

Orientation to the Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

Recovery-Oriented System of Care Initiative (ROSC)

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Webinar Objectives

- Describe domains/ survey components of the Self-Assessment Planning Tool
- Describe how the Self-Assessment Planning Tool supports ROSC system improvement activities
- Provide instruction for implementing the Self-Assessment Planning Tool

Recovery Oriented System of Care (ROSC)

A values-driven approach to structuring behavioral healthcare system and a network of clinical and non-clinical supports.

ROSC Initiative in Florida

- 10 Summits were facilitated as a part of this process; more than 1,100 people attended these events. 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

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

Is it Safer to be Helpless than it is to be Hopeless?

Experience of Hopelessness

- All actions are futile
- No control over environment
- Attempts to improve seem to fail
- Loss of decision-making in key areas of life
- Power in your life rests in the hands of others

Loss of Hope

- Unfortunately an experience all too common for recipients of services in our Behavioral Health System.
 - I would like to share a quote from Patricia Deegan, Ph.D. ([Recovery as Journey of the Heart, 1996](#))

Hope is Central to the ROSC Vision

- Recovery is fundamentally a vision of hope:
 - Hope that disturbing symptoms can be overcome
 - Hope to become a meaningful participant in the community
 - Hope in the possibility of a life fully lived

Winarski, J., Thomas, G., DeLuca, N. 2007)

Florida ROSC Vision

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

- The importance of transforming the culture and practices of our system of care to a recovery orientation.

ROSC References

- Achara, Ijeoma, [Recovery-Oriented Systems of Care: Setting the Context.](#)
- Achara, Ijeoma, [Peer Support Tool Kit](#)
- Florida ROSA Google-Drive Folder
https://drive.google.com/drive/folders/0B51vSZLhd_rsSHhNX0gxeFhhZHM
- Florida ROSC You Tube Video (9 minutes)
https://www.youtube.com/watch?v=mPE_zRmrcTo
- Foglesong, Dana, [Recovery Oriented Systems of Care in Florida](#), 2015.
- Substance Abuse and Mental Health Administration, [The Role of Recovery Support Services in Recovery-Oriented Systems of Care](#), 2008.

ROSC References (continued)

- The Peer Support Coalition of Florida at <http://www.peersupportfl.org/> Cameron Wood, cameron@peersupportfl.org.
- Winarski, James., DeLuca, T., [Recovery Oriented Medicaid Services for Adults with Severe Mental Illness](#), University of South Florida, 2006.
- Winarski, James., Dow, M., Hendry, P., and Robinson, P., [Self-Assessment Planning tool for Implementing Recovery-Oriented Mental Health Services \(SAPT\) Version 2.0](#), University of South Florida, 2011.

Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

- The SAPT was developed by a team of faculty, people with lived experience of mental illness, and service providers at the University of South Florida's Florida Mental Health Institute (FMHI). The SAPT was developed under contract to Florida's Medicaid Authority, the Agency for Health Care Administration (AHCA).

Recovery-Oriented Systems of Care (ROSC) and the SAPT

- The ROSC adaptation of the SAPT occurred five years after the tool was published in 2011. It has been revised to support Florida's Recovery-Oriented Systems of Care (ROSC) initiative.
 - ◆ It was developed under contract to the South Florida Behavioral Health Network, Inc. (SFBHN), with financial support from Magellan Complete Care.

Recovery Vision to Practice

- The SAPT helps behavioral health service provider agencies translate the recovery vision into effective policies and practices.

Why Recovery-Oriented Services?

- Individuals receiving mental health services often feel diminished and demoralized by the very systems.

Laysha, O. et. al., [Recovery in the USA: From Politics to Peer Support](#), International Review of Psychiatry, 2012.

Why Recovery-Oriented Services (continued)

President Bush's New Freedom Commission assessed our mental health system as:

“[F]ragmented and in disarray leading to unnecessary and costly disability, homelessness, school failures and incarceration”

[New Freedom Commission on Mental Health](#), 2003

Why Recovery-Oriented Services (continued)

- and recommended fundamentally transforming service delivery based on a vision of recovery.

