



***Recovery Oriented System of Care
Statewide Forum Report***

May 14-15, 2015 Tallahassee, Florida

***Florida Department of Children and Families
Office of Substance Abuse and Mental Health***

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Meeting Summary

On May 14th and 15th, 2015, leaders from across Florida gathered in Tallahassee to create a shared vision to shape the future of Florida's prevention, treatment and recovery support system. The recovery oriented system of care (ROSC) statewide forum was facilitated by Lonnetta Albright, the Executive Director of Great Lakes Addiction Technology Transfer Center (ATTC). On Thursday morning, John Bryant, Assistant Secretary of the Office of Substance Abuse and Mental Health, welcomed the participants. Dana Foglesong, Recovery and Integration Specialist, shared her story of receiving services in Florida's mental health system and laid the groundwork for the forum. Participants were introduced to members at each of the seven tables, representing leadership from each of the seven regional managing entities. Each table had individuals in recovery and family members who lived in that region, representatives of managed care organizations, statewide agencies, and lobbyist organizations, and Department staff including SAMH regional, state facilities and central office.

After a presentation on ROSC, four individuals in recovery from mental health and substance abuse disorders shared what worked well and what did not work well for them in their recovery process. After hearing presentations on ROSC and individuals stories of recovery, the group explored the challenges, strengths, and opportunities that exist when using a Recovery Oriented System of Care framework. Through a gallery walk exercise the group answered the following questions:

1. What excites you about this?
2. What concerns you about this?
3. What do you believe is missing
4. What Recovery Capital do we already have? (Individuals, organizations, community, etc.)

On Friday, participants gathered to start the visioning process of moving to an improved model of care. Ed Johnson and David Duresky of Southeast ATTC offered training and technical assistance to assist regions in implementing ROSC. Each table brainstormed words and ideas that should be included in Florida's vision of a recovery oriented system of care. Feedback was also shared on words that define recovery. Each participant was given an opportunity to prioritize the statements presented. The statements that received the most votes will be included in the vision statement that the Substance Abuse and Mental Health Planning Council will help create. The Planning Council, consisting of state agencies and peer and family member representatives from each managing entity, will serve as an advisory body to the Department and managing entities on implementing ROSC. The forum closed with the group collectively defining next steps to move Florida towards a recovery oriented system of care.

ROSC Forum Participants

Table 1	
1. Judge Mark A. Speiser	SAMHPAC Florida Partners In Crisis
2. John Bryant	DCF/SAMH Assistant Secretary
3. Maria Anjuli B. Gaffud	SAMHPAC BBHC
4. Melinda Baxley	Northeast Florida State Hospital
5. Silvia Quintana	Broward Behavioral Health Coalition
6. Alfonso Ruiz	Broward Behavioral Health Coalition
7. Shannon Wester	Florida State Hospital

8. Bobbie Linkhorn	SAMHPAC BBHC
9. Jennifer Conroy	Northeast Florida State Hospital

Table 2	
1. Peggy Scheuermann	SAMHPAC Department of Health
2. John W Dow	South Florida Behavioral Health Network
3. Robin Cole	SAMHPAC SFBHN
4. Mariamee Rodriguez	South Florida Behavioral Health Network
5. Pam Ford	South Florida Behavioral Health Network
6. Kate Prendiville	DCF/SAMH Southern Regional Director
7. C. Veree' Jenkins	SAMHPAC Voice & Choice of Florida
8. Stephen Zuckerman	South Florida Behavioral Health Network
9. Gloria Henderson	DCF/SAMH
10. Yamile Diaz	DCF/SAMH Southern Region

Table 3	
1. Nikki Wotherspoon	DCF/SAMH
2. Elaine Roberts	SAMHPAC Florida Housing Finance Corporation
3. Tory Wilson	DCF Office of Child Welfare
4. Paul Cassidy	SAMHPAC SEFBHN
5. Rita Ruggles	Southeast Florida Behavioral Health Network
6. Valerie Smith	SAMHPAC SEFBHN
7. Rhea Valerie Allen	DCF/SAMH Southeast Regional Director
8. Ashley Schwab	DCF/SAMH
9. Dana Foglesong	DCF/SAMH

