory Council, as well as consumers, family members and service providers. The responsibilities of this workgroup during the time period included the following:

- Recovery supports priorities
- Gaps in the system where priority recovery supports are not funded
- The availability or accessibility of those supports.

The overall Recovery Supports goal was "*To promote and develop statewide recovery supports toward the goal of community integration for persons with mental illness and/or addiction*".

The following strategies were employed by the members of the Recovery Supports Priority Area Workgroup to successfully complete their assigned tasks:

- Develop and implement *surveys to capture consumer and family input* regarding what recovery supports are most helpful for obtaining and maintaining a life in the community (conducted in CY 2012)
- Access to, review and analysis of existing annual *Community Readiness Assessment* information of all state hospital consumers regarding the barriers to discharge from state operated hospitals (completed September 2011)
- Conduct a *utilization review* of recovery support services via data from the Access to Recovery program and Community Alternatives to Psychiatric Residential Treatment Facilities demonstration programs, coupled with follow up surveys of current individuals receiving services in non-traditional recovery support services and activities in which consumers believe "lead to positive outcomes". (completed March 31, 2012)
- Surveyed public behavioral health providers regarding what they believed were included in a "good and modern, recovery-oriented system of care". (completed September 2011)

The Recovery Supports Priority Area 2 Workgroup, under the support of the Mental Health and Addiction Planning and Advisory Council, completed the following based upon their analysis of these developed strategies:

- Recovery Supports Consensus Document. June 2012
- Statewide Gap Analysis. November 30, 2012
- Recovery Supports Top Five Priorities. August 1, 2013

Based upon the conducted and completed analysis, five priorities were identified by the members of the Workgroup per the request of the MHAPAC. These five areas are:

1. **Personal Support Networks.** Defined as *"the most valued network was seen to be persons who have HOPE for the person receiving care. These networks are supported through volunteer efforts and charitable institutions in communities."* A recommendation included an *"examination of these supports be completed to define clearly the activities that bring HOPE and how they can be fostered, encouraged and enhanced at each provider agency. Implementation of this recommendation will involve working with each provider agency to assist in identification of community resources and outreach to the community resources to establish paths for success".* [1]

2. **Peer Support Services.** Peer support services are proven vitally important to recovery and should be supported in a way that allows for sustained activity. Peer Recovery Services are currently reimbursed through the Medicaid Rehabilitation Option. Peer support for families is not formally supported by any direct funding. Providers of services report the challenge to deliver these supports is a financial concern. Question to be addressed was as follows: *"Is the present funding structure sufficient to ensure continuation of this support?"*[2]

3. **Hobbies and Interest.** Examples given included: establishing group recreation activities programs supported by DMHA targeted funding; and creating flexible funding streams targeted to payment for community-based classes (such as quilting, pottery, woodworking) or membership in gyms, YMCA, and similar groups. Recommendations included: *Focus on this area as important to health; efforts be undertaken to create a mechanism for providing access to these supports for consumers of services.*[3]

4. **Prevention and Wellness.** Recommendations included: *Focus should remain on expanding and improving access (as states that there are many Indiana agencies providing supports for prevention and wellness). New efforts should focus on raising awareness that these supports are available.* It was noted that the Priority Areas 2-Recovery Supports block grant application for SFY14 and 15 was to initiate these efforts. [4]

5. **Safe Housing.** It was noted that Consumers reported securing safe housing and access to related supports a priority. Help finding food and household supplies was equally valued to finding safe housing. Many providers are diligent in assisting locating affordable housing. However, in some cases affordable housing does not equal safe housing. As reported in the gap analysis many consumers rely on local charities to help with food budgets. There is limited support available to help find dishes, eating utensils, furniture, and cleaning supplies. Most of these community-

[1] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 2.

[2] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 2.

[3] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 3.

