

# House Finance Committee FY14 Budget

**Alaska Mental Health Trust Authority**

January 29, 2013

# 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

# Guiding Principles

- **To improve the lives of Trust beneficiaries, The Trust is committed to:**
  - Education of the public and policymakers on beneficiary needs;
  - Collaboration with consumers and partner advocates;
  - Maximizing beneficiary input into programs;
  - Prioritizing services for beneficiaries at risk of institutionalization;
  - Useful and timely data for evaluating program results;
  - Inclusion of early intervention and prevention components;
  - Provision of reasonably necessary beneficiary services based on ability to pay.

# 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

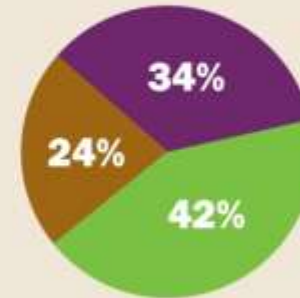
Trust Fund Payout 4.25%	\$18,090,000*
Prior Years Lapse	3,670,000
Land Office Income	3,190,000
Interest	650,000
<u>Total Projected</u>	<u>\$25,600,000</u>

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

# The Trust Resource Portfolio

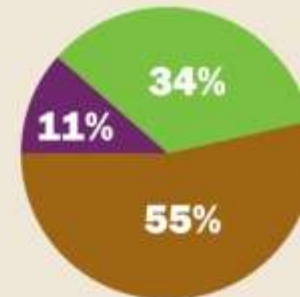
## Acres by region:\*

Northern	420,000
Southcentral	340,000
Southeast	240,000
<b>Total acres of Trust land</b>	<b>1,000,000</b>



## Trust land by ownership/rights:

Full fee ownership  
Full mineral rights  
Coal, oil and gas rights



## TLO contributions:

Principal cash revenue**	\$ 92 Million
Real estate acquisitions	\$ 7 Million
Income**	\$ 39 Million
<b>Total***</b>	<b>\$138 Million</b>

- \* The Trust has not received its entire entitlement to date; acreage totals will be adjusted in the future.
- \*\* Land sale revenue, hydrocarbon and mineral royalties, and 85 percent of timber revenue are principle revenue. Rents, fees and 15 percent of timber revenue are spendable income.
- \*\*\* Estimate of cumulative contributions from the TLO since reconstruction of the Trust.

# Formula for Success

**Committed partners + Strategic thinking = Results for Trust beneficiaries**

- **Identify a problem or community need**
- **Collaborate with governmental agencies, advisory groups, nonprofits, service providers, philanthropic organizations and private sector**
- **Develop strategic, sharply focused solutions**
- **Make lasting system improvements**

