

COMMUNITY ALLIANCE OF SARASOTA COUNTY

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

PLANNING COMMITTEE

March 7, 2006

Members Present:

Ken Alexander	Sarasota Memorial Hospital-Bayside
Dan Berry	Central Florida Behavioral Health Network
Catherine Clouse	SCOPE
Phil Gorelick	Jewish Family and Children's Services
Kathleen Houseweart	Sarasota Memorial Hospital
Bill Little	Sarasota County Health and Human Services
Don Ottinger	SCOPE
Ann Voorhees	DCF-SunCoast Region

Staff Present:

Chip Taylor	Sarasota County Health and Human Services
Michael Theall	Sarasota County Health and Human Services
Pauline Tracy	Sarasota County Health and Human Services

Michael Theall introduced a new format for the community plan that contained similar components as the draft DCF plan such as objectives, success indicators, performance indicators, strategies, projects and activities. Ann Voorhees of DCF agreed that this format will fit the way the DCF plan has been developed.

Phil Gorelick identified some common threads he had noticed under *availability*: psychiatric/ medication services, housing, family services, children's services, senior services, role of faith-based, co-occurring and forensic services. These topics could be used to develop success indicators by population across the continuum of care. Discussion ensued regarding the status of waiting lists for the different services. Before the next meeting, Phil offered to extract the issues from the matrix to facilitate the committee's development of the plan.

The committee discussed the definition of co-occurring illnesses. Phil suggested that one part of the plan should include an effort to develop a community-wide definition of "co-occurring". The committee agreed that the terms "dual diagnosis" and "co-occurring" have the same meaning.

Under *accessibility*, Michael identified the following needs from the community forums: transportation (provision of disabled services), geographic location of services (drug court, mental health court, CSU and psychiatry), waiting lists (residential services, FACT teams, substance abuse treatment, and children's services), and program capacity (CSU, Marchman Act facility, detox facility, FACT teams, and residential services).

Discussion ensued regarding the method of developing the plan and community priorities. The consensus of the group was to take the issues and determine how the four A's (availability, accessibility, awareness and affordability) affect each issue. Sheila Zelonis offered to develop a draft format to use and send to Michael. The group agreed that the plan does not have to mirror the DCF format exactly but should be able to stand on its own as the community's plan. Information from the plan can be used to include in the DCF plan when requested.