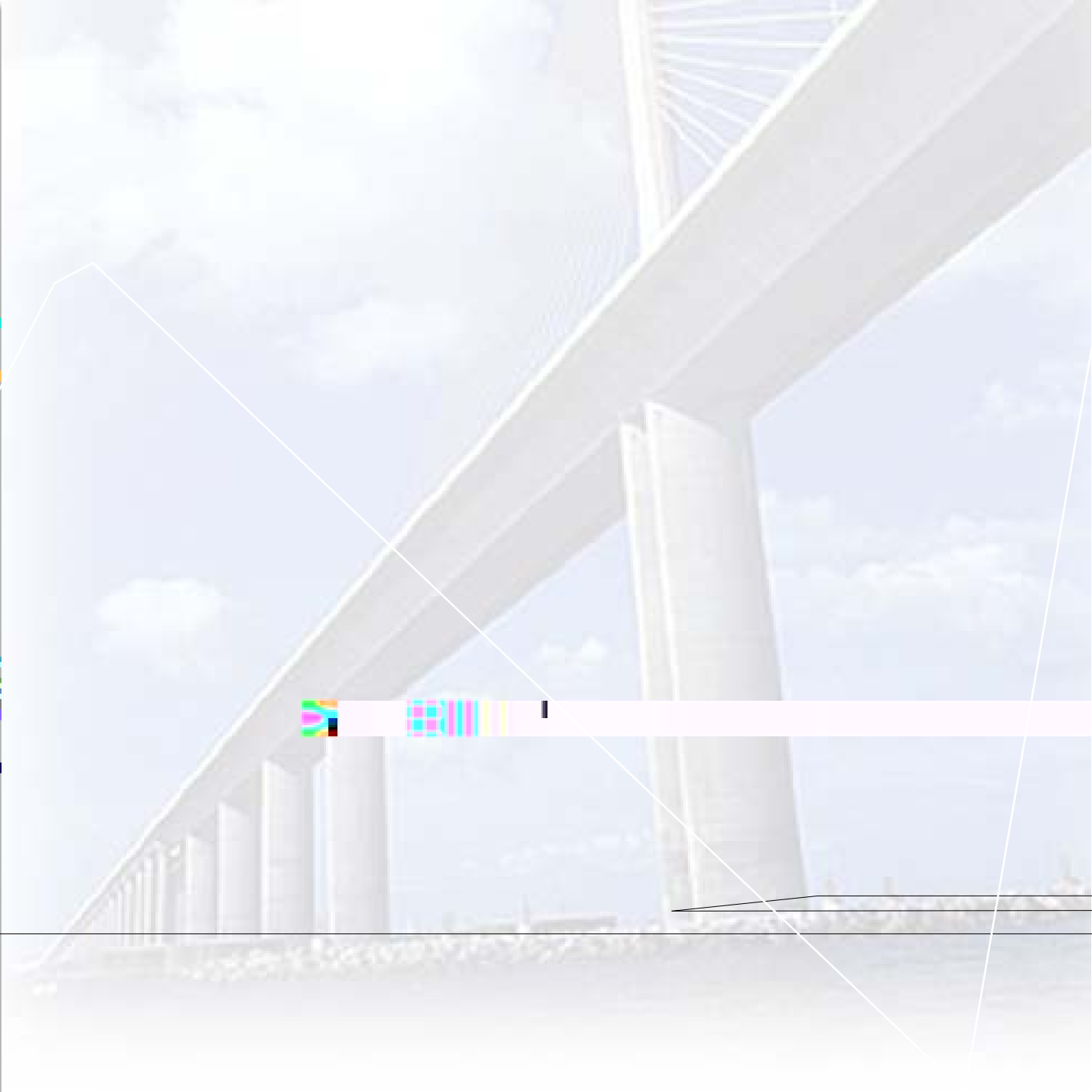


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# Recovery and the Justice Involved Individuals

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- Much can be learned from analysis of findings of high-service users in Florida, including high levels of Baker Act encounters, crisis service admissions, arrests, and incarceration.

# Key Characteristics

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- Complex Diagnoses

Moderate to severe levels of both mental health and substance use disorders.

Broad range of substance abuse: alcohol, crack/cocaine, opioids/heroin, spice, and marijuana.

