

**COMMUNITY ALLIANCE OF SARASOTA COUNTY**

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

**January 27, 2006**

**Meeting Summary**

**Members Present:**

Ken Alexander	Bayside Center for Behavioral Healthcare
Kavi Avasil	Temple Beth Sholom Schools
Hillary Bardwell	University of South Florida S.M.
Dennis Berry	Central Florida Behavioral Health Network (CFBHN)
Rose Chapman	Jewish Federation of Sarasota and Manatee Counties
Catherine Clouse	SCOPE
Cathy Emmett	Senior Friendship Centers
Carolyn Fishel	Arlington Park Neighborhood Association
Kristin Fulkerson	Gulf Coast Community Foundation of Venice
Tobey Hockett	Office of the Public Defender
Kelly Lewin	Sarasota County Support Network
Pauline MacDonald	Coastal Behavioral Healthcare
Bill Newell	Salvation Army--Sarasota Corps
Bob Piper	First Step of Sarasota
Katrina Rae	DCF--SunCoast Region
Gerald Roakin	Temple Beth Sholom Schools
Kathryn Shea	Florida Center for Child and Family Development
Debbie Spellman	DCF--SunCoast Region
Jerry Thompson	Coastal Behavioral Healthcare
Jeffrey Watts	DCF--SunCoast Region

**Staff Present**

Bill Little	Sarasota County Health and Human Services
Pam Meunier	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
Pauline Tracy	Sarasota County Health and Human Services

**Introduction and approval of Minutes**

Bill Little brought the meeting to order and the minutes from the meeting on November 18, 2005 were approved. Bill then requested introductions from all in attendance.

## **Changes in Mental Health Residential Services**

Jerry Thompson of Coastal Behavioral Healthcare began a discussion of changes in funding of Residential Services that are offered in Sarasota County. The primary funding source of residential services offered at Coastal is DCF and recently Coastal was notified of a change that will affect 12 of their 29 Level II residential beds. Funding for 12 Level II beds will be transferred to serve forensic consumers that are currently in the State Hospital in Chattahoochee who have been found incompetent to stand trial. A Level II residential bed is for people who are severely and persistently mentally ill and requires 24-hour supervision.

Jerry stated that three main concerns have been expressed to him regarding this change. First was the concern for safety of the other consumers, the staff, and safety in the neighborhood where these individuals will reside. He believed that the safety concerns will not be significant since DCF has stated that the individuals placed in these facilities will be screened and no one with a violent past or a potential for violence will be residing in their facilities. Coastal will have some capability of screening out individuals they deem are inappropriate for placement. The only issue will be that of drug use. Since most of these individuals were originally charged with drug related offenses, there may be the possibility of an increase in drug use or drug seeking behavior around the facility.

The second area of concern is that of the shifting of inadequate resources from one underserved population to another in the system. Coastal maintains a waiting list for Level II beds and this transfer of forensic clients into these beds will cause longer waiting lists and fewer beds for those who need them. This may relieve pressure in one part of the system but it causes problems elsewhere. The people that will not be able to be served will show up in other parts of the mental health or correctional system such as in jail, the emergency room, the hospital or other places. This creates a problem for the community. When G. Pierce Wood Hospital closed six years ago there was a promise that the mentally ill would be cared for in the community and this current move is just moving people around and not serving the people that need to be served.

The third area is that Coastal maintains a waiting list for these services and they will not be able to serve people they have been charged to serve if their capacity is lessened because of transferring forensic clients into these beds. If there were additional dollars to pay to house forensic consumers then Coastal would find a way to serve them. People who have not been charged with crimes, but are in need of services will have to wait longer to receive the services they need.

Tobey Hockett of the Public Defenders Office added that he was not in favor of these people being placed in the community, as he is aware of the potential for problems in the community.

Jeff Watts of DCF stated that the program is an alternative to having these people simply being released to the community without any placement and that by referring them to Coastal they can continue receiving mental health services. It was mentioned that the Coastal facility is not a locked facility and that forensic clients who walk away from the facility would be violating the conditions of their release to the community. This program will offer a layer of supervision of the forensic clients in the community. They will also be connected to treatment rather than simply being released.

