



Creating a Recovery-Oriented System of Care in Florida

A WINTER 2017 SUMMARY



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The Florida Department of Children and Families (DCF) is committed to partnering with stakeholders to transform Florida's substance use and mental health system into a recovery-oriented system of care (ROSC). From September 2016 through January 2017, DCF held a series of summits in all regions of the state to generate buy-in for a ROSC approach and flesh out a shared vision for creating Florida's ROSC. Well over 800 people attended the summits, including system administrators, providers, people with behavioral health conditions, and family members. In this report, Achara Consulting Inc. summarizes key lessons distilled from those summits and their associated activities, including regional webinars and the statewide implementation of the recovery-oriented Self-Assessment Planning Tool.

Prior to conducting the regional summits, system change was already underway in Florida. DCF had taken several steps that supported developing a ROSC, including establishing a statewide network of peer specialists and supporting them through a position at the state office that was filled by a person with lived behavioral health experience. But successful system transformation **takes all of us**. So DCF's vision to transform its system was invigorated in May 2015, when Great Lakes Addiction Technology Transfer Center facilitated a meeting with 70 stakeholders from across the state—including state agency leaders, providers, peer-run organizations, and others—to advance its efforts to infuse the system with recovery-oriented principles. Later that year, Governor Scott charged DCF with leading an analysis of the state's behavioral health services in three counties. ROSC principles provide the benchmarks for the pilot study, which may eventually be conducted statewide.

DCF transformation initiatives gained even more steam in the past year. In January 2016, DCF applied for and won funding under a Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy, a SAMHSA initiative to promote recovery-oriented policies and practices. The Policy Academy built on six goals identified at the May 2015 meeting, and included planning for the series of regional summits discussed in this report. Then, in April 2016, Governor Scott signed a bill into law (SB12), which, among other reforms, explicitly added language stating that the legislature expects the state's behavioral health services to be based on recovery-oriented principles that link individuals to resources that support their successful community-based recovery. Momentum for ROSC is building statewide.

WHY CREATE A ROSC IN FLORIDA?

“Recovery is not easy ... [Individuals] need goals that are more aligned with what they want in their life as opposed to what somebody wants to set for them.”

*Kerry McDonald,
CEO, Magellan Complete
Care Florida*

A ROSC is a network of clinical and nonclinical services and supports that sustain long-term, community-based recovery. As local, organic entities, ROSCs reflect variations in each community's vision, institutions, resources, and priorities. Behavioral health systems and communities form ROSCs to

- Promote good quality of life, community health, and wellness for all
- Prevent the development of behavioral health conditions
- Intervene earlier in the progression of illnesses
- Reduce the harm caused by substance use disorders and mental health conditions on individuals, families, and communities
- Provide the resources to assist people with behavioral health conditions to achieve and sustain their wellness and build meaningful lives for themselves in their communities

Summit participants across the state felt that building a ROSC in Florida was not only beneficial, but necessary. Participants believe that a ROSC would increase access to services and resources, use funding more efficiently, create a structure for implementing person-centered services, improve care coordination and continuity of care, and improve outcomes for individuals, families, and communities.

Box 1. Core ROSC Principles

Recovery-oriented services are

- Strength-based approaches that promote hope
- Anchored in the community
- Person- and family-directed
- Supportive of multiple pathways toward recovery
- Based on family inclusion and peer culture, support, and leadership
- Individualized approaches that are holistic, culturally competent, and trauma informed
- Focused on the needs, safety, and resilience of children and adolescents
- Approaches that encourage choice
- Grounded in partnership and transparency
- Focused on supporting people with creating a meaningful, fulfilling life in their community

As local networks, ROSCs are developed by a range of community stakeholders; they cannot be created in one place and replicated elsewhere. Although ROSC-related activities will therefore look different from one community to the next, they are united by their commitment to conceptualizing and delivering services according to recovery-oriented principles (see box 1).

For Florida, this means that because each region identified different top priorities during the summits and has access to a differing array of resources, their specific ROSC implementation activities will likewise differ. However, each region's ROSC activities will be tied to one another by these shared principles. Pensacola, for example, determined that their top priority was promoting collaborative service relationships, whereas Jacksonville's top priority was developing natural community supports, such as housing, employment, and transportation. Both of these priorities can be addressed with interventions that emerge from core ROSC values. To name just one example, the value of using person-directed approaches may inspire Pensacola to implement holistic assessments to ensure treatment and other services directly target goals that are most important to individuals themselves. In Jacksonville, however, with a primary focus on developing natural community supports, that same value could support deploying peers to assertively connect individuals to available community resources as well as to help increase their community's recovery resources.