Table 4	
1. Devi Drexler	DCF/SAMH
2. Dana Farmer	SAMHPAC Disability Rights Florida
3. John Nelson Kull	SAMHPAC CFC
4. Phillip Toal	SAMHPAC Chair
5. Carla Bresnahan	SAMHPAC CFC
6. David Duresky	Southeast Addiction Technology Transfer Center (SATTC)
7. Kelley S. Tyus	Florida State Hospital
8. Karen Cramer	Magellan Complete Care
9. Nikaury Munoz	Central Florida Cares
10. Stephanie Smith	Central Florida Cares
11. Carolann Duncan	DCF/SAMH Central Regional Director
12. Carolyn Spooner	Northeast Florida State Hospital

Table 5	
1. Patricia A. Adams	SAMHPAC CFBHN
2. Jane Manning	SAMHPAC CFBHN

3. Carol Eloian	Central Florida Behavioral Health Network
4. April May	DCF/SAMH Suncoast Regional Director
5. Carmen Dupoint	SAMHPAC Florida Department of Education VR
6. Suzette Fleischmann	Cenpatico
7. Jeffrey Cece	DCF/SAMH
8. Ute Gazioch	DCF/SAMH Director
9. Alice Oswald	Northeast Florida State Hospital
10. Barbara Aboumrad	Northeast Florida State Hospital

Table 6	
1. James W. Taliaferro	SAMHPAC Mental Health America
2. Catherine Smith	Florida State Hospital
3. Curtis Jenkins	SAMHPAC Florida Department of Education
4. Wesley Evans	LSF Health Systems
5. Wesley Ordonez	DCF/SAMH NE
6. Jayme Carter	DCF/SAMH Northeast Regional Director
7. Kristi Krug	SAMHPAC LSF
8. Laurie Chesley	LSF Health Systems
9. Christine Cauffield	LSF Health Systems
10. Carl Falconer	LSF Health Systems

Table 7	
1. Cynthia Craig	DCF/SAMH
2. David Daniels	Big Bend Community Based Care
3. Cori Bauserman	Big Bend Community Based Care
4. Lisa Aufdencamp	Big Bend Community Based Care
5. Christine Hurst	SAMHPAC BBCBC
6. Quantara Smith Williams	Big Bend Community Based Care
7. Joyce Marie Brown	SAMHPAC BBCBC
8. Ed Johnson	Southeast Addiction Technology Transfer Center (SATTC)
9. Sheila Barbee	DCF/SAMH Northwest Regional Director
10. Tory Wilson	DCF/OCW

Gallery Walk Exercise

1. What excites you about this?

1. Improved quality of life
2. Better transitions from hospital community
3. More choices/hope
4. More comprehensive care
5. Journey not a destination
6. Decrease in relapse
7. At a tipping point
8. Decrease stigma

9. Reduce costs/increase value
10. Everyone at the table think outside the box consumers have a voice in their treatment
11. More Flexibility
12. Recovery plan not treatment plan
13. Strength based
14. Collaboration
15. Changing though process around SAMH
16. Implementation
17. Utilization of Peer Professionals
18. Diversion
19. Prevention/Harm Reduction/Holistic Treatments
20. Focus on wellness, not illness, illness & forever
21. Give peers a purpose
22. Empowering
23. Change making
24. Long-term positive impact on the lives of the peers and the community as a whole *
25. Strength based
26. Seeing a smile (priceless)
27. Seeing so much interest

2. What concerns you about this?

1. Commitment
2. Consumers having barriers getting employment due to felony's (past)
3. Lack of Acknowledgement meet with agencies/communities
4. Youth in Homes????? (child welfare involvement due S.U.D./MH)
5. Available Resources
6. High school requirement for C.R.P.S. is a concern
7. Lack of Sensitivity
8. Lack of Funding
9. Everyone on board
10. Inclusion
11. Support in recovery while they're still working
12. Informing legislature
13. Time constraints
14. Agency Training/Staff/Peers/Supervisors
15. Scope/Community Buy-in/Stakeholders
16. Quality Assurance in Service Delivery
17. Fear that follow-through won't happen
18. Provider agencies may not let go of current models
19. Competing priorities
20. Recognizing Realistic Concerns

