

# Substance Abuse And Mental Health Stakeholders' Consortium

## PLANNING COMMITTEE

### Meeting Summary

August 16, 2005

#### **MEMBERS PRESENT:**

Ken Alexander	Bayside Center for Behavioral Healthcare
Catherine Clouse	SCOPE
Phyllis Cobb	Sarasota Memorial Hospital
Phil Gorelick	Jewish Family and Children's Services
Bill Little	Sarasota County Health and Human Services
Pauline MacDonald	Coastal Behavioral Healthcare
Don Ottinger	SCOPE
Bob Piper	First Step of Sarasota
Heather Sniffen	DCF—SunCoast Region
Debbie Spellman	DCF--Substance Abuse and Mental Health

#### **STAFF PRESENT:**

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 welcomed the members and introductions were made.

#### **Matrix Review**

Copies of the latest version of the Matrix of Services were distributed. Members of the committee were asked to review the material and submit updates or changes by e-mail to Michael Theall. This is a working document and we need to ensure it is kept current.

Discussion followed regarding how the information for the Matrix was gathered and which agencies should be included. It was reported that surveys were sent out to providers in the county and information was put into the categories based upon the provider response.

Pauline MacDonald requested that a change be made in Coastal Behavioral Healthcare's information to have Central Florida Behavioral Health Network (CFBHN) provide the information on substance abuse and that they will coordinate that information.

Upon reviewing the information, Bob Piper of First Step stated that he had a concern regarding the information provided by faith-based providers and others that are not licensed by the State of Florida. His concern was that licensed providers follow state regulations regarding their treatment services, while many of the faith-based and other non-licensed providers do not qualify as treatment providers.

Debbie Spellman stated that one concern is that the Matrix may be misinterpreted as a referral list and most professionals would not want to make a referral to a provider if they were not licensed or did not have the proper credentials to provide mental health or substance abuse treatment services. One solution to this problem would be to configure the matrix in a way that identifies and separates unlicensed providers from licensed providers.

Heather Sniffen agreed to share with the committee the list of licensed providers in the area. Bob added that the majority of faith-based providers are providing transitional housing. He noted a concern regarding two programs that apparently claim to have an exemption from DCF which would allow them to operate without being licensed. Debbie Spellman agreed to check into the status of these programs.

### **Development of a Strategic Plan**

The various uses of the information in the Matrix was discussed and Michael Theall stated that recently when the issue of a strategic plan for the county was discussed, many members of the community wanted input on what mental health and substance abuse services would look like in their community in the future.

Debbie Spellman stated that there are state priorities and legislation that requires state funding to go in a certain direction. Chip Taylor added that there could be multiple uses for this information. While the original intent of the Matrix was to include all services, not just those that are funded by DCF or the County, so that the information to be used at a higher level for planning and funding analyses and to determine community priorities, it could also be utilized as a data base for providers making referrals or even for consumers to use as a directory of services. In the latter two cases, it would be particularly important to flag those services and programs which are not licensed.

Further discussion was held as to how the faith-based providers would be included in the Matrix. The group concluded that more information needs to be

gathered with regard to the nature and licensing status of these services so that they can be appropriately identified and categorized within the Matrix.

Other ways of categorizing and analysis the information were discussed as well:

- Geographic – An analysis of where services are located within the county as compared to the population.
- Community forum - The community can be surveyed regarding their needs through the CHIP, CHAT and other community groups.
- Service type – Services can be broken down into specific types such as inpatient, psychiatry etc.
- Provider type - Categorizing services by payor source and whether they are not-for-profit, private, or faith-based.

The final product will most likely be a combination of something from each of these approaches. Discussion followed as to how the information should be categorized. The county will need to be broken down geographically. Provider status, placement, Baker Acts, and Marchman Acts are issues that will need to be examined. This is not just a document to be used by professionals, but a tool for the community as well.

Ken Alexander brought up the issue of analyzing accessibility rather than just looking at what services are “available”. Issues such as transportation, provider location, how people access services, and whether or not there is sufficient capacity to serve the individuals are very important for planning.

It was decided that accessibility and availability issues must be considered as we plan for the future. Phil Gorelick noted that the current information available from the SCOPE report and the CHIP and CHAT process must also be considered, along with the DCF plan.

Chip suggested the first step should be to determine what services are already provided and where. Step two would then be to determine where the gaps are in both services and locations. We need to consider what the community wants and what we need to do to meet their needs. Current waiting lists for services will be a good indicator that we may need more of a particular service.

Bill Little added that we need to organize the information in the format that DCF uses for their regional plan and provide it to DCF within their timeframe so that it can be considered in their planning efforts. Debbie Spellman stated that the DCF plan won't be released for approximately 6 months, but that information for consideration would need to be submitted to them over the next 3 to 4 months.

## **Other Issues**

The next steps needed to get the process started were discussed. It was agreed that updating the Matrix should be the very first step.

The service area category needs to be updated to include where the referrals come from and who is being served by the program. Information could also be included in the area for comments. Additionally, the information regarding current waiting lists should be included.

Chip Taylor asked that the members submit their own lists of gaps in services as they see it. Don Ottinger added that the starting place should be geography and what services are located where, noting that the SCOPE Mental Health Study and the gaps it identified should be reviewed as well.

For the next meeting, members should review the gaps identified by the SCOPE Mental Health Study and be prepared to discuss the gaps identified as a group so that we can start moving the process forward. Copies of the report will be provided to committee members.

***The next meeting of the Planning Committee is scheduled for September 27 at 1:00 pm in the Sarasota County Health Department Auditorium, Room 226.***