Jeff added that the additional screening that will be conducted would hopefully lessen the risk to the community. The people who are a danger to themselves or others will not be released to the community.

Bill Little added that the issue is a loss of beds for Coastal in a system that has a waiting list. The situation lessens the burdens of the State Hospital, but passes it on to the county. He further added that when G. Pierce Wood Hospital closed there were promises of additional monies and services that have not kept pace with the needs of the community. The mandate takes an asset from our area and now we do not have a choice in how we service the needs of those in our community.

Debbie Spellman of DCF added that the consumers who will be placed in these forensic beds are similar to the consumers that are in them now. Additionally, when asked about any additional funding it was announced that there would be no additional funding for Level II residential beds.

Members of the community that were from areas surrounding the Coastal facility asked if they would have any input into the placement of forensic clients in these beds. They had security concerns since the facility is near a school, a day care center and there a many people living in the area. They wanted to know if there would be additional security or means to protect the area. They requested a public process to discuss the issue.

Bill Little proposed community input on the issue to ensure that the neighborhood will be safe, that they will have input on the placement of forensic clients there, and that DCF will be available to the community for their concerns to be expressed. Further, the issue of funding needs to be addressed and that people need to contact their legislative delegation regarding the need for additional funds as opposed to shifting consumers and having to deny services to people who need it.

A member of the community reported that the Coastal program is well managed since many did not even know that Coastal housed mentally ill consumers in their neighborhood. They did however, express concerns about the new forensic consumers being placed there. This issue was to be further discussed at the

Criminal Justice Commission for their input as well. Jeff Watts of DCF said that at a later date they would be available to discuss this issue further.

Bob Piper of First Step added that they currently house these types of consumers and to date have not have significant problems. They currently have 3 forensic consumers in their residential program. He added that he does not feel this poses a danger to the community but stated that their viewpoint is that they have the same situation as Coastal in that they have to serve the people they are funded to serve.

The community members present felt that they should have more input on this issue and that they should be included as part of the process. Their concerns need to be addressed to the larger community especially if it takes resources that are currently being used and backing up the system with longer waiting lists.

The situation will be discussed with the Criminal Justice Commission at their next meeting. Additional discussion with DCF is also needed. Bill Little added that we have an obligation to continue discussions with our lawmakers to make sure that the funding meets the needs of the community. The issue needs to be discussed with the County Commissioners.

## **Committee Updates**

### **Planning Committee Update**

Catherine Clouse gave the update for the Planning Committee stating that the community forums, which are designed to give input on the current operation of mental health services in the county, are going well and they should be completed by the end of January. The information gathered at the forums will assist with the development a community-wide strategic plan to determine unmet needs, set funding priorities, and determine placement of services, which keeps pace with the growth of the county. Groups that have participated include the Family Resource Network, North Port CHAT, LOVN CHAT, Englewood CHAT, Venice Interagency Council, Hispanic Latino Coalition, Jewish Family and Children's Services, a group of older adults, and Sarasota County School personnel. Michael Theall added that SCOPE has been very active and have worked hard to make these forums take place.

The forums are confirming many issues that have been discussed in the committee. Most of the issues surround affordability, accessibility, awareness, and availability, but other issues are that of the communication between the providers of services and the continuity of care. An outline of the writing process was distributed and it was mentioned that we are still on track to have our plan ready when the DCF three-year business plan and format is made public. We want to have our plan ready so that DCF will be aware of the needs of Sarasota County.

Chip Taylor requested that anyone having information that needs to be included in the Matrix should send their information to Michael Theall within the week.

### **Acute Care Task Force**

Michael Theall reported that the Acute Care Task Force has been involved in two main issues. The first is that of providing law enforcement with Baker Act and Marchman Act guidelines for the transfer of consumers to the appropriate facilities. Previously, materials outlining a decision tree were given to law enforcement but the information is now outdated. The committee is updating the information and developing a plan for training.

