

Fletcher Group RCOE Webinar Series Transcript Making Data Work for Your Recovery House February 3, 2022

[00:00:00] **Michelle Day:** [00:01:00] Good afternoon, everyone. And welcome to The Fletcher Group Rural Center of Excellence's webinar series. Today's session is scheduled to run from 2:00 PM to 3:00 PM Eastern Standard Time. My name is Michelle Day. I am your moderator for the session, along with Jennifer White and Erica Walker. A couple of brief housekeeping items and then we will begin. You enter today's session on mute, and your video was off and will remain so for the entirety of the webinar. Your chat feature is located at the bottom right of your screen. Use the drop-down feature to communicate with either the panelists only, or panelists and attendees. Please direct all questions regarding the webinar content to the Q and A section.

Be advised that this meeting is being recorded [00:02:00] and will be available to you on our website once it has been transcribed. You can access our website at www.Fletchergroup.org. Also, at the conclusion of today's session, there will be a short survey regarding the webinar content. Your participation in that survey is greatly appreciated and will only take a few moments to complete. Today's speakers are two of Fletcher Group's own subject matter experts, Research Coordinator, Grace Clancy, and Research Associate, Madison Ashworth.

Joined by Dr. Matt Johnson, a recovery house owner and operator in West Virginia.

Grace Clancy graduated from Portland State University with a Bachelor of Science in History, Liberal Studies, Social Science and Global Studies. A strong communicator, systems thinker and researcher, Grace applies her passion for health equity to policy and research studies. Including the identification of barriers and needs among individuals in recovery housing, and the evaluation of recovery [00:03:00] housing programming.

Madison Ashworth. Among other duties, Madison has studied the impact of COVID-19 on recovery housing, assessing the recovery landscape in Idaho, and evaluating the various factors affecting recovery success. While pursuing a Ph.D. in Economics at the University of Wyoming, she focuses on understanding the implications of behavioral policies on public health outcomes.

Matt Johnson. Dr. and Pastor Matt Johnson oversees a growing sober recovery program from his Suncrest United Methodist Church in Morgantown, West Virginia. He currently works closely with The Fletcher Group Rural Center of Excellence to enact best practices, including a new effort to collect and analyze data to improve facility efficiency and program effectiveness. Keenly aware of the need for additional recovery housing, he envisions a statewide network of recovery houses built with the help of community and church leaders throughout West Virginia. [00:04:00] Grace, Maddie, Matt, the floor is yours.

[00:04:08] **Grace Clancy:** Well, so thank you all for coming out here today and attending. It's so great to have you with us. So we created this, this webinar because our clients kept telling us that they wanted to get a better understanding of resident outcomes in their houses. And they wanted to do it in a more comprehensive way than collecting testimonials. Um, which are, which are still great.



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Um, and many folks who were interested in doing this because they just, you know, reaching out, they didn't quite know where to start, um, collecting outcomes. And they were understandably overwhelmed. Sometimes they wanted resident outcomes data out of a general curiosity and passion for their work or because they wanted information, um, to kind of show, uh, for funding applications or, um, in addressing NIMBY issues.

So Maddie and I are going to talk today about how your house can benefit from tracking outcomes and [00:05:00] what you can collect to get started. Then we'll transition to our colleague, Matt Johnson, who will talk about his experience tracking resident outcomes in his recovery house.

So the why. Evaluation data can help you identify key areas for improvement.

It can also be used to show your residents their progress and empower them in their recovery. It's also great to include on funding applications. You can't avoid that. Um, and we'll also go into detail on what specifically you can track. Um, and many of you are doing this on, on some level, which is, which is wonderful. Information that we'll cover can include basic information like abstinence from substances, employment status, and recovery capital.

We'll also provide tips on how to collect and store your data. And finally, we'll offer various ways that you can put your data to work.

So [00:06:00] before we get things kicked off, we have a polling question for our guests. It is, are you collecting outcomes data? It's kind of get a sense of our audience.

I'm seeing some responses come in the chat. Some folks. Yes. Yes, yes.[00:07:00]

Oh, it looks like we have results here for you. So 59% of you said, yes, you are collecting outcomes, which is really great. Uh, 28 of you said you're not collecting outcomes and 13% are unsure. So, um, we're so happy to see a mix of that. That's kind of what we expected. So we hope there's a little bit, um, a little bit for everyone here that they can, that they can benefit from.

So thank you for taking the time to vote. Moving on to our next slide. Thank you.

So for many folks, the, the thought of program evaluation and tracking outcomes is understandably overwhelming. Uh, we think it's really important to help demystify, um, and illuminate that process because we want to set you up for success. Um, data is also just such a powerful mode of communication. [00:08:00] Outcomes, evaluation um, can give you a fresh perspective of your residents recovery process and, uh, gauging the general effectiveness of your program. And of course has a wide, a wide range of applications, as you know.

Great. So we we've witnessed really increased interest and attention from the federal government on recovery housing, and recovery support services.

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And just this past year, as you may have seen SAMHSA, um, SAMHSA's established the Office of Recovery, which seeks to promote policies, programs, and services for those in or seeking recovery, which is great to see. What this means going forward. Uh, go back for a moment. Thank you, Erica. What this means going forward is that the pro, is that program evaluation is key to access state and federal dollars.

Private funders will also be interested in a lot of the same things. So just a quick method, a quick message, message from SAMHSA here for you all. [00:09:00] "As recovery houses become recognized as vital components in the continuum of care, it is important to properly assess how each house is ultimately performing and delivering quality resident care.

SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery house. However, collecting data on measures, such as abstinence from use, employment, criminal justice involvement, and social connectedness would greatly assist the home, engaging the effectiveness of services provided and would also enable these entities to utilize data, to justify requests for state and federal funding."

Next slide.

So in, in this, uh, in the following slide, we're going to kind of break down what exactly you can collect to get started. Uh, data can be collected at, um, at either the resident level or the house level. So it's broken down in that way. There's also a temporal or a time-based [00:10:00] aspect to consider as well.

Some information only needs to be collected once such as demographic information at intake, whereas others will change over time. So that's just something to keep in mind as, as we move forward. And as this slide suggests, um, data can be collected at intake, at various points during their stay, upon exit, and post-stay or for your, for your alumni.

Next slide.

So now you'll see a big list of things you might consider collecting. Um, many of you are probably tracking items on this list already, and that's great. Uh, just to mention that these are just examples of things for you to consider potentially. Um, every recovery house is different in the population that they serve and the programs, um, that they have.

So, you know, your, your evaluation is not going to look the same, um, as, as another recovery house and that's, that's perfectly fine and good. [00:11:00] So an example of what you might collect at intake would just be some demographics and general history, which you're probably already doing. But standardized assessments are also good to collect to get that baseline information, um, for the folks entering your house. Standardized assessments, such as the Brief Assessment of Recovery Capital listed on this slide is the, the BARC-10.

It could be really helpful to see residents recovery capital improving over time. We know that recovery capital is positively correlated to positive resident outcomes. So that's just why. Um, it's a, it's a valuable tool to look into. Uh, this can be collected at intake, at various points

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during their stay, and upon graduation. It's worth, worth considering using validated and standardized instruments because they've gone through a very specific and rigorous scientific process that, um, to ensure essentially that they're [00:12:00] measuring what they are in fact wanting to measure.

They also bring an elevated level of legitimacy and rigor to an overall, well-rounded evaluation. A few of them will be shared in the chat momentarily. And also during the stay, um, there are standardized assessments to consider including general quality of life, um, and things of that nature. Also program and service participation, if they are utilizing MAT, and their general personal progress and satisfaction as they move through stages of their recovery. And upon exit, um, you can also record the reason for their exit, which might sound a little very obvious, but, um, and also the satisfaction with their program. And if this is a program completion or graduation type scenario, uh, I hate to mention it again, but the Brief Assessment of Recovery Capital could be useful if [00:13:00] feasible and possible for you. And along with that, you can look at employment status and any educational, educational, or vocational progress that they've made. And post-stay, or for your alumni as, as we like to call it, if you're able to connect with them, which we know pose a lot of practical concerns.

But if you are, you might ask, you know, just about, about their recovery, if they're still in recovery, if they're still attending meetings, um, any new educational attainment goals, their employment status, um, you know, reconnecting with family and their social connections, their general quality of life. Um, and if they've had any new legal charges during, during that time.

So those are just a couple of things to consider if that's, if that's, uh, that's possible. And finally at the bottom end of the slide, you'll see data that can be collected at the house level. So you can [00:14:00] look at things like just generally the number of residents that you're serving, the average length of their stay, that can be calculated.

How many have a successful exit? However you define that. Every house is different. Uh, any recovery pathways that are utilized and a staff-to-resident ratio. Moving forward. Um, but also, uh, just one thing I forgot to mention is that the list that we showed is not, is by no means comprehensive, but it's just serves as a good starting point for you all to just, just consider what makes sense for you, um, for your, for your house in your program and

[00:14:37] **Madison Ashworth:** your residents.

[00:14:42] **Grace Clancy:** We now have a polling question just to get a sense of, of some of the things that I shared, um, about outcomes that you can look at. What do you think best measure resident success and, um, we have this as multiple choice, or as a [00:15:00] select all that apply, it should be. Um, and arguably all of them are very important.

Um, but I think, you know, depending on, on your residents and, um, and your experience, you might feel more drawn to, uh, to some rather than others. And I think this is just a great point of point for discussion. Yeah. And by, by no surprise that the results are very mixed. Um, 39% saying employment is very important and, um, you know, their recovery and, uh,



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substance use and abstinence is very important that 61%. Um, I'm kind of surprised that, um, meeting attendance is at 22%, but, um, that's awesome.

And recovery capital hovering at around 6%, so 50%. So. That one also, um, really encompasses quite a few things in it. So that's a, that's a pretty good, uh, catch all to be looking at. So [00:16:00] that's great.

And now I'll hand things off to Maddie who will talk to you all about collecting and using data. Thank you.

[00:16:12] **Madison Ashworth:** Thanks Grace. So like Grace said, I'm going to be giving you guys a brief overview of some tools to collect data and how you can use your data, before handing it over to Matt Johnson. So there is a multitude of affordable tools out there to help you with your data collection and data storage and analysis.

So there are programs like Google Forms or Survey Monkey that can facilitate your data collection because they will allow you an easy way to input your data by a creating a survey, and then filling it out for each resident. Then if you want, you can export your resident data into a spreadsheet for any data analysis that you'd like to do.

There will also, there is with these tools some upfront time commitment, as you have to decide the questions you want to ask and actually set up that survey to click through, and some possible financial commitment, depending on the software you use. Um, if you [00:17:00] are comfortable navigating a spreadsheet or you already have an existing one set up, I know a lot of you said you are already collecting outcomes data.

So you might have a system already set up for this. You may want to skip those survey softwares like Google Forms and Survey Monkey and use either Google Sheets or Microsoft Excel to build a basic data shell that will serve as a space to enter all of your data and analyze it. So in a data shell, what you do is you create variable names for short names that represent the questions you're interested in, in your residents, and then you create codes for the response options.

