

COMMUNITY ALLIANCE OF SARASOTA COUNTY

**SUBSTANCE ABUSE AND MENTAL HEALTH
STAKEHOLDERS' CONSORTIUM**

PLANNING COMMITTEE

November 2, 2004

Members Present:

Bill Little
Linda McKinnon
Mark Porter
Marlene Minzey
Lisa Phillips

Debbie Spellman
Phil Gorelick
Catherine Clouse
Ken Alexander
Sally Graham

Staff Present:

Chip Taylor
Pauline Tracy

Jamie Mahadeo

Review of Planning Approaches

Bill Little reviewed the two planning approaches presented by SCOPE at a prior meeting where the two models were introduced; one was community-focused, while the other was plan-oriented. The model preferred by the committee was the annual substance abuse and mental health strategic plan developed by the Department of Children and Families. They suggested that the DCF process be modified to include more community input at all levels.

Bill announced that discussions are underway to fund a community substance abuse and mental health coordinator position through a joint partnership of Sarasota County, the Community Foundation and the Gulf Coast Community Foundation of Venice.

Review of DCF Strategic Plan Template

Debbie Spellman reviewed the DCF strategic plan template and distributed an outline of the regional substance abuse and mental health plan. She explained that the state plan includes the following information:

- Executive Summary
- Documentation of Stakeholder Input

- Guidelines and Legislative Initiatives
 - Local trends and conditions by program area
- Mental Health and Substance Abuse Services Overviews
 - Service needs for specific populations
 - Service array, gaps and needs for expansion
 - Service coordination
 - Priorities
 - Strategies to ensure department goals – define by goal
- Implementation of Secretary’s Reform Plan
- Collaborative Strategies and Initiatives
 - Co-occurring Disorders
 - Collaboration with AHCA
 - Provider networks
 - TANF
- Performance Measurement, Contract Monitoring, Data Systems and Financial Management
- Projected Fiscal Needs for 2004-05

Community Involvement in DCF Strategic Plan

The committee suggested that their planning process be timed so that it meets with the community input timeline in DCF’s regional plan. Debbie Spellman expressed support for this suggestion. She welcomed any community input that the committee could generate. She has had limited success in the past with efforts to generate government, agency and community input to the state mental health/substance abuse plan.

Process for Developing Community Mental Health and Substance Abuse Plan

Discussion ensued regarding the best approach to take to develop a plan. The following points were agreed upon:

- The model developed should be broad enough to encompass the full continuum of care. This includes any programs and services that can be implemented or are available in the community to prevent individuals from being institutionalized.
- The study should identify and prioritize existing and anticipated future needs and target those services that are financially feasible that will maximize the impact on client services.

- The community plan should include a review of the DCF annual plan including funding distributions, identify gaps in services, and discuss local funding options to fill the gaps.

The committee identified two projects in the state plan that are of primary interest for the local planning process:

- Project B – Increase capacity for community-based short-term residential treatment and acute care (SRT – Manatee Glens and CSU – Coastal).
- Project D – Increase community capacity to safely work with forensic population (criminal justice system).

This is where the committee felt that community input would be valuable in order to focus on those specific services and/or populations in the event additional funding is identified.

The committee suggested that a matrix of (1) currently available services, (2) the financial resources dedicated to them and (3) the number served be developed as a start to the planning process. Initially, data for the matrix can be gathered from the state, county, United Way and the other major purchasers of services in the area. Linda McKinnon offered to put a matrix together which would reflect Medicaid funding for mental health services. A similar matrix has already been completed for substance abuse services. Once compiled by the major funders, this matrix can be sent out to others on the Consortium who can fill out their portion of the chart. Correctly compiled, this matrix can be used to identify gaps and substantiate future funding decisions. To enhance that capability, it was suggested that, after it has been filled out by the Consortium, the matrix be sent to other providers to fill in the information on other substance abuse and mental health funding that they have been awarded.

As a focus for the mental health and substance abuse plan, Sally Graham suggested that unfunded, but needed, services be marketed to the community in the form of a fund-raising project.

Beyond the funders and providers, Bill Little highlighted the necessary step of obtaining public participation and community input to the plan. He suggested using the CHIP process as a model for obtaining community involvement.

DCF needs input for their 2005-06 plan update within the next six months. There will not be enough time for the committee to follow the CHIP plan development process and meet that deadline. Linda McKinnon suggested that we use our matrix along with the data from the SCOPE study to generate input to the plan within the time available while looking for a vehicle to give more meaning to the plan and obtain community input.

It was suggested that this group use the same dimensions as the CHIP project to focus the plan:

- Transportation/access
- Prevention
- Information and referral
- Availability of services
- Payroll

Debbie Spellman will send Chip Taylor a copy of a matrix developed by the Hillsborough County Children's Mental Health Committee to use as a model. At the Consortium's December meeting, the Planning Committee will provide the matrix to the members for discussion and ask them to fill in additional information.

Next Meeting

The next meeting of the full Substance Abuse and Mental Health Consortium will be December 3, 2004 from 1:00 p.m. to 2:30 p.m., in the Health Department Auditorium.