SCHOOL OF SOCIAL WORK

Data-Informed Social Work Practice from a Recovery Perspective

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Introductions

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Learning Objectives

- Participants will be able to identify three principles or dimensions related to behavioral health recovery.
- Participants will discuss how available information (data) is used in social work practice.
- Participants will examine the implications of a practice-based program evaluation for direct practice, program management, and community support.

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RECOVERY

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Working Definition of 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 behavioral health authority, developed a working definition of recovery.

Recovery is "a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential."

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Dimensions of Recovery

The following dimensions support a life in recovery (SAMHSA, 2012).

- **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

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10 Guiding Principles

(SAMHSA, 2012)

"**Recovery…**

- emerges from hope
- is person-drive
- occurs through many pathways
- is holistic
- is supported by peers & allies
- is supported through relationship & social networks
- is culturally-based and influenced
- is supported by addressing trauma
- involves individual, family, & community strengths, & responsibility
- is based on respect"

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"Recovery is easier when life is."

(Jay Chaudhary, Indiana Division of Mental Health & Addiction)

(photo by N. Flewing on UnSplash)

Social Determinants of Health (SDOH)

"…conditions in which people are born, live, learn, play, worship, work, and age that affect a wide range of health functioning and quality of life."

(Office of Disease Prevention and Health Promotion, 2023)

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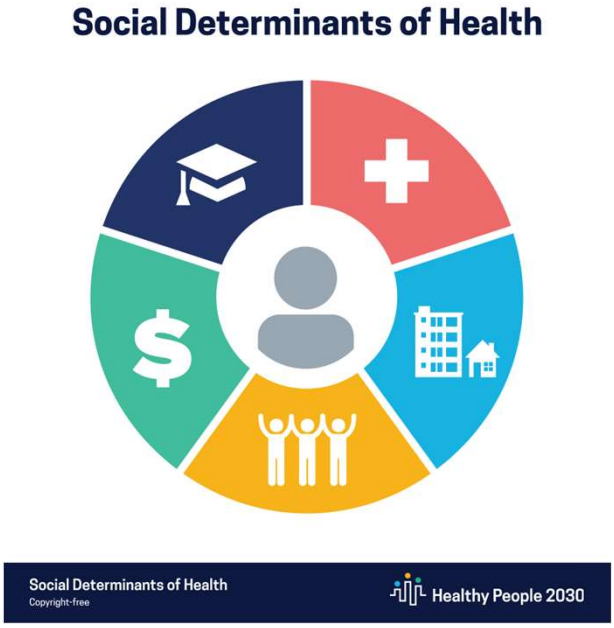
Identify SDOH

- Economic stability
- Education access & quality
- Health care access & quality
- Neighborhood & build environment
- Social & community context



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Recovery Initiative Example

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Recovery Support Workgroup (RSW)

Recommend and promote identified needed supports and resources for individuals in wellness and recovery from mental health and substance use disorders across Indiana.

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 Consumers
- Mental Health America (MHA) of IN
- 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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RSW Purpose

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.

- **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** statewide.

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RSW Data Informed Recommendations

RSW Data Sets

- Lived Experience Feedback Survey
- Consumer Satisfaction Surveys (MHSIP/YSS-F)
- Assessment Data (CANS/ANSA)
- Recovery Organization Data
- National outcomes measures (NOMS)

