

House Finance Health & Social Services Subcommittee FY14 Budget

Alaska Mental Health Trust Authority











Trust Beneficiaries

- People with mental illness
- People with developmental disabilities
- People with chronic alcoholism and other substance related disorders
- People with Alzheimer's disease and related dementia
- People with traumatic brain injury



Trust Advisors and Partners

- Advisory Board on Alcoholism & Drug Abuse
- Alaska Mental Health Board
- Governor's Council on Disabilities
 & Special Education
- Alaska Commission on Aging
- Commissioners of Health and Social Services, Revenue, Natural Resources and Corrections
- Alaska Brain Injury Network
- Statewide Suicide Prevention Council



Trust Funding FY14

Distributable income	
Trust Fund Payout 4.25%	\$18,090,000*
Prior Years Lapse	3,670,000

Land Office Income

Distributable Income

Interest

Total Projected

\$18,090,000° 3,670,000 3,190,000 650,000 \$25,600,000

^{*}Payout based on four-year average principal and reserve balances of **\$426M**



Five Program Focus Areas

Bring the Kids Home

 reforming Alaska's mental health care for children and adolescents so they are diagnosed earlier and treated as close to home as possible

Disability Justice

 reducing the involvement and recidivism of Trust beneficiaries in the criminal justice system

Affordable Appropriate Housing

 increasing a continuum of housing options for Trust beneficiaries

Workforce Development

 creating an available and competent workforce for Trust beneficiaries and service providers

Beneficiary Projects Initiative

 supporting grassroots, peer-to-peer programs for Trust beneficiaries



Alcohol Initiatives

Recover Alaska

- initiative lead by Rasmuson Foundation, includes The Trust,
 Mat-Su Health Foundation, DHSS and other stakeholders
- goal to help individuals, families and communities in Alaska "recover" from impacts of alcohol
- focus on systems, policy, statutory and practice changes that will lead to long-term improvements

Title 4 review

 partnership with Alcohol Beverage Control Board, which is convening stakeholders to review and possibly recommend changes to Alaska's alcohol beverage control statutes in Title 4



Bring the Kids Home

Problem

- FY06: 743 Alaskan children with severe emotional disturbances received out-of-state residential psychiatric treatment services
 - separated from families and communities
 - · difficult transitions back to Alaska
 - length of stay varied from several months to multiple years
 - costs peaked at \$40+ million Medicaid paid to out-of-state providers

Committed partners

 DHSS, behavioral health service providers, parent and youth advocates, Trust partner boards, Alaska Native health providers, Dept. of Education, Denali Commission and others

Strategic thinking

- intervene earlier, more intensively, and with the family
- use residential resources carefully
- expand implementation of effective practices
- develop in-state treatment for youth with complex needs
- use data to guide service development



Results for Beneficiaries

Keeping youth in Alaska

Residential Psychiatric Treatment Center Admissions



Source: DHSS/Div. of Behavioral Health/Policy & Planning/ Research Unit - Based on Medicaid Expenditures

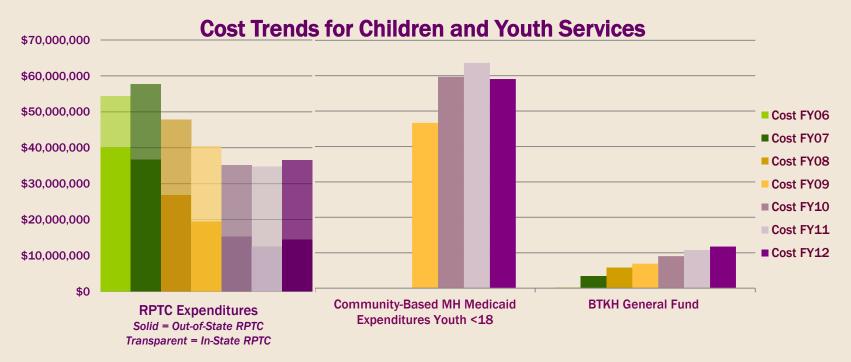
Reducing recidivism

• Youth who returned to RPTC within 1 year dropped from 20% to 5% (FY04 - FY12)