So for example, if you're interested in the marital status of your residents, you may have a question that you ask your residents, what is your marital status? And you'll have response options being A. Married, B. Single, C Widowed and D. Other. Your variable name would then be Marital and your code for responses would be A, B, C, and D.

So setting up a data shell like this really makes it easy to quickly tabulate. The number of residents you have that are married in your recovery house, or if you're going to be providing your data to a [00:18:00] statistician or a partner with a research group, having the data in this form will make it really easy for someone else to come in and analyze as well.

And of course, if you don't have access to any electronic data collection software, you can also just start by a pen and paper with your clients. Any collection of resident data is going to be great and really help your recovery house. Next slide please. So with that me giving you a



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little basic overview of what to collect and kind of how, but now we want to pivot a little bit to how your data can actually serve your recovery house.

And there's a ton of ways that you can use any kind of resident in-house data. And a lot of these can be done with really simple data summarization and analysis tools. Almost all of which can be found in programs like Excel. And of course, if you're interested in more complicated analysis, it may be beneficial to reach out to a university or researcher to partner with.

So if we jump into some of these potential uses, starting with process improvement. When you collect outcomes data, you're going to be able to look at the programs that your residents are [00:19:00] involved in and their recovery success. So in analysis, you may find that residents who participate in certain programs, say a job training program, are more likely to be successful.

However you define that in their recovery. So if you're collecting this outcomes and resident data over time, you can also see time trends in your data that you can use to see how different programmatic changes might have affected your resident success. So for example, your recovery house may have implemented a new intake process.

And so when you've collected your resident data over time, you can compare your resident outcomes before and after that new intake process, we started to see how that process changed, um, changed how successful your residents were. And then your data can also be used to show residents how far they'd gone during their time you've been at your house.

So this tool can be used to encourage residents to take the next step in their recovery journey or reflect on kind of how far they've come and empower your residents in their recovery. We also know that data can be used to help tailor your services to particular residents. [00:20:00] So when you collect data, you may find that certain programs work best for certain types of residents.

So say your recovery house is offering a SMART Recovery session, curriculum, um, and you find that SMART Recovery tends to work better for younger individuals in your house. And with that knowledge, you can tailor your programs to ensure those that would most benefit from certain programs are actually getting connected and reaching those services and programs.

We also know that resident data can be really useful for funding applications and to obtain certification. We all know that getting funding through grants and federal and local governments can sometimes be a pretty time-consuming and sometimes overwhelming process. And so any kind of data that you have showing how successful your houses will go a really long way in supplementing any kind of funding application that you're submitting.

Um, similarly in some of the certification and accreditation requirements for these public funds may require some proof that your house is successful and really helping residents. And

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when you've already started [00:21:00] collecting these residents and house data, it's really easy to kind of provide that proof.

And then finally your outcomes data can be really helpful with community engagement and advertising. So it's important to show your local community exactly what you're doing and why, what you're doing matters to the community. So oftentimes this can go a long way in preventing NIMBY, like Grace mentioned, or "Not In My Backyard" beliefs, through engaging with your community and showing them your house's outcomes.

You actually may be surprised at how many allies you have within your community. Sometimes they just need to hear about what's going on and what you're doing. We often hear the phrase, "let the data speak for itself," and that's really going to hold true for both community engagement and advertising. If you can present your outcomes and your resident data and show your proven track record of success, then you're really going to be able to inform prospective residents, families, and recovery professionals about your program and exactly why it works.

Next slide please. So now we have a polling question for you. So of [00:22:00] uses, we kind of just discussed about your data. Um, which one do you think is most important to your recovery house or for those of you collecting, um, outcomes data, what are the uses you're using that data for? Um, and if you could select all that apply, of course, data can be used in multiple different ways.

So there you may be doing using your data for all of those uses.

Wait a little bit for people to answer. We appreciate your participation in these polling questions. It's always exciting to see what people are using their data for.

All right. So it looks like funding applications are the number one use of data and that's expected. Of course, applying for funding is a really big part of keeping your recovery house up and running. Um, and process improvement, and empowering [00:23:00] residents, and tailoring services to residents. Also pretty important community awareness and advertising.

That definitely is a big one. And we will give you in the next slide, a little bit of discussion about how you can, um, work to raise that community awareness so we can move to the next slide.

Perfect.

So like we just went over, there are tons of ways to use your outcomes data. And of course, a lot of you guys are using that data and wanting to use it for community awareness.

And so sometimes it can be a really overwhelming knowing where to start. Right. And there's a lot of pieces we just listed. And so where do you even begin to start, um, analyzing your data and using it? And so it can be helpful to start with an annual report. So an annual report



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will have bits and pieces that are needed for all of the other uses of your data that we just talked about and can really help build transparency and awareness.

So the bits and pieces that are going to be in this annual report, we'll be able to be used in things like funding applications as well. So an annual report we'll have a couple of key [00:24:00] components. First, it will include a description of your program and what services you provide. So when you're writing an annual report, it's a really good idea here to highlight the programs and services that you think make your house unique, and that are your most important programs.

Next, it's a good idea to include some of those resident testimonials in your report. And this will give a more personalized account of your successes associated with your house, but then you can back up with your resident data. Next, you should include a summary of your outcomes data. So how many residents did you have?

How long did they stay? If you're, if you do decide to collect data on employment, mental health or recovery capital, then you could also include some data to show how your house has had positive impacts on those aspects of recovery. Finally, it's important to note in your annual report, how your recovery house is adapting to community needs and engaging with the community. And what programmatic changes you've made to maybe overcome obstacles in your house.