# 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

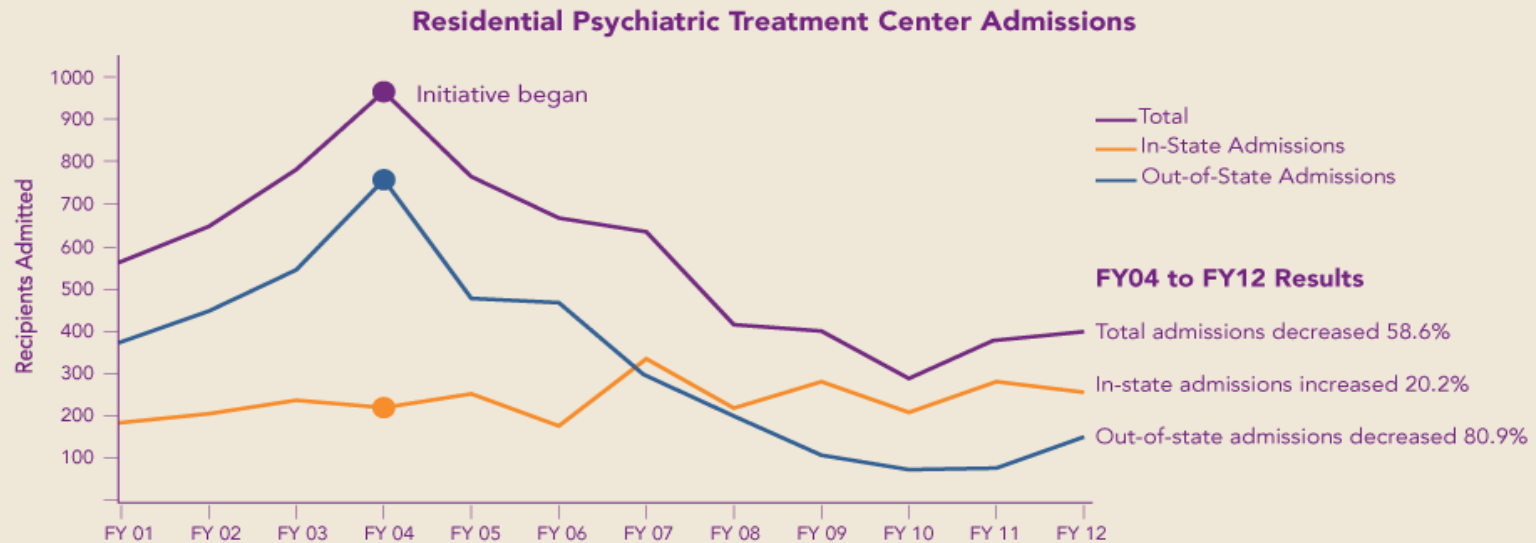
- **Recover Alaska**
  - initiative lead by Rasmuson Foundation, includes The Trust, Mat-Su Health Foundation, DHSS and other stakeholders
  - goal to help individuals, families and communities in Alaska “recover” from impacts of alcohol
  - focus on systems, policy, statutory and practice changes that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



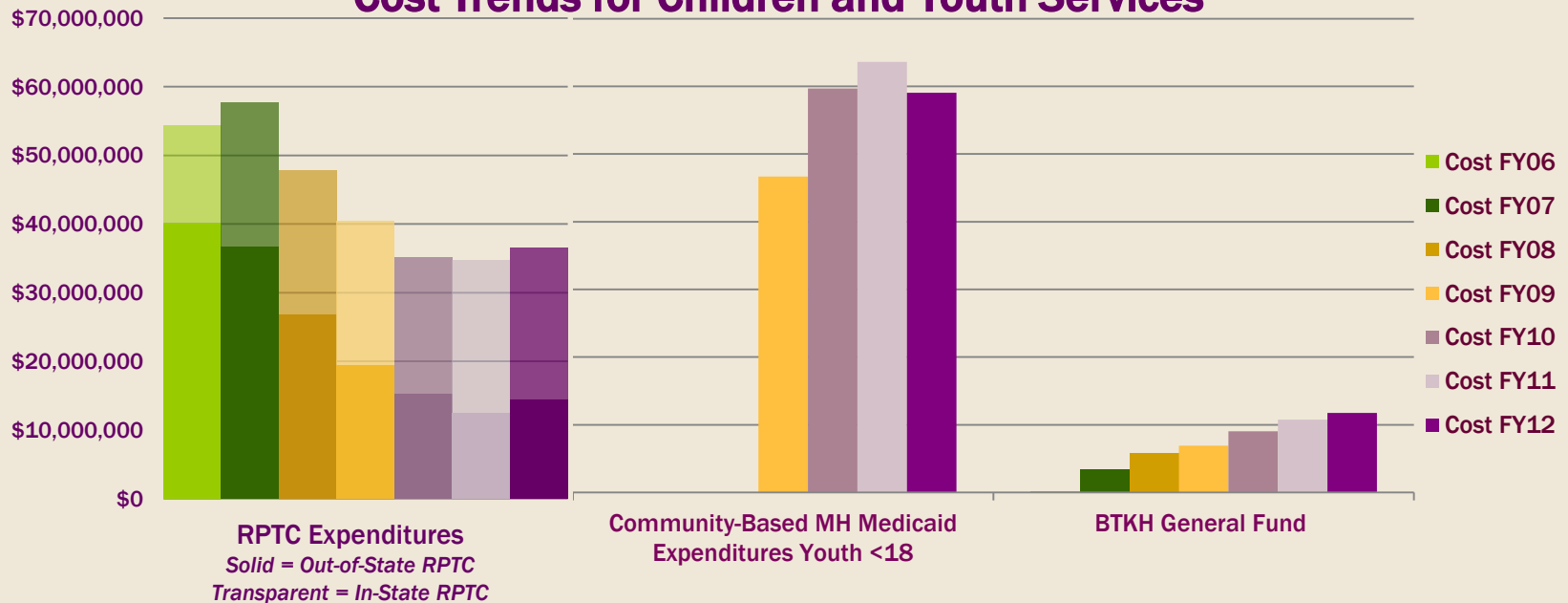
Source: DHSS/Div. of Behavioral Health/Policy & Planning/ Research Unit - Based on Medicaid Expenditures