The other issue is that of CIT training. To date, 106 officers have been trained in crisis intervention. The plan for this year is to have three training classes that will have approximately 30 officers in each class. This will move us closer to the goal of having 200 officers trained by the end of the year. The next class will be held on March 6-10. Additionally, the goal is to have greater participation from the municipalities. We are going to have five from each of the local jurisdictions and 15 from the Sheriff's office. So far, the Sheriff has had the greatest participation.

### **Drug Dependency Court**

Kathryn Shea of the Florida Center reported on the need for a Drug Dependency Court. This would be a specialty court where individuals that have drug dependency problems and have children that could be at risk for having involvement with social welfare agencies would have greater supervision and intervention that would be focused upon treatment. Other parts of the state such as Miami-Dade County have models in place that are working well.

There may be a pilot program that will be implemented in the county. There is support from the judges. Kathryn will report back on the progress of attempting to implement a model in Sarasota County. Tobey Hockett asked how this would differ from the current Drug Court Program. Kathryn reported that some of the individuals in this program have not always been charged with a crime and that most counties keep these programs separate. These clients originate from Family Court as opposed to Drug Court. Many believe that these clients would be in both courts and if there were, a way that this program could operate within the current system it would be advisable rather than having Drug Court and Drug Dependency Court operating separately. Kathryn will meet with the Drug Court personnel to discuss this issue.

## **CART Update - Expanded VIP-ER Program**

Michael Theall reported that to date the program has served 60 consumers and the first two classes have each graduated 13 of their original 15 participants. The following update on the program participants was given:

- Of the first 45 participants there were 36 males and 9 females
- 86% were unemployed when they entered the program
- 3/4 had a previous year income of less than \$5,000
- 35 were referred from social service agencies or the court
- 7 were referred by a family member
- 1 referral was from another substance abuse treatment facility
- 1 referral came from juvenile justice
- 1 referral source was unknown

The following indicates the primary substance of choice:

- 17 reported alcohol
- 19 reported cocaine or crack
- 4 reported heroin or other opiates
- 3 reported marijuana
- 1 reported methamphetamine
- ? reported oxycontin

The data indicates that the program is serving the population for which it was designed.

Of the first 13 graduates from the program: 10 remain employed, 1 re-entered substance abuse treatment, 1 left the area, and 1 was not employed due to health reasons. The statistics reflect the goals that were set for with the program.

Pauline MacDonald reported that Coastal originally had a concern regarding the use of psychiatric services. It has been found that 86% have requested psychiatric evaluations. This is higher than predicted. The appearance is that this population has more co-occurring issues than was previously thought. At a later date, information regarding the use of psychotropic medications will be discussed.

## **Transitional Housing**

Bill Little reported that the Transitional Housing Committee has been involved with the City of Sarasota in the awarding of monies to a vendor that will provide transitional housing to the CART Initiative. This award should happen very soon and it is hoped that this will provide some housing immediately.

Toby Hockett described the Transitional Housing program. The Office of Housing and Community Development has issued an RFP to award \$750,000 in CSBG/SHIP funds to develop transitional housing as Phase 3 of the CART Initiative.

### **Early Childhood Mental Health Partnership**

Chip Taylor reported Ann Kelley has been hired as the Director for the project. Other positions have been advertised and it is hoped that Ann will have her staff assembled quickly. New office space for the staff is currently being explored. — Kathryn Shea added that 5 young children's grants were awarded this time through SAMHSA. Georgetown University has been providing the technical assistance to the project so there has been a greater amount of assistance available to the project than was projected. This is a benefit to the program. The Florida Center has been working to get their clinical staff ready to begin the project. Chip added that by next month there would be a workflow that will reflect the beginning of the project.

### **Schedule of Meetings for 2006**

A schedule of meetings for the next six months was distributed.

***The next meeting of Substance Abuse and Mental Health Stakeholders' Consortium will be on February 24, 2006 at 9:00 a.m. The meeting will be on the 10<sup>th</sup> floor of the Terrace Building.***