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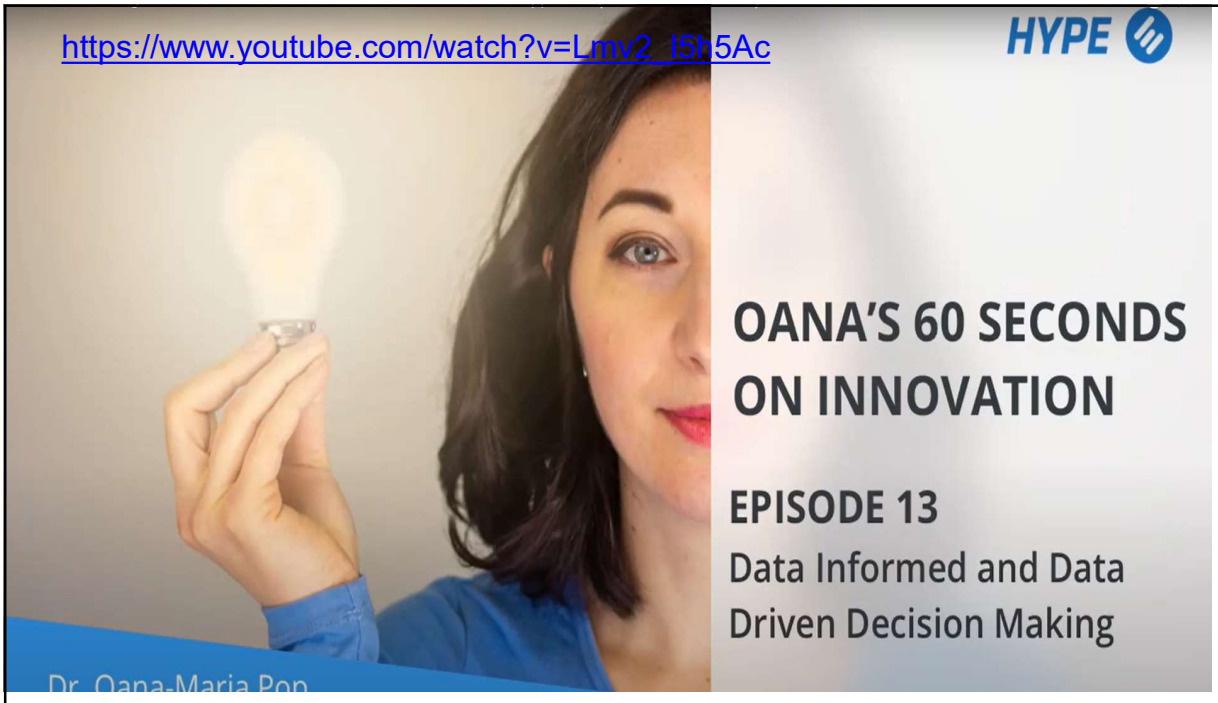

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How can data inform decisions in social work practice?

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Why do social workers need data?

- "The primary mission of the social work profession is to enhance human well-being and help meet basic and complex needs of all people, with a particular focus on those who are vulnerable, oppressed, and living in poverty" (NASW, 2020).

- We need to understand how and why tools such as predictive policing and recidivism algorithms can negatively impact the marginalized communities. Practices related to big data often negatively impact already marginalized communities at a higher rate.

- We need to leverage data in everyday practice to improve outcomes.

(Griffin, n.d)

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Human Behavior & Related Data

"Social work interventions seek to improve wellbeing and overcome vulnerabilities. Therefore, one of the most important elements in the social work field is human behavior.

At organizations and social service agencies, human behavior is a key variable to develop management strategies…

Organizations produce their own data related to their mission, programs, budget, and outcomes. …these data can be merged with socio-demographic information from clients and consumers. Thus, for social service agencies, data are both an asset and a product" (Cariceo et al., 2018, p. 5).

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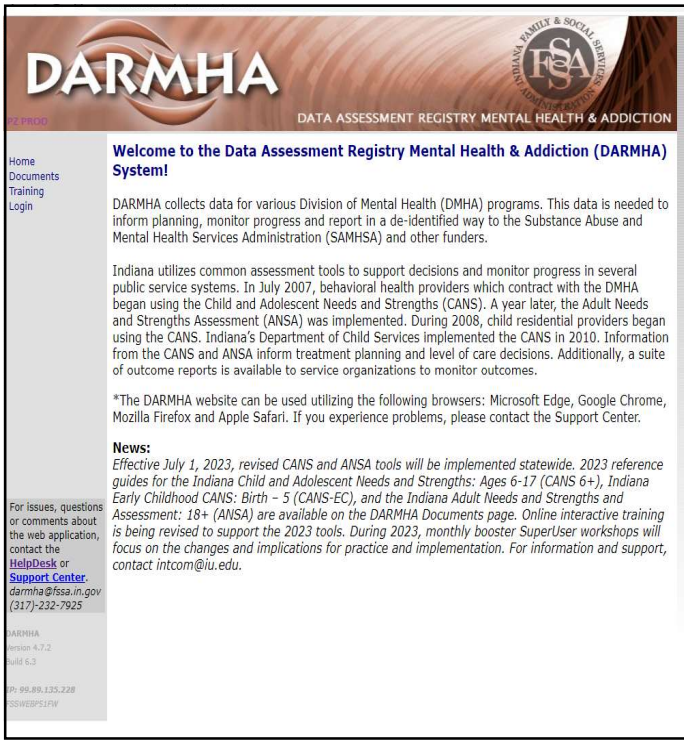