- 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

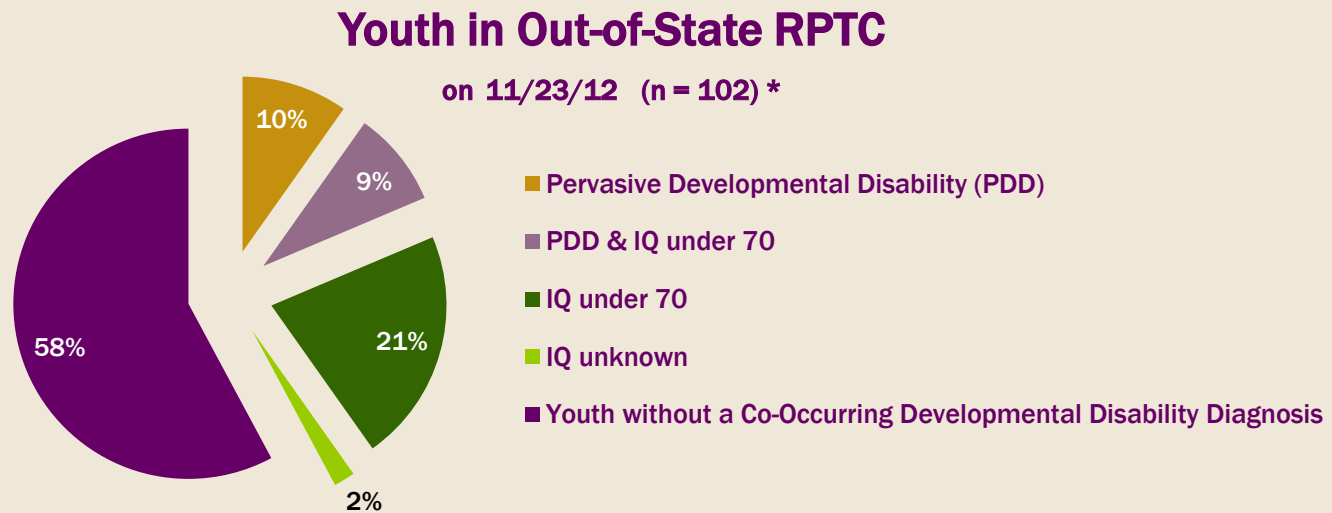
## Cost Trends for Children and Youth Services



