

COMMUNITY ALLIANCE OF SARASOTA COUNTY
(www.sarasotaalliance.net)

Mental Health and Substance Abuse Strategic Planning Work Group

September 17, 2007

The minutes of the August 20th meeting and progress to date were reviewed: We once again revisited our mission. Carolyn Eagen reiterated the three reason for this planning as identified and stated by Stewart Stearns. These 3 reasons included:

- A. To allow all service areas represented in the Community Alliance to proactively respond to community needs before they become a crisis. Following identification of needs we can secure a platform for the Community Alliance's support.
- B. To mobilize continued support of private and public dollars for those issues that are identified as a priority.
- C. To identify systems that can integrate and work together to creatively and efficiently meet our needs. We must leverage cooperation between organizations to contribute to the solution of the problem.

The Zoomerang Study reiterated what previous studies had identified. The group then considered the priorities and discussion regarding additional ideas and initiatives that would meet the priorities. The following ideas were discussed at length.

Target population: Everyone agreed that the largest population in need of assistance is the **uninsured**. We all know that many of the uninsured are not seeking timely treatment and do not know how to access services. In addition, services are disjointed and knowledge regarding the availability or their program protocols and known by only a few professionals. The result is a need for acute care via emergency rooms, and other short term and frustrating attempts to get help.

The work group suggested the following as a means of supporting the uninsured and providing further identification of services needed.

1. A Single Access Point or central resource center that would provide advocacy and support for referral to a continuum of care. The Community Service Centers could possibly be located at the Community College, local schools, or visible community locations. These centers would work with 211 and everyone agreed that human contact and advocacy are essential for follow-along and access to the continuum of collaborating community services. Is it possible that a type of tapestry for sharing information, freely offered by a person in need, be developed? It was recommended that a link with the post secondary educational system would assist in the staffing of

centers, as these interns and the future professionals would gain first hand experience about community resources. Trained volunteers would also be essential.

2. Communication and Community Awareness- There must be community awareness regarding illnesses in order for the uninsured to know that there is a need for treatment and help. It was also suggested that we tie to the Health-In-Motion concept of bringing communication and information to the uninsured. By further learning about their needs, we will better be able to identify gaps and priorities of services that truly prevent acute care and the ongoing cycling to crisis intervention, and even suicide.

The next work group meeting will be held on Friday October 5th at 1:30pm