

# Final Report Needs Assessment

FOR DRUG AND ALCOHOL TREATMENT AND PREVENTION

Hillsborough County, Florida



LOUIS DE LA PARTE FLORIDA MENTAL HEALTH INSTITUTE  
DEPARTMENT OF MENTAL HEALTH LAW AND POLICY

This publication was produced by the  
**Department of Mental Health  
Law and Policy**

located at the

Louis de la Parte Florida Mental Health Institute  
University of South Florida  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612-3807

For more information, call 813-974-4510 or visit  
the Website: <http://mhlp.fmhi.usf.edu>

© January 2008



**A report developed for the Hillsborough County Anti-Drug Alliance as part of the Strategic Prevention State Incentive Grant (SPFSIG)**

The FMHI evaluation team included Mark A. Ruiz, Ph.D., Kathleen M. Moore, Ph.D. Roger H. Peters, Ph.D, and Mark Engelhardt, M.S., A.C.S.W.

## **The University of South Florida**

The University of South Florida is among the nation's top 63 public research universities and one of 39 community engaged public universities as designated by the Carnegie Foundation for the Advancement of Teaching. It is one of Florida's top three research universities. USF was awarded more than \$300 million in research contracts and grants last year. The University offers 219 degree programs at the undergraduate, graduate, specialist and doctoral levels, including the doctor of medicine. The University has a \$1.8 billion annual budget, an annual economic impact of \$3.2 billion, and serves more than 45,000 students on campuses in Tampa, St. Petersburg, Sarasota-Manatee and Lakeland.

The Louis de la Parte Florida Mental Health Institute at the University of South Florida has a mission to strengthen mental health services throughout the state. The Institute provides research, training, education, technical assistance, and support services to mental health professionals and agencies as well as consumers, consumer organizations, and behavioral health advocates statewide. At the state level, the Institute works closely with the Departments of Children and Families (DCF), Corrections (DOC), Elder Affairs (DOEA), Education (DOE), and the Agency for Health Care Administration (AHCA), as well as with members and staff of the State Legislature and providers of mental health services throughout Florida.

Comprised of three primary research departments, Mental Health Law & Policy, Child & Family Studies, and Aging & Mental Health, and a number of specialized centers, the Institute conducts research and program evaluations, provides training and consultations, and offers a number of academic courses at the masters and doctoral levels.

## **Acknowledgments**

This project would not have been possible without the efforts of Sue Carrigan, M.S. and Laurie Ellston of the Hillsborough County Anti-Drug Alliance. They both displayed a dedication and dependability that was instrumental to the project. Additionally, members of Central Florida Behavioral Health Network, the Department of Children and Families (DCF), and Hillsborough County Government contributed important improvements to early drafts of the report. Thank you also to Carrie Wagner, M.Ed., and Ezra Ochshorn, MSW, for assisting with the preparation, proof reading, and formatting of this document.

## Table of Content

<b>Executive Summary .....</b>	<b>2</b>	8. OPPORTUNITY: Interest in collaboration among professionals working within drug and alcohol prevention/treatment agencies. ....	14
<b>Introduction.....</b>	<b>2</b>	9. OPPORTUNITY: Interest in political advocacy to help bring about improved substance abuse legislation. ....	15
<b>Methods.....</b>	<b>3</b>	<b>Appendix A. Webiste Reference List .....</b>	<b>17</b>
<b>Methods.....</b>	<b>3</b>	<b>Appendix B. Focus Group Questions .....</b>	<b>18</b>
<b>Methods.....</b>	<b>4</b>	<b>Appendix B. Focus Group Questions .....</b>	<b>18</b>
<b>Findings and Recommendations .....</b>	<b>5</b>	<b>Appendix C. Key Informant Structured Interview .....</b>	<b>19</b>
1. WEAKNESS: Accessibility of substance abuse treatment and prevention services. ....	5	<b>Appendix C. Key Informant Structured Interview .....</b>	<b>19</b>
2. WEAKNESS: Coordination difficulties within substance abuse treatment services. ....	7	<b>Appendix C. Key Informant Structured Interview .....</b>	<b>20</b>
3. WEAKNESS: Environmental factors promote substance abuse. ....	8	<b>Appendix D. Organizations Represented by the Needs Assessment Participants.....</b>	<b>21</b>
4. WEAKNESS: There are few resources for parents who are confronting drug and alcohol abuse in their children and adolescents. ....	10	<b>Appendix D. Organizations Represented by the Needs Assessment Participants .....</b>	<b>21</b>
5. WEAKNESS: Lack of funding for substance abuse treatment and prevention services. ....	11		
6. STRENGTH: Strong Alliance foundation. ....	12		
7. STRENGTH: Strong support for law enforcement, corrections, and the judicial system within the community. ....	13		

## Executive Summary

Since its creation in 1989, the Hillsborough County Anti-Drug Alliance (referred to from here on as the Alliance) has devoted resources to address problems related to substance abuse. The Alliance has had a diverse membership including individuals from law enforcement, treatment/prevention service providers, education, County government, and business. The coalition has demonstrated a sustained effort at addressing substance abuse problems through advocacy, prevention, and education. In 2005, the Alliance applied for and was awarded a competitive State Incentive Grant to develop a strategic prevention framework that could guide continuing efforts. The grant provided two years of support to this effort, with the first year being devoted to conducting a needs assessment and the second year being devoted to the creation of a strategic plan for the Alliance.

The current report describes the methods and findings of the needs assessment completed as part of the Strategic Prevention Framework State Incentive Grant (SPFSIG) conducted for the Alliance. An evaluation team from the Department of Mental Health Law and Policy, Florida Mental Health Institute (FMHI), in collaboration with Alliance board members, developed and conducted a needs assessment that included focus groups, key informant interviews, and document/website reviews. Additionally, a number of individuals provided feedback on drafts of the report. The major findings were categorized as weaknesses/threats, strengths, and opportunities. The significant weaknesses and threats included (a) accessibility of substance abuse prevention and treatment services, (b) coordination of substance abuse treatment services, (c) environmental factors promoting substance abuse, (d) resources for parents confronting drug and alcohol abuse in their families, and (e) funding for substance abuse treatment and prevention services. Identified strengths included (a) an Alliance infrastructure that supports substance use prevention and treatment services and (b) confidence in law enforcement, corrections, and the judicial system.