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**

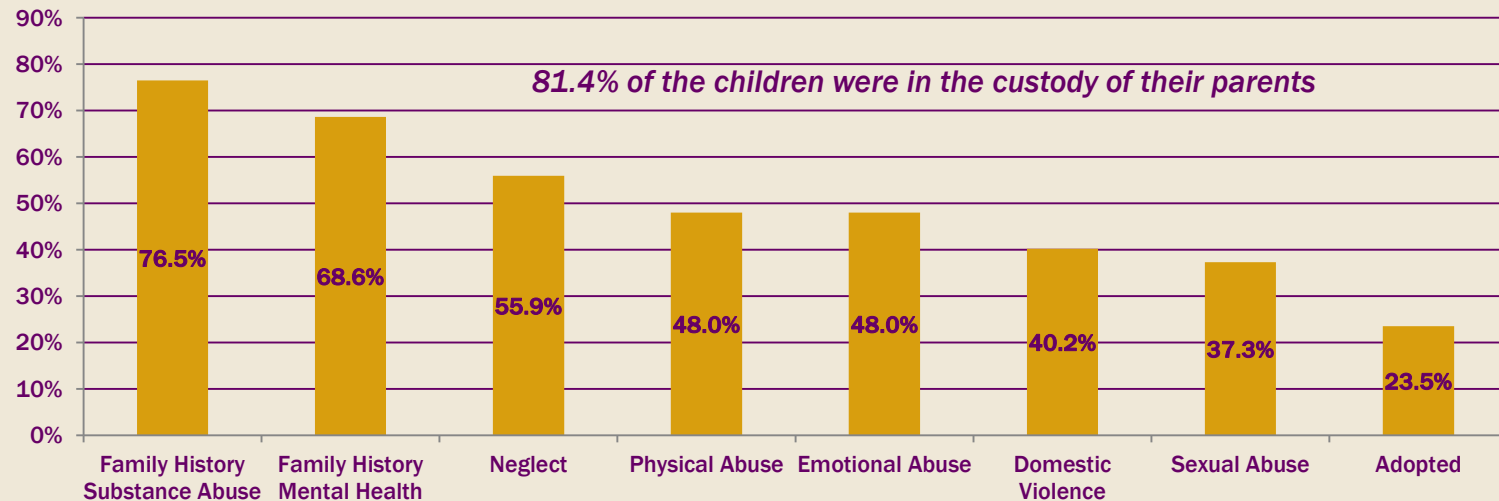


*\*Source: DHSS, Division of Behavioral Health, Policy and Planning for sample of youth in RPTC on 11/23/12; youth may also have a co-occurring Fetal Alcohol Spectrum Disorder or a substance use disorder.*

# 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 RTPC



\* Source: DHSS, Division of Behavioral Health, Policy and Planning for admissions to RTPC between January 1, 2011 – March 31, 2011

# Ahead in FY14

## FY14 budget increments address the remaining challenges

<u>Trustees Recommended: MHTAAR Authority Grant GF/MH</u>				<u>Gov. GF/MH</u>
<u>Transition into BTKH base budget</u>				
• Transitional aged youth	\$200.0			
<u>Build in-state capacity and/or base funding</u>				
• 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		
<u>Trustees Recommended: MHTAAR Authority Grant GF/MH</u>				
<u>FY14 Budget Increments Totals</u>	\$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