[4] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 3.

based charities do not have the resources to cover these needs entirely. Recommendation included: Creation of a central fund to support safe housing needs.[5]

6. It was also noted that "**Employment Supports are Essential**" and workgroup members stated that they found employment "intrinsically essential throughout each priority". Recommendation included: Employment supports be provided liberally, without limitation due to diagnosis and provided as often as needed without restrictive timeframes (particularly in the areas of long term "follow along" services). "Funding for this priority should reflect the importance it carriers (sic) for those needing it".[6]

During the subsequent years, it was noted that the leadership for the Recovery Supports workgroup (RSW) experienced turnover which hindered these efforts at the state level. During FFY 2016-2017 additional barriers and needs were identified via Recovery Support Workgroup activities, including:

- Funding – e.g. Lack of Reimbursement for Consumers to go back into community
- Case Managers and Care Coordinators for home health
- Need of a centralized Hub for services – one point of entry for all people for housing[7]

It was noted during FFY2018-2019 that there was discussion surrounding the need to acquire current data and conduct a gap analysis for purposes of developing a strategic plan for community integration for persons in recovery. In addition, members focused on housing challenges, receiving a presentation on a Medicaid/Supportive Housing crosswalk (with discussion on how peer support is included in this modality), as well as a presentation surrounding social determinants of health (SDOH). Members also discussed a methodology regarding accessing DARMHA to retrieve SDOH data. A barrier was identified surrounding gaining access to needed data and information to conduct the requested analysis, which appeared to significantly delay this process. Erin Quiring provided members a report of 2018 MHSIP survey data, in which "employment needs data tells the story that access to resources is the problem/awareness is the gap verses (sic) actual availability". [8]

In SFY 2020 and 2021, the DMHA Recovery Support team and Recovery Supports Workgroup members determined that the overall process could benefit by contracting with an external facilitator to assist them with gaining "traction" in moving the process forward. As a key element in this process, the Recovery Supports Workgroup survey was created to provide the information necessary to initiate this process. Members discussed during workgroup meetings that two additional priority areas should be considered and included as separate subgroups during this process. The "Data Analysis subgroup" was

[5] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 3.
[6] FSSA-DMHA: Recovery Supports Top Five Priority. Mental Health and Addiction Planning and Advisory Council, Recovery Supports Priority Area 2 Workgroup, page 3-4.
[7] RSW/Housing Meeting Notes, 07/25/17, page 2.
[8] RSW Meeting Notes, 11/27/18, page 2.

recommended to be responsible for the analysis and presentation of identified critical data to assist with completion of gap analysis and ongoing performance monitoring to determine effectiveness of RSW suggested interventions. The "Legal Supports" subgroup definition is yet to be defined; however, it was discussed that there can be many significant legal issues that contribute to ongoing challenges for individuals with mental health and/or substance use disorders. This can include, but not be limited to, issues surrounding criminal record expungement, specialized drivers' licenses and child support-related issues.

Description of Process & Methodology

Essential Virtual Solutions, LLC (EVS) was contracted to facilitate meetings for the Recovery Supports Workgroup throughout the recommendation phase, which includes conducting a survey of Workgroup members. The EVS team met with the DMHA Recovery Supports project administration team to: develop survey questions; identify all individuals to receive the link and request for participation; design the survey instrument; distribute to the final participant listing; submit reminders for survey participation; conduct review and analysis of results; and complete the survey summary report with submission to DMHA project team and Recovery Supports Workgroup members for their review, discussion and determination regarding recommendations.

The survey questions were developed in conjunction with the DMHA Recovery Supports project team members with final review and approval on August 12, 2020. The survey was created and distributed to a total of twenty-nine (29) current and previous members on August 17, 2020 utilizing the "SurveyMonkey" cloud-based software program. The survey was designed and configured to be anonymous and was distributed via an email with an embedded weblink for completion, as follows:

> Good Evening –
>
> I hope you are doing well!
>
> As shared in my previous email on July 31, 2020, the following link will connect you to the FSSA/DMHA Recovery Support Workgroup Survey. Your feedback will greatly assist DMHA and the Recovery Supports Workgroup identify the purpose, goals, membership, activities, and overall process to successfully move forward with their efforts. Please note that this survey has been created to be anonymous when your response is submitted. As requested by some members during our last meeting, I will follow up with a separate individual email to let you know that the survey was distributed. We are hopeful that you will be able to complete this survey within the next two weeks, and we thank you in advance for your participation in this process!
>
> Have a great rest of the week!
>
> **The survey link is as follows:**
>
> https://www.surveymonkey.com/r/RSWorkgroup

The Recovery Supports Workgroup members comprise individuals who work in various state agencies and/or divisions, community, family, and individual support and/or provider organizations.