Co-occurring mental health and substance use disorders

- Creates complex challenges for both diagnosis and treatment



# Key Characteristics

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- Trauma histories, including:
  - Childhood physical and sexual abuse,
  - Abuse in the foster care system,
  - Witness to violence as a child,
  - Victims of violence in adulthood.
- Profound influence on expression of symptoms and coping difficulties.

# Key Characteristics

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- Resilience

Reflected in each individual's ability to survive.  
...utilizing the systems that can't say no.

# Chart Review Findings from Governor's Executive Order Report

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- Little evidence of the following:

Service specifically addressing co-occurring mental health and substance abuse disorders

...and co-occurring primary health problems

Supports for persons with substance abuse disorders to engage in treatment services

Services that focus community integration(e.g., employment, education, social connections)

For Baker Act clients, assertive follow-up that might prevent rapid cycles of decompensation and readmission



# Chart Review Findings from Governor's Executive Order Report

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- Little Evidence of the following:

Coordination with jails/criminal justice system, other than reference to an arrest, sentence served, or probation.

Strength-based or consumer driven comprehensive Treatment planning

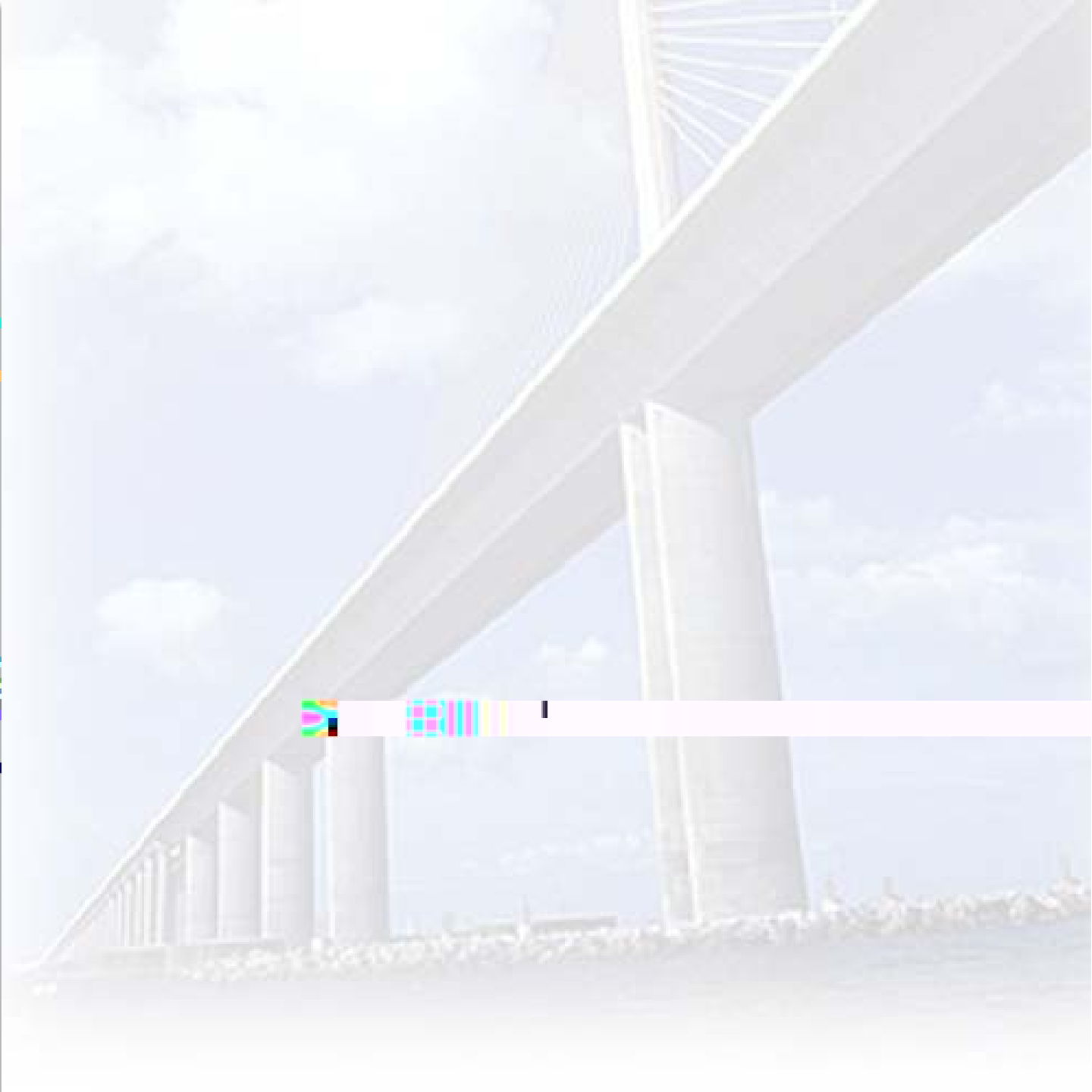
# Recovery Oriented System of Care

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- Critical for both:

- Diverting individuals away from justice involvement

- Supporting individuals for successful re-entry to live in community





# Recovery is Not...

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- A cure
- An end to experiencing symptoms
- An end to struggling with the effects of behavioral health disorders
- A complete return of functioning

Though many individuals experience some or all of these improvements over time.

# Recovery and Loss

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- Many individuals with serious behavioral health disorders describe profound losses as being more distressing than symptoms .

We need to provide support in grieving these losses.

Recognize that dealing with the losses and the effects of mental illness/substance abuse requires great courage.

# Common Losses Include:

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- Jobs
- Relationships
- Rights
- Valued Roles
- Responsibility
- Home
- Possessions
- Security
- Potential
- Means for Livelihood

# Messages that Promote Hopelessness are Common

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- "Why did the doctors tell me--an intelligent, gifted person--that I would never work, would never get through school, would be on medications for the rest of my life, and should stay on social security disability indefinitely? I tend to excel at whatever I do, but I was told I'd never do anything beyond a social security check."

Mike Hlebechuk from Mind Freedom



# The Struggle to Survive In Community

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# Recovery-Oriented Services Focus on the Person First

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- Behavioral health challenges and the symptoms associated with them pose challenges to the person but do not define the person.
- Hope for improvement comes from the inherent capacity in all human beings to heal and grow.
- All mental health services should begin with this assumption.

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# Evidence in Support of Recovery-Oriented Services

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# Harding's Recovery Criteria

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1. Having a social life indistinguishable from your neighbor – living in community
2. Holding a job for pay or volunteering
3. Being symptom free, and
4. Being off medication

# The Vermont Longitudinal Study

(Harding et, al. 1987a, 1987b)

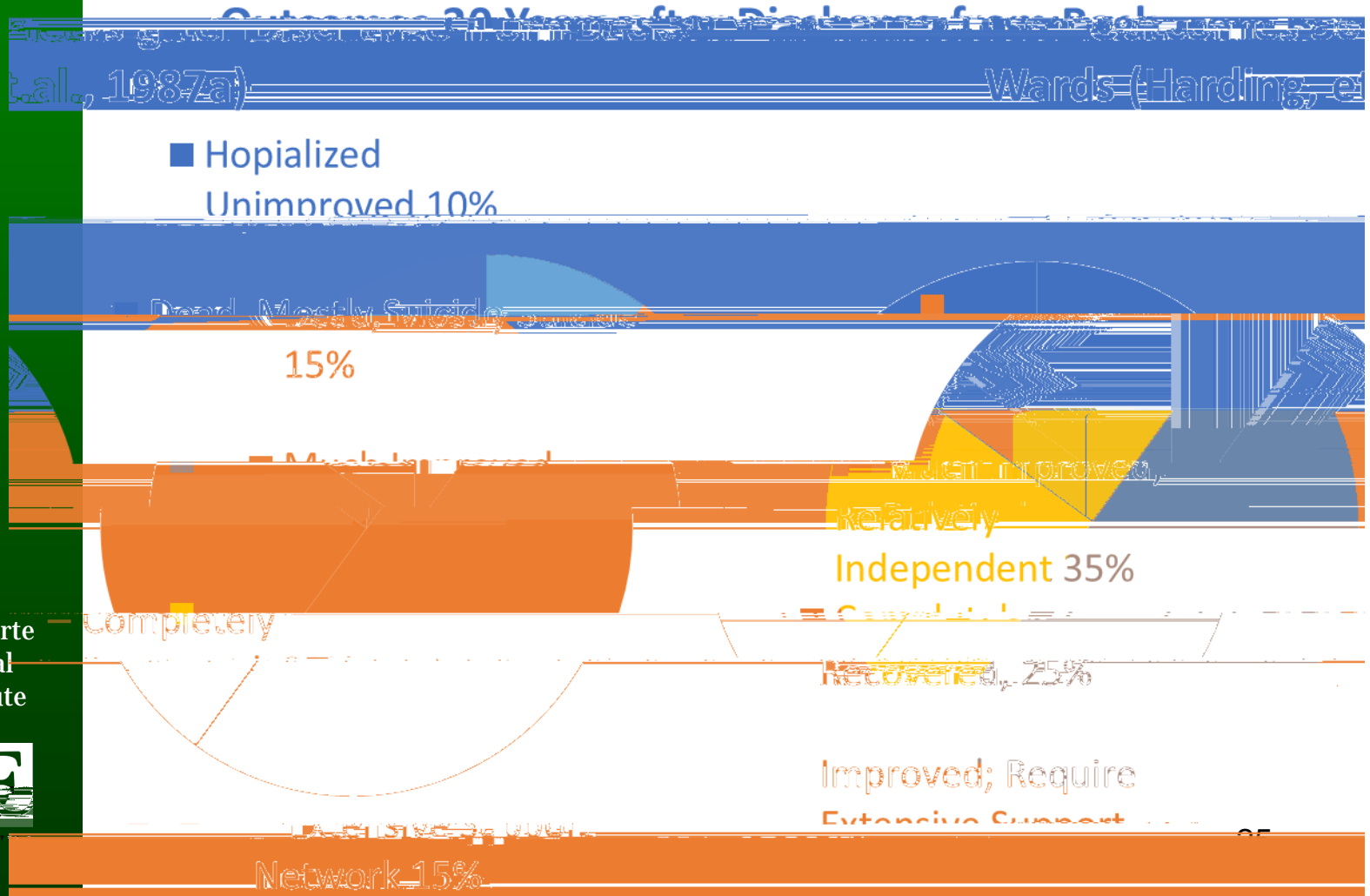
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- At both 10 and 30 years, 75% of people with schizophrenia are in the recovered, recovering or improved category.