This can go a really long way in connecting with your community and showing transparency. [00:25:00] And showing that you really are kind of adapting to the changing needs of your community within your house. Next slide please. So now there's some next steps to consider. We gave, Grace and I gave you a little outline of what to collect, how to collect it, and maybe how to use it.

So some next steps. Um, well, first, if you're not collecting any outcomes, data, um, start developing a strategy to collect that data. Um, consider the tools you need to successfully do it and what outcomes you might most be interested in. Second, if you do have some outcomes data, consider creating an annual report that you can show to prospective residents, your local community, recovery professionals, and any potential funders and show them exactly what makes your house so special and so important to the community.

Third, um, be sure to seek help. We know that data collection and analysis can seem really overwhelming at first, but there are resources all around to help you. Specifically The Fletcher Group, Rural Center of Excellence in recovery housing has specialists that can help you [00:26:00] develop a plan and determine the best methods for data collection.

And finally, The Fletcher Group Rural Center of Excellence is developing a Resident Management System. And this system is designed as a tool to help facilitate collection of resident in-house data so that you can use it to assess your recovery house. And this Resident Management System will have some functionality to create reports that can cater to the data needs of your specific recovery house. With more coming on that Resident Management System, as it continues to be developed and later launched. Um, next slide please.

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So at this point, you may be wondering how a recovery house could do all this. Well. Last year, our research team created a recovery protocol for a recovery houses to use in the Resident Management System. So before we integrated this finalized protocol into the RMS, we went ahead and conducted a pilot study with Dr. Matt Johnson of Morgantown, West Virginia. Um, so now I'll turn it over to Matt so he can talk about his experiences collecting data.[00:27:00]

[00:27:00] **Rev. Dr. Matthew Johnson:** Thanks Maddie. Uh, my name is Reverend Dr. Matthew Johnson. Uh, I'm a United Methodist pastor who lives in Morgantown, West Virginia, and I'm the Founder and Executive Director of Abundant Life Recovery Housing Network. Uh, our Network opened on March 1st, 2021 and so we're just coming up on our first year anniversary.

Uh, we're excited to celebrate that. And, um, we have four houses where we work with about 30 residents, uh, who are part of our um, our groups. So, um, we have been working with The Fletcher Group since March of 2020, and we really appreciate all of their support and encouragement. We started doing data, um, because we realized it was necessary to, uh, to do this, to make sure that we can kind of track what's happening.

Um, now I, I'm not a data scientist on my own. Um, I'm, uh, I'm a theologian and a leader. I [00:28:00] don't do data. None of my educational experience has been wrapped around data. In fact, I like stories. I'm a storyteller. And so I like to tell stories and I like to help other people tell stories. Uh, and I can tell really good stories about our recovery houses.

I can tell really good stories about our residents and things that have happened. Uh, we'd like to say that we have a front row seat to transformation, and I can tell you those stories, uh, and for some people's stories are really effective. Um, so when I'm meeting with a community group, to be able to tell some stories is a really effective thing. But some people want some hard data and some numbers. And so having the opportunity to, uh, to do that has been really important. We wanted to be the most effective organization that we could be. Um, we wanted to make sure that we were preparing our residents in the most effective way, and we wanted to make sure that we had the information to know whether what we were doing was working for our residents.

Uh, we wanted to make sure that we knew what was going [00:29:00] well, what wasn't going well, the needs that the, uh, the residents had when they came into our house and we wanted to make sure that we were able to, um, connect with, connect them with the resources and the, the services and the opportunities in the community that were going to best impact them.

And so we began to collect data so that we could get that kind of picture. We could get a better snapshot of who our clients were and what we needed to do to be the most effective organization. One of the benefits too, of collecting data, data has already been mentioned, but, um, you know, as well as I do that, when you start a new organization or when you're talking about recovery housing, uh, sometimes you can get a, a raised eyebrow. Um, as a new organization, people wondered whether we were, um, making, whether we were kind of a legitimate organization. And having data to back up the [00:30:00] legitimacy our

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organization, and to make sure that we could show people that we weren't a shady organization that was just trying to take advantage of our community, but instead really benefit our community, was an important part for us.

So one of the reasons we did this, you can move to the next slide. Um, one of the phrases that I like to use is "we get what we count." And when we can pay attention to different things, when we can count different things, when we're aware of what it is we're looking for, those are the outcomes that we often get.

And so making sure that we were deeply connected to the things that that needed to, that we needed to be aware of, um, making sure that we were connected to, um, the things that our residents had experienced, was one of those important things. Uh, making sure that we could get what we count. I think it was one of those pieces that's been really beneficial to us. Um, we don't know what we don't know until we stop to ask. So you've probably heard this before. There are the known unknowns and the unknown [00:31:00] unknowns. There's a lot of things that I realized, I don't know, but the things that scare me are the things that I don't know that I don't know.

Um, the data helps fill that in for us. And so it helps us understand what we actually don't know. It helps kind of pay attention to the questions that maybe we aren't asking. It helps us pay attention to the things that we should be aware of, even if we're not immediately aware of what those things are.

And so this, the, the data really helps us hone in on the things that we need to be aware of, uh, that our residents have experienced or are experiencing. And it helps us pay attention to what those things are so that we can be more proactive in our programming and in our planning. Um, this gives us a much better picture of who our clients are and who our residents are, and it gives us a fuller picture of their experiences to date.

Uh, so as we collect data about their experiences, uh, both in their attempts for substance use disorder, uh, to, to find recovery and to, [00:32:00] to kind of take those next steps, as we collect data about some of the experiences, whether it's adverse childhood experiences that they've had, that they, we can be aware of so that we can kind of help, uh, create a buffer around some of those things.