Identified opportunities included (a) an interest in collaboration and (b) an interest in political advocacy related to substance abuse treatment and prevention. Many participants offered recommendations and there appear to be many existing resources (local, state, and federal) that can address some of the problems identified. It will be important for the Alliance to coordinate future efforts in conjunction with existing resources that promote its mission. The current needs assessment has identified a number of factors that may play an important role in future efforts in substance abuse treatment and prevention.

## Introduction

This report describes the background, methods, and findings of the needs assessment conducted by an evaluation team from the Department of Mental Health, Law and Policy, FMHI, University of South Florida, for the Alliance. The main objective of the needs assessment was to assess the strengths and weaknesses of substance abuse treatment and prevention within the community.

The Alliance was created in 1989 under the direction of Hillsborough County government and was restructured as an independent 501 (c) (3) nonprofit organization in 2003. The mission of the Alliance is to support and strengthen community substance abuse prevention and treatment efforts in order to eradicate the illegal use of alcohol and other drugs. To this end, the Alliance has engaged in active collaboration, coordination, and advocacy with many segments of the community to reduce substance abuse. The Alliance operates in the city of Tampa, located in Hillsborough County. The county has a population of approximately 1,177,060 and a median household income of \$47,581 (based on 2006 U.S. Census Bureau estimates). As of June 2007, the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Treatment Locator website listed 54 agencies that provided substance abuse treatment within 20 miles of downtown Tampa. This number does not include treatment agencies within correctional facilities. At

that date, the Florida Department of Children and Families (DCF) website listed approximately 140 treatment sites within the county. The community has a 2-1-1 referral system, operated by the Crisis Center of Tampa Bay, which provides information on prevention and treatment resources (see Appendix A). Hillsborough County has produced a Community Services Directory that includes prevention, treatment, and other social service providers and also offers similar information on kiosks throughout the community (see Appendix A).

DCF also tracks the number of adults and children who received substance abuse treatment services from community providers throughout the state. Community substance use treatment services were provided to 16,641 adults and 11,491 children and adolescents in the Suncoast region (which includes Hillsborough County) in FY 2005-2006.

The Alliance was awarded a statewide competitive grant for the development of a strategic framework/plan to guide treatment and prevention efforts in the community. The Strategic Prevention Framework State Incentive Grant (SPFSIG) was funded by SAMHSA and was administered by Florida State University and DCF for a five year period. According to DCF documents, the objective of the grant program was to build state and local capacity to assess prevention needs, implement appropriate evidenced-based prevention strategies, and to develop local prevention coalitions. The performance period for the award was from September 2006 to May 2008. The first year was devoted to conducting a needs assessment of substance abuse prevention and treatment services. The deliverables for this phase of the project included a detailed implementation plan, two progress reports, and a final report containing a summary of the needs assessment findings. The second year, starting in June 2007, will be devoted to developing and implementing a strategic plan for substance abuse treatment services within the community. The Alliance subcontracted the services of an FMHI evaluation team to conduct the needs assessment between October 2006 and June 2007.

The goals of the needs assessment were to (1) strengthen the capacity to collect and analyze

community resource data for the purpose of producing an effective strategic prevention plan, (2) identify existing gaps in substance abuse prevention and treatment services, (3) examine current services provided in the area of substance abuse prevention, and (4) identify potential strategies for improving substance abuse services within the community.

The needs assessment focused on child, adolescent, and adult issues and included focus groups of providers/consumers of prevention and treatment services and key informant interviews with agency administrators, funding agencies, and community policy makers. The report is the final product of the needs assessment. The findings were presented to Alliance members in April and May of 2007. Recommendations from the needs assessment will serve as a foundation for developing a community-wide strategic plan to guide substance abuse treatment and prevention efforts of the Alliance. The development of the revised strategic plan began in May 2007 and will continue through May 2008.

## Methods

Data collection for the needs assessment began in October 2006 and was completed in January 2008. Focus groups and key informant interviews were used to assess treatment and prevention services within the community. These data collection methods provide qualitative information regarding the knowledge, experiences, and perceptions of participants.

The FMHI evaluation team initially met to refine the general objectives of the research as well as the procedures for data collection. Consultations were also made with select members of the Alliance, and SAMHSA grant documents were also reviewed. This initial period involved developing the questions that would be used to obtain information needed to answer the study questions. More specifically, open-ended questions were identified as the best method for eliciting information regarding the strengths and weakness with the delivery of substance treatment and prevention services within the community. These questions also provided opportunities for participants

to offer detailed information regarding the factors associated with the reported strengths or weaknesses. Members of the evaluation team and the Alliance reviewed the questions and made recommendations to improve their relevance and wording. All of the individuals involved in this phase of the project were highly familiar with substance abuse issues, services, and needs.

Focus groups were the first method used to collect information. The intent of the focus groups was to gather information in a group discussion format. The discussions were structured around a series of questions developed earlier, which were read aloud by a member of the FMHI evaluation team prior to beginning the discussion. The general questions were as follows:

1. What substance abuse treatment/prevention services are available in Hillsborough County? How well do they work?
2. How do we address any problems or gaps identified?

The evaluation team member also asked follow-up questions about adolescent services, communication effectiveness, and the underlying causes of identified problems (see Appendix B for a complete list of the focus group questions). Individuals who were familiar with substance abuse prevention/treatment needs and services were recruited for the groups. The key community stakeholders were determined to be representative of the following sub-communities: business, county government, court/judicial system, education, law enforcement, parents (consumers), school system, and treatment/prevention service providers. Individuals were recruited to represent these different stakeholders.

Seven individuals were recruited for Focus Group # 1. These individuals represented the areas of court/judicial system, education, parents, and treatment/prevention service providers. Five individuals were recruited for Focus Group # 2. These individuals represented business, court/judicial personnel, education, and treatment/prevention service providers.

A number of themes emerged from these focus groups. The most commonly cited concerns were about service coordination difficulties (20%), ineffective service delivery (17%), lack of specialized services (16%), financial barriers to services (13%), specific recommendations (11%), adolescent specific issues (10%), employer issues (10%), and parental needs (3%).

