



THE FLORIDA LEARNING SYSTEM

September 2007

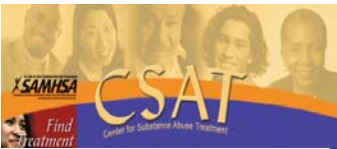
Volume 1 / Issue 7

National Partners

Substance Abuse & Mental Health Services Administration



Center for Substance Abuse Treatment



Robert Wood Johnson Foundation



Florida Partners

Department of Children & Families, Substance Abuse Program Office

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Best Practice Award Recipients

The Florida Department of Children and Families (DCF) and The Florida Alcohol and Drug Abuse Association (FADAA) were pleased to recognize the recipients of the 2007 Substance Abuse Services Best Practices Awards in a ceremony held at the FADAA Annual Conference on August 22, 2007.

The Best Practices Recognition Program provides recognition for programs that exemplify "best practice" methods in substance abuse prevention and treatment services. These programs' efforts are shown to measurably improve service outcomes and the quality of life for program participants. All aspects of the Best Practices Recognition Program process are intended to bring recognition to the recipients, to the quality of client care and to the efforts being made in providing substance abuse services in Florida.

A blue ribbon panel of experts with experience in the delivery, administration, research and evaluation of substance abuse programs was convened to review applications based on program rationale, program organization and operation and measures/outcomes. The 2007 Best Practice recipients are:

- Exemplary Program** Family Achievement in Recovery at PAR Village (FAIR), Operation PAR, Largo
- Treatment Program** Families Ties, Gateway Community Services, Jacksonville
- Prevention Program** Prevention Services, Tri-County Human Services, Inc., Avon Park
- Intervention Program** New D.A.Y. (Diversion Alternatives For Youth), Memorial Healthcare System, Hollywood
- Rural Program** Project K.I.C.K., Florida State University, Monticello
- Innovative Program** FACE IT, School District of Palm Beach County, West Palm Beach
- Small Program** Home Detox Inc., Venice

Congratulations!



Stephenie Colston, Bill Janes and Mark Fontaine pose for pictures with the Best Practice Award winners.

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Strengthening Treatment and Access Retention - State Implementation (STAR-SI) *The Sky's the Limit*

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Partners

- ★ Drug Abuse Comprehensive Coordinating Office (DACCO)
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Liz Harden, Executive Sponsor
Sherri Kincade, Change Leader
- ★ Lakeview Center, Inc.
Gary Bembry, CEO
Pam Kolek, Executive Sponsor
Larry Davis, Change Leader
- ★ Manatee Glens
Mary Ruiz, President/ CEO
Deborah Kostroun, Executive Sponsor
Karen Berner-Arcuri, Change Leader
- ★ Meridian Behavioral Healthcare
Richard Anderson, VP,
Executive Sponsor
Rosa West, Change Leader
- ★ Stewart-Marchman Center
Chet Bell, CEO
Toni Barrett, Executive Sponsor
Charlie Stewart, Change Leader

Peer Mentors

- ★ Center for Drug-Free Living
Angie Maldonado
Dr. Helen Benn
- ★ Southwest Florida Addiction Services
Kevin Lewis
Chrissy DeWerff

NIATx Coach

- ★ *Dr. Pauley Johnson*

Networks

- ★ Central Florida Behavioral Health Network
- ★ Northeast Florida Addictions Network, Inc.
- ★ South Florida Provider Coalition

In The News

Recovery Coaches = Client Retention

What is a Recovery Coach?

Kimberleigh Donnelly loves her job. Kimberleigh is one of two Recovery Coaches employed full-time at **Manatee Glens in Bradenton**. What is a Recovery Coach? Kimberleigh describes her role as a “supportive counselor, an AA/NA sponsor during business hours.” The Recovery Coach “fills in the gap” from when a client first calls seeking help and their first treatment appointment at Manatee Glens.

Clients are referred to Kimberleigh and she calls them immediately, introduces herself and tells them about *her* past struggles with addiction and her 13 plus years in recovery. She arranges a face-to-face meeting, invites them to come to one of her groups, gives them her direct office phone number and encourages them to call for *any* reason. Kimberleigh affectionately refers to these engagement techniques as “trying to pull them in.”

The groups Kimberleigh facilitates include self-esteem group, anger management, 12 step group and recovery focus. She will suggest a group for a client based on their issues. Kimberleigh says “groups are open-ended and a good way for a client to get the feel of treatment while waiting for the intake process to be completed.” She will also begin the intake paperwork process with clients and administer screening tools.

