

# **Substance Abuse and Mental Health Stakeholders' Consortium**

## **Planning Committee**

### **Meeting Summary**

**February 21, 2006**

#### **Members Present:**

Ken Alexander	Sarasota Memorial Hospital
Dennis Berry	Central Florida Behavioral Health Network
Kevin Chinault	Mental Health Community Centers
Catherine Clouse	SCOPE
Phil Gorelick	Jewish Family and Children's Services
Kathleen Houseweart	SCOSA
Ken Nutter	Coastal Behavioral Healthcare
Don Ottinger	SCOPE
Mary Parrett	SCOSA
Bryan Pope	Salvation Army
Kathryn Shea	The Florida Center
Debbie Spellman	DCF--SunCoast Region
Shelia Zelonis	SEDNET

#### **Staff Present:**

Kelly Lewin	Sarasota County Health and Human Services
Bill Little	Sarasota County Health and Human Services
James Schulz	Sarasota County Health and Human Services
Chip Taylor	Sarasota County Health and Human Services
Michael Theall	Sarasota County Health and Human Services

#### **Introduction**

Michael Theall called the meeting to order and set the agenda for the discussion. The goal of the meeting was to discuss the information gathered by Phil Gorelick of Jewish Family and Children's Services around the availability of services which will be one of the sections of the Strategic Plan.

#### **Availability**

Phil Gorelick thanked all of the individuals who participated in the gathering of information related to Availability. Most of the information came from a meeting that was held the previous Wednesday. In that meeting the information from the SCOPE study and the DCF business plan were expanded and people were given

an opportunity to take those issues and update as to whether they were still unmet needs in the county.

### **Bi-Lingual Services**

The first issue that was discussed was that of the availability of bi-lingual services for those where English is not the primary language. It was brought up that most organizations have some capability to provide bi-lingual services, primarily for Spanish speaking consumers, but there are no community standards and the services appear to be underutilized.

Ken Nutter discussed the situation at Coastal where they have an outreach specialist, but their experience has been that most first generation immigrants either do not access the services or have a distrust of the system. This issue was also discussed in the community forums that were held with the Hispanic/Latino population. This population is more inclined to seek out faith-based services rather than that of a licensed facility. Catherine Clouse of SCOPE discussed information from the community forum that seem to indicate that the issues are cultural in nature. Bob Piper of First Step added that this population is under-represented in treatment and his belief is that the cultural issues seem to dominate their willingness to utilize treatment services. Kathleen Houseweart of SCOSA recommended that we transfer this issue to the discussion on awareness.

In order to frame the discussions, Michael Theall recommended that we discuss the topics as they arise and then forward the information to the appropriate group that is addressing that category. It was determined funding for bi-lingual services was not an issue that should be forwarded to DCF, This appeared to be an issue that the community will need to address.

### **Co-Occurring Disorders**

Phil Gorelick brought up the issue of services to the co-occurring population. The actual definition of what co-occurring means was discussed. Due to their focus on children, Kathryn Shea of Florida Center stated that co-occurring to her center may mean that a child in treatment has a diagnosis of depression, but also has attention deficit disorder. This is quite different from the way that First Step would define this issue. Bob Piper added that for them it is substance abuse and a mental health issue. The definition of what it means to have co-occurring disorders needs to be refined prior to making recommendations as to what the providers in the county would need to do to address this issue.

### **Geriatric Services**

Geriatric services in the community were the next topic. Kathleen Houseweart listed issues related to this population and the issues can be summarized as:

- No geriatric psychiatric services for older adults
- Limited supportive services
- Lack of training for long term care facilities on substance abuse and other issues
- Lack of access to psychiatry
- Lack of providers that will accept assignment from Medicare so that consumers have to pay cash for services and that becomes expensive
- Lack of utilization of the BRITE Project and the lack of awareness of the community in what they can do
- Lack of utilization of the Venice Mental Health Center that has a partial hospital program

### **Children's Services**

Phil reiterated that we need to focus upon the needs of the system. Under-utilization appears to be related to affordability and awareness. The subject of children's mental health was discussed and Kathryn Shea of the Florida Center related that they are finding a lack of availability of services in south county. Their facility is having a record number of calls for children's services and there is currently a lack of qualified providers to work with this population. Another issue of concern to the Florida Center is that of the new Medicaid HMO where they are having difficulty getting certification to do the type of treatment needed to address the needs that are presented to them. There is also a lack of crisis services available for the children under age 5 who cannot be Baker Acted. Debbie Spellman of DCF stated that the telephone calls they are receiving for children seem to be increasing in the area of residential services for children 8 and younger.

### **School Based Services**

School based services were discussed by Shelia Zelonis. She reported that currently the schools are increasing their services and these are not reported in the Matrix. The number one need is that the schools have been mandated by the state to provide in-school services to all exceptional children. As a result, social workers have been hired by the schools to provide these services. These kids now receive group counseling which is more than they previously received. There are also prevention programs that the agencies are providing, and sometimes it is difficult to know what all is going on since many are receiving services outside of school.

