



**VISION**  
ALASKA INDIVIDUALS, FAMILIES AND COMMUNITIES ARE SAFE AND HEALTHY  
**MISSION**  
TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

## Health & Social Services | Division of Behavioral Health Overview

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Behavioral Health

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# FY2019 Behavioral Health Overview

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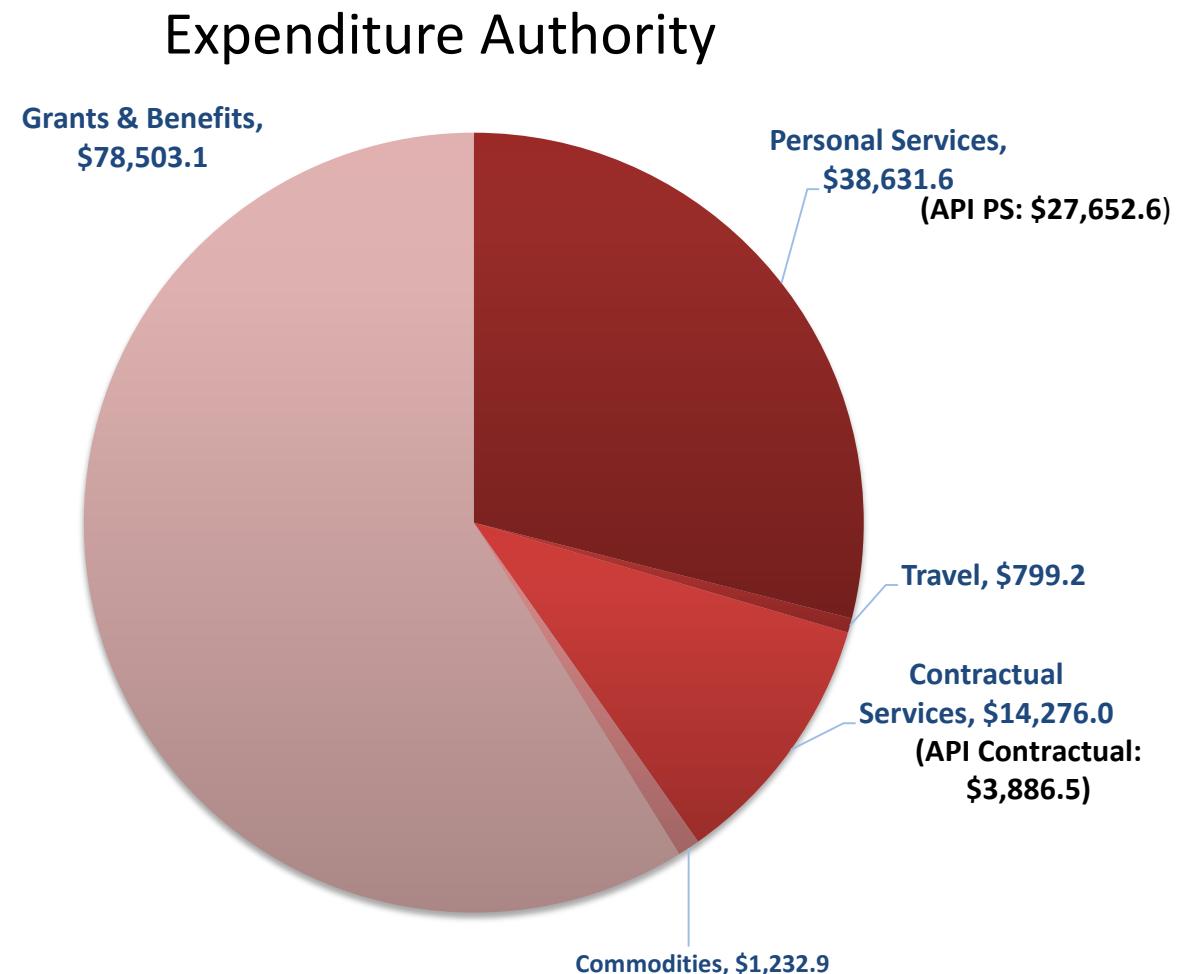
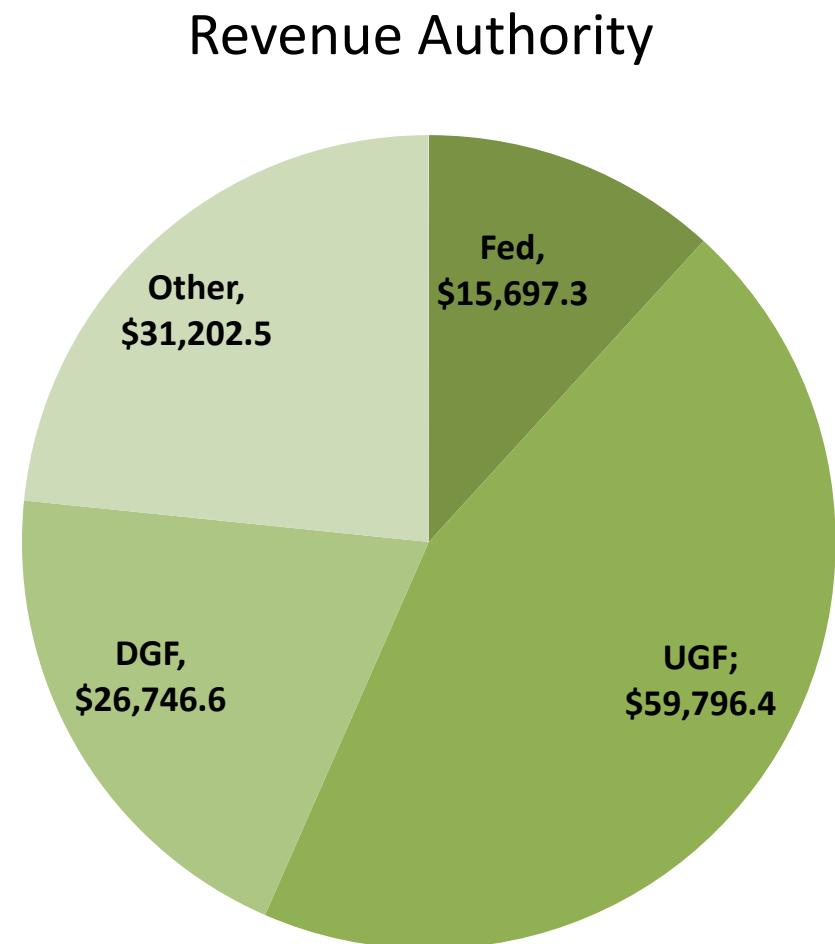
- **Mission:** Manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and partnerships.
- **Division:** 365 total positions: 341 PFT /24 Non-Perm
  - API has 246 PFT / 6 NP staff, which accounts for 69% of the Division's total staff positions
- **\$ 133,442.8** - FY2019 Operating Budget Request, including \$59,796.4 in UGF
- Total FY2017 Treatment & Recovery service population: **27,813**
- Total FY2017 Prevention & Early Intervention service population: **388,088**