Key informant interviews were the second method used to obtain information for the needs assessment. The findings obtained in the focus groups were used to tailor the questions included in the interview form. The format of the interviews was structured to provide consistent questions for all participants who were interviewed. The structured interview is presented in Appendix C. Key informants were defined as individuals who had extensive knowledge or experience with substance abuse prevention and treatment services within the community; we attempted to identify managers or supervisors with at least 5 years of experience in the area of substance abuse treatment or prevention. A broad sampling procedure was used to recruit individuals who were representative of the different stakeholders within the community. Twenty individuals agreed to complete the key informant interview (The list of the agencies represented appears in Appendix D). The interviews were conducted either face-to-face or by telephone by either a member of the FMHI evaluation team or a member of the Alliance subcontracted to conduct some of the interviews. Interview responses were evaluated for recurrent themes and specific recommendations. The interview data were then integrated with the focus group data to obtain the main findings for the needs assessment.

An initial report of the findings was circulated among members of the Alliance and members of the Public Safety Coordinating Council for Hillsborough County. Feedback from these individuals was used to supplement the previously obtained findings. Throughout the course of the data collection, members of the FMHI evaluation team had regular contact with governing members of the Alliance and also submitted periodic progress reports to the grant management team at Florida State University.

## Findings and Recommendations

The following content presents the major themes derived from the focus groups and key informant interviews. The themes are presented as weaknesses/threats, strengths, and opportunities pertaining to substance abuse treatment and prevention within the community. Each major theme also includes specific recommendations developed by the FMHI evaluation team based on information gathered in this assessment.

### 1. WEAKNESS: Accessibility of substance abuse treatment and prevention services.

Accessibility to substance abuse prevention and treatment services was the issue discussed most frequently by participants. Participants reported that community residents and other professionals (non-health care professionals) often have problems locating appropriate services. There is a perceived lack of awareness of program availability and a perceived lack of knowledge about program requirements (eligibility, payment options). People may not know what is available and they do not know how to access the right service(s) for their particular problem or situation. Many participants reported that there is the perception that there is no single place where people can go to look for services. Moreover, there is the perception that there are no good sources of educational information to guide this search. For instance, an individual without a background in health care may not know the difference between inpatient and intensive outpatient services. Many participants stated that there appears to be no good access point and that it is difficult for people to navigate the system. People need a single point that is easy to navigate and highly flexible. Few mentions were made of available referral sources from the 211 line, operated by the Crisis Center of Tampa Bay, or the DCF website (Appendix A). For example, some participants described situations in which they encountered someone in need of treatment, but the participants had trouble identifying appropriate resources.

Childcare was another issue that was often cited as a barrier to treatment access. Some participants discussed the challenges many patients faced in attempting to coordinate childcare so they could attend treatment. This is also an issue for parents when one of their children needs treatment and other do not.

Cultural and socioeconomic factors may exacerbate accessibility problems. For example, some service providers have problems reaching specific communities with their outreach programming, advertisements, and public service announcements. This frequently occurs due to language or economic barriers (e.g., lack of access to the web). There are public resources within the community, such as libraries and neighborhood service centers, which could alleviate some of these problems. However, these resources were not widely cited by participants in the study. There appears to be a need for counselors with foreign (mostly Spanish) language capabilities. Some participants also discussed the challenge of developing and maintaining cultural competence within treatment agencies.

Accessibility to intensive services is especially a problem for college and university students and certain members of the business community. For example, colleges and universities typically have strong prevention programs but less developed outpatient treatment and assessment capabilities. College and university counseling centers are often not equipped to handle significant substance abuse issues and these facilities may not have good linkages with inpatient/residential or detoxification services. Additionally, many businesses, particularly small businesses, do not have the capabilities to properly assess and refer individuals with substance use problems. There appear to be many opportunities for increased linkage between treatment providers and the business and college/university communities. These increased linkages are likely to benefit all parties.

Another area of weakness in accessibility pertains to problems related to the length of time individuals must wait for treatment. Some participants reported that there appears to be a lengthy waiting period between requests for services and the provision of services. Many participants cited the problem with timely accessibility for individuals who have decided they need treatment. Some treatment providers do provide highly accessible walk-in services or programs with no waiting lists, but there is not widespread awareness of these programs. There are also accessibility problems for individuals who come in contact with law enforcement and who agree to treatment. Participants noted that there appear to be significant delays between when a person was arrested and when he/she gets into treatment. However, it was also noted that a certain percentage of individuals seek treatment for reasons other than addressing a substance use problem. For example, individuals who were recently arrested may seek treatment in order to present a favorable impression in the judicial system. The Department of Children and Families (DCF), through Central Florida Behavioral Health Care Network (CFBHN), collects information from treatment provider wait lists. For example, information is captured about the number of days individuals are waiting for treatment as well as whether the specific facility is operating at 90% capacity. This information is collected on a monthly basis and CFBHN also coordinates a Wait List subcommittee that monitors the current wait list situation and develops additional strategies to further address identified problems. However, it appears that there is not widespread awareness of this information system among the participants of this needs assessment. This is unfortunate as DCF and CFBHN would benefit from increased involvement from community members and treatment providers.

There also appear to be misunderstandings about the purpose of existing placement policies and criteria. Participants reported that there have been situations where clients have not been able to access treatment on demand. However, further investigation of the issue revealed that many of these instances might be due to situations where individuals do not

meet placement criteria when screened. DCF requires that all agencies under contract use the American Society of Addiction Medicine (ASAM) Patient Placement Criteria to justify placement decisions. Additionally, most privately licensed facilities also use the ASAM placement criteria even though they are not required to do so. Eligibility screening is a recognized clinical practice and important for optimizing service delivery. However, there is the perception that some treatment-seeking individuals are turned away from treatment. Although individuals may be denied placement into certain settings due to not meeting criteria, clinical practice standards require that these individuals be referred elsewhere. These referrals often require the client to follow-through and maintain motivation for obtaining treatment. It appears that many clients perceive these outside referrals as a “rejection.” Many treatment providers who work with these clients may not appreciate the important and helpful role that placement criteria have for optimizing service delivery.

