



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





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.





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**



Recovery/resiliency and consumer advisory silos

MHAPAC = Mental Health and Addiction Planning and Advisory Council

What is the Mental Health and Addiction Planning and Advisory Council?

It is a consumer/state agency council that advises and directs federal block grant funding for DMHA.

What does the Mental Health and Addiction Planning and Advisory Council do?

It meets quarterly to review and advise on DMHA's performance and execution of block grant funding.

Mental Health
and Addiction
Planning and
Advisory Council



Lived experience feedback loop

Co-producing recovery and resiliency in Indiana process evolution

Starting point

2008–2017: Silos

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

2020–2021: “Desiloing”

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





Lived experience feedback loop

Co-producing recovery and resiliency in Indiana process evolution

Outcome as of July 2021

Step 1: IRC identifies lived experience 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.





Process explained

Step 1. Problem: Indiana Recovery Council to identify gaps and needs for Recovery Support Services (as identified by people with LE).

Indiana Recovery Council responsibilities:

- Conduct an annual lived experience feedback survey in partnership with statewide grassroots recovery orgs (MH and SUD) targeting people in recovery/wellness from SUD and MH disorders.
- Survey to focus on identifying gaps and needs as identified by people with lived experience using SAMHSA's Dimensions of Recovery (health, home, community and purpose), also identified needs by demographics (e.g., age, race, location, length of time in wellness/recovery, pathways).





Process explained

Step 1. Continued...

Indiana Recovery Council responsibilities:

- Annual report to be submitted to RSW and DMHA for review and recommendation process.
- Coordinate statewide consumer listening sessions to capture fully the lived experience voice/needs in partnership with DMHA.





Process explained

Step 2. Solution: Recovery Support Workgroup provides data informed recommendations to DMHA/MHAPAC to address lived experience gaps/needs.

RSW responsibilities include:

- Membership to remain at 51% or more participation from people with direct lived experience as well as state agencies and community stakeholders affected by decisions/recommendation outcomes including, but not limited to, IDOE, IDOC, IDOH, etc.
- Quarterly report out from subgroups to whole of RSW on outcomes and recommendations.
- Monthly subgroup meetings reviewing data, reports, and lived experience feedback reports.





Process explained

Step 2. Continued...

RSW responsibilities include:

- Subgroups are Peers, Employment, Hobbies and Interests, Data and Safe and Affordable Housing. They will be reviewed biannually and adjusted as needed by lived experience identified needs.
- Development of recovery data dashboards to support lived experience identified needs using CANS/ANSA, housing, employment, peer support and other available FSSA-wide data.
- Monitoring of recovery data dashboards ongoing to track performance metrics and outcomes and newly developing gaps/needs.





Process explained

Step 2. Continued...

RSW responsibilities include:

- Review and update of subgroup charters, objectives, and recommendation (biannually minimum) to match BG proposal time frames.
- Recommendations to include performance metrics, outcome measures and data to be included for block grant and other funding requests (as needed).





Process explained

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

DMHA / MHAPAC responsibilities:

- DMHA executive staff to review, then accept or reject, RSW recommendations.
- All RSW recommendations to be presented to MHAPAC for feedback and questions at the quarterly MHAPAC meeting.





Process explained

Step 3. Continued...

DMHA / MHAPAC responsibilities:

- If approved, executive team notifies the RSW chair, who notifies subgroup chairs and provides next step details.
- Where block grant funding is included and approved, DMHA will provide subgroup chairs with details on necessary recovery data, performance metrics and outcome measures that are needed for submission to BG or other funding streams.





Key recovery data

Social Determinants of Health

- SDOH data dashboard
 - Pulled from FSSA
 - Cross walked with ICD codes connecting to SMI/SUD clients





Key recovery data

Recovery data platform

- Used by peers at RCOs (20)
- Captures recovery vital signs
- Scales/measures that capture recovery capital and SDOH data
- Real-time data entry availability





Key recovery data

Indiana Recovery Council

- Lived Experience Survey
 - Themed gaps/needs by 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





Key recovery data

DMHA recovery data dashboards

- All available state agency data sourced by themes (health, home, community and purpose) to create a recovery data catalog
- Gap analysis conducted
 - Recovery resource mapping (took available recovery data that shows services offered compared to services received)
 - Referrals made
- Review of DARMHA (CANS and ANSA) data collected to determine what recovery data (health, home, community and purpose) is available to put in recovery data dashboard
- Recovery data dashboard to include heat mapping, resource mapping, etc., to determine gaps in RSS





Key recovery data

CMHC Consumer Satisfaction Annual Surveys MHSIP / YSSF

- 6,000+ responses annually
- Standardized survey that addresses recovery support needs by consumers
- Filtered through providers (tend to skew positive)





Next steps

1. Gap analysis and recovery data dashboard completed by September 2021
2. Recovery data dashboard reviewed by RSW and DMHA adjustments made by December 2021
3. RSW complete 2021 recommendations by December 2021
4. Draft white paper and evaluation of process in 2022
5. Partner with recovery research experts on research project defining RSSs for Indiana and person-centered needs





Next steps

2022-2023

1. Recovery data dashboards available for ongoing monitoring and evaluation
2. First full round of RSW recommendations submitted to DMHA and used
3. Develop infrastructure for a lived experience feedback loop that informs direction and focus of DMHA efforts and fulfills DMHA's mission (seamless integration of Recovery Support Services)
4. Proven ROI for person-centered planning at the individual, county and state level of intervention and practice (research)





Next steps

2022-2023, continued...

5. Defined recovery support service needs and practices that are data-informed for the state of Indiana (research)
6. DMHA to coordinate RSSs for the state (RSW)
7. Block grant data, performance metrics, outcome measures and recovery capital to be monitored, measured and reviewed on a regular basis





Presented by:

Amy Brinkley, Bureau Chief, Office of Consumer and Family Affairs
Division of Mental Health and Addiction

Indiana Family and Social Services Administration

Cell: 317-618-0293

402 W. Washington St., Indianapolis, IN 46202

Amy.Brinkley@fssa.in.gov

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