Agency/system level data management

(Cariceo et al., 2018)

- **Generate new data**
- **Manipulate data**
- **Visualize the information**
- **Reproduce findings**
- **Predict new event**

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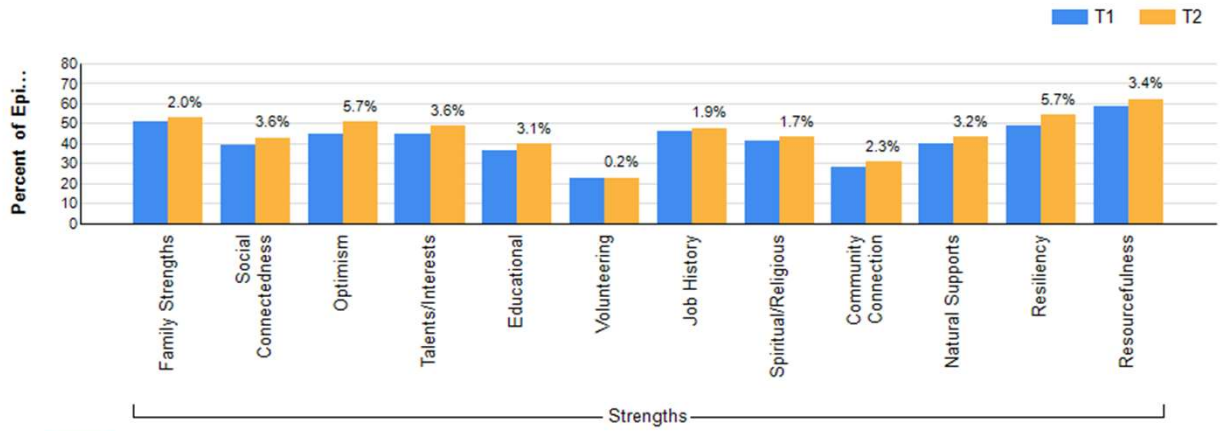
Resource Guide: Assessment & Outcome Management (Moynihan et al., 2022)

Strength Development over Time for Adults

Statewide, n = 16,945, e = 17,108 as of 12/08/2021



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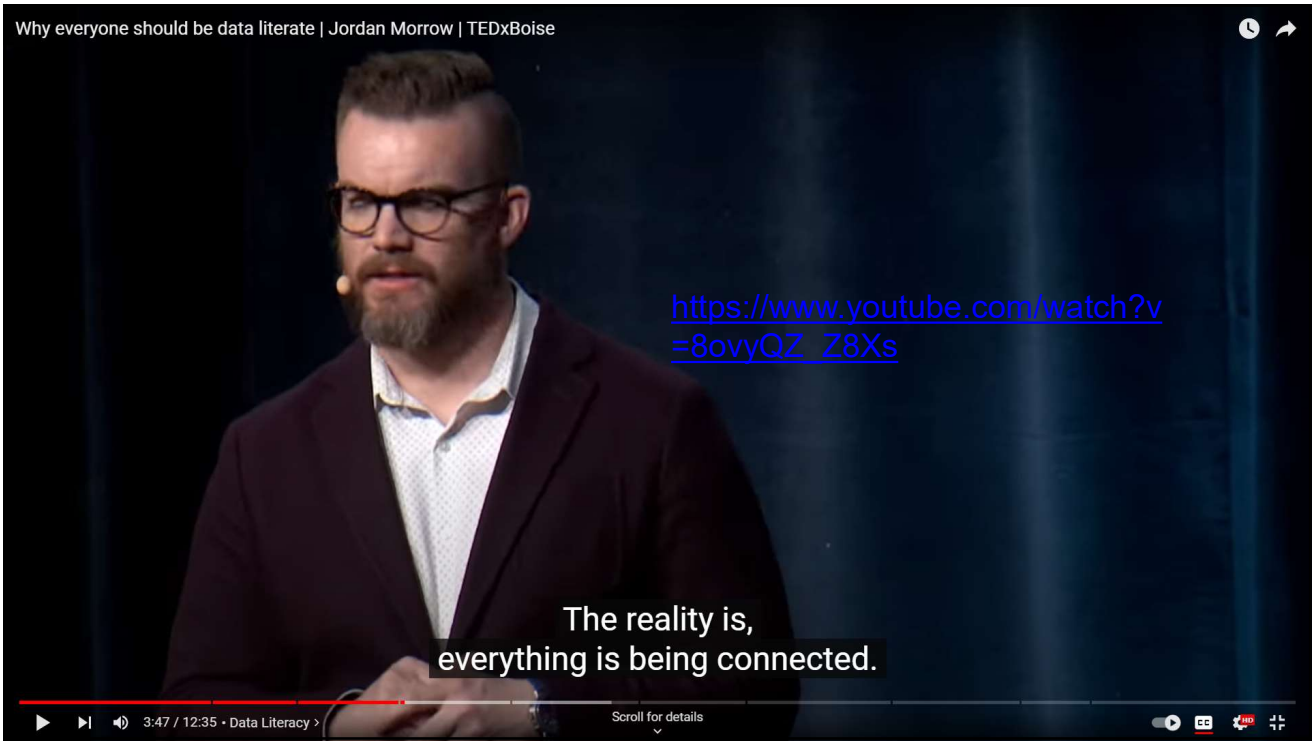