Survey Instrument

The survey contained twenty-six (26) questions that were designed to receive participant feedback on workgroup member demographics; perception and feedback regarding mission and structure; priorities and data analysis; and open comments. There was a significant amount of open-ended questions in the survey which required more time for consideration and completion. The detailed report is included in the Appendix.

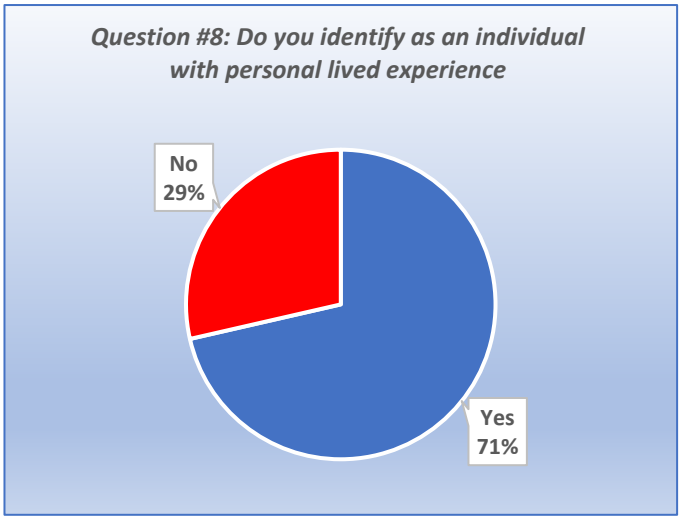
Summary of Findings and Analysis

A total of twenty-one (21) of twenty-nine (29) participants responded to the survey for a ***73.0% response rate.*** This significant response was likely achieved via subsequent follow up communications to all participants via email; discussion and reminder during a Recovery Supports workgroup meeting, and the member desire to move forward with the process.

According to Survey Monkey, "Online survey response rates vary widely and are affected by a number of factors. For a survey in which there is no prior relationship with recipients (the blind date of online surveys), response rates *can be* as high as 20% to 30%." However, it should be noted that the facilitator was introduced and had established a working relationship with the members for a few months prior to the survey distribution, and who had requested their assistance with completion of the survey to help with the process. In essence, the success of this response rate supports member feedback regarding their desire to move forward with this overall process for meaningful outcomes.

Member Demographics

It was noted that 52.38% (11/21) of members have experience with the workgroup and process as they have been volunteering between two to five years. Most participants (61.90%) are women between twenty-six (26) to forty-five (45) years of age. A total of 80.95% (17/21) of the members are white with 95.24% identifying as not Hispanic or Latino. The majority of respondents do not identify as a member of the LGBTQ+ community (95.24%).



It is imperative to the state that no less than half or 50% of the members of the Recovery Support Workgroup represent individuals with personal lived experience. Based upon the survey responses to the specific question "Do you identify as an individual with personal lived experience?", a total

of 71.43% (or 15/21) of the members responded as having personal lived experience. Based on this information, even if the remaining members do not identify as having personal lived experience, this would represent no less than 52.00% of the total current membership with personal lived experience.

Member Primary Reason for Participation in Recovery Support Workgroup & Desired Accomplishments

The RSW Members shared a wide variety of reasons as to why they have been participating in the workgroup. A total of seven (7) respondents (33.34%) shared that they have either just started with the workgroup or have been involved less than or up to one year. Slightly over half (52.38%) of the respondents have been participating/volunteering in the workgroup between two to five years, with the remaining respondents (14.29%) participating between five to ten years. This is seen as a considerable commitment for several of the current volunteers surrounding their time and efforts toward improving recovery supports in Indiana.