Using a ROSC framework across Florida allows the state to acknowledge and respect regional differences and priorities while ensuring that communities and systems deliver high-quality care and services based on a recovery-orientation. The state's skyrocketing opioid crisis, for instance, shows significant variation by county, suggesting that localized, recovery-oriented responses may prove more effective than traditional crisis-management approaches. Historically, traditional approaches have focused on stabilizing people and helping them initiate their recovery process. Recovery-oriented approaches, in contrast, expand attention to include prevention and early intervention. They also connect people with substance use disorders to a range of clinical and nonclinical supports that help them initiate and sustain their recovery and rebuild their life.

Data from systems across the nation indicate that Florida is moving in the right direction. A recent Magellan study in Florida looked at the effect of peer support services on a cohort of members with at least two inpatient admissions in 30 days upon enrollment in the Internal Peer Support Program. After 3 months in the program, there was a 30 percent decrease in inpatient readmission, a 49 percent decrease in inpatient days, and a 44 percent reduction in paid amount. At 6 months, this group had a 33 percent decrease in inpatient readmission, a 49 percent decrease in inpatient days, and a 40 percent reduction in paid amount.

Other cities and states are reporting successful outcomes and cost savings, as well. The Texas Department of State Health Services, for instance, recently concluded a pilot program of its long-term peer support services. An evaluation by the University of Texas showed that after just over a year into the two-year program, more than 84 percent of participants had reduced their substance use or stopped entirely, and there were equally impressive improvements in employment, independent living, appropriate use of medical and emergency services. Savings in healthcare costs alone were estimated at more than \$2 million. Connecticut, the city of Philadelphia, and other systems also continue to show promising results.

Importantly, Florida stakeholders are also hopeful about the direction of the state's recent shift toward recovery-oriented approaches and want to see the state reach its potential. As one summit participant said, "We have come a long way, but together we can do even better."

FLORIDA'S EMERGING SHARED VISION

“We have to find a way to take the resources we have and make the biggest impact we can, and have the most success we can, with the money we have.”

*Mike Carroll, Secretary,
Florida Department of
Children and Families*

When participants in the 2016 ROSC Summit sessions began to flesh out their vision for the state's ROSC, numerous priorities emerged. The top five priorities are below. (See appendix 1 for a complete list of the priorities aggregated and ranked at the state level.)

- 1. Collaborative service relationships.** Participants were eager to create a system in which providers and the individuals they served worked as true partners in recovery. A collaborative relationship shifts the typical expert–patient hierarchy in which a provider might say, “This is what you must do” to a model that helps individuals assume responsibility for their own wellness and recovery. In such a person-centered model, the provider might ask, “How can I help you?” With more collaboration, assessments and service planning would not be merely medical in nature, but would become grounded in the broader life goals that individuals identify for themselves.
- 2. Cross-system partnerships.** Participants recognize the importance of working across sectors to achieve common goals. They saw much value in reaching out to criminal justice, child welfare, housing, public health, education, and transportation systems to identify shared goals and strategically leverage resources.
- 3. Community integration.** Participants want Florida's behavioral health system to help individuals build meaningful lives in their communities. They envisioned a system that supports people in identifying dreams, goals, and preferences for their lives, and then connects them to resources and helps them develop their own interests, skills, and relationships. Participants saw the need to assertively help people stay connected to natural community-based resources and to support the development of a strong recovery community and advocacy organizations.
- 4. Community health and wellness.** Summit participants valued placing a stronger focus on prevention, early intervention, and community wellness. They envisioned increased attention to building recovery capital through targeted community education, strategic partnerships, effective prevention programs, and stronger connections between the behavioral health system and local communities.
- 5. Peer-based recovery support.** Participants saw the inclusion of people with lived experience as fundamental to building a ROSC. They identified far-reaching benefits from increasing access to peer support services. They valued peers for their ability to relate to individuals using services, increase the involvement of family members and the community in recovery, reduce stigma, and “promote hope and understanding that recovery and change are possible.”