Shifting Expenditures in State

- Out-of-state RPTC expenditures 64% lower than FY06
- In-state RPTC expenditures 54% higher than FY06
- Overall RPTC expenditures 33% lower than FY06
- Community mental health expenditures for youth <18 are 26% higher than FY09

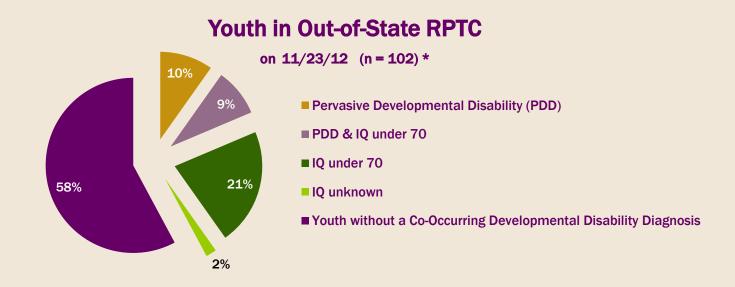


The FY12 Medicaid Community-Based (DBH Providers) Mental Health expenditures reflects a change in methodology due to the implementation of integrated regulations. The FY11 to FY12 decrease in expenditures is consistent with the methodology change and with other Medicaid claims analyses performed by the Division. Division staff are looking into additional factors that may be contributing to this decrease. The Division plans to reanalyze prior year data using the new methodology and this will result in an updated chart.



Results for Beneficiaries

- Developing in-state treatment options for children with co-occurring and complex disorders
 - Complex Behaviors Collaborative
 - in-state RPTC unit
 - resources for youth who experience FASD



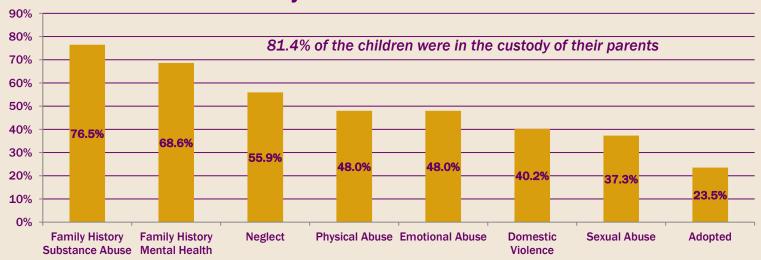
*Source: DHSS, Division of Behavioral Health, Policy and Planning for sample of youth in RPTC on 11/23/12; youth may also have a co-occurring Fetal Alcohol Spectrum Disorder or a substance use disorder.

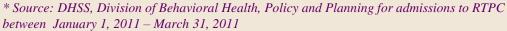


Results for Beneficiaries

- Working with young children to prevent severe disturbances
- Working with families to keep/return children to their homes
 - expanding early childhood services
 - increasing delivery and quality of family therapy services
 - expanding trauma training

Trauma & Family Issues: Youth Admitted to RPTC







FY14 budget increments address the remaining challenges

Trustees Recommended: MHTAAR Authority Grant GF/MH				Gov.GF/MH
Transition into BTKH base budgetTransitional aged youth	\$200.0			
Build in-state capacity and/or base funding				
• Evidence Based Family Therapy Models	400.0		\$600.0	\$270.0
• Early Intervention for Young Children	200.0		400.0	400.0
BTKH Administrative Costs		85.0		
 Independent Evaluation 		75.0		
Education Subcommittee Contract		40.0		
Trustees Recommended:	MHTAAR Aut	thority Grant	GF/MH	Gov. GF/MH
FY14 Budget Increments Totals	\$800.0	\$200.0	\$1,000.0	\$670.0

Funding in thousands of dollars

Governor's budget amount is shown in red when it is lower than the Trustees' recommendation



Looking Toward FY15

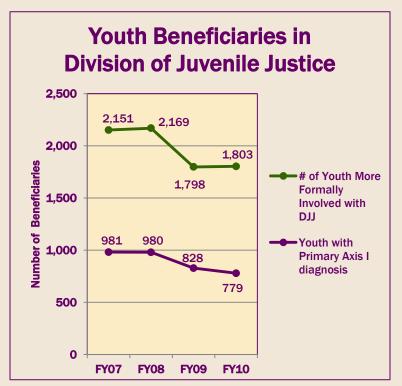
- FY15 BTKH increments, if any, will transition on-going successful projects from MHTAAR to GF/MH for long-term sustainability
- BTKH efforts will continue, using existing GF/MH resources to sustain planning and to maintain and build on success
- The Trust believes further progress will require a shift in focus to earlier intervention, prevention and family-based services to decrease long-term costs for behavioral health while improving outcomes for children and families