When asked what "*is the primary reason that you chose to participate in the Recovery Support Workgroup?*" the following areas were noted:

- Member belief in, and or passion for, recovery supports and a desire to help this process move forward
- Members perceive the benefits of assisting in the coordination, collaboration, and expansion of recovery support efforts across the state and at the local community levels
- Members share the need for communication, networking and developing the connections necessary across treatment, social systems, and state/community agencies to promote and impact the changes necessary to enhance recovery support efforts
- Members share their interest, recognition, and support of housing efforts as well as importance of employment
- Member acknowledgement of participation as a function of their job responsibilities, or advocacy work, and/or desire to assist due to personal experiences.

It is apparent that the members of the work group are invested in the process and have very specific opinions as to how they perceive the benefit from their continued participation. It is noted that some of these areas mirror what they also desired to accomplish during their tenure as an RSW member. It was noted that across the member feedback three main areas emerged as their collective desired workgroup accomplishments:

1. Utilize data to clearly identify the needs/gaps in recovery supports to determine how the workgroup can best facilitate and create obtainable goals that impact change in a lasting, meaningful manner to support individuals in recovery across Indiana.
2. Coordinate and collaborate across systems and agencies to improve understanding of the recovery community, identify, and share available resources and local community efforts in order to create actual change in recognition and promotion of recovery supports.

3. Assist the population with increased employment opportunities and improved housing supports; effectively communicate the link between the recovery community and services and housing and provide feedback on how recovery supports can be part of tenancy supports.

Survey Question #11: "What do you want to accomplish while participating in the workgroup?" Word Cloud of RSW Member Responses

Member Recommendations Regarding Purpose of Recovery Supports Workgroup

The following word cloud was created from member feedback to the question "*What do you personally believe should be the purpose of the Recovery Supports Workgroup*?"

The collective member input regarding the purpose of the Recovery Supports Workgroup are as follows:

- 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 surrounding these areas to individuals, providers and local community agencies across the state.
- 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.
- Identify resources to assist and impact with social determinants of health and ensure they are communicated and connected with individuals in recovery.
- To expand and improve recovery supports across Indiana.

Understanding of Current Charge and/or Mission

The following word cloud was created from member feedback to the question "*What is your understanding of the current charge and/or mission for this work group*?"

Upon review of all feedback surrounding this question, approximately one-half (50.00%) of the respondents shared their belief that the intent was to either collect data to identify and conduct a gap analysis (and/or) determine individual needs. Some additional responses incorporated both identifying the needs and to make recommendations to address the issues and/or enhance access to the five (5) recovery supports. A few members noted that they were unsure as to the mission or charge of the workgroup.

Additional collective feedback included:

- Coordination, collaboration, connections with stakeholders to expand recovery options or provide recovery support activities
- Ensure resources are available for individuals to receive assistance to become employed
- Focusing on housing issues for those in recovery

Workgroup Accomplishments

It was noted that members predominately identified some combinations of the following as the major accomplishments of the workgroup: collection of data; gap analysis; identification of barriers; use of data; sharing of information; needs assessments; and/or the 2012 Gap Analysis/Recovery Consensus document. It was also noted that "bringing everyone together" or managing to "get a ton of talented, caring people together" was seen as the largest accomplishment by a few members as well. One member shared that the videos "we put out discussing the things that mattered to people's recovery (which were based on the findings of the original survey) were really powerful."

Identified Barriers to Workgroup Success

Members were asked if they had "encountered, experienced, or identified any barriers as a Workgroup Member in achieving the established goals?" If they responded "yes" to the question, then were asked "What do you believe have been the barriers to the Workgroup achieving success?" Approximately one-half (50.00%) of the respondents shared their belief that one or more of the following was a barrier to success: no clear vision; mission; purpose; goals; focus; and/or roadmap or plan. Other contributing factors were identified as follows:

- Data issues
- Straying from (or) staying on topic (or) getting "sidetracked on small issues instead of focusing on the big picture, and we have not made any recommendations yet."
- Changing leadership
- Inconsistent member participation
- Size and makeup of workgroup (too large) "when trying to take substantive steps"
- "Paralysis by analysis – We talk things to death"
- Funding

Suggestions for Improvement

The collective member input providing suggestions to assist the workgroup with addressing the identified barriers are as follows:

- Identify a clear mission/vision and goals that does not duplicate efforts of other state groups or agencies

- Have requirements/expectations for workgroup member participation and "give each meeting clear action items and deliverables."
- Use the data to make decisions and recommendations, then follow through
- Create a "standard data set for identifying gaps and measuring outcomes."
- "Develop a roadmap that results on a three-year plan"
- "I think the plan to break into work groups will be helpful"
- "Amy has done a great job of consistently touching back with the staff working on data has made moves in the right direction!"