WHERE IS THE SYSTEM NOW?

To better strategize about ways to make the above vision a reality, stakeholders must be clear about the system's strengths to build on and opportunities for improvement.

Strengths

It is now well known that treatment and healthcare services account for only 10 percent of health outcomes; a much greater proportion is influenced by social and environmental factors such as access to safe and affordable housing, transportation, and employment. ROSCs address this reality by expanding the menu of supports to include these and other nonclinical elements. Many of Florida's system-wide initiatives are already aligned with recovery-oriented approaches. One example is found in the state's guidance on care coordination, which calls for assertively linking people to needed supports, conducting holistic needs assessments that encompass multiple life domains, promoting shared decision making, enhancing collaborations between providers and other community organizations, and empowering the people served to direct their own recovery path. Similar compatibility is found between ROSC principles and the state's guidance on housing coordination, child welfare, Family Intensive Treatment, and other initiatives.

Indeed, a fundamental strength of the system is that developing a ROSC is not a new initiative; it is a framework that brings consistency, focus, and direction to all of the state's behavioral health services and initiatives.



Another strength is that key partners such as the Criminal Justice and Child Welfare systems show strong interest in ROSC. Members of both systems attended all of the ROSC summits. Some regions have already begun to capitalize on the shared interest in ROSC to identify potential collaborative projects focused on recovery-oriented principles.

Other strengths include the growing presence of a statewide peer-led recovery community organization and the increasing emergence of recovery-oriented practices. For example, in the statewide self-assessment, providers rated person-centered planning as a significant strength. This is likely because the state has been progressively moving toward treatment planning templates that are based on person-centered approaches, so providers are increasingly comfortable with the language and principles of person-centered care.

Opportunities



While acknowledging the importance of these strengths and advancements, summit participants warned against the impulse to “rest on our laurels,” and they advocated continuing improvement. One of the most significant opportunities is increasing the engagement of people in recovery—along with their family members and allies—in the process of transforming the service system. Of the 835 people who registered to participate in one of the ROSC summits, only 10 percent (77) identified as being a person in recovery, and 5 percent (38) identified as family members. Similarly, of the 182 people who completed the self-assessment, only 15 percent (27) were people in recovery and 13 percent (24) were family members. The low level of peer and family participation was consistent with anecdotes gathered from the summits. Participants shared that although pockets of peer and family advocates exist across the state, they were not yet connected within and across communities, and there are not always clear ways for people to participate in shaping the future direction of the system.



Another key system improvement entails increasing collaboration among service providers and between systems. Many summit attendees referenced silos and “turf guarding” as an obstacle to operationalizing a ROSC. Participants also referenced high levels of community stigma regarding behavioral health conditions, a culture among many private treatment providers that conflicts with ROSC values, and the need for policy, fiscal, and regulatory alignment.

Operationalizing ROSC principles is one of the most important opportunities for the system. Early in a ROSC transformation process, it is common for providers to believe that they are already implementing ROSC approaches or that their practice is farther along than it actually is. This is a particularly common hurdle in a system in which ROSC terms and concepts are not entirely new. Providers may also feel they are already implementing ROSC approaches when they are implementing some—but not all—relevant aspects of a particular practice. Finally, some recovery-oriented terms are simply abstract and vague. If the terms are not connected to concrete behaviors, it can be difficult for providers to gauge the extent to which they are truly implementing recovery-oriented principles and practices.

As an example, although providers identified person-centered planning as an area of relative strength, those involved with evaluating the level of the system's recovery-orientation reported that they do not consistently see providers promoting self-directed care beyond developing an initial treatment plan. Providers identified 16 areas of strength relative to the delivery of recovery-oriented services and only three areas needing improvement. There were many more areas (40) that were not identified as a clear

strength or challenge. Such results are difficult to interpret and suggest that a follow-up inquiry is needed.

People in recovery also identified many more strengths than areas that need improvement. Family members, on the other hand, were the most dissatisfied with the current service system and identified only one area of relative strength. The groups also differed on which practices they perceived to be strengths. These dynamics are not at all uncommon. The disconnect speaks to the need to prioritize operationalizing recovery-oriented practices throughout the service system.