# Long Term Course – 30 Years



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# Implications of Longitudinal Studies

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- “The current state of the art is such that clinicians are unable to predict who will remain truly chronic and who does not have to remain at that level. Therefore programs must operate “as if” improvements will happen for anyone in order to maximize the number of turnarounds toward higher functioning.”

(Harding, 1987)

# Assumptions and Reality

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“The reasons organizations fail is because the assumptions around which they were originally based no longer reflect reality.”

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# What's Different About Recovery-Oriented Services?

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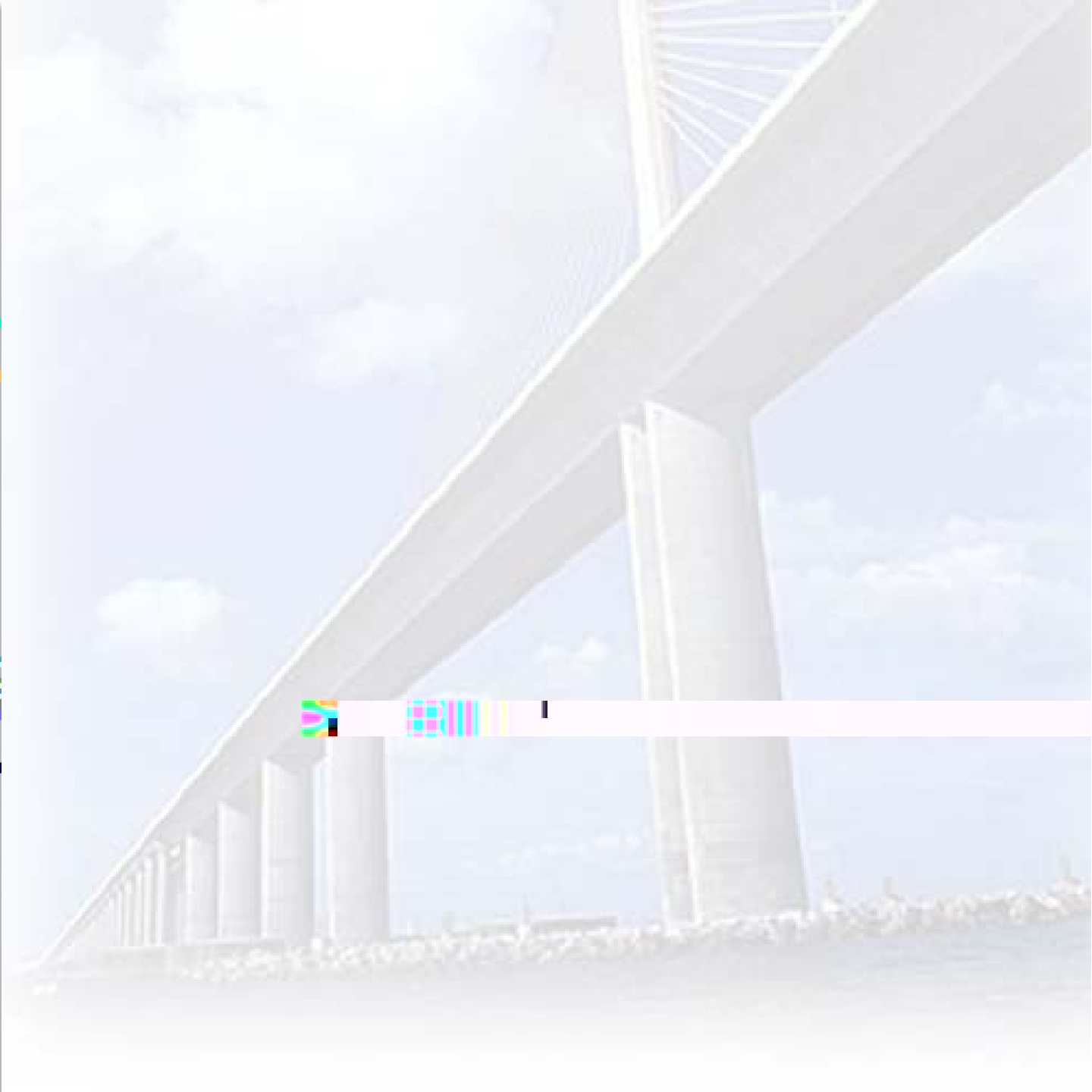


