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# **Alaska Mental Health Trust Authority presentation to: Health & Social Services Finance Subcommittee**

February 14, 2014

# Overview

1. Broadband
2. Grants vs Contracts
3. Recidivism
4. Complex Behavioral Collaborative
5. Alcohol



Can we expand access and reduce long-term budget demands by utilizing **broadband** connectivity to increase health care services and training opportunities?

# Broadband Project

1. Assess types and volume of possible uses of broadband that would improve access and decrease costs
2. Determine broadband capacity needed to achieve these outcomes
3. Identify costs and barriers to expand broadband to this level
4. Develop 5-year plan to implement this vision

# Broadband Resources

1. Blueprint for Alaska's Broadband Future
2. Alaska Federal Health Care Access Network
3. Division of Behavioral Health
4. Division of Senior and Disabilities Services

# Vermont Behavioral Health Telehealth Project

- Intensive psychiatry services located in urban community with telehealth connection to 7 rural counties
- Local Service Coordinators/Regional support teams in rural counties and connect with main team and clients using secured Google Hangout on laptops (free)
- Cost efficient – utilizing Google Hangout as a regular access internet service delivery system as opposed to development of stand alone telepsychiatry networks



# Senior and Disabilities Services Vision for Broadband Utilization

- Annual Reassessments
  - Personal Care Assistance
  - Home and Community Based Waivers
- Adult Protective Services Investigations
  - Interviews
- Education
  - Training of Providers and Partners

1,500+  
reassessments  
due in rural  
Alaska  
each year

# Senior and Disabilities Services Telehealth Today and in the Future

## Today

- Reassessments
  - Hosted by Two Tribal Health Provider Partners
    - Maniilaq
    - Tanana Chiefs Conference
- Continuing to Solicit Additional Partners

Rural travel  
costs range  
from \$600 to  
\$1,500+ each

## For The Future

- Expand Telehealth Usage for Reassessments
- Begin Using for Adult Protective Services
- Begin Using for Education






# Resources Necessary for Accelerated Implementation

## Technology Support/Administrator


- Expand Telehealth Functionality
- Troubleshoot Technology Issues
- Manage Operational Difficulties

## Nurse Assessor

- Additional Reassessments
- Allow for Expansion of Telehealth Assessment Service Areas



Can we increase accountability,  
reduce agency overhead, and  
improve outcomes by moving  
from **grants to contracts?**



“The legislature shall provide for the promotion and protection of public health.”

- Article VII, Section IV of the Alaska State Constitution

Rather than provide healthcare services directly, the State of Alaska has elected to provide these services to its citizens by and large through a system of grants to private, non-profit corporations.

# Statutory Framework for Funding

## **Community Mental Health Act AS 47.30.520**

- (1) provide a range of community based inpatient, outpatient, and support services for persons with mental disorders
- (8) provide a means of allocating money available for state mental health services according to community needs
- (10) prevent unnecessary duplication and fragmentation of services and expenditures

## **Grant-in-Aid Program Sec. 47.30.470 et seq.**

AS 47.30.470(6): administer a community grant-in-aid program for alcoholism and drug abuse

AS 47.30.475(b) Money available under this section shall be awarded . . . on the basis of community need, but only after consideration of comment and advice of the Advisory Board on Alcoholism and Drug Abuse

(e) A grant may not be awarded under this section unless the application includes a plan that provides for

(1) the expenditure of grant money for education and other preventative measures, or the treatment of alcoholics and drug abusers;

# Procurement

## **Grant Funding** **7 AAC 78, 7 AAC 81**

## **Contract Funding** **2 AAC 12**

Eligible applicants: state agency, political subdivision of the state, nonprofit	Eligible applicants: open, no undue restrictions on bidders (for profit, nonprofit, other)
Competitive process, with limited exceptions	Competitive process, with limited exceptions
Collaboration among applicants encouraged	Collusion among potential bidders prohibited
Request for Proposal Application Proposal Evaluation Committee Division Review, Recommendation Recommendations to Commissioner Commissioner Makes Decision, Notice of Award Appeal Period Final Award	Request for Proposal Proposal Procurement Evaluation Committee Discussion /Negotiation of Proposal Possible Notice of Intent to Award Protest Period Final Award
Advance funding by quarter(s)	Payment upon invoice and approval
Contingent upon available funding year to year	Binding upon both parties

# Strengths

## Grant Funding

- + more flexible funding **relationship** allows for a potentially more responsive, community-needs based approach

## Contract Funding

- + more explicit process parameters, strict reporting requirements, and clear-cut deliverables might improve communication and **accountability**

# Weaknesses

## Grant Funding

- deliverables and **expectations are not clearly communicated** at the onset of the agreement unnecessarily **complicating** procurement and delivery of service, calling into question **appropriate funding** for services provided, and challenging **accountability**

## Contract Funding

- **inflexible** process, best where there is a clear set of deliverables with a less dynamic set of expectations, **curtails the authority** of payers and contractors to customize deliverables based on more timely and relevant community needs



# Next Steps

1. Clarify goals and desired outcomes for publicly-funded behavioral health program
2. Determine to what extent current structure can meet goals and outcomes
3. Investigate alternate models of funding to better achieve goals and outcomes