

COMMUNITY ALLIANCE OF SARASOTA COUNTY

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

PLANNING COMMITTEE

October 11, 2005

Members Present:

Ann Voorhees
Catherine Clouse
Phil Gorelick
Ken Alexander
Pauline MacDonald

Bob Piper
Kelly Lewis
Shelia Zelonis
Bill Little
Don Ottinger

Staff Present:

Chip Taylor

Michael Theall

The minutes of the previous meeting were reviewed and approved unanimously.

Scope Presentation

Catherine Clouse summarized the highlights of the discussion from the last meeting regarding their attempts to engage other people in participating in the planning process:

- Having more people care about the issue of mental health and substance abuse
- Making connections from the professional world to other parts of the system
- Bringing more media attention to the successes in overcoming challenges
- Reaching more people, both indigent and not
- Educating the community about agencies roles

Discussion ensued regarding the need for more planning in the community. SCOPE feels that the way to move forward is to engage more people in the planning process. This will develop a community-wide level of awareness and ownership of the plan.

The first step is to have a series of community meetings based around different sectors in the community - - those who have an existing role and those who don't. The meetings would include a short presentation of the local issues and how those issues impact the listeners. The presentation would be customized to

the type of audience in attendance. The idea is to select a sector of the community and identify a leader in that area to assist in designing the presentation and assembling the mailing list. The audience could be grouped by geographic location in the county, professional affiliations, interests, etc.

Catherine mentioned that they would like to have these meetings concluded by the end of the year.

Bill Little wanted to ensure that our planning process falls in line with the timeline of the state plan. Discussion ensued regarding the new template that DCF will be using for their plan and how we can meet their deadlines for input.

Service Gap Analysis Part II

The committee reviewed the handout at length identifying several areas where improvements could be made:

- Sort the middle boxes on the chart by mental health and substance abuse.
- The volunteer advocates under specialized services should be in red.
- Include the mental health issues of the DJJ population. (Shelia volunteered to review the DJJ plan with regard to mental health and substance abuse services for children.)

Next Steps

Michael Theall suggested that they have a two-fold goal:

- Provide written information to DCF from the standpoint of our goals as a community and how we can work as a team to accomplish them.
- Provide written information to the community regarding the issues that still need to be resolved.

Discussion ensued regarding how the community conversations and the resulting plan could be coordinated seamlessly with DCF and others. Michael summarized the process as (1) information gathering and (2) assembling the information into a plan. He asked for volunteers to work with Catherine to make the community conversations happen. There needs to be a dry run set up in the ext few weeks to evaluate the process.

It was suggested that the presentation include (1) a discussion of where to find existing services and (2) national and local statistics to put the discussion in perspective.

After the series of community conversations, we would put the results in writing for inclusion in the DCF format.

The next meeting of the Planning Committee was not scheduled due to the need for the DCF report and the community meetings to begin with SCOPE taking the lead. Members of the committee will be emailed information and meeting times when enough information has been received to warrant another meeting. Attached in the updated Comparative Analysis.

SCOPE	DCF
Inpatient Services- Mental Health -Acute Care bed capacity	Inpatient Services-Mental Health
Substance Abuse Services- -No Marchman Act facility -Inadequate # of detox. Beds -Lack of co-occurring services	Substance Abuse Services- -No Marchman Act facility -Indigent drug programs -Lack of co-occurring services -Increase case management services
Residential Services- -Inadequate range of options for all ages -Lack of children's beds	Residential Services- -Inadequate # residential beds -Co-occurring services -Children's beds -Forensics -Transitional crisis housing -Expanded housing for SPMI and SED
Specialized Services- -Older adults -Minority and non-English speaking -Criminal justice -Family members -Crisis services ages 0-5 -Early screening -Increase Psychiatry -Professionals trained to treat Children age 0-5 -Practitioners in South County -Volunteer advocates	Specialized Services- -Geriatric -Homeless -Case Management and FACT -Behavioral therapies (DBT and Traumatic brain injury) -Infant mental health -School based treatment -Increased caregiver and respite -Increase Family Intervention Specialists
Criminal Justice- -Expand Mental Health Court -Expand Drug Court -Lack of coordination with Mental Health services -Lack of policies and procedures for dealing with the mentally ill -Lack of expedient processing -Lack of monitoring of clients	Criminal Justice- -Expand Mental Health Court -Expand Drug Court -Expand Forensic diversions
Funding Issues- -Cost of medication -Lack of insurance parity -Low Medicaid reimbursement -Restrictive funding streams	Funding Issues- -Adults -Children -Indigent
Other Issues- -Waiting lists for services	Other Issues- -Increase Prevention services

Key:

Red- Issues that have not been addressed within the County.

Orange- Issues that have been addressed in part or plans are in place to address this issue.

Green- Issues that have been addressed