One overarching conclusion from discussions at the ROSC summits and during the subsequent Change Management Webinars is that stakeholders are eager to proceed with developing a ROSC, but they are unclear about how to proceed and they need assistance with operationalizing the concepts. What do these principles look like in action?

RECOMMENDED NEXT STEPS

“It’s not just a matter of kicking this off today, tomorrow or the next day; it is the sustainability of this work that is going to be most important.”

*John Bryant,
Assistant Secretary,
Substance Abuse and Mental
Health, Florida Department
of Children and Families*

Following the summits, Achara Consulting assessed the data and, based on the findings, offers the following recommendations. (See appendix 2 for a matrix associating the state’s top five priorities with the recommended next steps.)

1. Expand community engagement to increase community recovery capital.

The majority of people who attended the summits were already connected to the behavioral health system as service providers, administrators, people receiving services, or their family members. These gatherings reinforced the understanding that DCF and other stakeholders cannot implement a ROSC in a vacuum; they must expand their reach and strategically engage with cross-system partners. How?

- **Increase community education efforts** to combat stigma, expand community allies, and broaden the scope of resources available to people. Community members rarely see the reality and hope of recovery. Targeted community education efforts can broaden the circle of recovery support in communities across the state. Examples include training individuals and family members to tell their recovery story, and helping community partners understand what they can do to support recovery.
- **Support community stakeholders to create regional ROSC-focused coalitions.** Many summit participants expressed interest in starting community-driven planning groups to connect like-minded individuals and coordinate their efforts. DCF can support these groups by offering technical assistance around topics such as getting started, structuring meetings, facilitating community planning efforts, identifying priorities and short-term wins, and leveraging partnerships.

2. Further engage people in recovery and their families in the systems change process.

One of the foundational tenets of a recovery-oriented system of care is “Nothing about Us Without Us.” People in recovery must have leadership roles in transforming service systems to ensure that systems evolve to meet their needs. To engage more people:

- **Encourage providers to start peer advisory councils.** These councils help ensure that people with lived experience have genuine opportunities for integration and leadership in their service organizations. Peer advisory councils are organizationally supported, peer-run leadership groups who help to ensure that services are aligned with a recovery-orientation.
- **Expand the reach of the Statewide Coordinator of Integration and Recovery by increasing the presence of peer leaders in all regions of the state.** Given the size and diversity of the state, to truly integrate peer-based supports and expand peer and family leadership, there will need to be an increase in the number of qualified peer staff who can provide support and technical assistance to agencies and communities across the state.

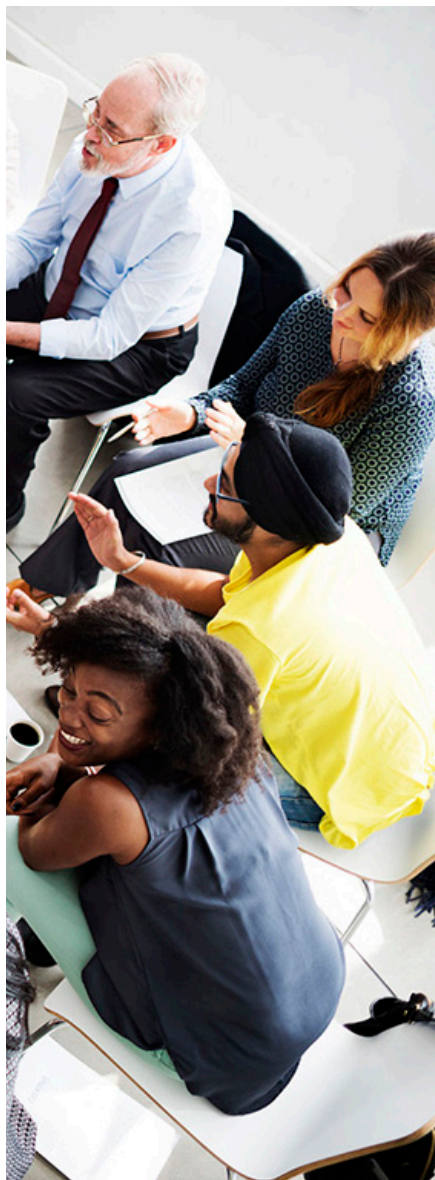


- **Incorporate people in recovery and family members into quality assurance activities.** Consistent with ROSC principles, people with lived experience can be incorporated as a part of monitoring teams. These individuals bring a different perspective from other staff.
- **Provide more opportunities for people in recovery and their families to provide feedback to the system.** Community listening sessions, focus groups, and outreach from the statewide peer organizations can all be effective in increasing the engagement of people receiving services and their family members and shaping the system in ways that are most meaningful to them.
- **Increase the opportunities for people in recovery and family members** both within and across communities to network with and support one another through conferences, story-telling training opportunities, and other activities.
- **Sponsor Leadership Academies** for people in recovery and family members who are interested in playing active roles in the system's recovery-focused transformation.