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# Recovery -Oriented Services Differ from Traditional Services in Four Key Areas

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1. Assumptions
2. Vision
3. Anticipated Outcomes
4. Roles and Responsibilities



# Recovery Oriented System of Care (ROSC)

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# DCF ROSC Initiative

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- Welcome to two representatives from the Substance Abuse and Mental Health



# ROSC Initiative in Florida

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- Ten Summits were facilitated in every region of the state as a part of this process.
- These Summits were held in all regions of the state from September 2016 through January 2017. They were followed by analysis and strategic planning in the spring and summer of 2017.

# ROSC Initiative in Florida

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- 1,100 individuals participated
  - Developed shared vision
  - Identified priorities
  - Mapped plans for regional and statewide approaches

# Florida ROSC Vision

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Establish an integrated, values based recovery oriented system of care where recovery is expected and achieved through meaningful partnerships and shared decision making with individuals, communities and systems.

# ROSC in Florida

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- Transforming the culture and practices of our system of care to a recovery orientation.

Can seem like a daunting task that is difficult to get a handle on.

In reality, changing culture is about changing performance.

It is not easy, but with a compelling vision and a clear map it is quite achievable

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# SAPT – Linkages to

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# SAPT – Linkages to RSA-R Outcomes

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- SAPT Supports the achievement of outcomes described in the Recovery Self-Assessment (RSA-R) measure.
- The SAPT and RSA-R are being used used together to support processes for policy development, program planning, staff development, and outcome evaluation.

# SAPT and RSA -R

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- By administering both the SAPT & RSA-R during the same 6 or 12 month interval, agencies will have performance data from the perspective of both staff and persons served .



# SAPT Web Site

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- [WWW.SAPTRECOVERY.ORG](http://WWW.SAPTRECOVERY.ORG)
- The SAPT web site includes everything needed to implement the SAPT, as well as important background information and resources:
  - SAPT Survey –  
Planning/Implementation Guide
  - Studies that supported SAPT development

# ROSC References

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- Achara, Ijeoma, [Recovery-Oriented Systems of Care: Setting the Context.](#)
- Achara, Ijeoma, [Peer Support Tool Kit](#)
- Florida ROSC Google-Drive Folder  
[http://www.google.com/drive/folders/100207cm.../Link](#)

# ROSC References (continued)

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- The Peer Support Coalition of Florida at <http://www.peersupportfl.org/> Cameron Wood, [cameron@peersupportfl.org](mailto:cameron@peersupportfl.org).
- Winarski, James., DeLuca, T., \_\_\_\_\_

# For More Information

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