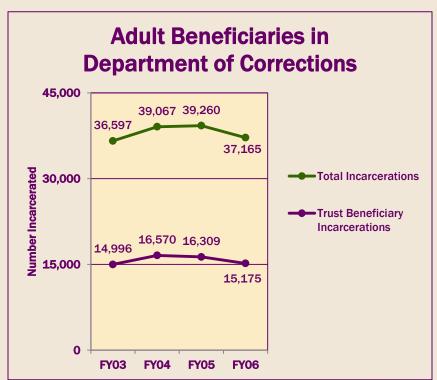


Disability Justice

Problem

- 43% of youth in juvenile justice system are Trust beneficiaries
- 42% of incarcerated adults are Trust beneficiaries





Source: A Study of Trust Beneficiaries in the Alaska Dept. of Corrections, Hornby Zeller Assoc., Dec. 2007.

Note: New data is being gathered and analyzed, with a new report expected later in FY13.



Committed Partners

- Local governments
- Alaska Native tribal entities
- Alaska Court System
- Departments of Administration, Corrections, Health and Social Services, Law, Public Safety
- Trust partner boards
- Community behavioral health providers



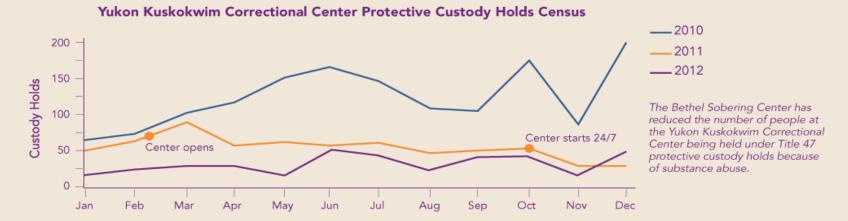
Strategic Thinking

- Prevent and reduce inappropriate or avoidable arrest, prosecution, incarceration and criminal recidivism of juvenile and adult Trust beneficiaries
- <u>Increase</u> criminal justice system's ability to accommodate, support, protect and provide treatment for victims and offenders who are Trust beneficiaries
- Reduce use of jails and prisons to provide protective custody of adult Trust beneficiaries under Alaska Statute 47.37.170 (protective custody hold)
- <u>Improve</u> community re-entry planning from juvenile detention and treatment, and adult correctional facilities back into Alaska communities



Outcomes Driven Results

- Working together state, local agencies save lives, improve public safety
 - 75 % reduction in non-criminal Title 47 protective custody holds at Yukon Kuskokwim Correctional Center from 2010-2012
 - individuals screened, referred to appropriate treatment



- Therapeutic Courts
 - Juneau Mental Health Court opened May 2012
 - Anchorage Mental Health Court combined savings almost 2½ times program annual operating cost (\$293,000)



7 4113 4141				
Trustees Recommended: MH	TAAR A	uthority Gra	ant GF/MH	Gov. GF/MH
Training for Criminal Justice Personnel				
Anchorage & Fairbanks police CIT training		\$ 62.0		
 Deliver training for defense attorneys 	\$ 15.0			
 Training for DOC mental health staff 	15.0			
 Training for therapeutic court clinical staff 	15.0			
Sustain & Expand Therapeutic Models & Practice	e <u>s</u>			
 Fairbanks Juvenile Mental Health Court 	245.9	15.0		
Mental Health Court expansion	204.4	25.0		
 Flex funds for Anchorage mental health court 		65.0		
 Flex funds for Palmer mental health court 		25.0		
• ASAP therapeutic court case management & monitoring – Barrow	120.0			
	139.9			
• Sustaining Wellness Court capacities			\$1,165.0	\$1,165.0
Re-entry Planning for Beneficiaries Involved with Criminal Justice System				
• Div. of Juvenile Justice Rural Re-entry Specialist	110.9			
 Mental Health Clinical Oversight in DJJ facilities 	152.9			
 Social Services Specialist position - Bethel (PDA) 	138.8			
 APIC Discharge Planning Model 	260.0			
DJJ Trauma Informed Care	75.0		75.0	75.0
 DOC mental health clinical positions 			164.0	164.0