Allocation and/or Program	Funding (in thousands)	# of Employees	# -Budgeted PFT Positions/# of Filled PFT	# -Budgeted PPT Positions/# of Filled PPT	# -Budgeted NP Positions/# of Filled NP	# of Alaskans Served	% Cost through Fees	Rating of Importance to Mission	Rating of Effectiveness
Behavioral Health (483)	\$133,442.8: \$59,796.4 UGF \$26,746.6 DGF \$15,697.3 Fed \$31,202.5 Other	365	341 / 297	-	24 / 17				
Behavioral Health Treatment and Recovery Grants (3099)	\$63,478.0: \$33,801.9 UGF \$20,562.7 DGF \$ 7,121.1 Fed \$ 1,992.3 Other	-	0	0	0	27,813	0.00%	Critical	1
Alcohol Safety Action Program (ASAP) (305)	\$5,318.0: \$1,865.1 UGF \$1,031.2 DGF \$ 597.6 Fed \$1,824.1 Other	27	26 PFT/ 20 PFT	0	1 NP/ 1NP	3,600	9.99%	Critical	1
Behavioral Health Administration (2665)	\$10,386.7: \$6,472.7 UGF \$ 965.9 DGF \$2,247.9 Fed \$ 700.2 Other	77	60 PFT/ 49 PFT	0	17 NP/ 11 NP	422,715	1.59%	Critical	2
Behavioral Health Prevention and Early Intervention Grants (3098)	\$11,721.1: \$2,065.3 UGF \$4,186.8 DGF \$5,469.0 Fed	-	0	0	0	388,008	0.00%	Critical	1