3. What do you believe is missing?

1. Continuity of Services
2. Key stakeholder buy-in
3. **Funding**
4. Incentives
5. Plan (applicable)
6. Psychiatrist
7. Treatment providers
8. Appropriate access to rural areas
9. Appropriate Training for LEO's in responding to
10. a person with mental illness
11. Leaders who "walk the talk"
12. Reprioritization in the purchase of services
13. Systematic training of provider staff, agency wide.
14. Permanent supported housing
15. Wraparound dollars
16. Vocational Rehab/Supported Employment
17. Adequate supportive housing
18. A sense of urgency
19. Respite/short-term bed/ transitional education for all involved systems
20. ALF's mental health license

Contract language Shift in culture Older youth involvement Child Welfare Education on Mental Health Lack of Basic Needs Money & Resources Respecting patients' rights Training and Awareness
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4. What Recovery Capital do we already have? (Individuals, organizations, community, etc.)

1. Peers-good leaders
2. NAMI
3. DBSA
4. MH America
5. ME's Peer Councils)
6. Consortiums
7. SDC Programs
8. Gout agencies
9. EBP Tools
10. Buy-in from Florida (including HMO's/MMA's)
11. CMH Centers
12. Drop-in centers
13. Federation of Families
14. Peer Specialist Cost Centers
15. Conferences & Trainings
16. Incidental funds
17. J.D., P/C, M.H.P.
18. South Florida Wellness Network
19. SBIRT

20. Philanthropic
21. Homeless Services
22. Peer Certification through FCB *
23. VA Peer Specialist Program
24. Pharmaceutical grants
25. Henderson
26. Archways
27. Susan B. Anthony
28. Youth M.O.V.E
29. A.A. / N.A. / C.A. / G.A.
30. AL anon
31. City, County & State
32. Disability Rights of Florida
33. Parity Law Enforcement
34. A.D.A.
35. D.C.F.*
36. Faith Based
37. Managed Care
38. Built Momentum & HAD statewide collaboration
39. All the Difference faces at the table
40. Hearing that what we do makes a difference
41. Obvious State Level emphasis
42. Lot of take home tools
43. Value of “Super Bowl”
 - a. Awareness of other initiative
44. “Power of our stories”
45. OMG we need to look at everything we do
46. Focusing on recovery is exciting
47. This has been a “This is not a flavor of the month event”
48. Different perspectives help us to change the “system”
49. It’s amazing, but it needs to continue
50. HOPE is critical
51. Having such a diverse set of people attend
 - a. Attempting to understand the “different languages”
 - b. To make things better.

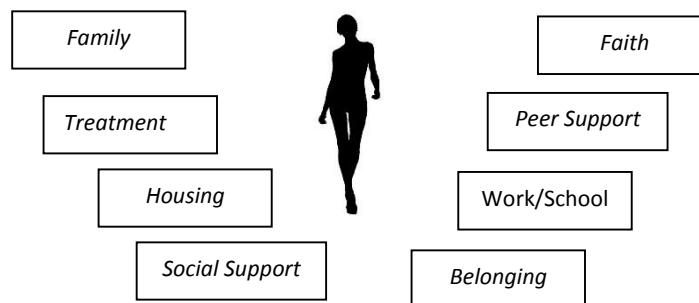
Vision of ROSC in Florida Exercise

# of Dots	TABLE 1
	RECOVERY
	Easy Access to required necessities
	Housing
3	Employment (Decent Pay)!

	More people recovering (meaningful lives)
	Decrease need for dependence on welfare
2	Decrease stigma in the workplace
1	Peer viewed as <u>professionals</u>
2	Immigration laws to assist peers
1	Information link to needed services
	ROSC-Values
2	To build a community of wellness, equal opportunities and unity by supporting and promoting recovery

# of Dots	TABLE 2
	ROSC-Values
5	Dignity and Respect
9	Hope/Honesty
6	Welcoming and meeting people where they are (foot soldiers)
2	Stories and voices
5	Rebuilding relationships/neighborhoods
2	Respecting people’s values and faith and cultures
	Multi-directional, open communication
	Education, choice, support, Public awareness
4	Creating and environments that supports recovery
2	Improve resources for workforce
3	Journey is different for everyone
	Bring the people served into the planning process, including families
	Keep the “person” in the center -they drive goals & expectations -system should reduce barriers by listening to the person served
	Swaddle instead of wrap -Multi-dimensional, not linear

