

Alaska Mental Health Board
FY 2004-2005 Operating Budget Proposal

1) Proposer's Name Consumers Consortium	2) Contact Information Barry Creighton, 54932 Burdock Rd, Kasilof, Alaska 99610, (907) 262-2824, burdock@ionia.org	3) Program or Service Title Flexible Support Services for people at high risk of psychiatric hospitalization
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4) Proposal Description:

The purpose of this proposal is to complement existing and anticipated community services designed to reduce hospital and other bed connected services by mental health consumers. This program is a consumer oriented approach to address the same type of people targeted by Recovery By Choice, but will serve many more people, more effectively and at a lower cost by eliminating unnecessary, unwanted services and replacing them with desired services on an as needed basis. Recovery By Choice was designed to help lower the Alaska Psychiatric Institute (API) utilization by providing intensive services to a select number of consumers who were identified as being at special risk of re-hospitalization. API found that about 80 patients in any year were very "high users" of API. The idea of Recovery by Choice was to take those 80 patients and essentially provide constant supervision and intervention to keep them from being re-admitted to API. Two flaws to this approach emerged: First, it was impossible to predict which 80 people would be the "high users" in any given year because they were never the same, and Second, there was very little enthusiasm for the project from providers and only 5 slots for the program were applied for at the first go-round.¹

As the entire API downsizing project is predicated upon providing effective community services for those who are no longer being served by API, the failure to do so will result in even more consumers being disgracefully moved into the jails, shelters, streets and the morgue. The Flexible Support Services Program set forth here has been designed by Consumers. based on their first-hand knowledge of what is needed to keep people out of the hospital. More than that, it is a way to move people on their first step towards recovery rather than the revolving door of recidivism.

What consumers have found is that "The System" is not geared towards arresting a decline. Instead, in many cases, people can not get any help whatsoever on their way down until they are so bad off that they need emergency services. This is a very expensive way to deal with the situation. More importantly, it is devastating to the person involved as it is much harder to recover from a full-blown psychotic episode and the almost inevitable forced treatment and medication than it is to be able to arrest the descent. The Flexible Support Services Program proposal is designed to validate and value the consumer's recognition of need before the person needs emergency services.

Target Population: People who, without special services, are at substantial risk of needing a bed-connected service (hospital or community crisis bed). Eligible participants can be identified by the Division as people are discharged from API and by participating mental health agencies for people who have had a prior mental health hospitalization and who, without special services not otherwise available in a timely manner, are at substantial risk of needing a bed connected service in a relatively short time (90 days).

Goal 1: Stabilization, de-escalation and prevention of crisis to avoid entry to a bed

¹ Since then, some additional participation has been achieved to a modified program.

connected service.

Reasoning: Rapid response with practical, focused attention and support provided from the framework of a consumer support system can prevent and/or ameliorate the acuity of crisis and assist with resolving the crisis at the community level.

Goal 2: Increase effectiveness of service system by providing flexible support for individuals who, without special services, are at substantial risk of needing a bed connected service

Reasoning: Peer reassurance, advocacy and support increases feelings of safety, solidarity and trust that result in decreased stress and increased comfort and relaxation, which are necessary and key components to crisis resolution. Services are likely to be more effective, pleasant to all parties, save money and time, and make it more likely that the person in crisis will feel confident and act in a cooperative manner.

Method:

To supplement and complement existing crisis treatment and support services by providing:

1. access to flexible support services (described below) as requested by the consumer;
2. consumer based support services as requested by the consumer; and
3. effective and responsive quality case management as requested by the consumer to address pre-crisis and crisis needs.
4. response to consumers who may or may not be a client of existing service system.
5. consumer choice as to which agency and which direct service workers will work with them from among participating agencies. Other agencies agree to provide services when requested by consumer and primary agency to the extent possible.

Allowable Services:

- Medicaid reimbursable (whether eligible or not)
- Medications
- Psychiatric services
- Counseling services
- Peer support
- Routine medical care
- Housing
- Other Necessaries (food, clothing, glasses, personal essentials, taxi cost etc.)
- Case management

Utilization of the Flexible Support Services funding is allowed only when other

² “Providing a response” means getting back to the consumer and hopefully working on the request, it does not mean the request has to be fulfilled.

sources are unavailable. Untimeliness of other sources is considered unavailable.

Accessibility of Services:

Participating agencies will agree to provide a response² within 24 hours of initial requests for assistance under the Flexible Support Services. Unless manifestly not feasible, the participating agency shall endeavor to fulfill the consumer's specific requests for services. For example, if a consumer wants a certain private psychologist for counseling, the agency will attempt to obtain the services of that psychologist.

The Crisis Treatment Center will evaluate for possible placement clients upon request of a consumer and a participating agency.

The Single Point of Entry will accept for referral upon request of the consumer and a participating agency. Participating agencies are encouraged to have a peer mentor accompany the consumer at the SPE.

Limits and Conditions for service payment

- \$2,500 of Flexible Support Services Program Funds per client during any 12 month period.
- Expenditure of housing limited to \$60 per day
- Expenditure for per diem limited to \$35 per day (all food and personal items)

Limits and Conditions for consumer peer support

- Participation is voluntary
- Consumer chooses peer mentor from among approved peer mentor list
- Peer mentor must be approved by authorized agency prior to eligibility for participation in service
- Peer mentor assumes no professional treatment role
- Peer mentor serves as support and advocate of consumer served only
- Peer mentor eligible for stipend of \$12.50 per hour for direct services provided, plus approved incidentals, such as transportation cost

5) Explain geographic area to be served. Are there similar projects/programs in geographic area where collaboration is possible?

Anchorage for sure. Other population centers with inpatient facilities such as Juneau and Fairbanks could also participate as well potentially other communities with Designated Evaluation and Treatment (DET) beds. One of the primary features of this proposal is collaboration with other programs.

6) What AMHB priorities or goals of *A Shared Vision II* and/or the Comprehensive Integrated Mental Health Plan does this proposal support?

Consumer Centered Services
 Consumer Rights
 Consumer Directed Policy Development
 Comprehensive System
 Integrative/Collaborative System
 Strengths Perspective
 Home and Community Focus
 Preventive Services
 Outcome Based Systems
 Cost Effectiveness

7) How will this proposal improve the quality of life of Trust beneficiaries?

By preventing relapses.

8) If this is a continuing project, report on status. Indicate not applicable if this is a new project.

N/A

9) Project cost and funding sources

FY 04 \$250,000/MHTAAR

FY 05 \$250,000/MHTAAR

FY 06 \$250,000/GF/MH

FY 07 \$250,000/GF/MH

FY 08 \$250,000/GF/MH

10) Is capital funding required?

No

11) Are new state employees required? No
If so, how many?

12) Signature and date