Allocation and/or Program	Funding (in thousands)	# of Employees	# -Budgeted PFT Positions/# of Filled PFT	# -Budgeted PPT Positions/# of Filled PPT	# -Budgeted NP Positions/# of Filled NP	# of Alaskans Served	% Cost through Fees	Rating of Importance to Mission	Rating of Effectiveness
Designated Evaluation and Treatment (1014)	\$3,794.8: \$3,794.8 UGF	-	0	0	0	1,216	0.00%	Critical	1
Alaska Psychiatric Institute (311)	\$33,360.0: \$ 7,185.7 UGF \$26,174.3 Other	252	246 PFT/ 221 PFT	0	6 NP/ 5NP	1,671	22.21%	Critical	2
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse (2801)	\$1,048.7: \$436.7 UGF \$100.4 Fed \$511.6 Other	6	6 PFT/ 4 PFT	0	0	All Alaskans	0.00%	Important	1
Suicide Prevention Council (2651)	\$657.7: \$657.7 UGF	1	1 PFT/ 1PFT	0	0	All Alaskans	0.00%	Important	1
Residential Child Care (253)	\$3,677.8: \$3,516.5 UGF \$ 161.3 Fed	2	2 PFT/ 2PFT	0	0	407	0.00%	Critical	1

# FY2019 Governor's Budget



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# SFY2019 Federal Grant Awards

– Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants	
• Community Mental Health Services (CMHS)	\$848.7
• Substance Abuse Prevention and Treatment (SAPT)	\$5,539.9
– Expanding Medication Assisted Treatment Alternatives to Address Prescription Drug And Opioid Addiction	\$1,000.0
– Alaska Partnership to Improve Outcomes for Adolescents and Families (No Cost Extension ends 8/31/2018)	\$244.2
– Projects for Assistance in Transition from Homelessness	\$300.0
– Strategic Prevention Framework Partnerships for Success - Program managed jointly with OSMAP	\$1,648.2
– Alaska's Project Hope - Naloxone Distribution - Project managed by OSMAP	\$1,000.0
– State Targeted Response to the Opioid Crisis - Program managed jointly with OSMAP	\$2,000.0



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# Division Grant Programs & Expenditures

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- We divide our grants into two types:
- ***Treatment and Recovery Grants*** - **\$57,746.4** in FY18  
Grants to behavioral health grantees providing mental health (MH) and / or substance use disorder (SUD) treatment, or co-occurring MH/SUD treatment
- ***Prevention & Early Intervention Grants*** - **\$9,139.6** in FY18

**Total FY18 Grant Dollars Distributed: \$66,886.0**



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# FY18 Treatment & Recovery (T&R) Grant Expenditures

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- The T&R grants are generally divided between
  - Mental Health (MH) Treatment Services, and
  - Substance Use Disorder (SUD) Treatment Services
- Key Mental Health Grantee Categories include:
  - ***Psychiatric Emergency Services (PES): \$6,988.9***
  - ***Seriously Mentally Ill Adults (SMI): \$11,050.3***  
(includes Outpatient Mental Health and Supportive Housing)
  - ***Seriously Emotionally Disturbed (SED) Children & Youth: \$9,455.3***  
(includes SED Youth & Family Outpatient and Youth Mental Health Residential)



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# FY18 Treatment & Recovery (T&R) Grant Expenditures

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- Key Substance Use Disorder Grantee Categories include:
  - *SUD Residential Treatment Programs*: \$8,486.1
  - *SUD Outpatient Treatment Programs*: \$8,146.3
  - *Withdrawal Management (Detox)*: \$2,936.4\*
  - *Opioid Treatment*: \$2,936.4  
(Medication Assisted Treatment Programs)