We can be aware of the, um, the experiences or the job experiences that they have, the educational backgrounds that they have. Um, this gives us a better picture of who our clients are. Um, I think as we partner data with the actual, um, engagement with clients on a day-to-day basis, those two things work really well together.

Those two things work hand in hand. Um, so they give us kind of this different picture and this. Over this better kind of snapshot of who our clients are. And that's been something that we have appreciated. And probably for me, one of the most important things is we get to judge whether our program is working and being the most effective.

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We get to judge whether what we're doing is working well for our clients and whether we need to do something different, whether we need to [00:33:00] change, uh, whether we need to focus in a different area. Um, that's important information so that we can continue to make sure that what we're doing works really well for our clients.

One of the things that's interesting. And then I found to be really interesting is that when we talk to our clients, um, there's, there's times that my residents will say to me, this is the most successful I've ever been in, in my recovery. This is the most successful I've ever been in a sober living environment.

And I can say why, and you know, that's what I want to know. What, what about our environment? What about our community? What about our program has helped? And sometimes they can't quite put the answer, the, put their finger on it. They can give me an answer, but you can tell, they're trying to figure it out too.

Sometimes the data can help us look at why our clients have been the most successful. And what is it this time in this journey of recovery that has been the most effective for them. And so it helps us kind of pay attention to what we can do that allows us to [00:34:00] be the most effective in our work. You want to move to the next slide.

We've learned some things. One of the things we've learned is there are some challenges to collection. Um, we're a small organization. We're like I said, we, we started, uh, in March of 2021 and, uh, I am the chief cook and bottle washer. I do just about everything. Uh, and so giving some of these things away, and learning and training other people how to collect this data, and how to do it, has been a challenge.

Um, and sometimes it's a challenge to pin residents down and to say, "Hey, I really need you to, to sit down with me and to do this, this data collection." Um, they're, they're suspicious. Uh, sometimes it feels like there are other things that are really pressing and so creating time and space to do this has been important, but it's not to say it's not going to be challenging.

Uh, and you have to decide what data you need and what data is going to be helpful to your organization so that you can make sure you're collecting that and make sure that you're being aware of that. Um, there are, there are real challenges to [00:35:00] how we do this. Um, we learned that recovery capital really, really matters.

So, um, as Grace mentioned, there's the, the BARC-10, the Recovery Capital Assessment Form. Uh, we've used that and I've found that to be a really effective way to help our clients, um, predict whether they're going to be successful to help our clients figure out where they need to grow, to help them figure out what areas they need to focus on in their recovery journey.

Um, we've learned that that is a really fundamental piece to how this happens. Um, and I would encourage you to, to really tap into that idea, and to think about how we help our residents grow in that area and grow in that way of doing things that. That recovery capital

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piece has been very, very important to us and really gives a lot of shape to the way that we think about our programming and how we connect residents to community experience.

How we present, what we're doing to our residents makes a difference. Um, [00:36:00] I've had some residents really kind of given me a funny look when I say that we want to, to, uh, do an assessment. Um, I think sometimes my residents think that I'm going to get, give them a test and I'm not giving them a test. And so I've learned to say, um, I want to do this assessment not because I need to, to, to dig into your past, because I want to know that we are being effective in the work that we're doing.

And residents are anxious to help if they think it's going to help the organization. They are, uh, kind of giving me, uh, some side-eye if they think that I'm trying to dig too much into their experience sometimes. Particularly when they're new to us. Um, if we do this six months in or a year in, you know, at this point we've got some relationship, we've got some connection and they're less, they're less suspicious of me. But how we present this idea that we want to collect data, um, really is important because that kind of gives our residents, um, a framework of, of how we do that.

Um, the [00:37:00] data, as I mentioned helps us make sense of our residents' stories. It helps us make sense of kind of where they, what they've done and what they've experienced. And it helps us kind of keep an eye on, um, what it is that that can continue to happen. But data creates a really good snapshot of who we have living in our houses at, at any moment.

And in some ways it helps us kind of create a snapshot for what's happening in our area around recovery. And what's happening in our state. Uh, as, as was mentioned, I live in Morgantown, West Virginia. Um, and so our houses right now are located in Morgantown, West Virginia. But the vision that we have as Abundant Life Recovery Housing Network is to grow beyond this community, uh, particularly to some of the rural communities in our state.

So we have been tracking places where are the, the, the communities and the counties that our residents have come from, uh, when they get to Morgantown. And we've learned that residents come to Morgantown because this is where, uh, some of the most significant [00:38:00] services are in our state. And so people come because they need the initial services of, um, the COAT Clinic, the Comprehensive Opioid Addiction Treatment Clinic at WVU.

They come here because there are rehab beds available in this part of the state. And so they come here for those reasons. They come here because they need new people, places and things when they begin that recovery journey. So there's lots of reasons that people come here and sometimes, that is because the re the, the needs they have in recovery are pretty acute. But they also want to return to those places where they'd come from.

They want to return home. They want to return back to some of the rural counties, uh, where they can connect with their family and where they can, where they've grown up, where they're, where they're the most comfortable. And so we're seeing ways that the data has



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shown us that our residents are coming to us needing some initial support, but we also need to think about ways

we expand into other counties to continue to offer some support and services [00:39:00] for our residents as they move forward. And we're trying to think about ways that we can continue to support residents as they take the next, next steps or as their recovery journey becomes less acute in terms of the needs that they have at any given moment.