An important consideration to be kept in mind when evaluating accessibility issues is that there are many instances when accessibility problems may be self-imposed by clients. Substance use disorders can affect an individual’s motivation for treatment and people with these disorders are not always ready for treatment. A person may verbalize a desire for treatment, but may not take the necessary steps to obtain treatment. A number of participants discussed their experiences with individuals who used accessibility problems as a reason to avoid treatment. This is not to deny the existence of the accessibility issues outlined here, but the motivational issues associated with substance use disorders may alter perceptions of the problem. Service providers often encounter accessibility problems when attempting to implement prevention programs within school, agencies, or businesses within the community. Many service agencies provide prevention services. Indeed, there are some organizations that offer a wide range of science-based interventions. However, some respondents reported that it is not always

easy to delivery these services to the individuals that need them most. The Hillsborough County Public School system allows prevention providers access to its students on a regular basis and these interventions have been reported as successful. The Mendez foundation conducts a wide range of prevention activities through schools in the county. Many participants cited problems in getting access to businesses or other agencies in order to conduct prevention programs. Many institutions and people do not recognize the importance of substance use prevention services. In some cases, there is resistance to implementing prevention programs. Participants noted that there are some people in the community who do not believe their school or business has any issues with alcohol or drug abuse and therefore do not allow prevention programs to take place in their respective institution. When some prevention programs are offered, they are not always well attended.

### **1.1. Recommendation.**

Create informational materials that facilitate the process of locating appropriate substance abuse treatment and prevention services. Such information could include the location of services, the type of services available, admission requirements, payment options, and access to public transportation. These materials should integrate and promote existing resources (e.g., 211, DCF Website, SAMHSA Substance Abuse Treatment Locator) to maximize community outreach and impact.

### **1.2. Recommendation.**

Increase outreach to specific communities, such as minority communities, religious communities, business communities, and universities/colleges. Part of this outreach should include increased coordination with the county's liaisons to the different minority communities (e.g., African American Liaison, Hispanic Liaison, and Asian American Liaison).

### **1.3. Recommendation.**

Increase awareness about existing resources that can help alleviate accessibility problems. These

resources include the 211 line (or web site) operated by the Crisis Center of Tampa Bay, state resources (DCF and CFBHN websites), and federal resources (see Appendix A).

## **2. WEAKNESS: Coordination difficulties within substance abuse treatment services.**

Participants reported that individuals who are receiving substance abuse treatment services often have problems locating and accessing follow-up services. Very often, these follow-up services are an important component of the individual's treatment plan. This was often cited as a problem with continuity of care, particularly for people who transition from inpatient/controlled treatment settings to outpatient/community-based treatment settings. For example, some individuals are released from jail only to move to a halfway house in a high-crime/high drug area that is not ideally suited for the individual's needs. Although coordination problems can be handled with appropriate case management and discharge planning, many participants stated that these services do not appear to be widely available. Transition planning is vital to clinical care and requires improvement, according to many participants.

Important enhancements are being made in this area. For example, the Hillsborough County jail is expanding its capabilities for discharge planning. Additionally, efforts are underway to improve coordination of services through the Hillsborough County Data Collaborative and the development of a uniform release/consent form. CFBHN has an active aftercare committee that coordinates efforts to improve aftercare services. These efforts included obtaining signed agreements with agencies so that clients are able to receive aftercare services regardless of where they received treatment.

Coordination of services is frequently hampered by the lack of highly specialized services tailored to unique clinical populations. Many participants noted that there are relatively few options for secure residential treatment services for adolescents.

Residential treatment services for adolescents are readily available in the county, but there has been a trend to avoid sending adolescents to secure residential facilities. Practice standards require that clients be placed in the least restrictive treatment intervention that is appropriate, based on the specifics on the individual's condition. Thus, adolescents are not typically viewed as being appropriate for secure residential facilities. Additionally, there appears to be a lack of awareness about programs that help substance involved adolescents with independent living skills and vocational rehabilitation. Many participants perceived that there are few resources to help adolescents with substance abuse problems make the transition to adulthood. Problems were cited with the existence of different levels of services for adolescents and adults, as well as problems with the delivery of services that are available. For example, some participants discussed a need for increased availability of interventions that fall between the broad treatment options that are currently available, such as programs more intensive than mutual help groups (AA, NA) but less intensive than outpatient treatment. Recovery support services were cited as an example of a beneficial intermediate intervention. Both issues hamper coordination efforts. Programs are available through Hillsborough County for the general public as well as those involved in the criminal justice system (e.g., Juvenile Drug Court, Family Dependency Treatment Court), but these programs do not appear to be widely accessed by many prevention and treatment providers.

Participants described a need for more specialized treatment programs than are currently available. There is a perceived need for highly specialized programs focusing on the needs of men, non-English speakers, and individuals with multiple mental health and physical problems. In particular, many participants reported that there appear to be few highly accessible services for individuals recovering from substance use disorders and those that are available may not be acceptable to certain populations. Efforts are underway to address these issues. For example federal and local funding is dedicated for certain specialized populations and such funding supports services for women and

HIV+ individuals within Hillsborough County. Additionally, there has been a sustained effort to increase the capabilities of the treatment community to address co-occurring disorders. Specialized committees run by CFBHN focus on the prevention and treatment of co-occurring disorders and there are many training initiatives, including some online initiatives, which can be used to enhance co-occurring capabilities. However, many treatment providers and community members are not aware of the initiatives and resources that currently exist.

### **2.1. Recommendation.**

Identify needs for specialized services and promote the creation of new services to fill these gaps. Promote awareness and accessibility of existing and new specialized services. Ensure these services are effectively integrated into existing referral systems (e.g., Crisis Center 211, MyFlorida Web211).

### **2.2. Recommendation.**

The Alliance should support projects that are underway in order to improve service coordination. Additionally, the Alliance could help identify improvements that could enhance coordination. For instance, CFBHN is already piloting a uniform consent form and the Alliance should look for ways to assist with the dissemination of information related to the use of this form. The Alliance could take the lead in disseminating information about enhancements to the existing information management systems.