# FY18 Prevention & Early Intervention (P&EI) Grant Expenditures

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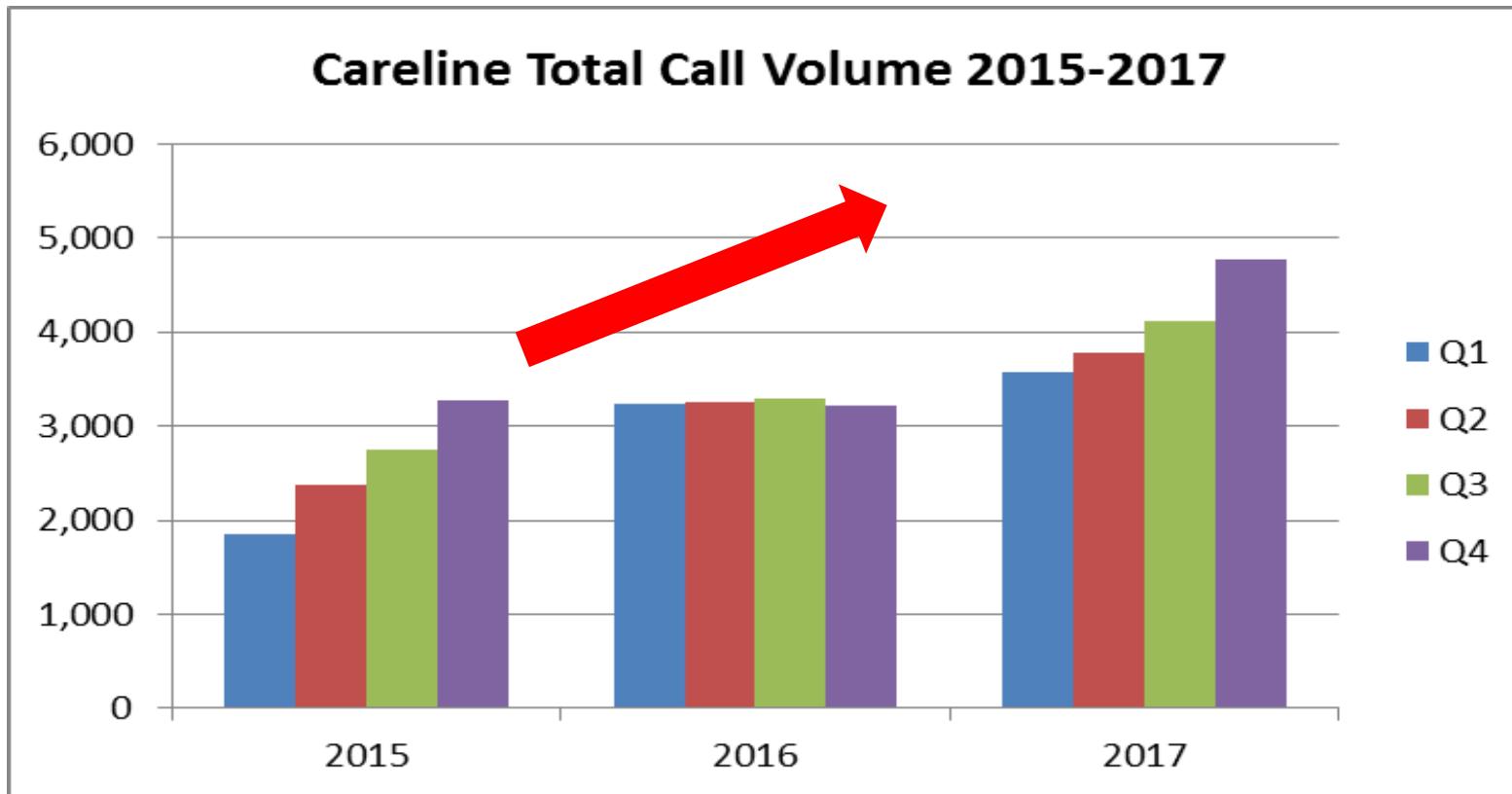
- Key Prevention & Early Intervention Grantee Categories include:
  - ***ASAP (Alcohol Safety Action Program): \$1,320.7***
  - ***Comprehensive Behavioral Health Prevention & Early Intervention Community Service: \$3,127.4***
  - ***Alaska Careline: \$490.0***
  - ***Rural Human Services Systems: \$1,838.8***
  - ***Partnerships For Success (OSMAP): \$1,043.7***



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# Alaska Careline

Statewide Crisis Call Center



- ❖ In state fiscal year 2017, Careline received 16,228 contacts.