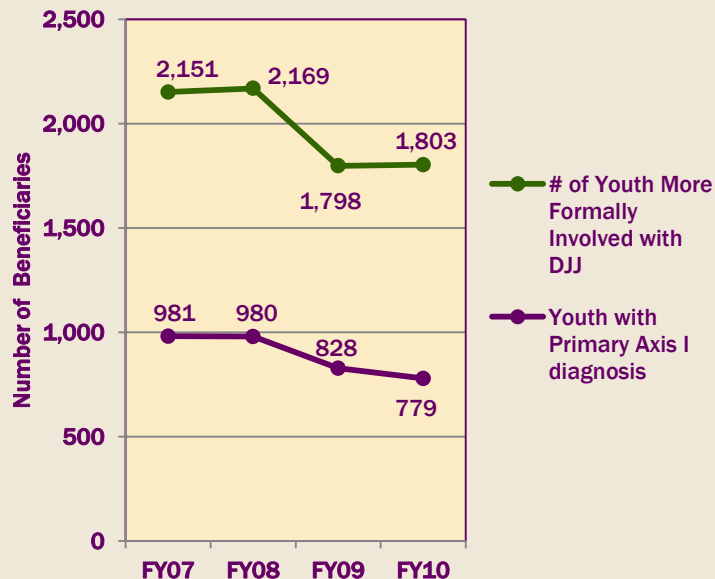


# Disability Justice

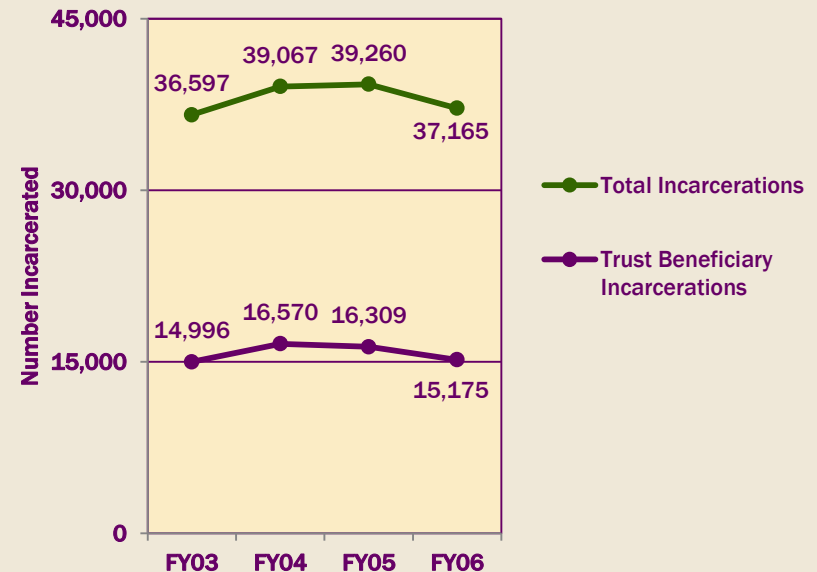
- **Problem**

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

**Youth Beneficiaries in Division of Juvenile Justice**



**Adult Beneficiaries in Department of Corrections**



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

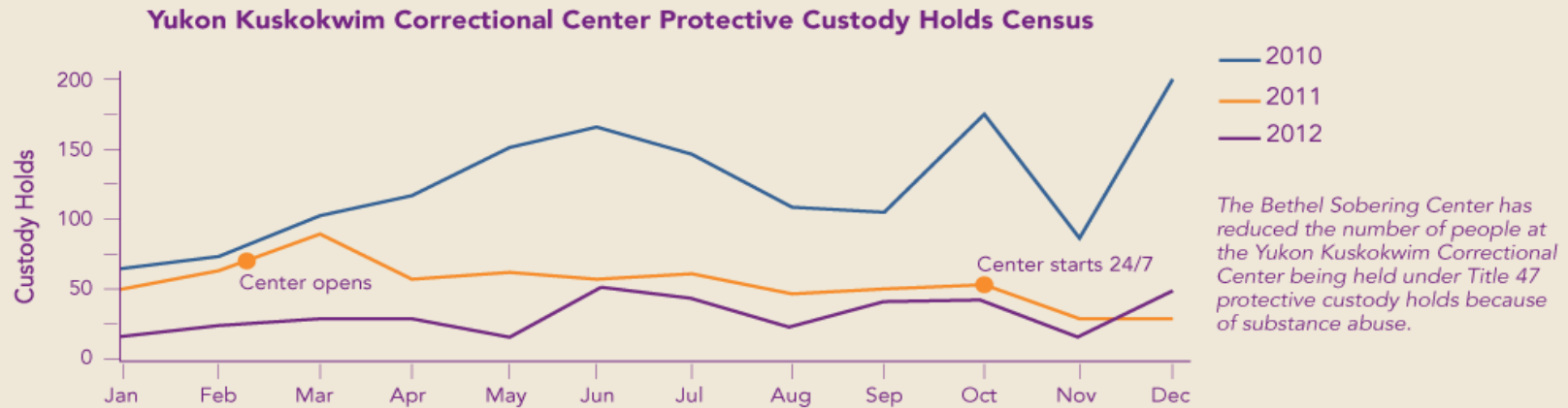
- Local governments
- Alaska Native tribal entities
- Alaska Court System
- Departments of Administration, Corrections, Health and Social Services, Law, Public Safety
- Trust partner boards
- Community behavioral health providers