So that's an important piece for us and that's been important data and it shows us some of the ways that we can operate well in our region, but also some of the ways that we want to continue in some of the places that we can continue to dream about expansion and next steps. Those are, um, some of the things that that can happen.

One of the greatest benefits to data, um, on a resident level is being able to help our residents see the places where they have experienced growth and change. Many times when I meet a resident who comes in on day one and I see them six, nine months later, we've got some residents right now that are coming up on being in our home for a year.

We have residents that moved in March 1st, [00:40:00] 2021, and they're, they're still with us and I'm excelling and growing. To be able to say to them, "look at the work that you've done" is such a powerful thing. To be able to say to them, "You have changed so much, you've come so far. Look at the work that you've done. And the hard work that you've put into your recovery journey and your recovery process has been worth it." That is an empowering and powerful thing for our residents to hear. And if we can show them the data, uh, it's not just speculation. They know that we're not just blowing smoke at them. They can say, look it, I, I have experienced some change in my life.

I have experienced some, some, uh, new opportunities that I never thought I would have. And that is, uh, a really, really powerful thing to be able to share with residents. And so that's an absolute benefit, absolutely a benefit, um, to how we do this. Um, if you want to go to the next slide. So we learned that our outcomes help show us whether we're on the right track.

And that's one of the reasons that we've done this. One of the things we've recently [00:41:00] started to incorporate is, um, Uh, a bi-weekly check-in and as our residents get more used to kind of doing assessments and as we get more used to helping our residents do those assessments, these biweekly check-ins, kind of check where residents are in terms of cravings, and the things that they're seeing, and what they're struggling with, and where they're at in terms of step work, how the house is operating.

And so it helps them judge whether the relationships in the house are being affected. And it helps me identify whether there's a cultural issue in our house before we even begin to see a bubble to the surface. We can begin to kind of catch those things and nip them in the bud. So this shows us whether we are on the right track with our residents and whether our programming continues to move in the right way and be the most effective.

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And uh, we use this data to help our community see the big picture of who we are as an organization and the impact of our organization. Uh, I'm really proud of our organization. I think we do really good work, but to be, to be able to [00:42:00] back that up and to, to prove that to people has been really positive.

So when I sit down with community leaders, when I have an opportunity to sit down with, uh, people who are part of our, um, State Senate or U.S. Senate or Congress. And that's one of the things that I do is I try and make sure that our elected leaders and our city and county leaders know who we are and what we're doing.

Uh, it can say to them, we're making a difference in this community. We're making a difference in, uh, in Morgantown and in north central West Virginia. And, um, you can support that and we want you to support that. We want you to support that with, um, just kind of your support, but we also want funding. Um, I was applying for a grant this past week and used some of the things that we'd gathered and some of the things that we've learned to try and show to our granting organization, that we are a legitimate organization that's, that's really, um, seeing results in how we do things. Uh, we've got an introduction document that we've kind of put together. [00:43:00] Um, we haven't put together our annual report yet because we haven't been open for a year yet, but we have an intro document that kind of highlights some, some stories, some data, some testimonials, some dreams about how we hope to do things.

We hand that to, uh, to folks we meet in our community, business leaders, um, city council members, county commission folks, regional leaders, to say, This is Who We Are. And you can see that and understand that, uh, right upfront. And it gives people a really nice snapshot of what we're about. So that's, um, some ways that we've implemented that and, uh, some ways that we're working on that and some ways that we've seen it to be really beneficial to us.

And I think we're gonna move to Q and A at this point.

[00:43:44] **Jennifer White:** Thank you so much Reverend Dr. Matt Johnson, Grace Clancy, and, um, Madison Ashworth. Um, this was wonderful information. Um, so everyone, the floor is open for Q and A. If you would like to go ahead [00:44:00] and post some of your questions and that there has been, um, one question posed by James Phillips.

There's been a little bit of conversation about it, but I'd like to uplift it. Um, so we can engage the entire audience and our entire panel, um, to weigh in. So, um, James Phillips asked, many data collection systems have reams of data sets, but it's often difficult to visualize the data in an aggregate and in a way that's actionable.

Do you have any recommendations on data visualization tools to make the information more meaningful to the community? I will open that up to our research team.

[00:44:42] **Madison Ashworth:** Well, I can go ahead and take a first stab at that. And then Grace can jump in if I miss anything. Um, but I would suggest using softwares like Excel.

Excel can do a lot of visualization and, um, it has a ton of resources online to kind of walk through how to set up that visualization.[00:45:00]

Um, there are also a lot of free online softwares that you can upload kind of portions of your data to. Um, so ones that I know of are Charts Studio, and Raw Graphs. Um, there are also others, I think if it's mentioned in the Q and A like Tableau, um, and one thing I would just note when you're looking at those free softwares is just to be cognizant and careful of what happens to that data when you actually upload it and use their free software, a lot of those free softwares, when you do upload data to them, it can be made public.

It is a public data set at that point. So if you're willing to pay for some of those data visualization software, Um, they work out really well and they're very user-friendly, but if you are using free versions of data softwares, just be careful about what the data use agreements are with those. So I would suggest if you have Microsoft Excel, you can do a lot of simple visualization with that.

And I do believe the Resident Management System that The Fletcher Group is working on. We'll have some data visualization [00:46:00] options as well. So.

[00:46:04] **Grace Clancy:** That's great, Maddie. Um, and just to kind of tack onto that, I think, um, I think visualization and how you present information is really important. Um, so I'm glad that this question came up. Um, and along with the tools that, that Maddie mentioned, I think, um, thinking about the audience that you're showing that information to and what, what do they really need to know what, um, any misconceptions they may have or what would be most persuasive?