## **3. WEAKNESS: Environmental factors promote substance abuse.**

Various environmental factors promote substance abuse. Events such as Guavaween and Gasparilla encourage excessive consumption and dangerous behavior. Certain local areas and establishments may also exacerbate substance use. Many study participants cited problems in Ybor City, especially with respect to the 18 and older rule allowing young individuals into bars and clubs. Business practices that were regarded as unhelpful were happy hours, drink specials, and 18 and older rules. Unfortunately, financial incentives sometimes encourage such

practices. Many individuals accept or tolerate intoxicated and dangerous behavior by others, and this further increases the level of this problem. There are multiple events, such as the Too Good for Drugs Walk/ Kidsfest and the family-oriented New Years Eve activities at Busch Gardens, which promote alternatives to substance use. However, the awareness and participation in these events could be improved.

Many participants reported that individuals often drive their own vehicle when they are planning to consume alcohol. Participants noted that there is the perception among many people that there are few reliable transportation alternatives to driving. Existing public transportation alternatives (HART line, cab services) are not widely used by individuals who plan to drink outside of their home. This can create a situation where people take risks when driving. Education and prevention programs that focus on managing blood alcohol levels (BALs) may also create undo confidence in an individual's perception of his or her ability to drive. Many factors play a role in how alcohol impairs an individual at a given point in time, and individuals may incorrectly assess their level of impairment and their driving ability. There are a handful of transportation programs, such as the Alert Cab program, that can provide alternatives for individuals who become too impaired to drive. However, it does not appear that there is widespread awareness or use of these programs.

Participants noted that many people often seem indifferent towards substance-related problems. People who can influence children, adolescents, and young adults in ways to reduce substance use do not always do so. Many individuals in the community have opportunities to help substance-involved persons make positive changes. The community, in general, was described by participants as not being fully engaged to address the problem. Some participants did note, however, that it might be unrealistic to expect individuals to take action to address these problems when such action is beyond the scope of their responsibility, knowledge, and competency. Resources that are available tend to be geared primarily towards caregivers/parents as opposed to other concerned adults.

### **3.1. Recommendation.**

Support a law requiring individuals to be at least 21 years of age to enter an establishment that primarily serves alcohol.

### **3.2. Recommendation.**

Create positive, engaging activities for children and adolescents that do not involve alcohol and drugs. Programs should occur at times when there is peak drug and alcohol use and an absence of alternative activities. For example, sporting events, musical entertainment, or art activities provide positive alternatives for children and young adults. In conjunction with a 21-and-over ordinance for drinking establishments, such activities could redirect the focus of youth towards healthier lifestyles.

### **3.3. Recommendation.**

Support transportation programs that can be used to reduce the rates of intoxicated driving. The Alliance could further promote existing programs, such as the Alert Cab program, and advocate for additional options. For example, it might be important to advocate for increased bus and cab programs directly aimed at reducing driving under the influence.

### **3.4. Recommendation.**

Create awareness of the impact that alcohol and drug abuse can have on the entire community. Specific messages could communicate the impact that substance abuse has on taxpayer expense, increased car insurance rates, and criminal activity.

### **3.5. Recommendation.**

Promote prevention services that highlight the negative impact of drug and alcohol abuse. The information should target the audience likely to engage in harmful behavior and should do so in a manner that effectively communicates this message.

### **3.6. Recommendation.**

Create resources that encourage members of the community, including the business, college, and university communities, to take positive

steps toward reducing substance-related harm. This could include information materials, posters, handouts, and training programs. The community should have increased awareness about existing resources and programs (e.g., Alert Cab) that are available to them. Such resources could provide businesses a cost-effective method to reduce the liability associated with substance related harm. Similarly, the Alliance could develop resource materials for human resources professionals to strengthen the linkage between the general community and the prevention and treatment community. These efforts should not compete with existing resources.

### **3.7. Recommendation.**

Promote greater receptiveness to prevention and treatment services among individuals (e.g., coaches, attorneys, religious leaders) who can positively influence those who are at risk for substance abuse.

### **3.8. Recommendation.**

Create rewards and recognitions for children and adolescents who avoid alcohol or drug use and engage in positive behaviors. Create rewards that are inspirational and motivating, such as museum trips, recognition by professional athletes, or opportunities to meet political leaders.

### **3.9. Recommendation.**

Increase awareness that many people are making healthy and responsible life choices. An exclusive focus on problems can reduce an appreciation of the positive choices people are making. For example, many people are able to use alcohol responsibly and do not cause problems in the community.

### **3.10. Recommendation.**

Encourage businesses that serve alcohol to avoid practices that promote excessive substance use among their customers. Educate businesses about the resources and the programs that are available to them (e.g., TIPS On Premise).

## **4. WEAKNESS: There are few resources for parents who are confronting drug and alcohol abuse in their children and adolescents.**

Many participants noted that there appears to be few resources for parents who are dealing with substance abuse issues in their children. They identified three general categories of parents who are in need of help, and the resources should be tailored to the different types of parents. The first group is high functioning and well-intentioned, but is likely to minimize the hazards of substance abuse. They may initially discount the possibility that their children will develop a substance abuse problem, but will take action if substance problems emerge. However, it is unlikely that these parents possess the knowledge to accurately assess a problem's severity or to effectively address it. This group requires increased awareness of the danger of substance abuse. Education and referral information should be easily accessible so parents can proactively address the identified problems.

A second group of parents, similar to the first group in many respects, has an accepting, permissive attitude towards substance abuse. Typical statements from these parents include "kids will be kids" and "I drank and smoked pot when I was younger, what is the problem?" This can manifest in a lack of monitoring of the adolescent's behavior (leaving alcohol or medication accessible) and in communicating disrespect for lawful behavior and institutions. These parents typically need assistance in developing basic parenting skills leading to responsible family behavior. In addition to basic parenting skills, these parents require interventions that highlight the harmful consequences of an accepting attitude of adolescent substance abuse. For instance, it is important to emphasize the changing pattern of drug use and the dangerousness of drug environments in order to demonstrate the potential consequences of having a permissive attitude towards substance abuse. Many participants expressed frustration with the current situation in that there

appears to be little that can be done to encourage these parents to utilize prevention and treatment services.

The third group includes parents who, explicitly or implicitly, encourage the child's drug or alcohol use. Often these parents are addicted themselves or are struggling with significant psychiatric and economic challenges. Family commitment may be minimal in treatment settings. Many of these families become known to school authorities or the Department of Juvenile Justice because of the behavior problems of the children. These families are frequently destabilized by substance use, incarceration of family members, or ongoing criminal behavior. In addition to the interventions mentioned for the other parent groups, these individuals must focus on their own rehabilitation.