# Strategic Thinking

- Prevent and reduce inappropriate or avoidable arrest, prosecution, incarceration and criminal recidivism of juvenile and adult Trust beneficiaries
- Increase 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)
- Improve 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)

# Ahead in FY14

**Trustees Recommended: MHTAAR Authority Grant 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 & Practices**

• 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	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*

# Ahead in FY14

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 Gov. GF/MH

<u>FY2014 Budget Increment Totals</u>	\$1,690.0	\$392.0	\$1,404.0	<u>\$1,404.0</u>
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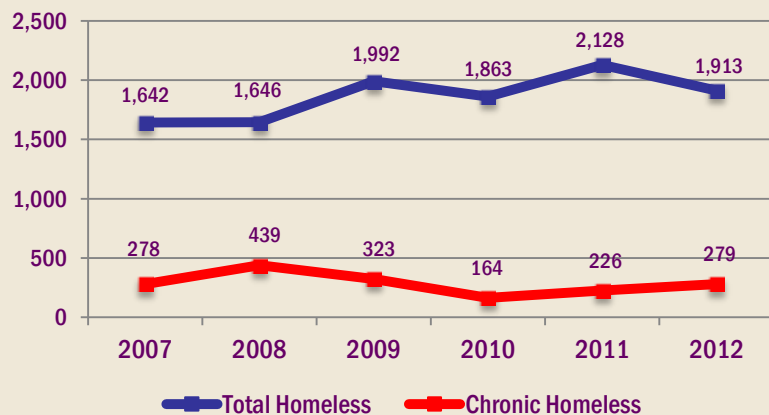
*Funding in thousands of dollars*