Funding in thousands of dollars



Trustees Recommended: MHTAAR Authority Grant GF/MH | Gov. GF/MH

Prevention & Support for Beneficiaries who are victims of crime

• ASPEN (Alaska Safety Planning & Empowerment Network)

\$ 150.0

Alternatives to Incarceration for Beneficiaries Requiring Protective Custody

• Pre-development activities (Nome)

100.0

• Norton Sound Wellness Court capital and/or start-up funds

\$200.0

General Capacity Building

• Criminal Justice Technician

67.2

Trustees Recommended: MHTAAR Authority Grant GF/MH

FY2014 Budget Increment Totals

\$1,690.0

\$392.0 \$1,404.0

\$1,404.0

Gov. GF/MH

Funding in thousands of dollars

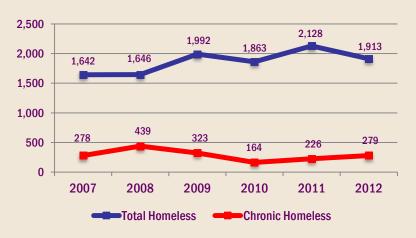


Affordable Appropriate Housing

Problem

- number of chronically homeless increased approximately 19% over prior year
- high cost of housing versus beneficiaries' income potential

Alaska Homeless
Point-in-Time Surveys 2007- 2012 *



2012 Annual Income and Cost of Living for Trust Beneficiaries **





^{*} Source: HUD Homeless Point-in-Time annual surveys

^{**} Sources: US Soc. Sec. Admin, Alaska DOL, National Low Income Housing Coalition

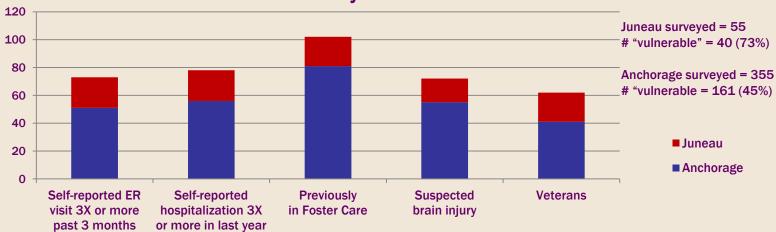
Committed Partners

- Alaska Council on the Homeless: Alaska
 Housing Finance Corporation, the departments
 of Health and Social Services, Corrections,
 Labor and Public Safety, and the Veterans
 Administration
- Housing development organizations
- Social service agencies
- Local affordable housing and homeless coalitions
- Private business owners



Clarifying the Need

Vulnerability Assessment of Homeless Individuals Identified as Likely to Die on the Streets *



- "Vulnerable" designation = three conditions **
 - major health condition
 - psychiatric diagnosis
 - substance addiction
- These conditions = 3-4 times higher risk of death on the streets

^{*} Sources: Juneau Homeless Coalition and Anchorage Coalition on Homelessness

^{**} Source: research by Dr. Jim O'Connell http://www.bhchp.org/

Strategic Thinking

- Adapting programs for sustainability replicating successful strategies through AHFC
 - Special Needs Housing Grants (SNHG)
 - Homeless Assistance Program (HAP)
- Collaborating on creating "no wrong door"
 - coordinating services statewide through homeless coalitions
 - assessment of housing barriers
- Conducting a Supported Housing Stock Survey
 - DHSS Divisions of Behavioral Health and Senior and **Disability Services**
 - Assess needs by region and beneficiary group
- Effective program models implemented
 - Trust/DHSS/AHFC collaboration on HUD pilot (reducing General Relief participants through supported housing)
 - program development: Bridge Home and more intensive community outreach models