#### **4.1. Recommendation.**

Develop resources that community agencies can distribute to parents, relatives, or caregivers who are confronting substance abuse issues in their families. Resources should be tailored to the different categories of parents that the participants discussed. These resources should provide educational information, including concrete steps parents can take to address drug problems and contacts to access additional resources. This should include resources within the community (e.g., 211), as well as those sponsored by state or federal agencies (e.g., SAMHSA's Substance Abuse Treatment Facility Locator), and online resources (see Appendix A). In particular, SAMHSA's National Clearinghouse for Alcohol and Drug Information appears to be a highly valuable online resource for families. Every effort should be made to coordinate with and support existing efforts and resources.

#### **4.2. Recommendation.**

Incorporate drug and alcohol information into general wellness education programs. Parents may have increased interest in hearing about substance issues when such information is presented in the general context of wellness. It is important to emphasize the need to address

substance abuse problems before substantial harm is done to the child or adolescent.

#### **4.3. Recommendation.**

Improve service options for parents who first notice drug or alcohol problems in their children. Additional services may need to be created. These services should be accessible and appropriate for parents who have a child in the early stages of a substance problem. Different options may need to be tailored to the characteristics of the parents, as described previously.

#### **4.4. Recommendation.**

Create highly accessible support services for parents of addicted children and adolescents. These services could help parents navigate the treatment, social service, and legal systems, as well as provide guidance for the continuity of the child or adolescent's care. This should include promoting existing resources that could help in these efforts, such as state websites (e.g., My Florida Web211), the National Institute of Drug Abuse, or the Office of National Drug Control Policy.

### **5. WEAKNESS: Lack of funding for substance abuse treatment and prevention services.**

Many agencies receive inadequate funding for their substance abuse treatment services and some funding streams are time limited. As a result, some agencies provide services that are not reimbursed on a regular basis. Funding that is provided often involves considerable paperwork and reporting requirements that can be difficult for some agencies to complete. The reporting requirements, while difficult for some agencies, are a necessary aspect of service delivery and are not likely to change in the near future. Grants provide one source of funding for many agencies. However, grants are not designed to provide ongoing funding, and some agencies have difficulty sustaining programs after the grants expire. Additionally, many organizations lack the capability to develop and prepare grant applications on a regular basis.

Individuals who seek services from substance abuse agencies frequently have limited means to pay for services. Many lack insurance coverage or have only limited coverage for substance use disorders and/or psychiatric treatment. There appear to be few services for individuals with limited financial assets who are not involved in the criminal justice system.

The funding shortfalls impact agency payrolls for direct service providers (frontline counselors). Many organizations are unable to pay their clinical staff competitive salaries commensurate with their professional experience. There is the perception that many, but definitely not all, agencies do not have the financial assets to provide significant resources for professional development. Many staff are required by Florida statutes to obtain a certain amount of continuing education credits for professional licensure. However, it is not clear whether these lead to adequate skills related to substance abuse prevention and treatment. Participants also stated that it is often a challenge to keep quality employees, especially those with advanced professional skills. High turnover rates are often the norm in many agencies. Recruiting and training new staff becomes an additional financial burden on the programs. New employees also tend to require substantial training and experience in some areas before practicing proficiently, which can affect the quality of services delivered. Some participants stated that this is particularly problematic for in-home care and services for children and families, in which the development of rapport is critical to treatment success. Funding limitations also have resulted in scaled-back prevention services. Clinical care may suffer due to the inability of agencies to fund staff to provide direct clinical services and prevention work. With many agencies struggling to obtain limited resources, an environment of protectiveness and competition can develop. This can affect cooperation and communication between service providers in the community.

Different funding streams can hinder the continuity of treatment delivery. Participants noted that funding is not always responsive to changes in clinical practice. Some agencies focus on grant

writing to obtain funding without formulating an overall strategic plan. The implementation and coordination of programs can suffer when grants are written to follow the funding.

### **5.1. Recommendation.**

Develop projects that capitalize on the diversity and expertise of Alliance members. Additionally, the Alliance is in a position to apply for and obtain funding for non-direct service providing projects that other agencies may not be able to apply for due to its status as a nonprofit community coalition. Agencies and programs with strong infrastructures would be ideally suited for collaboration with the Alliance.

### **5.2. Recommendation.**

Increase training opportunities for direct service staff within agencies. It will be important that the Alliance coordinate these efforts with existing training programs in order to avoid replication of effort and unnecessary competition.

## **6. STRENGTH: Strong Alliance foundation.**

The Alliance has a well-established foundation including by-laws, nonprofit status, governing structure, website, meeting space, external funding, and a core of dedicated individuals who support the mission. The Tampa Alcohol Coalition (TAC) and the Alliance also have diverse memberships that include treatment providers, law enforcement, consumers, business leaders, county government officials, and researchers. The Alliance provides opportunities for collaboration and communication and many effective partnerships have already been established. Additional information should be developed regarding resources and capabilities of specific members of the TAC and the Alliance. The Alliance and TAC websites are important assets that could facilitate networking efforts. Additionally, it would be beneficial to have increased linkages between the Alliance website and existing sites that support its mission (e.g., Hillsborough County government website, DCF website, CFBHN website, SAMHSA Substance Abuse Treatment Facility

Locator, My Florida Web 211, Crisis Center). The current Alliance website does include a number of relevant links, but the linkage could be improved by using the resources mentioned in this report. Additionally, procedures should be in place to regularly update the website in order to capture newly developed websites or address changes of existing sites.

The Alliance is well positioned to educate legislators. Many participants expressed the desire for the Alliance to develop a plan to strengthen its legislative agenda. The Alliance has successfully obtained state and federal funding for projects; this capability is recognized by funding agencies and provides further opportunities for additional grant and program submissions available only to community coalitions.

Participants noted that there are some problems and challenges in the day-to-day operations within the Alliance. Some noted a lack of coordination and communication.

### **6.1. Recommendation.**

Develop websites devoted exclusively to communication and information dissemination for specific audiences both within and outside of the Alliance. The current Alliance and TAC websites reach a broad audience, but there is a need for sites with specialized information. For example, a website developed specifically for parents would be an important resource.