3. Align the workforce with a recovery-oriented approach by operationalizing recovery-oriented concepts.

Even ardent supporters can find recovery-oriented concepts to be vague and difficult to translate into concrete practices. During the summits, service providers frequently asked, “What does this ROSC principle look like in my service setting?” Florida has launched a tremendous effort to engage stakeholders and develop a shared vision. Much of the next phase of the work entails operationalizing that vision in various contexts and communities around the state. How?

- **Create practice guidelines for each of the service priorities identified in the summits.** For example, one priority was the promotion of community integration. What would it take for providers to promote community integration? What does community integration mean for the roles of peers, clinicians, supervisors, and executive staff? What would they do more of, less of, or differently? To bring these principles to life, a deeper dive is needed to explore the implications of the various priorities.
- **Provide technical assistance to supervisors to promote practice adoption.** Clinical and peer supervisors have some of the most critical roles in the service system, yet they are often too busy to attend ROSC-related events. Web-based learning collaboratives and opportunities for convenient training and technical assistance can help supervisors understand and model ROSC concepts and provide guidance to their staff.
- **Identify and highlight local centers of excellence and share their promising practices across the system.** Across the state, summit participants described innovative recovery-oriented services that are already underway in Florida.
- **Conduct an informal training of trainers** for providers who would like to engage their staff in an organizational recovery transformation process. Typically, only a few staff from any provider organization were able to participate in the summit. It would be helpful if providers were equipped with the tools and resources to conduct their own mini-trainings and facilitate relevant dialogue with their staff to further align their approaches with a recovery-orientation.
- **Provide training and technical assistance to priority initiatives to ensure that opportunities to deliver recovery-oriented services are maximized.** DCF has already partnered with other systems to develop initiatives that are grounded in recovery-oriented principles, such as the Family Intensive Treatment and Florida Assertive Community Treatment teams and the Care Coordination and Housing initiatives. To supplement existing guidance documents,



the staff associated with these initiatives would benefit from more intensive technical assistance to support them in translating recovery-oriented principles into concrete practices.

- **Provide additional support to providers on how to integrate peer support services.** Although Florida has been working to integrate peer support services for several years, peer staff are still relatively new to the field. During the summits and webinars, participants voiced a range of questions about hiring practices, supervision, reimbursement, role clarity, and other issues concerning how to effectively integrate peers into service settings. Peer staff also raised concerns about how to expand employment opportunities and how to help providers understand their roles. Additional focus groups should be conducted with both providers and peer staff to determine specific areas where technical assistance would be helpful.

4. Align policies and procedures with a recovery-oriented approach.

Like provider organizations and other systems, the various administrative entities throughout the state would benefit from understanding which elements of their internal infrastructure help or hinder ROSC development. Achara Consulting recommends that the Central and Regional DCF Offices and the MEs take steps to transform their own policies, procedures, and practices as they are leading transformation across their communities.

