

SUSANNE / Air Banks / ACMHS / FCMHS

Severally mentally ill people get better with community mental health services at a much lower cost than other avenues they end up in.

- Return on Investment
 - Who I am
 - Why this is relevant
- Mental Illness is Difficult to Understand
 - Dark hall
 - No garden view
 - Schizophrenia training
- Running a Community Mental Health Business is Challenging
 - Staffing
 - CEO/CFO on down
 - BOD
 - Diverse funding streams
 - Tenuous, diverse, competitive grants
 - Lack of understanding
- Initiatives Driving ROI
 - Results
 - Not often defined
 - Recovery model vs. containment
 - Early intervention
 - Reworking brain pathways
 - Long term costs
 - Overall health care
 - Mental health care and other systems
 - Trauma informed care- National Center- Duke Grant
 - Housing, recovery, work
 - Alternatives
 - Reality what untreated SED/SMI/SPMI avenues
 - API \$750/day
 - Hospital \$1400/day
 - 7-10 days acute care
 - Compare to medical recovery
 - DOC \$155/day
 - Long term medical care
 - Our costs
 - ACMHS and FCMHS
 - \$25/ day, \$9000/yr.
 - Link to primary care
 - Consolidations with other agencies
 - FBX- HR, executive staffing, billing, telemed, teleadmin
 - Other agencies for admin
 - Our results—across the span of life
 - Children return to class rooms
 - Senior dementia and Alzheimer's
 - Community tenure— ANC 85-90% reduction in DOC, API, Psych ER

It's an easy sell. It takes a partnership with the stake holders—community, division, legislature, clients. The financial benefits of the community mental health care model are easy to see when you get a greater understanding of how the system works. Yet, understanding the business side and stigma of mental illness continue to shroud the good work and key role the community mental health centers play. It takes focus and discipline to run a community mental health agency. It takes a community to understand why it's relevant to all of us.

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