The schools have developed a mental health task force to try and keep a handle on what services are out there and to communicate with providers of services. It was recommended that the issue be written as having a need to coordinate services between the school and local providers. There is also a need to recommend that funds be allocated to meet the growing needs of these children since the majority of services provided in the school are Medicaid billed services

so those who don't have Medicaid do not have access to these services. The school system will need to develop greater capacity to meet these needs.

## **Psychiatry**

Kathryn Shea reported that there is a current shortage of Child Psychiatrists in the area especially with those that utilize medication for the youngest populations.

Michael Theall reported that there does not seem to be as dire a shortage of psychiatrists if you use third party benefits or can self-pay, but for those that need public assistance or are on Medicare or Medicaid it will be more difficult to get a timely appointment for services. This is especially true for the communities of North Port and Englewood where there is little availability unless you come to north Sarasota County.

## **Transitional Housing**

Phil Gorelick reported that committee members sent him material that indicated a need for more transitional housing and some believed there was no transitional housing available for the mentally ill. There was also discussion that the faith-based community may be doing transitional housing, but we are unaware of the total scope of their activities. Chip Taylor requested that we find out more about what other faith-based organizations are doing. Some faith-based groups do some activities that are more ad-hoc rather than being organized.

It was recommended that greater monitoring of the faith-based transitional housing be part of the plan. We can only monitor the organized portion of this, but if committee members believe we need more information we need to find out what they are doing. We may also want to include low-income housing for senior adults. Public housing and assisted living facilities are not always available for older adults with a mental illness because there are so many facilities that will only take people with physical illnesses.

## **Traumatic Brain Injury- Dialectical Behavioral Therapy**

A discussion was held as to whether or not traumatic brain injury was a category for our strategic plan since there are so few in this population and the services are so limited. These are a concern for DCF since they seem to be referred to them for placement. Mary Parrett of SCOSA reported that she works with this population and she is aware of the needs of this population. It was decided that we omit this topic from the plan at this time.

Dialectical Behavioral Therapy (DBT) was discussed as a treatment modality that is used for individuals with Personality Disorders. Ken Nutter of Coastal

recommended that we state the issue of more treatment available for Personality Disorders rather than to endorse one modality of treatment over another.

### **North Versus South County Issues**

Since the majority of services are located in the city of Sarasota it appears that there is not a division as to north and south. It was then recommended that we focus upon greater service availability throughout the county. There is an issue with the overall capacity of services within the county and that is what needs to be addressed.

### **Prevention Services**

In the last meeting there were discussions related to the development of coalitions of prevention networks. This was reported by Dennis Berry of Central Florida Behavioral Health Networks.

There was discussion related to the exact definition of prevention. Dennis reported that their funds are related to the development of environmental prevention strategies and are related primarily to drug and alcohol prevention. The areas are awareness, advocacy, and media. More will be discussed later on this topic as funds become available. Phil requested that any further discussion will be included but that committee members will need to forward to him any additional concerns in this area. There are criteria for receiving the funds that must be adhered to and the county does receive some of these funds through the school district. Catherine Clouse of SCOPE asked if there are any outcomes available from receiving these funds. Dennis Berry stated that he will look into seeing what is available.

### **Substance Abuse Services**

The indigent programs need to be lowered on the list of priorities and case management and other long-term needs should be raised. Michael Theall stated that with the CART Initiative we may not know the outcome of these services, but the county is making an attempt to address the issue.

Kathleen Houseweart of SCOSA posed the question of availability and training of the issues related to substance abuse in older adults. There are issues of training professionals in the field surrounding this problem. Debbie Spellman of DCF stated that the only additional monies in next year's budget that have been increased are in the area of substance abuse.

### **Residential Services**

Debbie Spellman stated that not all issues of residential services have needs. The issues are more related to childhood, forensic and geriatric residential

services. The issue of permanent housing was raised, but the issue was transferred to affordability.

There is a difference between short-term and long-term beds. There is a shortage of short-term beds for psychiatric residential, but the longer term beds are not in as short supply,

### **Family Intervention Specialists**

Debbie Spellman of DCF stated that in the new budget there are provisions for the addition of 25 new family intervention specialists. This issue will be removed as an issue.

### **Diversion Programs and Lack of Volunteer Advocates**

This program was referred to the Criminal Justice Commission as it is not a mental health issue. There is a need for more programs, but there are also programs that are under-utilized. Concerns were expressed over the requirements of receiving monies and whether or not providers in the community see that it is worth it. This must be coordinated with the Criminal Justice Commission.

With regard to advocates, there has been no development of these services and SCOPE has researched this and their feeling is that, although important, this is not an issue that can be dealt with in the near future. As a result the issue will not be in the upcoming Strategic Plan. More research into the requirements and needs of the community may be completed at a later date.

### **System Issues**

Debbie Spellman discussed the need for greater funding, but that the issue is beyond the scope of the committee. It is an issue for Tallahassee to appropriate more funding. Not all children are Medicaid eligible and there needs to be an awareness on the part of our lawmakers as to the needs.

### **Conclusion**

The meeting next week will focus upon Accessibility. Debbie Spellman also related that their format for the Business Plan has not been given to them. She did forward over a copy of the information they have, but she has not been given a time table as to the development of their plan.

***The Next meeting of the Planning Committee will be on March 7, at 9:00am in the Auditorium of the Health Department.***