# The \$18.0 Million FY18 Supplemental Request for Additional Substance Use Disorder Treatment Services

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- 4 Year proposal starting in SFY 18 and ending in SFY 21
- \$15.0 Million + in grant dollars to fund 5 separate categories of needed SUD services
- But also provides \$3.0 Million for communities and community providers to pay for the needed infrastructure improvements
- Similar to the \$6.0 Million in FY17 Legislative funding, the RFPs would require direct community involvement and support



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# The Proposed Five (5) Programs

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- Medically-monitored Withdrawal Management (Detox) Services
  - \$4.5 Million for the 4 years
- Ambulatory Withdrawal Management (WM) Services
  - \$1.5 Million for 4 years – a key service to improve access to WM treatment in rural settings
- Residential or Outpatient SUD and Recovery Maintenance Services
  - \$4.5 Million for the 4 years (includes an Intensive Outpatient option)
- Sobering Centers or 72-Hour Substance Misuse Crisis Evaluation Services
  - \$3.0 Million for the 4 years
- Housing Assistance and Supports
  - \$1.5 Million for 3 years



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# FY2018 State Substance Use Disorder Grants

## \$6,000.0 over 3 years (FY2017- FY2019)

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Second year of the project sees all three programs up and running:

- 1) Clinically Managed Withdrawal Management (Detox) – Central Peninsula General Hospital – Serving the Central Kenia Peninsula – Services began: 8/2/17 Capacity: 6 beds (with potential to increase to 10)**
- 2) Residential Substance Use Disorder (SUD) Treatment for Women with Children - Set Free Alaska – Serving the Wasilla area**  
*Services began: 9/5/17 Capacity: 12 treatment beds for women and 4 beds for related children*
- 3) Sobering Center Services – Tanana Chiefs Council – Serving Fairbanks – Services began: 12/19/17; will begin overnight services 1/31/18 Capacity: 12 beds;**



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# FY2018 Recidivism Reduction Funds

- SB 91 resulted in the Division receiving \$2.0 Million in FY 2018 to support recidivism reduction efforts.
- Generally the funds are being used to:
  - Strengthen community reentry programs – (\$850.0)
  - Provide AHFC with time-limited rental assistance to persons under DOC supervision (\$400.0) – the purpose of the AHFC “Returning Home Program” is to transition and stabilize individuals into the private rental market who have recently been released from a correctional institution
- Conduct a 2-year study of the Department of Corrections’ Vivitrol Intervention Program (\$54.2)
- Implement a variety of administrative improvements in coordination with DOC and other DHSS divisions, as well as technology platform improvements for secure case management tracking in both DBH and DOC (\$128.6)



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# Grant Reformation / Refinancing: How Grant Reductions are Impacting Providers

- Ongoing behavioral health Treatment and Recovery budget reductions reflect a shift from a reliance on General Fund (UGF) grant dollars to provide support to non profit community behavioral health agencies to replacing this funding through Medicaid.
  - **FY17 - \$5,800.0 UGF *reduction*** (equal to an overall 9.5% reduction to the division's grants component)
  - **FY18 - \$3,000.0 UGF *reduction*** (equal to an overall 4.9% reduction to the component)



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# Grant Reformation – How Grant Reductions are Impacting Providers

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- A major adverse factor in turning to Medicaid refinancing to reduce the behavioral health grantee burden on the General Fund:
  - **Behavioral Health Medicaid rates have not been adjusted for over 10 years – the rates are truly a significant drag on the financial health of behavioral health providers**
- Unlike most other medical services paid for by Medicaid, the Behavioral Health Medicaid rates were not set up to be annually adjusted for inflation.
- The DHSS Office of Rate Review has spent the past two years working with the non-tribal provider community to rebase the current behavioral health Medicaid rates to make them equitable to present service costs



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# SFY16-17 Community Behavioral Health Clinic Medicaid Claims by Behavioral Health Population