Results for Beneficiaries

- Working the Plans
 - Alaska Council on the Homeless Ten-Year Plan, Anchorage Ten-Year Plan on Homelessness, other community plans
- Replicating Housing First
 - targeting the most vulnerable and costly homeless
- Anchorage and Fairbanks on-track to replicate Outside results:
 - Seattle decreased drinking by 30% and <u>reduced costs</u> by \$4 million in 12-month period
 - Anchorage tenants are becoming stable 78% retention compared to 80% in similar programs
- Karluk Manor phase II expansion and design improvements
 - working with Municipality of Anchorage to identify land to relocate
 - new facility will allow more individuals to be served and will create space and staffing efficiencies
- New projects under consideration: Anchorage, Juneau, Nome



^{*} Source: Downtown Emergency Service Center www.desc.org

- Policy Governor's Council on the Homeless
 - state interagency collaboration modeled on federal agencies
 - 10-year homeless plan and budget recommendations being implemented
- Budget \$10 million annual recommendation for 10-year plan (\$8 million allocated)
 - The Trust, AHFC, GF/MH and other funding sources
- Effective program models implemented
 - Trust/DHSS collaboration to serve most challenging individuals cycling through API and DOC (Bridge Home and more intensive community outreach models)
 - replicating Housing First for beneficiaries who are chronically homeless with alcohol addiction and low income people with disabilities
 - services located on-site using housing projects large enough to make programs sustainable and robust
- Long-term care strategic planning for Alaska
 - planning that makes use of right resources at right time
 - continuum of care for people with disabilities, Alzheimer's disease and related dementia



Trustees Recommended:	MHTAAR	GF/MH	AHFC/GF	Gov. GF/MH
 Homeless Assistance Programs Homeless Assistance Program (housing trust replication \$10.0M annual recommendation) Special Needs Housing Grant Program 	\$ 850.0	\$ 850.0	\$8,350.0 1,750.0	\$7,150.0
Resources assisting beneficiaries leaving institu	tions			
DOC Discharge Incentive grants	100.0	200.0		200.0
 Bridge Home program and expansion 	750.0	200.0		200.0
Assisted Living training	100.0	100.0	100.0	
• Home modifications program (DHSS)	300.0	750.0		750.0
Technical assistance and business planning resources				
Office of Integrated Housing (DBH admin)	225.0			
• Rural Long-Term Care Development (SDS)	140.0			
Aging and Disability Resource Centers	125.0			
Trustees Recommended:	MHTAAR	GF/MH	AHFC/GF	Gov. GF/MH
FY14 Budget Increment Totals	\$2,590.0	\$2,100.0	\$10,200.0	\$8,300.0

Funding in thousands of dollars

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Workforce Development

Problem

- growing need for workforce to serve Trust beneficiaries,
 especially Alaskans 65+ (fastest growing population segment)
- high vacancy rates in many health care jobs
- high turnover, especially in rural areas
 - many are temporary workers from Outside
 - lack of housing
- lack of in-state training/education for some fields
- lack of continuing education required for licensure and certification for some professions



Alaska Health Workforce Coalition

Core Team

 The Trust, departments of Labor, Education, Health and Social Services; University of Alaska, Alaska State Hospital and Nursing Home Association, Alaska Primary Care Association, Alaska Workforce Investment Board and Alaska Native Tribal Health Consortium

Coalition

Health Commission, AFL/CIO Alaska
Nurses Association, U.S. Dept. of Labor,
Providence Health and Services,
Fairbanks Memorial Hospital,
Laborers Local 341, Alaska Area Health
Education Centers, Trust Training Cooperative,
Alaska Rural Behavioral Health Training Academy,
Alaska Behavioral Health Association, service
providers, non-profit agencies, faith-based
organizations and Alaska Native Health Board



ALASKA HEALTH WORKFORCE COALTION

Strategic Thinking

• Engage, Train/Educate, Recruit & Retain

Health Workforce Coalition Action Priorities 2012-2015

Occupational Priorities	Systems Change and Capacity Building
Primary Care Providers	Loan Repayment and Incentive Programs
Direct Care Workers	Training and Professional Development
Behavioral Health Clinicians	Aligning Regulatory Policies that Impact the
Clinicians	Health Workforce
Physical Therapists	Engage and Prepare Alaska Youth for Health Careers
Nurses	Health Workforce Recruiting
Pharmacists	Health Workforce Data