So I think it's in a sense it's less about how it's presented and more about what is presented. Um, but I also, uh, think there's opportunity for the visualization part is, um, kind of the aesthetics of it as a whole to look into tools like, you know, Canva or other types of templates, um, that are out there to just make the overall, um, package that you're presenting to someone cohesive and, um, [00:47:00] professional and polished looking.

[00:47:05] **Jennifer White:** Thank you all very much for that. Um, I also see that our CEO, Dave Johnson, and our Director of Research, um, Robin Thompson have joined for Q and A. Um, so if there's any further input you all would like to make on that, um, I'll open the floor to you all before we move to the next question.

[00:47:25] **Dave Johnson:** Yeah, this is Dave Johnson. And I might just add that, um, you know, graphics are often, you know, pretty effective in terms of visualizing the data. You can show the percentage of residents that have been, uh, engaged and retained, uh, in the house over a period of time. Uh create some timelines along that, um, graphic as well. So you'll showing the degree of change, uh, from when a person enters the house to when they're leaving the house.



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So, but, um, you know, maybe even a, as alumni, you know, six months later, uh, is really [00:48:00] effective. So you want to show that kind of, that trend over time of how, uh, an individual entering your house responds over time in their recovery journey.

[00:48:14] **Jennifer White:** Thanks so much, Dave. So, um, we will move on to our next question. Um, by Nelly. How do you integrate your data? We have a series of data collection resources across different services, but we do not really have a method for integrating all the different information to get a holistic picture of our program.

[00:48:37] **Grace Clancy:** Um, Maddie, I was thinking, do you want to kind of talk about the, um, the data, the data shell section that Maddie talked about, um, that I think that'll be kind of a key piece of making sure that all the information you need is in one place and in a format that is, um, comparable across, across the spectrum.

[00:48:58] **Madison Ashworth:** Yeah, definitely. So yeah, when you set up kind [00:49:00] of these bigger data shells, you can integrate multiple kinds of surveys in that data shell, and you can track kind of what resident may be answering or associated with these different outcomes, either through asking them their name and keeping track of that in your secure data shell.

Of course, when you do that, you want to make sure it's, you have those data security measures. If you are asking that identifying information, but if you want to make your data de-identified as well, you can assign your participants, um, IDs within your house. So they're kind of anonymized IDs that only you, or a handful of your staff know about, connecting them.

Um, so that way you can use that ID to track the different, um, data and different outcomes that you're tracking across those different services. And so when you have that all in kind of a data shell, it's very easy to look at that one participant ID and all the various outcome measures that you'd be asking across those services.

[00:49:56] **Grace Clancy:** Yeah. And along with, along with de-identifying that, cause that's really [00:50:00] important. If you have multiple individuals, um, who are participating in data entry, you may not want everyone to have the same level of access to all that information. So you can go into Excel and look at some of the data controls where you're able to hide different columns, um, and lock them so that, um, that isn't visible to everyone.

[00:50:24] **Jennifer White:** Thank you. I hope that was helpful for you, Nelly. Um, our next question is by, um, Chris Meacham. What data points are being collected that track residents culture, particularly being able to see a problem before it, bubbles to the surface.

[00:50:41] **Rev. Dr. Matthew Johnson:** I can, I can answer that real quickly because I'm the one that mentioned that. Um, we do these, uh, short surveys with residents, um, every two weeks or so. And we ask a series of questions that are from a strongly disagree to strongly [00:51:00] agree. So kind of five different, uh, five different answers, strongly disagree,

disagree, neutral, agree, or strongly agree. And we ask things like this. Um, I can trust residents in the program, or these are the statements we use.

I can trust staff in the program. I feel others in the, in the program are working to help me. I feel others in the program understand me. I respect other's views. I feel I can count on others in the program. I feel I'm working together with others in the program on my recovery. I feel safe in this program.

I feel hopeful. Uh, those just kind of help us. Figure out how things are going in the house. Um, that's something that we let people fill out anonymously again, because I think it's important for people to be able to give an honest. But those statements, um, if you're getting a lot of, of disagrees, when it says I can trust staff in the program, then I probably need to talk to my house manager, right. Uh, if we're getting a lot of, um, disagrees that people [00:52:00] don't feel hopeful, we need to figure out what's happening under the surface that's causing people to feel that way. So, uh, that's a really helpful metric for us.

[00:52:09] **Dave Johnson:** And thanks for sharing that. Uh, we're you using a similar set of questions I think maybe, uh, I'm not, I'm not sure those are the same ones that uh, develop in, in terms of, um, an Alliance major. So in, uh, therapeutic services Alliance is one of the most critical factors and there's not been one that really is addressed, um, recovery housing in that sense. So we had been working to develop that, uh, instrument, develop the validation for it, uh, and that's currently underway.

So that will be, I think, an important, uh, tool for recovery houses to, uh, assess that resident culture and, uh, that degree of trust and interaction between, um, an individual, the other residents, as well as the staff.

[00:52:58] **Jennifer White:** Thank you all for [00:53:00] both addressing Chris's question. Um, our next question is posed by joy. I'm sorry, Roy Jolly. Um, The most challenging data needs for us are following up with long-term studies of alumni. We've been around for 25 years, but only have anecdotal information on alumni. Do you have any suggestions here?

[00:53:24] **Grace Clancy:** Yeah, like in, um, I can take a first stab at that and then pass that along to, um, my other panelists. But, um, we know that that's a big, a big challenge from a resources standpoint to allocate time, um, to doing that outreach. And also it's difficult to keep in touch with people, period. Um, but we've, we've heard of some houses who, um, just kind of built into their culture, have, um, have an alumni culture where they really want to, they set that precedent in that, um, not expectation, but, um, that, that alumni, uh, [00:54:00] can come back and have shared meals with, with the residents and, um, are available to be, um, uh, Uh, to kind of like walk through the process and the program and just be there as a support, as someone who has successfully made it through.