Fiscal Year	Behavioral Health Population	A Medicaid Expansion				B All Other Medicaid				C TOTAL Medicaid			
		Payments (in thousands)	% of Whole	Client Count	% of Whole	Payments (in thousands)	% of Whole	Client Count	% of Whole	Payments (in thousands)	% of Whole	Client Count	% of Whole
2016	Substance Use Disorder (SUD)	\$7,308.9	67%	1,219	51%	\$16,210.8	13%	2,502	21%	\$23,519.7	17%	3,599	31%
	Mental Health (MH)	\$2,559.0	23%	981	35%	\$98,242.3	79%	8,184	68%	\$100,801.2	75%	9,083	57%
	Co-occurring (MH & SUD)	\$1,079.6	10%	439	14%	\$9,162.4	7%	1,557	11%	\$10,242.0	8%	1,965	12%
	<i>2016 Total</i>	<b>\$10,947.5</b>	<b>100%</b>	<b>2,222</b>	<b>100%</b>	<b>\$123,615.4</b>	<b>100%</b>	<b>10,467</b>	<b>100%</b>	<b>\$134,562.9</b>	<b>100%</b>	<b>12,476</b>	<b>100%</b>
Fiscal Year	Behavioral Health Population	A Medicaid Expansion				B All Other Medicaid				C TOTAL Medicaid			
		Payments (in thousands)	% of Whole	Client Count	% of Whole	Payments (in thousands)	% of Whole	Client Count	% of Whole	Payments (in thousands)	% of Whole	Client Count	% of Whole
2017	Substance Use Disorder (SUD)	\$17,134.8	72%	2,856	54%	\$15,196.3	12%	2,688	22%	\$32,331.1	22%	5,299	37%
	Mental Health (MH)	\$4,747.6	20%	1,691	31%	\$100,640.4	80%	8,205	67%	\$105,388.0	70%	9,753	49%
	Co-occurring (MH & SUD)	\$2,063.2	9%	870	15%	\$10,172.2	8%	1,546	12%	\$12,235.4	8%	2,352	13%
	<i>2017 Total</i>	<b>\$23,945.6</b>	<b>100%</b>	<b>4,555</b>	<b>100%</b>	<b>\$126,008.9</b>	<b>100%</b>	<b>11,019</b>	<b>100%</b>	<b>\$149,954.5</b>	<b>100%</b>	<b>15,151</b>	<b>100%</b>
Change SFY16 to SFY17		119%		105%		2%		5%		11%		21%	



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# The 1115 Application Has Been Filed!

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- The Department's Application to CMS for an 1115 Behavioral Health Waiver Demonstration was filed on Wednesday, January 31<sup>st</sup>; it has been a huge undertaking by the Department
- The good news: the application has been found by the Department's contracted actuarial firm, Milliman, to meet the cost neutrality requirements of the federal government



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# GOALS OF 1115 WAIVER DEMONSTRATION

The Alaska Behavioral Health 1115 Demonstration seeks to provide Alaskans with a comprehensive suite of cost-effective, high quality behavioral health services designed to ensure access to the right services at the right time in the right setting.

The waiver will allow the State to:

1. Rebalance the current behavioral health system of care to reduce Alaska's over-reliance on acute and institutional-level care and shift to more community or regionally-based care.
2. Intervene as early as possible in the lives of Alaskans to address behavioral health symptoms before symptoms cascade into functional impairments.
3. Improve the overall behavioral health system accountability by reforming the existing system of care.

# Alaska Psychiatric Institute

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- API's proposed FY19 budget is \$33,360.0
- 22% of API's funding is UGF: \$7,185.7
- The remainder is funded by DSH (Disproportionate Share Hospital) Medicaid Funds: \$26,174.3
- API is the largest user of the State's DSH funds
- DSH also pays for the Division's support for its important psychiatric support hospitals (Fairbanks Memorial; Providence Alaska Medical Center for the Providence Psychiatric Emergency Department; and Bartlett Regional)



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# An 80 Bed Hospital

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- API is an 80 bed hospital with 5 distinct units:
  - Two adult acute units: Katmai (24 beds) and Susitna (26 beds) for a total of 50 adult acute beds
  - One 10 bed unit for adolescents (Chilkat) – ages 13 to 18
  - One 10 bed unit for longer term adult patients (Denali) with a real mix of diagnoses, from TBI, autism, dementia, IDD, but all with very difficult and complex behavioral issues
  - One 10 bed unit for “forensic” patients (Taku) – for defendants’ whose criminal trials are on hold because of concerns for their mental status