### **6.2. Recommendation.**

Expand the connection between the Alliance and the general community. For example, there is currently little representation from religious/faith-based organizations, the business community, mental health providers, hospitals, and from high school students. Membership should expand to include constituents that are not currently represented. A proactive strategy to recruit members may be helpful.

### **6.3. Recommendation.**

Create specialized workgroups within the Alliance. Some participants stated that the

creation of a treatment workgroup could improve communication among providers and increase the dissemination of best practices. Also, these workgroups could provide opportunities for networking. This course of action should include the identification of existing workgroups and the coordination of efforts, if appropriate, in order to avoid unnecessary competition and duplication of services.

## **7. STRENGTH: Strong support for law enforcement, corrections, and the judicial system within the community.**

This study illustrated that law enforcement is widely respected and appreciated by the general service provider community. Many participants stated that the Alliance should recognize the essential role of law enforcement in maintaining public safety. Law enforcement officers are usually the first professionals to confront individuals or their families who are struggling with drug or alcohol problems. They also encounter the secondary effects of substance abuse in their work with victims of criminal behavior. Law enforcement has a tremendous stake in this issue, and appears to be supportive of collaboration with community prevention and treatment programs. Some expressed concerns that law enforcement needs stronger involvement in such community collaboration.

The treatment community and law enforcement community bring different perspectives to substance abuse issues. Law enforcement focuses primarily on public safety, whereas treatment services focus primarily on client welfare. This difference can create problems in communication and coordination, but there is a willingness to address challenges that arise. Participants representing the treatment and prevention community strongly believe in the importance of legal sanctions as part of treatment. The Tampa Alcohol Coalition (TAC) represents an excellent example in which law enforcement and treatment/prevention providers work together to address issues such as driving under the influence and under age drinking.

The Department of Juvenile Justice (DJJ) is uniquely positioned to coordinate between multiple agencies that provide youth substance abuse treatment and prevention. DJJ routinely conducts psychosocial assessments of children who come into the system and these assessments identify the issues related to the juvenile's behavior problems. DJJ personnel have strong relationships with both school officials and law enforcement officers. The Alliance would benefit for strengthening the relationship with DJJ.

### **7.1. Recommendation.**

Increase communication between the treatment/prevention community and law enforcement. One avenue to increase awareness and appreciation of the law enforcement perspective would be to encourage interested community members to participate in police "ride-alongs." Programs could also be created to further educate law enforcement officers about relevant prevention and treatment issues. The Alliance currently has a seat on the Public Safety Coordinating Council, and this position should be used to facilitate communication.

## **8. OPPORTUNITY: Interest in collaboration among professionals working within drug and alcohol prevention/treatment agencies.**

Many participants expressed a desire to increase collaboration, cross training, and communication across substance abuse treatment and prevention organizations. The training could be made available to administrative and management staff, as well as to other staff. Many participants asked if the Alliance could coordinate some of these networking and training opportunities. There is also interest in hosting training opportunities for staff development at different sites, and these actions may help to retain quality employees.

CFBHN offers regular training and coordination opportunities focusing on such issues as best practices and administrative oversight. These opportunities are announced on the CFBHN

website on a monthly basis. It would be important for the Alliance to complement these existing efforts through, for example enhancing awareness and participation.

One of the challenges for collaboration is effective information dissemination. Throughout the county there are numerous working groups (e.g., agency task forces, coalitions, subcommittees, research groups, etc.) that are tasked with addressing issues relevant to the prevention and treatment of drug and alcohol problems. Notable examples include the Public Safety Coordinating Council, the Children's Board, and working groups within the Department of Corrections, Department of Juvenile Justice, CFBHN, or major treatment provider agencies (e.g., DACCO, ACTS, Inc.). Important information, such as changes in funding priorities or the implementation of innovative clinical services (e.g., outpatient detoxification programs) is often disseminated within these working groups. However, it is not always easy to disseminate the information beyond the working group from which it originated. Any role the Alliance could play in developing procedures or resources to disseminate relevant information would be highly valuable and would facilitate collaboration and communication.

It is also important to help Alliance members demonstrate the value of continued involvement in the organization and its mission. The Alliance is involved in actions that affect many substance abuse treatment and prevention agencies throughout the community. However, Alliance members frequently have to justify their time commitment to supervisors who may be unaware of the Alliance's mission, efforts, and impact.

### **8.1. Recommendation.**

Create a treatment workgroup in the Alliance. The group would focus on increasing communication and dissemination of evidence-based practices and treatment and prevention protocols. Alternatively steps could be taken to integrate interested alliance members into existing workgroups, such as those operated by CFBHN.

**8.2. Recommendation.**

Increase the transparency of the Alliance governance structure and increase access to Alliance Board meetings.

**8.3. Recommendation.**

Host training and networking events that support the mission of the Alliance.

**8.4. Recommendation.**

Develop informational materials that document the mission, accomplishments, and activities of the Alliance. Alliance members could use these materials to justify the importance of continued involvement.

**9.3. Recommendation.**

It would be helpful to compile data about the magnitude of substance problems and the impact of relevant policies on these problems, specifically as they relate to the community. Additionally it would be important to utilize existing data resources such as those available through state (e.g., FMHI) and federal (e.g., SAMHSA) agencies.

**9. OPPORTUNITY: Interest in political advocacy to help bring about improved substance abuse legislation.**

The Alliance and TAC members already play a role in political advocacy. However, many participants expressed a desire to increase this activity while strengthening the advocacy efforts of the Alliance. The Alliance's diverse membership and its collective expertise provide credibility in addressing substance-related issues, and there may be ways to harness the collective skills set to maximize the group's political advocacy for improvements in substance abuse prevention and treatment services. It will be important that all political advocacy activities remain consistent with the Alliance By-Laws in order to avoid any actions (e.g., direct lobbying) that might be outside of the scope of the mission.

**9.1. Recommendation.**

Strengthen and expand the agenda for political advocacy for the Alliance.

**9.2. Recommendation.**

Positions and resources could be created within the Alliance to educate and inform political leaders. These efforts may facilitate legislation and policy change.