Um, so I think having that, having that, uh, culture there to begin with, um, has been really key for folks. And also, um, as, as far as actual, you know, data collection and doing like those status updates, I've heard of homes that will use, um, uh, text-based SMS text-based,



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um, options where, you know, they'll have three questions, um, just to kind of do a basic check-in and see how they're doing.

Um, but, uh, that's just, that's just a few things that I've heard about, about strategies for that. Great question.

[00:54:55] **Jennifer White:** Wonderful. Thank you. Did anyone else on the research team have anything to add [00:55:00]

[00:55:00] **Robin Thompson:** Um, just to add on to what Grace had mentioned, a really great suggestions. Is we've heard, and this might be obvious as, um, I think that the primary audience here is owners and operators. So you all know a lot of this better than we do. Um, we've heard some homes will at intake, um, collect information from, you know, the individuals, um, spouse, friends, family members.

So just kind of collecting as many, um, uh, relationships as possible and contact information for those as we know, phone numbers change over time to just try to stay connected. Um, so just one other tip, but I think the alumni, um, culture is a really big one that we've seen.

Good call Grace.

[00:55:44] **Jennifer White:** To, um, add to that Van Smith was asking, how helpful would you say that the recovery housing, sober living apps are? Um, or what experience do we have with those.

[00:55:58] **Grace Clancy:** I have not had [00:56:00] experience with those apps. I'm not sure if my other panelists can speak to that.

[00:56:10] **Madison Ashworth:** I also have had no experience with those apps. I don't know Robin and Dave, if you guys have any, but or Matt?

[00:56:15] **Dave Johnson:** No experience.

[00:56:19] **Rev. Dr. Matthew Johnson:** I hadn't thought about it. I was sitting here Googling them as to look up what was available. I didn't even, there was a, I hadn't even thought about that, that being an option, to be honest.

[00:56:32] **Jennifer White:** So that sounds like maybe something, um, a split your group need to look at a little more closely. So thank you, um, Van and keep checking back. Um, and hopefully we'll be able to answer more of that in the future. Um, so we are still open. We've got a few more minutes. If anyone has any more questions they'd like to pose in the Q and A, um, if not, you all had mentioned, um, applying for funding and that did [00:57:00] appear high in the polling as well.



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Would you be able to share any information on how long a house should be collecting data before they can utilize this when applying for funding?

[00:57:18] **Grace Clancy:** Um, I think, um, are you Jen, are you referring more to like the sample size or kind of how long tracking the residents over time?

[00:57:30] **Jennifer White:** Tracking the residents over time.

[00:57:33] **Grace Clancy:** Sure. Um, I'm not aware of any hard and fast rule, uh, to, to, to speak to that. But I think, uh, important to have like those, those, that baseline information of them at the very beginning, um, and, and, you know, something, um, and an end point, um, and some, some studies we've seen with it, there's a lot of drop-off in, um, data that's collected, you know, [00:58:00] throughout that process.

So I think if, if you're able to get a strong, um, you know, before sample and ending sample and if possible, anything in between is always great as well. Um, Robin, do you, do you have any more expertise to, um, to speak to that?

[00:58:18] **Robin Thompson:** I think that's a great response, Grace. I think just dependent upon how your house is set up in terms of, you know, our residents stay for four months versus our residents stay for six months and maybe that drives, um, the data collection period.

So as Grace mentioned, an intake is really good to see kind of baseline characteristics that you're interested in such as the Recovery Capital, the BARC-10. And we talked about the,

uh, Grace had talked about the BARC-10 as it's like the brief version of the larger assessment of recovery capital. So it's an easier one to, um, you know, ask of your residents only 10 questions.

So at intake and then at various points in time. So, um, that might be six months and then that might be 12 months. So you can kind of [00:59:00] look at those, that change in recovery capital for your residents, um, at three various time points. So you can see, you know, what did my house do for, um, my residents, um, And impact their recovery.

So I think, yeah, it seems to be variable, but, um, I think, um, audience, the audience could probably speak more to that with their experience, um, for applying for funding. So I wish we could have everyone speak like the audience to chime in on, uh, you know, what they've seen with funding applications as requirements.

[00:59:36] **Jennifer White:** Thank you all so much. Um, I appreciate everyone's input today and know we are running close on time. Um, and, uh, we do not have any new questions post in the Q and A. So, um, you know, as always, please stay tuned for our other webinars. Um, there's more information in the chat on that, and you can reach out to The Fletcher Group, um, for any [01:00:00] technical assistance.



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These presentations will be available, um, probably next week through, um, through our website, which is also in the chat. So thank you all again. I appreciate your time today and, um, have a wonderful week.

[01:00:16] **Grace Clancy:** Thank you, all.

[01:00:20] **Michelle Day:** This concludes our webinar session. Thank you so much for joining us today. Also, please tune in on the first Thursday of each month from 2:00 PM to 3:00 PM Eastern Standard Time where we will be hosting subject matter experts from across the nation to bring you valuable tools and resources for rural recovery house operators and SUD professionals.

If you would like information on technical assistance, you can go to our website, again www.fletchergroup.org, which I have also copied in the chat, and submit a technical assistance request. Lastly, please take a moment to respond to the survey questions once they become available on your screen. Your feedback [01:01:00] is very important and greatly appreciated.

Thank you and have a blessed day.