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How can data inform decisions in social work practice?

- What types of data and/or information are available in your social work practice?
- From a recovery perspective, what information is relevant?
- How are the processes of gathering information, planning, implementing services, and monitoring progress connected?
- What are the opportunities to use data to inform decisions in my work?
- Next steps?

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Consider External Resources

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National Survey on Drug Use and Health (NSDUH) 2021

- **22.8%** of adults (18+) experienced mental illness
- **5.5%** experienced serious mental illness (SMI)
- **32.5%** had mental illness or a substance use disorder (SUD), including almost half of 18–25-year-olds (**45.8%)**
- **2.5%** of adults experienced SMI and SUD

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Prevalence varied

- **by geography.** In 2018, the prevalence serious mental illness (SMI) differed for rural and urban adults. **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).
- **by race/ethnicity.** In 2021, Multiracial adults (**48%)** were more likely to have any mental illness (AMI) or SUD in the past year than White **(33.6%),** Hispanic (**30.3%**), Black (**32.3%**) or Asian adults (**21.4%**).

  Among racial/ethnic groups, percentages of adults with AMI and SUD were similar: Multiracial (**16.3%**), White (**7.9%**), Black (**7.4%**), Hispanic (**7.2%**), and Asian adults (**3.5%).**
- **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).

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Mental Health Services Use

In 2021**, 47.2%** of adults with any mental illness accessed mental health services**.**

White (**52.4%)** and Multiracial adults (**52.2%)** were more likely than Black (**39.4%),** Hispanic (**36.1%),** or Asian adults (**25.4%)** to use mental heath treatment.

For adults with SMI, except for taking prescription medication, differences **by age group mental health services in the** past year were **not** statistically significant.

Young adults (18-25) were less like to take prescription medication**.**

(SAMHSA, 2022)

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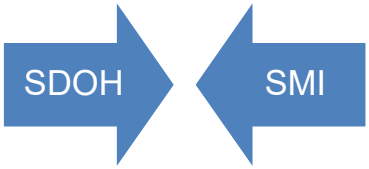
Disparate Service Access & Outcomes



- **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, 2011; WHO, n. d.).

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Research question: What predicts recovery for adults with SMI?

Linking assessment data with relevant information

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Instrument: ANSA

- Adult Needs and Strengths Assessment (ANSA; Lyons, 2009)
- Includes 4 core need domains (Life Functioning, Behavioral/Emotional, Risk Behaviors, Cultural Factors) and a Strengths domains, totaling 51 items.
- Needs rated on a 4-point scale (0-3). Needs rated 2/3 interfere with the individual's functioning. Strengths rated 0/1 could be useful in addressing needs and support well-being.
- Utilized by behavioral health providers who contract with the state mental health and addition authority and recovery works providers.
- https://dmha.fssa.in.gov/darmha/MainDocuments

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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

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Results: Descriptive Information n = 12,614

	Variables	Mean	SD
Predicters	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

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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***
R^2 = 0.008. .076, 0.143. and 0.229. *p < .05; ** p< .01; ***p < .001.			

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Findings

Lower levels of recovery were related to:

- Being older
- Being female
- Being a person of color
- Living in a rural community
- Having self-care challenges (supportive housing and medication management services)
- Having SUD recovery support

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Findings

Higher levels of recovery were related to:

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

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Discussion

What are the implications of a practice-based program evaluation for direct practice, program management, and community support?

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GIVING HOPE *and* CHANGING LIVES

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