But her contact with clients continues well after intake. **“I am involved in their care from start to finish”**, states Kimberleigh. She is very involved in connecting clients to all kinds of resources. Recently she has been spending time helping a young woman learn computer skills so she can fill out job applications. Encouraging clients to find an AA/NA meeting in the community is another very important support service Recovery Coaches take on. If necessary, Kimberleigh will even take a client to a meeting in the community to get them started. She has helped people find housing/ halfway houses and solve transportation issues; all things that impact a persons chances at recovery.

Clearly, the personal touch and engaging of clients provided by a **Recovery Coach translates into client retention**. But more than that, Recovery Coaches help change peoples lives. And *that's* why Kimberleigh loves her job.

Thanks Kimberleigh!



Kimberleigh Donnelly,
Recovery Coach, at the FADAA
Annual Conference

Process Improvement

Moving Toward Equal Ground

Engaging the Capacity of Youth, Families, and Communities to Improve Treatment Services and Outcomes in the Juvenile Justice System is a new publication from The Robert Wood Johnson Foundation’s Reclaiming Futures initiative. The publication highlights nine successful programs from around the country.

Read the publication at: <http://www.reclaimingfutures.org/>

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Advancing Recovery... Leading the Way

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IN THE NEWS SURVEY HIGHLIGHTS PUBLIC PERCEPTION

The **Robert Wood Johnson Foundation** and the **Harvard School of Public Health** surveyed a nationally representative sample of 1,112 adults over the age of 18 on various alcohol and drug related issues.

Most people surveyed had a favorable response to the use of medication in the treatment of addiction: 75% would recommend a pill that could stop drinking or drug use to a family member or close friend, if such a pill was available.

More highlights at: <http://www.rwjf.org/pr/product.jsp?id=18642&typeid=142>

What's Happening Now?

BREAKING THROUGH BARRIERS

One of the initial barriers to implementing medication assisted treatment is the cost of medications. This is certainly true of Vivitrol, where the cost of the monthly injection is \$750. Addressing this became a priority for the Department of Children & Families **Substance Abuse Program Office (SAPO)**, one of the collaborative partners in Advancing Recovery.

Initial efforts by the **SAPO Change Team** lead to the identification of substance abuse indigent drug program (IDP) funding. Locating this funding at the district level, re-directing IDP funding to the AR providers and creating a code to track the future utilization of these funds, were the first rapid cycle changes.

The second rapid cycle change involved establishing a partnership to purchase substance abuse medications through the Florida State Hospital Pharmacy. The pharmacy director negotiated a reduced price of Vivitrol. As a result, the AR providers order Vivitrol directly from the State pharmacy. The medication is then shipped directly to providers within 24 hours.

In an effort to increase substance abuse IDP funding, the department reviews expenditures on an ongoing basis to transfer available funding to the IDP. Additionally, the Substance Abuse Program Office has written a legislative budget issue to reduce recidivism to detoxification programs through the use of medication assisted treatment. This issue requests an additional \$600,000 for the substance abuse indigent drug program, said **Sheila Barbee**, Advancing Recovery Project Director.



The State AR Team: seated from left, Deborah Harbison, John Bryant, Sheila Barbee and standing, Christopher Weller & Ximena Johnson.

EVIDENCE-BASED PRACTICE

WEBINAR: Moving Service to Science

While much of the focus in recent years has been on moving science to service, just the opposite was described in this engaging webinar presented by Carol Hays, Ph.D., Senior Program Manager, SAMHSA/CSAP's Southeast CAPT. Focusing on the science of prevention, Dr. Hays outlined the process for developing logic models at the community and program level that explain how the intervention and its activities relate to outcomes and provide the framework for program evaluation.

So how can a "home grown" program become part of the National Registry of Evidence-based Programs and Practices (NREPP)? According to Dr. Hays, three requirements must be demonstrated:

- ⇒ One or more positive outcomes for mental health and/or substance abuse
- ⇒ Materials, such as manuals, are available to support effective implementation
- ⇒ Intervention results have been published in a peer review publication or documented in a comprehensive evaluation report.

This presentation can be viewed at <http://www.fadaa.org>

*Purpose:
To develop and implement
administrative and
clinical system
improvements at provider
and state levels to
facilitate the successful
utilization of selected
categories of evidence-
based practices for
addiction treatment.*

Partners

- ⇒ **Operation PAR**
Nancy Hamilton, CEO
Kay Doughty, V.P. of
Family and Community
Services
- ⇒ **River Region Human
Services**
Derya Williams, CEO
Minerva Bryant VP,
Clinical Operations
- ⇒ **Spectrum Programs/
Miami Behavioral
Health Center**
Bruce Hayden, CEO
Rhonda Bohs, V.P. of
Research Development

Coaches

- ⇒ **State Coach**
Colette Croze
Private Consultant
- ⇒ **Provider Coach**
Michael Boyle
President/CEO Fayette
Companies

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