Additional Suggested Priority Areas

When asked "Are there any additional areas that you believe should be included as priorities that are not currently addressed in the workgroup?" many members did not identify any additional areas. However, it was noted that members consider adding education "in with employment – both of those are 'purpose'." One other suggestion was including access to food and other basic needs, with overall consideration to the social determinates of health. It was noted in the feedback that "it's important to keep in mind that the original list is what was identified by individuals with lived experience and so should be cautious in putting out (sic) own ideas on to the list."

Most Important Information and Data for Workgroup Review and Consideration

The following are the actual responses to the question "What type of information do you believe is the most important for the Workgroup to review and consider regarding Recovery Support Services in Indiana?":

- "Group needs to examine the endgame and determine in what areas we could have realistic impact. Too much time is spent focused on unsolvable issues with healthcare and social service models that are above this groups level."
- "I'm unsure right now. I am expecting that the baselines from the data group and the RDP to display what is most important."
- "Data should drive our decisions consistently"
- "Not sure"
- "Everyone else doing work in this area -including community efforts"
- "Data"
- "Statewide data out of the 7 categories"
- "We need to look at other states, not just out own data. See what is out there! I feel we have been a little myoptic (sic)"
- "As much data as possible, with ongoing, consistent feedback from individuals with lived experience."
- "What supports are currently available, which ones are wanted, and which ones were identified as most helpful."
- "Basic needs of individuals as a foundation"

- "I think all of the information is important."
- "Housing and mental health/Substance misuse prevention/intervention"
- "Performance metrics of these services"

Per respondent feedback, there is consistency regarding the importance of reviewing and using data in this process. However, it is noted from member feedback that the data analysis should focus on the identified Mission for the workgroup (e.g. "examine the endgame") and also consider conducting research on what other states are implementing surrounding Peer Support services (e.g. "we need to look at other states, not just out (sic) own data."). Additional feedback suggested that the members of the work group should consider what other state and community resources and supports are available as well. This is consistent feedback throughout the survey regarding collaboration and communication with other agencies or community organizations that may have parallel goals, objectives and/or activities.

Performance Indicators

The following incorporate the recommended performance indicators shared by respondents for the question "If the Recovery Supports Workgroup was to develop specific performance indicators to track and monitor progress of current and/or future anticipated programs across Indiana, what would you like to see implemented?":

- Measurement of "all recovery capital/SDOH as it relates to recovery specific interventions" and consider using the SDOH data to determine how it impacts overall treatment outcomes
    - Housing
    - Peer Support
    - Treatment/healthcare
    - Social supports
    - Employment/education
- Access to services
- Consider Pre/Post tests
- Use Recovery Data Platform (RDP) to track and monitor progress
- Use of ANSA data
- Use of Satisfaction survey data to monitor unavailable supports
- Access to and use of the Management Performance Hub (MPH) data and dashboards
- Determine best way to track and monitor employment - set up goals to increase employment for specific populations
- Fiscal effectiveness and sustainability (e.g. how are state dollars leveraged to maximize investment). Establish data driven outcomes and incorporate "long term fiscal and strategic planning"

Other Considerations

Some respondents shared the following for Recovery Supports Workgroup member consideration:

- "There is a separate housing committee that is looking at the needs of those who need supportive housing so finding a way to communicate the work across the committee might help."
- "If these are the new areas of focus, I think it's a great transition from where it was when I started"
- "I think the workgroup has done a good job and I look forward to some take action next steps."
- "I think we need to focus on what specifically could increase supports in Indiana, and make sure our recommendations are as focused and specific as possible."
- "Ensure each meeting has purpose and direction."