## Appendix A. Reference List

### COMMUNITY TREATMENT RESOURCES

Alcoholics Anonymous

<http://www.e-aa.org>

<http://www.alcoholics-anonymous.org>

Central Florida Behavioral Health Network, Inc. (CFBHN)

<http://www.cfbhn.org>

Crisis Center of Tampa Bay

<http://www.crisiscenter.com/>

<http://www.crisiscenter.com/gcomres.htm>

Florida Department of Children and Families (DCF)

available at <http://www.myflorida.com>

Florida Department of Juvenile Justice (DJJ)

<http://www.djj.state.fl.us>

Hillsborough County Children's Board

<http://www.childrensboard.org>

Hillsborough County Government

<http://www.hillsboroughcounty.org/communitylink/resources/onlineservices>

<http://www.hillsboroughcounty.org/kiosk/hss/home.html>

My Florida Web 211

<http://flweb211.myflorida.com/>

SAMHSA's Treatment Facility Locator

<http://www.samhsa.gov>

## PREVENTION AND SCREENING RESOURCES

Alcohol Screeing.org

<http://www.alcoholscreening.org/>

Center for Disease Control and Prevention Body and Mind

<http://www.bam.gov/>

Dying for Methamphetamine (contains graphic material)

<http://www.dyingformeth.com/>

FreeVibe.com

<http://www.freevibe.com/>

Get it Straight: The facts about drugs

<http://www.usdoj.gov/dea/pubs/straight/cover.htm>

In the Know Zone- Information about drug abuse, mental health, and sexuality

<http://www.intheknowzone.com>

National Clearinghouse for Alcohol and Drug Information

<http://ncadi.samhsa.gov>

National Institute of Drug Abuse

<http://www.drugabuse.gov>

Parents- The Anti Drug

<http://www.theantidrug.com>

Teens Health

<http://www.teenshealth.org/teen/>

The Partnership for a Drug Free America

<http://www.drugfree.org/>

Time to Talk- Getting the Conversation Started

<http://www.timetotalk.org>

World Anti-Doping Agency

<http://www.wada-ama.org/en/>

## Appendix B. Focus Group Questions

1. What treatment/prevention services are available in Hillsborough County? How well do they work? (30-40 minutes)

Follow-up questions:

- 1.1. What services are available for adults?
  - 1.2. What services are available for adolescents?
  - 1.3. Are the services adequate?
  - 1.4. What gaps exist?
  - 1.5. What factors contribute to the gaps and problems?
2. How do we address the problems and gaps identified? (30-40 minutes)
- Follow-up questions:
- 2.1. What key service areas need to be enhanced?
  - 2.2. Are specialized services needed?
  - 2.3. Are there adequate inpatient treatment options for patients in the area?
  - 2.4. Are there ineffective services that can be adjusted or removed?
  - 2.5. How could we improve coordination and communication?

## Appendix C. Key Informant Structured Interview

### RESPONDENT INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Number of years in current position or current role: \_\_\_\_\_

Number of years of working in substance abuse field (if applicable): \_\_\_\_\_

Experienced with following populations (check all that apply):

Elderly       Adults       Adolescents       College Students

Date of interview: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

Notes:

Introduction. Thank you for agreeing to participate in this interview. We are interested in getting your feedback regarding strengths and weakness of substance abuse prevention and treatment in Hillsborough County. We define prevention broadly as interventions available to all members of a group in order to prevent them from developing a substance use problem (primary prevention), to interventions for people who are “at risk” for developing substance use disorder (secondary prevention), or to interventions aimed at reducing the duration or consequences of a problem after it has occurred (tertiary prevention). We define treatment as interventions aimed at caring for, and treating, individuals who have been diagnosed with a substance use problem.

We understand that you may have limited involvement with some aspects of prevention and treatment services. That is fine. We are looking for your perspective, no matter how direct or indirect it may be. Do you have any questions before we start? (Record responses verbatim when possible. Record any additional follow-up questions that are asked.)

1. What are the most significant problems you see with the treatment/prevention services that are available for ADULTS in Hillsborough County? (Ask items a, b, or c if they are not answered in response to this question.)
  - a. Can you identify specific services for ADULTS that are needed but are not currently available?
  - b. Can you describe the problems that currently exist with the delivery of treatment or prevention services?
  - c. What are the most pressing financial obstacles for delivering effective treatment and prevention services?
2. What are the most significant problems you see with the treatment/prevention services that are available for ADOLESCENTS in Hillsborough County? (Ask items a, b, c, or d if they are not answered in response to this question.)
  - a. Can you identify specific services for ADOLESCENTS that are needed but are not currently available?
  - b. Can you describe problems that currently exist with the delivery of treatment or prevention services for ADOLESCENTS?
  - c. What are the most pressing financial obstacles for delivering effective treatment and prevention services for ADOLESCENTS?
  - d. Do you see any special needs for parents who have children with substance abuse issues?
3. Do you think there is effective coordination and communication between the agencies involved with the delivery of substance abuse prevention and treatment in Hillsborough County? (Ask item a if specific recommendations are not given in response to this question)
  - a. Do you have any specific recommendations for improving communication and coordination?
4. What role should law enforcement, courts, community supervision, and detention services play in the prevention and treatment of substance use disorders in Hillsborough County?
5. What actions would you recommend for improving the effectiveness of substance abuse treatment and prevention in Hillsborough County? (Ask for specific, concrete recommendations if they are not provided in response to this question)

## **Appendix D. Organizations Represented by the Needs Assessment Participants**

13<sup>th</sup> Judicial Circuit Court, Hillsborough County Florida  
Agency For Community Treatment Services, Inc (ACTS)  
Central Florida Behavioral Health Network (CFBHN)  
Department of Children and Families (DCF)  
Department of Juvenile Justice (DJJ)  
Drug Abuse Comprehensive Coordinating Office, Inc. (DACCO)  
Hillsborough County Government  
Hillsborough County Sheriff's Office (HCSO)  
Hillsborough County Sheriff's Office Detention Services, Inmate Programs  
Mendez Foundation  
Office of the Public Defender, 13<sup>th</sup> Judicial Circuit Court  
Office of the State Attorney, 13<sup>th</sup> Judicial Circuit Court  
Phoenix House  
Success for Children and Families, Inc.  
Tampa Alcohol Coalition (TAC)  
University of South Florida  
University of Tampa