[New Freedom Commission on Mental Health](#), 2003

Why Recovery-Oriented Services (continued)

- Environmental Scan conducted as a part of the 2016 Policy Academy
 - ◆ - Responses demonstrated a lack of integrating peers into meaningful roles, especially in advisory and leadership capacities.
 - ◆ - Responses demonstrated a lack in connecting individuals with non-mental health activities and community inclusion

SAPT Responded to Study of Recovery Services in Florida

- FL Medicaid creates new coverage and limitations handbook that includes rehabilitative services.
- Period of transition: consumers and staff are defining new roles and responsibilities.

SAPT Responded to Study of Recovery Services in Florida

- Lack of tools needed to support this transition.
- No way to ensure that the services described in the FL Medicaid Handbook are being delivered at an acceptable level.

SAPT Responded to Study of Recovery Services in Florida

- Individuals often did not experience program activities as relevant to achieving life goals.
- Individuals often experienced treatment planning as a bureaucratic rather than an interpersonal process.

Winarski, J., Thomas, G., DeLuca, N. 2007

SAPT Responded to Study of Recovery Services in Florida

- Staff perspectives on recovery principles and practices varied considerably across individuals.
- Florida has a range of disparate service activities that are recovery oriented, but there is currently no framework to coordinate these efforts.

SAPT Responded to Study of Recovery Services in Florida

- FL Medicaid Handbook is only a first step in supporting effective implementation.

Winarski, J., Thomas, G., DeLuca, N., 2007

SAPT – Pilot Tested

- Eleven Florida mental health agencies participated in a two-phased pilot study.
 - Phase 1 conducted an item analysis as part of a process of revising the survey and collected feedback on the SAPT's efficacy as a planning/implementation tool.

Winarski, J., Dow, M., 2010

SAPT – Pilot Tested

- Test a web-based method for data collection.

Winarski, J., Dow, M., Hendry, P., Robinson, P., and Peters, R., Self Assessment Planning Tool for Recovery-Oriented Mental Health Services, 2009

SAPT – Pilot Tested

- Phase 2 examined the relationship between the SAPT and Recovery Oriented System Indicators (ROSI):
 - *The study found agencies with a high SAPT score tend to have a high ROSI score.*

Winarski, J., Dow, M., 2010

SAPT Pilot Agencies

Phase 1 - Development

1. Apalachee Center – Tallahassee
2. Bridgeway Center – Ft. Walton Beach
3. COPE Center – DeFuniak Springs
4. Lakeside – Orlando
5. Lakeview- Pensacola
6. Meridian – Gainesville
7. Suncoast – St. Petersburg

Phase 2 - Efficacy

1. Apalachee Center – Tallahassee
2. COPE Center – Defuniak Springs
3. FL State Hospital – Chatahoochee
4. Lakeside – Orlando
5. Lakeview – Pensacola
6. Mental Health Resource Center – Jacksonville
7. Meridian – Gainesville
8. Sutton Place – Yulee

SAPT Organization

The SAPT Survey and SAPT Planning and Implementation Guide are organized under three primary domains:

- Administrative
- Treatment
- Community Integration

Administrative Domains

1. Philosophy
2. Continuous Quality Improvement (CQI)
3. Outcome Assessment
4. Staff Support
5. Consumer and Family Support

Treatment Domains

1. Validation of the Person
2. Person Centered Decision Making
3. Self Care – Wellness
4. Advance Directives
5. Alternatives to Coercive Treatment

Community Integration Domains

1. Access
2. Basic Life Resources
3. Meaningful Activities and Roles
4. Peer Leadership



SAPT

Three Components

The Self-Assessment/Planning Tool for Implementing Recovery-Oriented Mental Health Services (SAPT)

Three Components:

1. SAPT Survey
2. SAPT Planning and Implementation Guide
3. Linkage to Consumer Outcomes

Winarski, J., Dow, M., Hendry, P., Robinson, P., and Peters, R. 2009

1. SAPT Survey

Includes 50 items

- Uses a four-point Likert scale.
- Survey respondents should include key administrative staff, clinical supervisors, and select clinical staff.

1. SAPT Survey (continued)

- Software applications can be used to develop surveys, host the survey, collect data, and produce reports in real time (e.g. Qualtrics)
 - ◆ Survey data may also be collected manually in programs such as Excel

1. SAPT Survey (continued)

- Select Staff from senior administrative positions, clinical supervisors, and direct clinical positions
 - Staff should know how services are delivered in specific programs.