Conclusions & Recommendations

The members of the Recovery Supports Workgroup who responded to this survey provided a significant amount of assistance toward moving forward with this process. The amount of time taken to complete the survey reflected their detailed, honest, and thoughtful responses that were exceptionally helpful and greatly appreciated by the DMHA project team.

The overall collective feedback appears to support the current efforts to move forward with the development and implementation of smaller, dedicated subgroups that are focused on the previously identified priority areas that will provide specific, detailed plans of action for each dedicated area. The members who responded to the survey were also in considerable agreement surrounding how they perceive the purpose for this Workgroup. In essence, communicating and collaborating with other state agencies and/or community organizations (as applicable to priority areas) to recommend and/or assist with facilitating change based upon identified gaps and needs for individuals in recovery.

Members note that some priority areas may be more applicable for this collaboration (e.g. housing; employment; education) whereas other priority areas may be most effective directly via the Workgroup. In addition, should identify resources to assist and impact with social determinants of health and locate most effective means to communicate this information to individuals in recovery.

It was noted that members were certainly in agreement that data should be utilized to drive the decisions and recommendations, but that this process should be "standardized" in order to: 1) Identify, collect and review the necessary data and information; 2)Conduct analysis to identify the gaps and needs; 3)Identify the interventions/recommendations for improvement; and 3)Submit the final recommendations to the appropriate state agency/personnel for consideration for policy implementation and/or funding. Several members noted that the Workgroup has been primarily focusing on data or data collection and review, and are wanting to see this process move forward to follow up with action items and recommendations.

The following are recommendations based upon the review of the survey feedback for RSW and DMHA consideration.

1. Review & Determination of Proposed RSW Mission and Purpose
    A. Propose the following as the Mission Statement for DMHA Project Team and Member review: "*To recommend and promote identified needed supports and resources for individuals in wellness and recovery from mental health and substance use disorders across Indiana*".

2. Recommendation for Partnership and Collaboration of Efforts for Housing, Employment & Education.
    A. Identify which other state agencies and community organizations (as applicable) have similar activities and goals for Recovery Supports as compared to the Recovery Supports Workgroup. Include in this review how successful the agencies and/or organizations have been in advancing the following specific goals within the last 12 months:
        i. Safe and affordable housing
        ii. Employment
        iii. Education
    B. Determine if partnership/collaboration can more effectively and efficiently achieve the identified goals.
    C. Develop process to coordinate efforts to move forward that incorporates member(s) involvement with partner agency/organization to ensure communication with Workgroup membership. Please note that it is critical that the partner agency or organization must have the membership necessary to directly impact the system, policy, or funding changes. This collaboration also includes the drive, commitment, and dedication to achieve the goals.

3. Develop & Implement Interventions for RSW Process Improvement Based upon Member Recommendations
    A. Initiate proposed Subgroups
    B. Establish reasonable membership size per group/workgroup
    C. Establish expectations for members with a focus on consistency of meeting attendance & participation
    D. Develop clear action items and deliverables for each meeting
    E. Stay on agenda topics and maintain focus on established mission
    F. Establish timelines for data collection; review; analysis; identification of gaps; recommendations for improvement to DMHA and/or other state agencies

4. Develop Strategic Plan with Timetable for Recovery Supports Workgroup & Subgroups
    Create initial project plans for subgroups and RSW (as applicable) that incorporate goals, activities/objectives, timelines for completion and individuals responsible. Establish reporting guidelines to RSW to ensure support and guidance for activities and to address any barriers, etc.

5. Develop Data Collection and Analysis Process

   Recommend that a data plan with associated process be developed by the data subgroup that incorporates the data set to be reviewed (on an ongoing and/or periodic basis); access to data and timelines for review; when the analysis is to be completed; identification of gaps; how the data is to be presented/reported to the subgroup and RSW; how recommendations will be created and approved; and how final recommendations will be submitted to DMHA and/or other state agencies. Include research in other states regarding peer support activities.