Swaddling, supporting a foundation to build on



# of Dots	TABLE 3
	RECOVERY – Choice, Connectedness
	All inclusive – no one left out

	Respect input from all the silos
10	Expectation of Recovery
1	Motivate people to want to recovery
15	Create Hope & Opportunity for peers to empower themselves
2	Believe Recovery is possible
1	Expect positive outcomes
	Wellness – not just for the patient
	Liberation – freedom from bondage
	Community – get community to provider & foster recovery

# of Dots	TABLE 4
	RECOVERY
	More Choice/Decision
15	Consumer Driven
	Empowerment
	Individual
5	Voice
4	Remove barriers
3	Collaboration
3	Systems of care/Recovery
2	Common sense/flexibility
1	Dignity

# of Dots	TABLE 5
	RECOVERY
12	Expect Recovery to happen
3	Respectful
1	Language shift
	A Journey – Engagement
1	A process
1	Choices
	Engage & Build Supports
3	Inclusion
2	Flexible
1	Resilient Building
2	Culture Shift
1	Includes Peers' Stories

# of Dots	TABLE 7
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	RECOVERY
6	Build on strengths & Existing system
	Trauma Informed Care
	Comprehensive Assessment
22	Individualized & Strength Based for People We Serve
7	ROSC Imparted Agency-Wide Must Be To Every Level
1	Culturally Competent
3	Holistic Approach
8	More Qualitative, Less Quantitative

# of Dots	TABLE 6
	ROSC
	Reprioritize
1	Consumer Driven
9	Choice
1	Wellness
	Implementation
	Recovery
	Collaboration
1	Respect
3	Connection
	Inclusive
	Accessible
4	Individualized
	Expectation
	Coordination
2	Empowerment
	Perseverance
2	Voice
	Creativity
1	Wellness
	Healthy
	Person centered
6	Integration
2	Reward Outcomes
2	Support
	Simplify

Next Steps

On May 15, participants of the Florida Recovery Oriented System of Care statewide forum defined the following as next steps:

1. ROSC presentation and notes will be sent to ROSC participants
2. Department will consult with Southeast Addiction Technology Transfer Center (ATTC) for technical assistance around future efforts to operationalize ROSC
3. Department will apply for 2016 Policy Academy Grant Application with support from the Planning Council
4. Recovery TA group, consisting of ME and MCO staff, will be assist the Department in coordinating future ROSC efforts
5. Managing Entity leadership will consider their next steps for ROSC including regions working with Southeast ATTC for Technical Assistance
6. Planning Council will create vision statement for FL ROSC based on feedback from wall exercise
7. Develop and implement a readiness assessment tool for managing entities and providers to measure current and future ROSC efforts
8. Create a recovery oriented public awareness campaign that includes both MH and SUD. Ideas included supporting MH First Aid, simplifying language to respect literacy levels, and providing a resource directory of available services, including peer delivered services, and recovery oriented practices
9. Work with the school system to educate teachers and initiate school-based peer programs
10. Raise Awareness regarding peers and their role in the system as peer specialists
11. Engage in personal assessments of whether we are applying the principles of ROSC to our work/lives (i.e. Are we imposing isolation or barriers?)
12. Include more voices from the SUD side in future ROSC efforts
13. Define wellness and recovery and promote across the state
14. Involve more peers to verbally deliver the message of recovery and ROSC
15. Create a statewide clearinghouse to share Florida's best and emerging practices of recovery-oriented programs and efforts to prevent repetition. Michigan.gov website has stories and videos on the prevention page and newsletter is published by the Office of ROSC
16. Utilize imagery (pictures/video) that are culturally sensitive
17. Use social media to promote and disseminate positive, recovery oriented messages
18. Support & strengthen statewide coalitions i.e. Peer Support Coalition of Florida
19. Contact Faces and Voices of Recovery to explore affiliate expansion in Florida
20. Contact recovery colleges to find out what is happening in higher education around ROSC
21. Additional conference/gatherings to share ROSC vision with partners that weren't involved in forum
22. Name the FL ROSC effort
23. Utilize SOC family and youth groups in the ROSC planning process including Youth MOVE, FACES, and Federation of Families