# Affordable Appropriate Housing

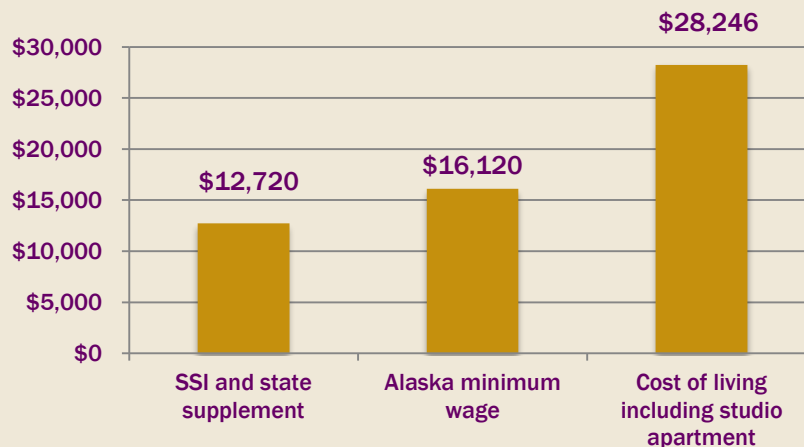
- **Problem**

- 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

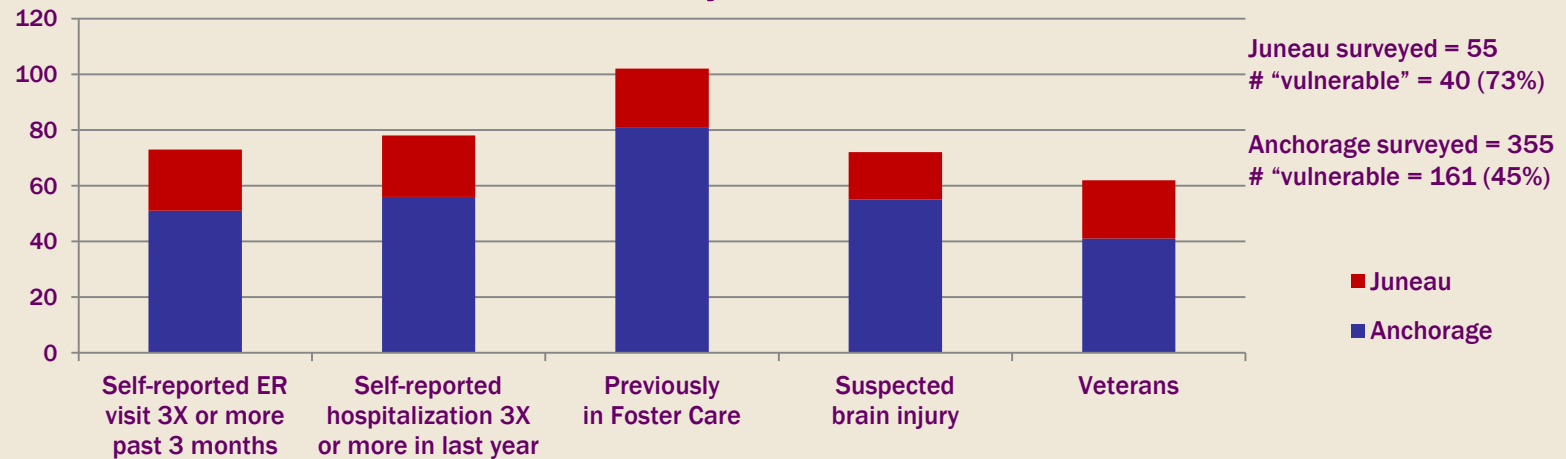
# Committed Partners

- **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 reduced costs 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](http://www.desc.org)

# Ahead in FY14

- **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

# Ahead in FY14

	<u>Trustees Recommended: MHTAAR</u>	<u>GF/MH</u>	<u>AHFC/GF</u>	<u>Gov. GF/MH</u>
<b><u>Homeless Assistance Programs</u></b>				
• Homeless Assistance Program (housing trust replication \$10.0M annual recommendation)	\$ 850.0	\$ 850.0	\$8,350.0	<b>\$7,150.0</b>
• Special Needs Housing Grant Program			1,750.0	
<b><u>Resources assisting beneficiaries leaving institutions</u></b>				
• 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
<b><u>Technical assistance and business planning resources</u></b>				
• Office of Integrated Housing (DBH admin)	225.0			
• Rural Long-Term Care Development (SDS)	140.0			
• Aging and Disability Resource Centers	125.0			
<b><u>FY14 Budget Increment Totals</u></b>				
	<b>\$2,590.0</b>	<b>\$2,100.0</b>	<b>\$10,200.0</b>	<b>\$8,300.0</b>

*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

# Health Care Job Growth

- **38,749 new jobs in all Alaska sectors**
  - 12% increase from 2010-2020
- **Health care and social service jobs expected to grow 31% by 2020 or one-third of total job growth**
- **Ambulatory health care – practitioners, outpatient care, home health services – will gain 5,860 jobs or 28% increase by 2020**
- **Alaskans age 65+ expected to increase 89% by 2020, contributing to rising demand for health care workers**
- **Aging population will boost social service sector, adding about 2,400 jobs, up 25% by 2020**

*Source: Alaska Economic Trends, Alaska Dept. of Labor, July 2011*

# Health Care Leading Employers

- 22 of Alaska's top 100 private employers in 2010 were health and social service providers
- #1 Providence Health & Services = 4,000+
- Remaining 21 employers = 21,000-26,000 jobs
- Total Alaska occupational licenses = 27,000+
  - physicians, nursing, pharmacy, physical and occupational therapy, counseling, psychology, social work