1. SAPT Survey (continued)

- Collect information from staff in each program
- Collect at 6 to 12-month intervals

1. SAPT Survey (continued)

- May use manual or web-based survey collection
- Follow scoring instructions on page 7 of the survey.

1. SAPT Survey (continued)

- Examine scores for each domain, program, and combine scores of programs to establish a baseline of strengths and weaknesses.

1. SAPT Survey (continued)

Interpretation:

- Findings should provide a point of reference for conversations/strategic thinking.
 - ◆ Important to recognize SAPT is a self-report instrument and not an objective analysis of performance.

1. SAPT Survey (continued)

- Integrate into routine Quality Improvement activities.
- Compare findings to objective evidence such as policy statements and clinical records, in addition to observations of agency practices

2. SAPT Planning and Implementation Guide

- Serves as a reference for agency staff in developing program plans and implementation strategies.
- Clarifies terms and practices that define a recovery orientation.

2. SAPT Planning and Implementation Guide (continued)

- Provides practical guidance for service implementation
- Presents select resource references.

2. SAPT Planning and Implementation Guide (continued)

- **Description:** Provides a clear definition of the domain and explains why it is important for implementing recovery-oriented services.

2. SAPT Planning and Implementation Guide (continued)

- ***Essential Characteristics:*** Provides a brief summary of the most important service components, including a description of activities needed for capable implementation.

2. SAPT Planning and Implementation Guide

- **Barriers:** Describes some of the most common barriers for each domain that mental health agencies encounter in implementing services.

2. SAPT Planning and Implementation Guide (continued)

- **Remedies:** Suggests strategies for overcoming barriers to effective implementation.

2. SAPT Planning and Implementation Guide (continued)

- **Resources:** Provides reference to key resources, such as articles, manuals, and web sites that can assist agencies with program planning and service implementation

3. SAPT – Linkages to Outcomes

- Originally designed to support outcomes described in the Recovery Oriented System Indicator (ROSI).
- ROSC leadership team identified that some peers experienced difficulties with ROSI survey.

3. SAPT – Linkages to Outcome (continued)

- Suggested the Recovery Self-Assessment (RSA-R)
 - ◆ Person in Recovery and Family Member/Significant Other Version
 - ◆ Closely corresponds to the domains of the SAPT and ROSI

3. SAPT – Linkages to Outcome (continued)

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

SAPT and RSA-R

- 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 and RSA-R (continued)

- Identifying areas where there are **discrepancies between the perspectives of staff and persons served** is especially helpful in establishing priorities for quality improvement.

SAPT Survey Steps: Example

1. Select Respondents
2. Collect Survey Information from Staff In Each Program
3. Compile **PROGRAM** Scores from Surveys

SAPT Survey Steps: Example (continued)

4. Compile **AGENCY** Scores from Surveys
5. Record comments or observations made by participants as part of the assessment process in each agency.
6. Interpret Findings

SAPT Survey Steps: Example (continued)

7. Establish priorities and develop plans for program or agency wide improvement
8. Use the SAPT and the RSA during the same 6 to12-month interval to provide complementary outcome information

SAPT Survey Steps: Example (continued)

7. Make SAPT/RSA a standard part of the agency Continuous Quality Improvement (CQI) process.
8. Make Recovery Routine

1. Select Respondents

- ◆ Senior administrative staff, clinical supervisors, and direct service staff with knowledge about how services are delivered in the agency and in specific programs within the agency.

1. Select Respondents (continued)

- *For example:*
 - Case management,
 - Crisis units,
 - Inpatient units,
 - Homeless outreach

2. Collect Survey Information from Staff In Each Program

- ◆ A staff person should be designated to take the lead in collecting, scoring, and interpreting the results for each program.

2. Collect Survey Information from Staff in Each Program (continued)

- In addition to providing a numerical score (1 to 4) for each item, it is helpful to record comments or observations made by participants as part of the assessment process

3. Compile Program Scores from Surveys

- ◆ *Program Means:* Average all of the responses for all items within each program.

3. Compile Program Scores from Surveys (continued)

- ◆ *Program Domain Scores*: Prepare a score for each of the 3 domains (Administration, Treatment, and Community Support) by taking an average of the scores for the items under each domain.