- **Launch a pilot project to demonstrate impact and infuse lessons learned.** While the DCF Central Office works to provide support to stakeholders across the system, the Regional Offices and MEs might also provide intensive technical assistance to smaller groups of early adopters who are interested in participating in pilot projects. This would allow various partners to collaborate and to learn what it takes to operationalize recovery-oriented services and disseminate those promising practices to others in the system. The pilot projects do not need to be new initiatives; they might entail attaching additional technical assistance to existing projects or efforts and studying the outcomes.
- **Begin to incorporate ROSC expectations in provider contracts.** As providers become increasing clear about recovery-oriented approaches, contracts can reflect the state's commitment to ensuring policies and services are recovery-oriented.
- **Enhance the capacity of leadership to lead recovery-focused change efforts.** ROSC expansion is a significant, long-term undertaking that requires an array of planning and implementation support. Summit participants were concerned about the leadership support dedicated to this effort. In addition to integrating peer staff in regional offices, all of the administrative entities would benefit from increasing their capacity to coordinate, plan, and implement a recovery-focused system transformation effort.
- **Align monitoring processes.** Just as providers are expected to collaborate with individuals, families, and allies in a ROSC, a more collaborative approach to supporting system providers in learning how to increase their recovery-orientation could be adopted. Both the process and products involved with performance measurement could be aligned with recovery-oriented approaches.
- **Create DCF Unit Transformation Plans.** Just as providers participated in a self-assessment process, DCF and the MEs could also examine their processes and procedures through the lens of ROSC values and principles. They could then devise a transformation plan that supports state goals for ROSC implementation.
- **Create a strategic communications plan.** Think ahead about the different audiences that need information about the transformation effort, what types of information would be useful for them to have, and how they prefer to receive information. Take steps to ensure that the vision and key messages are thoroughly communicated in communities and systems across the state.

TAKE-AWAY

Everyone has a role to play in bringing a recovery orientation to Florida's behavioral health system. Stakeholders across Florida care deeply about ensuring that people with behavioral health conditions receive high-quality, person-centered treatment and services. Expanding ROSC throughout the state builds on past successes, addresses current community needs, and advances stakeholders' desire to ensure that everyone, regardless of health condition or life circumstance, has the opportunity to live a full, meaningful, and contributing life in the community of their choice.



APPENDIX 1.

Summit Participant Vision for Practice Changes, Aggregated and Ranked

1. Promote collaborative service relationships
2. Develop cross-systems partnerships to achieve common goals
3. Promote community integration
4. Promote community health and wellness
5. Increase peer-based recovery support services
6. Ensure a sufficient continuum of care with appropriate does/duration of services
7. Integrate post-treatment check-ups and supports
8. Facilitate individualized, person-centered service planning
9. Increased service access
10. Expand the focus of services and supports
11. Assertively engage all community members
12. Promote retention
13. Broaden service delivery sites
14. Conduct strengths-based community asset mapping
15. Support the mobilization of Recovery Community Organizations
16. Promote health activation
17. Conduct global assessments

APPENDIX 2.

Recommended Next Steps

Recommended Next Steps	Priority 1 Promote collaborative service relationships	Priority 2 Develop cross-systems partnerships to achieve common goals	Priority 3 Promote community integration	Priority 4 Promote community health and wellness	Priority 5 Increase peer-based recovery support services
Increase community education efforts to combat stigma, expand community allies, and broaden the scope of resources available to people.			X	X	X
Support community stakeholders to create regional ROSC-focused coalitions.	X	X	X	X	X
Encourage providers to start peer advisory councils.	X	X	X	X	X
Expand the reach of the Statewide Coordinator of Integration and Recovery by increasing the presence of peer leaders in all regions of the state.	X		X	X	X
Incorporate people in recovery and family members into quality assurance activities.	X		X	X	X
Provide more opportunities for people in recovery and their families to provide feedback to the system.	X	X	X	X	X
Increase the opportunities for people in recovery and family members both within and across communities to network with and support one another through conferences, story-telling training opportunities, and other activities.			X	X	X
Sponsor Leadership Academies for people in recovery and family members who are interested in playing active roles in the system's recovery-focused transformation.	X	X	X	X	X
Create practice guidelines for each of the service priorities identified in the summits.	X	X	X	X	X
Provide technical assistance to supervisors to promote practice adoption.	X	X	X	X	X
Identify and highlight local centers of excellence and share their promising practices across the system.	X	X	X	X	X
Conduct an informal training of trainers.	X	X	X	X	X
Provide training and technical assistance to priority initiatives to ensure that opportunities to deliver recovery-oriented services are maximized.	X	X	X	X	X
Provide additional support to providers on how to integrate peer support services.	X	X	X	X	X
Launch a pilot project to demonstrate impact and infuse lessons learned.	X	X	X	X	X
Begin to incorporate ROSC expectations in provider contracts.	X	X	X	X	X
Enhance the capacity of leadership to lead recovery-focused change efforts.	X	X	X	X	X
Align monitoring process.	X	X	X		
Create DCF Unit Transformation Plans.	X	X	X	X	
Create a Strategic Communications Plan.	X	X	X	X	X