Community Assessment of Need:

There are two factors of community need that are influencing our TRBHA’s program development for non-Title XIX SMI services. These factors are 1) The Tribal Law and Order Act (TLOA) and 2) non-Community based SMI housing and a need to develop a more specialized case management service for the non-XIX SMI.

The TLOA requires that all Tribes develop a legal system to try felonies; SAMHSA is requiring that all Tribes develop a Tribal Action Plan (TAP) to assist with the drug and alcohol service needs to support the TLOA.

As contextual information, Gila River Indian Community, including Gila River Health Care BHS, is responding to the TLOA mandates. As such, Gila River BHS/TRBHA is anticipating to manage clients who need competency restoration and community based services. Gila River’s competency evaluations and restoration services will be subcontracted out and re-entry services into the community will be provided by our TRBHA. Gila River TRBHA anticipates that a substantial number of those competency cases will be persons with a serious mental illness and probably qualify as non-TXIX SMIs which would/could be served by these funds.

Contextually speaking, as a result of implementing the TLOA, our TRBHA is preparing to implement an outreach therapist, a community-based mobile crisis team and a case manager to manage those who will be civilly committed for outpatient community based management. This is a first step that we are taking to provide more specialized services and would include serving the non-TXIX SMI population. All of these positions are not being requested as part of this proposal for these funds.

In addition to the above mentioned services, Gila River TRBHA is proposing to partner with the Gila River Indian Community Housing Authority to develop a pilot community based SMI home. Currently our TRBHA uses off-reservation SMI housing to meet the needs of our SMIs. Although this has been an adequate service we believe our clients would be better served in a community base housing arrangement.
Program Proposal for Utilizing Our 2013 Non-Title XIX SMI and Crisis Funds

Our proposed spending plan for our 2013 non-Title XIX SMI and Crisis funds includes improving our non-Title XIX SMI case management services and providing continued crisis services to the entire non-title XIX population of the Gila River Indian Community. Below please find our proposed spending plan:

SMI Case Management Services:

Gila River proposes to hire a non-Title XIX SMI case manager. This position would be a first for our program and one that is really needed. The position would provide case management services and would be 1.0 FTE. As TLOA is implemented across GRIC, we expect an increase in enrollment of both XIX and Non-XIX persons with a serious mental illness. We expect that the court system and collaborative parts of GRIC will become educated and have heightened awareness of the needs of such individuals and rely heavily on GRHC BHS/TRBHA to support these individuals as they become identified. An assumption of a lower, intense, caseload for such a case manager is being made in order to provide a variety of services to such individuals across a large geographic area. The position would interface with the clinical team, crisis team, outreach therapist and court system and probation officer as indicated. This position would also interface with any future SMI housing program and would be utilized whether or not our SMI housing program was implemented. As with all clinical positions, appropriate documentation and respective billing would be done. The position would cost approximately $45,000.00 (salary) and ERE @ 25% that equals $11,250.00 for a total $56,250.00.

Personal Assistance:

With an expectation of growth in the number of non-Title XIX clients with a serious mental illness as a result of the implementation of the TLOA, Gila River BHS/TRBHA expects there will be an increased demand for providing support services such as Personal Assistance. The expected growth is unknown at this time. However, a stated above and through the implementation of the TLOA across GRIC with multiple stakeholders and ‘partners’, the growth is ‘expected’. In addition, the implementation of a supported housing program for persons with a serious mental illness within the community would be available to both TXIX and non-Title XIX clients. Support services such as Personal Assistance would be provided to these clients. Based on these assumptions, we would expect to spend approximately $50,000.00 providing Personal Assistance for our non-Title XIX clients with a serious mental illness.

Health Promotion:

Gila River will be employing a full time internal medicine physician to provide primary care to its substance abuse clients. Health promotion for our clients will be just another step that our program takes in furthering our integrated health care model. As a result, we project that we would spend approximately $5,750.00 of these funds on health promotional activities for specifically non-Title XIX SMI population

Medications:

Gila River is projected to spend approximately $4000.00 on medications this year for non-TXIX SMI members. This does not include physician time. For the first 3 quarters of the State Fiscal year we have spent just over $3000.00. We currently have a small population of 5-10 Non-XIX persons with a serious mental illness within Gila River TRBHA enrollment that will need medication funding for the 2013 State Fiscal Year.
Crisis Services:

During the 2012 state Fiscal Year Gila River TRBHA spend approximately $22,000.00 in crisis funds for the first 3 quarters. Annualized this amount would equal approximately $30,000.00 in crisis expenses for our non-Title XIX population. Due to some of our current program development we anticipate some increased demand for crisis services for our non-Title XIX population that would equal about $33,000.00 in crisis funds utilization. Currently, we subcontract for a 24/7/365 crisis line and subcontract for an on-call service which provides 'in person' crisis services intermittently. Our expectation is to develop additional support to Non-XIX persons through the existing services with the availability of 'our own' mobile team within the community.

Monitoring Funds:

Gila River’s management team meets monthly to review DBHS funds to ensure that they are spent on the targeted populations and to ensure that they are managed effectively throughout the State Fiscal Year. Our staff will use this same method to monitor our non-Title XIX SMI and crisis funds.

Of note, peer support could be an option as we expect to increase all services and overall enrollment of persons with a serious mental illness. As enrollment of such individuals increases, identifying peer support opportunities respectively increases, creating potential for peer support services. Similarly, with transportation, as funding occurs and program implementation takes place resulting in an increased enrollment of such individuals, GRHC BHS may request re-allocation of some of these funds to these categories.