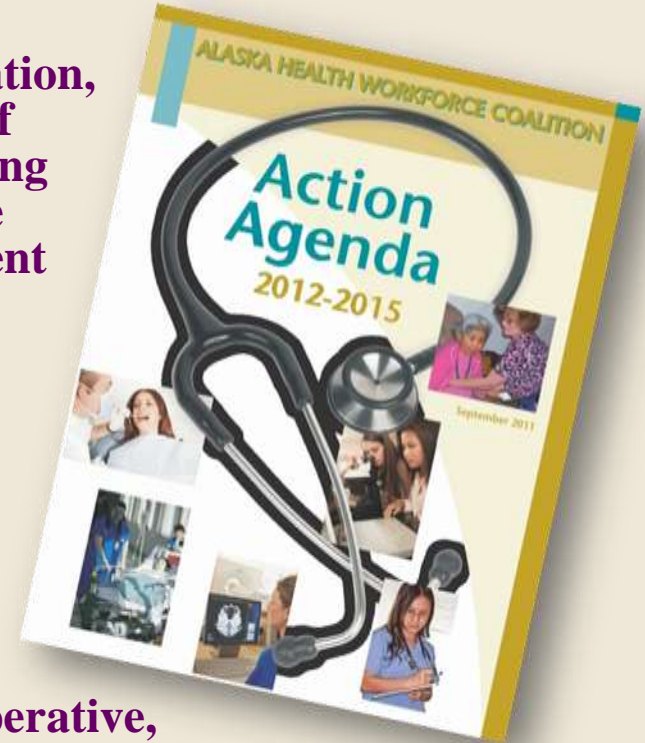
# Alaska Health Workforce Coalition

- **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



# 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 Health Workforce
Clinicians	Engage and Prepare Alaska Youth for Health Careers
Physical Therapists	Health Workforce Recruiting
Nurses	Health Workforce Data
Pharmacists	

# Results for Beneficiaries

- 1,684 providers across Alaska attended 2,126 distance delivery and on-site training sessions on behavioral health related topics through the Trust Training Cooperative in FY12
- 695 professionals attended Training and Technical Assistance for Providers program, increasing providers' capacity to respond to disability-related abuse cases
- 2,618 individuals received distance delivery and on-site training on autism through Autism Resource Center
- 1,521 students enrolled in behavioral health training, of which 295 received a degree, through University of Alaska in 2011 (2012 data not available )
- 850+ healthcare providers, stakeholders and policymakers attended presentations and educational events about the Alaska Health Workforce Coalition

# Ahead in FY14

- **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**

# Ahead in FY14

	<u>Trustees Recommended: MHTAAR</u>	<u>GF/MH</u>	<u>Gov. GF/MH</u>
<b><u>Recruitment &amp; Retention</u></b>			
• Loan Repayment & Incentives	\$ 200.0		
• Workforce Marketing	100.0		
<b><u>Training &amp; Education</u></b>			
• UAA Interdisciplinary Education in Children's Mental Health		\$50.0	\$ 0.0
• Trust Training Cooperative & ARBHTA	955.0		
• Interpersonal Violence Prevention for beneficiaries	80.0		
• Specialized skills & service training on serving cognitively impaired offenders	55.0		
• Technical assistance & implementation of D.A.R.T. Teams in targeted communities	210.0		
• AHEC		652.0	0.0
• Alaska Native Community Advancement in Psychology (ANCAP)		50.0	50.0
<b><u>Focus Area Administration</u></b>			
• Workforce Coordinator	180.0		
	<u>Trustee Recommended: MHTAAR</u>	<u>GF/MH</u>	<u>Gov. GF/MH</u>
<b><u>FY2014 Budget Increment Totals</u></b>	<b>\$1,780.0</b>	<b>\$752.0</b>	<b>\$50.0</b>

*Funding in thousands of dollars*

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

# 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**

# FY12 Beneficiary Mini Grants

Beneficiary Group	Number of Beneficiaries	Amount Awarded
Alzheimer's Disease and Related Dementia	270	\$246,132
Developmental Disabilities	186	\$238,729
Behavioral Health	376	\$573,285
<b>Total</b>	<b>832</b>	<b>\$1,058,146</b>

*Maximum grant = up to \$2,500 per person per year*



# FY12 Small Project Grants

- \$250,000 budgeted annually
- 25 grants in FY12 totaling \$191,361
- Up to \$10,000 each
- Innovative new projects or enhancements to existing projects of direct benefit to beneficiaries
- Organizations in Anchorage, Chugiak, Eagle River, Homer, Juneau, Kodiak, North Pole, Palmer, Scammon Bay, Sitka, and Tanacross

# 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

# Ahead in FY14

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 Related 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: MHTAAR Authority Grant 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**



**Alaska Mental Health Board**



**Alaska Commission  
on Aging**

# Thank You

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