- Funding Alaska Health Workforce Coalition Coordinator
- Analyzing and applying results of the 2012 Vacancy Study
- Supporting development of a Graduate Certificate in Marriage and Family Therapy (LMFT) program at University of Alaska
- Securing a permanent home within UA system for non-academic training and professional development for health careers



	Trustees Recommended: MHTAAR	GF/MH	Gov. GF/MH
Recruitment & Retention			
 Loan Repayment & Incentives 	\$ 200.0		
Workforce Marketing	100.0		
Training & Education			
• UAA Interdisciplinary Education	in		
Children's Mental Health		\$50.0	\$ 0.0
 Trust Training Cooperative & AR 			
 Interpersonal Violence Prevention 			
for beneficiaries	80.0		
 Specialized skills & service training 			
serving cognitively impaired offer			
 Technical assistance & implement 			
D.A.R.T. Teams in targeted comm	nunities 210.0		
• AHEC		652.0	0.0
 Alaska Native Community Advar 	cement	= 0.0	T 0.0
in Psychology (ANCAP)		50.0	50.0
Focus Area Administration			
Workforce Coordinator	180.0		
	Trustee Recommended: MHTAAR	GF/MH	Gov. GF/MH
FY2014 Budget Increment Totals	\$1,780.0	\$752.0	\$50.0
1 12014 Duuget Increment Totals	φ1,700.0	Ψ134.0	ψ50.0

Funding in thousands of dollars

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Beneficiary Projects Initiative

Community need:

- peer-based recovery support programs and peer workforce to provide support to others with similar experiences
- community-based peer support and other peer-based recovery programs to help prevent need for more expensive, intensive levels of service, including hospitalization and/or incarceration
- recovery support for persons with high severity and complex social and behavioral health issues who do not fare well in traditional services

• Partners:

- 27 beneficiary grantee organizations since 2006
- Alaska Peer Support Consortium
- Divisions of Behavioral Health, Senior & Disability Services,
 Vocational Rehabilitation
- Trust Training Cooperative, Center for Human Development
- Advisory Board on Alcoholism and Drug Abuse, Alaska Mental Health Board, Governors Council on Disabilities and Special Education, Alaska Commission on Aging



Strategic Thinking

- Funding and technical assistance to support safety, effectiveness and sustainability of peer programs and services throughout Alaska
- Effective collaborations across service system, advocacy groups and coalitions
- Training and education for peer support workforce
- Integration of peer support specialists across service delivery systems
- Mini Grants to improve beneficiaries' quality of life
- Small Project Grants for small, beneficiary-focused projects



Results for Beneficiaries

- Promotes recovery, stability and wellness
- Provides sense of empowerment and connection
- Reinforces consumer choice in managing recovery
- Wide range of beneficiary-led programs statewide
 - peer-support services
 - recovery-community support programs
 - housing
 - clubhouses
 - drop-in centers
 - community outreach and engagement
 - illness self-management
 - alternatives to residential treatment
 - supported employment
 - training and education



Trustee Recommended: MHTAAR Authority Grant GF/MH			Gov. GF/MH	
Grant Funds for Projects				
BPI Program Grants		\$1,620.0		
Technical Assistance (TA)				
TA for beneficiary groups & agencies		265.0		
Partners in Policymaking	\$200.0			
Program Management				
Initiative Administration		100.0		
• Beneficiary & family leadership conference		80.0		
• Evaluation		30.0		
Consumer choice & expanded services				
 Mini Grants – Behavioral Health 		909.6		
 Mini Grants – Alzheimer's Disease and Rela 	ted Dementia	286.3		
 Mini Grants – Developmental Disabilities 	250.3			
Small Projects Grants		250.0		
 Micro-Enterprise Small Business Capital 	125.0		\$ 25.0	\$25.0
Trustee Recommended	l: MHTAAR Au	uthority Gran	t GF/MH	Gov. GF/MH
FY2014 Budget Increment Totals	\$ 575.3	\$3,540.9	\$ 25.0	\$25.0

Funding in thousands of dollars



FY14 Joint Legislative Priorities

- Shared with all beneficiary advisory boards
 - long-term support services for people with disabilities
 - Complex Behaviors Collaborative

Advisory Board on Alcoholism and Drug Abuse

abada amhb Alaska Mental Health Board



Alaska Commission on Aging



Thank You

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