4. Compile AGENCY Scores from Surveys

- ◆ Agency Means: Average all of the responses for all items within each program.
- ◆ Agency Domain Scores: Prepare a score for each of the 3 domains (Administration, Treatment, and Community Support) by taking an average of the program domain scores.

5. Record Comments or Observations

Record comments or observations made by participants as part of the assessment process in each agency.

- ◆ These observations should provide the foundation for discussions about the recovery orientation of specific programs and the agency

6. Interpret Findings

- ◆ Examine the scores for each domain, program, and the combined scores of programs to establish a baseline of strengths and weaknesses for implementing recovery-oriented services.

7. Establish priorities and develop plans for improvement

- ◆ In addition to observations of agency practices, findings should also be compared to objective evidence such as policy statements and clinical records.

8. Use the SAPT and the RSA

Use the SAPT and the RSA during the same 6 to 12-month intervals to provide complementary outcome information

- ◆ By administering the RSA to gather information from peers on recovery-oriented services outcomes, agencies can determine if current policies and practices are making a difference in the lives of service recipients.
- ◆ Identify SAPT and RSA discrepancies

9. Continuous Quality Improvement (CQI) Process

Make SAPT/RSA a standard part of the agency Continuous Quality Improvement (CQI) process.

- ◆ A structure and process for on-going conversation, reflection, evaluation, and improvement.
- ◆ Use the SAPT Planning and Implementation Guide to inform strategic planning and implementation strategies.

10. Recovery Becomes Routine

- Changes in practice and performance equals change in culture.

SAPT Web Site

- 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

Focus on Web-Based Assessment Method

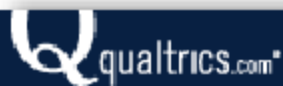
- SAPT pilot studies
- Links to web-based SAPT and ROSI surveys
- A blog designed to promote partnerships among providers, consumers, and other stakeholders

Focus on Web-Based Assessment Method

- Qualtrics is a software application that allows users to develop surveys, host the survey, collect data, and produce reports in real time
- Specific items can be required or not required
- We used single-use links for the SAPT sent to staff and peer specialist email accounts (“Panel Library”)
- We also sent multiple-use ROSI links to the same people, who assisted consumers
- Demonstration links are available at www.saptrecovery.org - click on Web-Based Assessment

Florida agencies and the Department of Children and Families (DCF) have asked us to make this web-based survey available so they can determine the degree to which Florida agencies have adopted recovery-oriented practices. We hope you will participate. We will not release the answers from individual surveys. Most people can complete the survey in 10-15 minutes. Please try to answer every question, but if you are totally unsure how to answer a question you can leave it blank. Thank you for participating.

This survey is part of a self-assessment planning process designed to help agencies implement recovery-oriented mental health services. The survey is coordinated by Jim Winarski, MSW of the Florida Mental Health Institute, University of South Florida, jwinarski@fmhi.usf.edu (813)974-6490.



Do you work or volunteer at XYZ Center?

- Yes
- No

What is your primary role in this agency?

- Administrator
- Clinical supervisor
- Direct client services staff or peer specialist

Are you male or female?

This agency has a strong recovery orientation.

Strongly Disagree



Mostly Disagree



Mostly Agree



Agree Strongly



ADMINISTRATION:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. The agency strategic planning process incorporates diverse viewpoints from consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The agency has a process in place to ensure that consumers are included in quality improvement activities as equal partners with professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The agency administers the ROSI or other recovery-oriented survey as part of the quality improvement process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The agency uses outcome indicators that track quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The agency uses standardized, quantifiable scales for assessing recovery outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The agency has a process for consumers to participate in developing recovery-oriented outcome indicators (e.g., ROSI).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The agency uses outcome measurement processes to improve recovery-oriented services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The agency has a comprehensive program to promote recovery-oriented knowledge, attitudes, and skills in its workforce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Clinical supervision focuses on the capable delivery of recovery-oriented services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Clinical staff evaluations assess the capable delivery of recovery-oriented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TREATMENT:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. Agency staff use person-first language in all verbal and written communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Agency staff use language that is encouraging and hopeful in conversation with persons who are receiving services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Agency services are provided in the person's spoken language as often as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Agency assessment tools are culturally sensitive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Agency staff implement culturally sensitive service plans that consider the impact of culture on the person's experience of mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Agency staff have assessed and are aware of their own cultural competence/bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Agency staff are sensitive to the person and family's experience and history of immigration, and the country of origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The persons receiving services are encouraged and assisted in identifying their own goal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The persons receiving services direct the therapeutic alliance/partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The persons receiving services drive the process of goal setting based on their hopes and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Assessment and intervention activities are integrated as part of a holistic treatment approach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Treatment is provided in the context of a trusting and hopeful relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Agency staff work from a strengths/assets-based model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Agency staff and consumers collaborate to develop an individual service plan that identifies needed resources and supports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY INTEGRATION:

	Strongly Disagree	Mostly Disagree	Mostly Agree	Strongly Agree
1. Agency staff return communications from consumers/families at the first opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The agency provides consumers and families with comprehensive information about community resources, including detailed information about eligibility criteria and processes for making applications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Agency staff help consumers to develop skills to obtain community resources (e.g., housing, employment, education, collaborating with physicians).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The agency facilitates opportunities for consumers to participate in community activities of their choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The agency provides community education designed to decrease stigma and increase early identification of mental illnesses and the recovery process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The agency has a process in place to determine consumers' satisfaction with their housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The agency ensures that consumers are provided access to all available independent and supported housing options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Agency staff use person-centered planning that includes strategies to assist consumers in securing and maintaining employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The agency ensures that consumers are provided access to all available employment and training opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Agency staff ensure that consumers experience support and assistance for their educational choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Agency staff utilize person-centered planning that includes strategies to assist consumers in pursuing educational goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The agency ensures that consumers have access to all available educational opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ROSI Report, Q1 to Q3

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Responses	Mean
1. There is at least one person who believes in me.	7	15	59	118	199	3.45
2. I have a place to live that feels like a comfortable home to me.	13	48	89	47	197	2.86
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.)	5	25	102	42	174	3.04

ROSI Report, Q4 to Q5

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Responses	Mean
4. I do not have the support I need to function in the roles I want in my community.	38	98	41	14	191	2.84
5. I do not have enough good service options to choose from.	34	95	54	11	194	2.78



Discussion

SAPT: Translating Recovery Principles to Practice

Lessons Learned for Effective Recovery Services Planning

- Identify agency priorities and establish a manageable number of goals.
- Focus on areas of strength as well as weakness.
- Integrate recovery-oriented services planning with Continuous Quality Improvement (CQI) activities.
- Establish person-centered decision making as a high priority.

Lessons Learned for Effective Recovery Services Planning (continued)

- Repeat the SAPT self-assessment and modify plans every 6 to 12 months.
- Use the RSA-R and the SAPT at the same 6 to 12 month intervals to provide corresponding outcome information.
- Integrate recovery-oriented services planning with Continuous Quality Improvement (CQI) activities.

Lessons Learned for Effective Recovery Services Planning (continued)

- Establish person-centered decision making as a high priority
- Repeat the SAPT self-assessment and modify plans every 6 to 12 months.
- Use the RSA-R and the SAPT at the same 6 to 12 month intervals to provide corresponding outcome information

Common Challenges to Recovery Implementation

- Recovery is a threat to the status quo
 - ◆ Invested in safety and acute care

Common Challenges to Recovery Implementation (continued)

- Reluctance to give people with lived experience meaningful roles.
 - ◆ Our beliefs are based on snapshots of individuals at their worst.
 - ◆ Need for peer support/development

Common Challenges to Recovery Implementation (continued)

- Recovery addressed in specific programs rather than as an agency wide approach to services

Common Challenges to Recovery Implementation (continued)

- Making recovery a routine part of quality improvement strategies

Common Challenges to Recovery Implementation

- Recovery viewed as anti-medical model
- Workforce challenges: training, low pay, turnover, need for coaching/supervision

Common Challenges to Recovery Implementation (continued)

- System challenges:
 - ◆ Pockets of recovery interest at agencies throughout the state
 - ◆ Pockets of recovery interest within agencies
 - ◆ Lack of centralized vision and leadership at the federal, state, and local levels.

Recovery: Realizing the Vision

- “A vision is not reflective of what we are currently achieving, but what we hope for and dream of achieving. Visionary thinking does not raise unrealistic expectations. A vision begets not false promises, but a passion for what we are doing.”

Anthony, William, [Toward a Vision of Recovery](#), 1993

For More Information

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