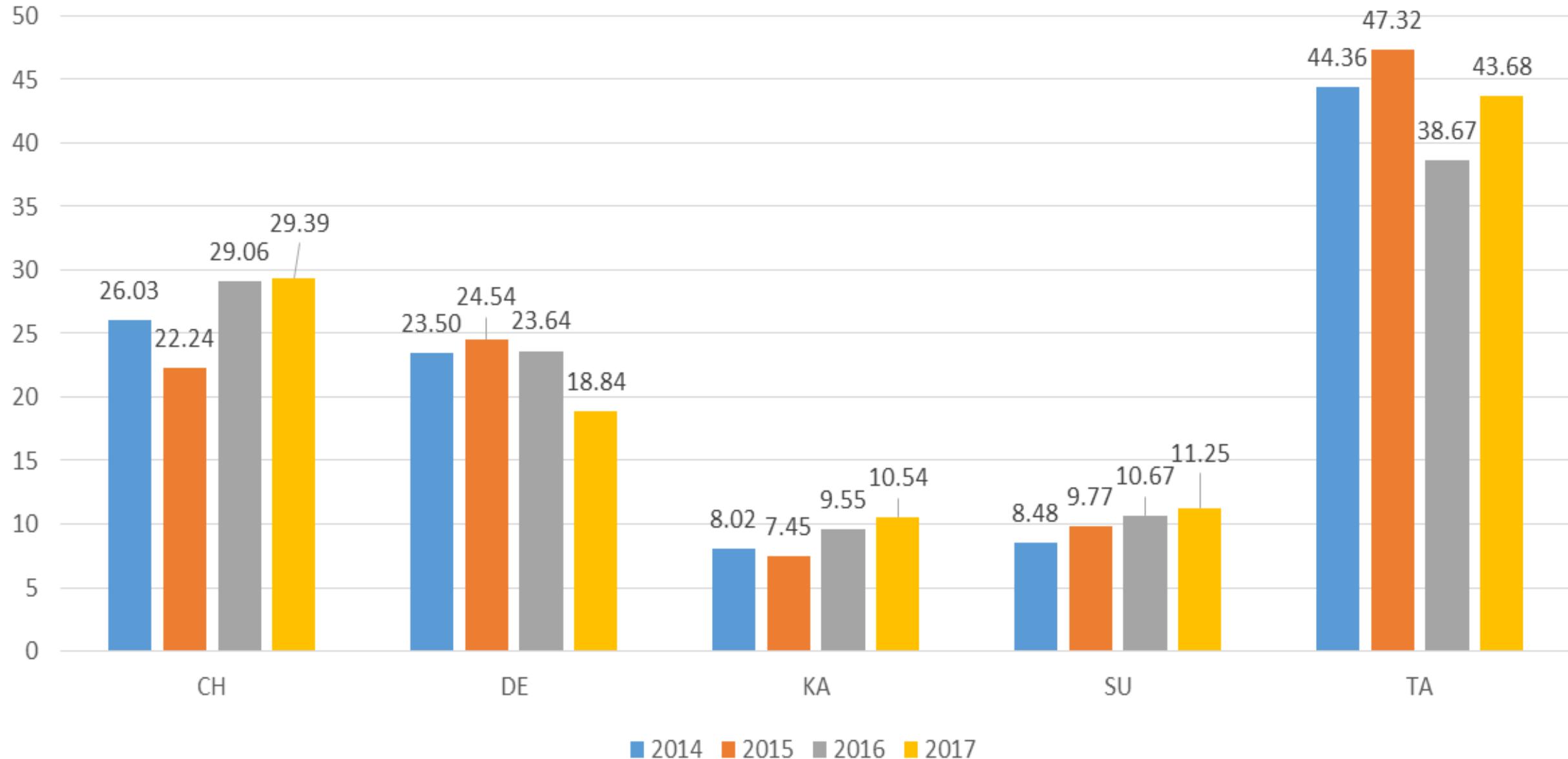
# API Current Issues:

- Admissions pressures:
  - Long waits (boarding) in hospital EDs for an evaluation and/or treatment bed at API
  - The wait lists for a bed at API are presently complicated by the current construction project that has closed 10 of the adult beds for now, and which will temporarily reduce the bed capacity by 18 beds for one month later in the spring
- Staffing concerns, including recruitment, retention, staff injuries, appropriate unit staffing coverage
- Pressures from the court system around the waitlist for beds on the Taku forensic unit, both for competency evaluations and, more importantly, admission to the unit for treatment to determine defendant viability for restoration
- The reliance on overtime to keep the hospital staffed (Premium Pay)



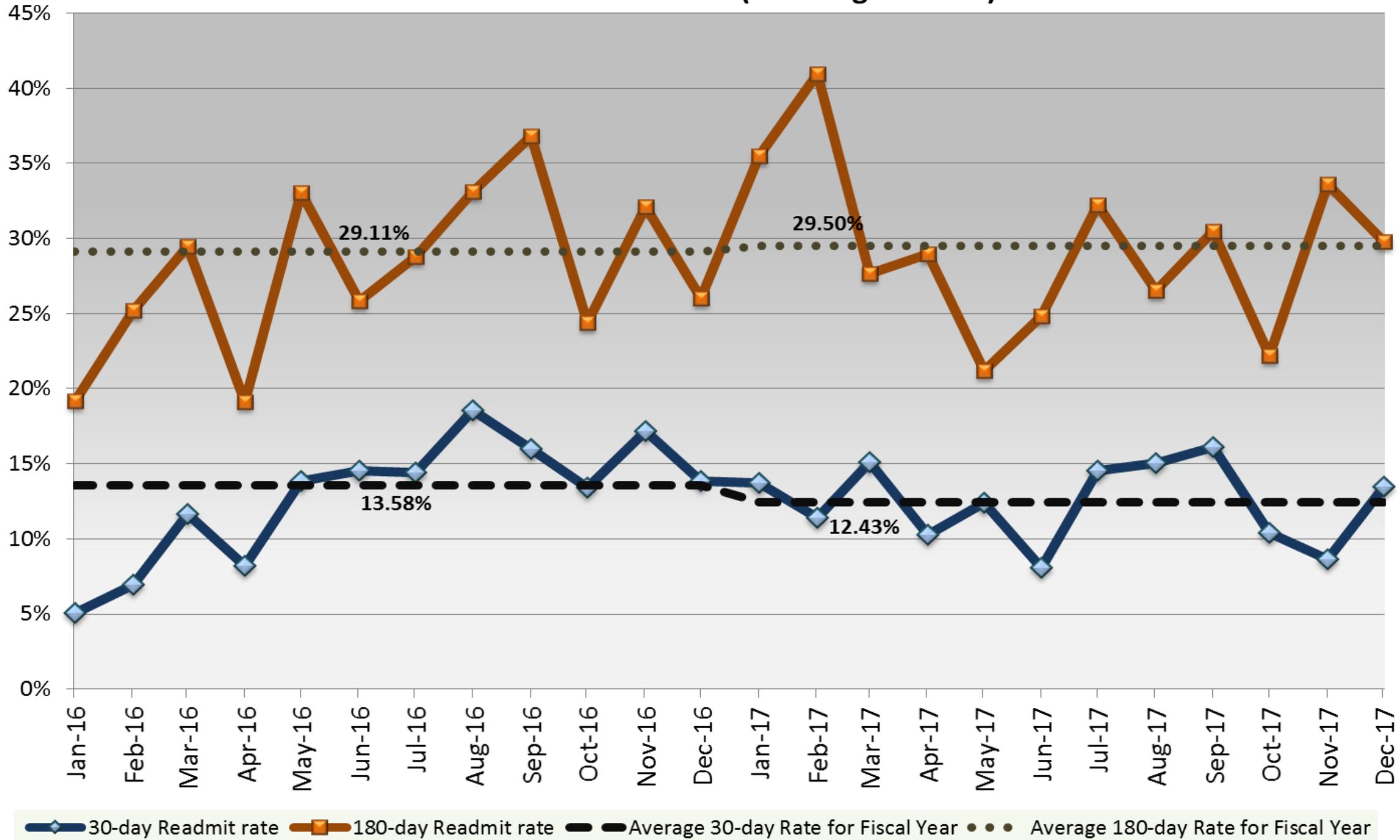
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Alaska Psychiatric Institute  
Average Length of Stay By Unit By Year, 2014 - 2017  
LOS > 90 days removed

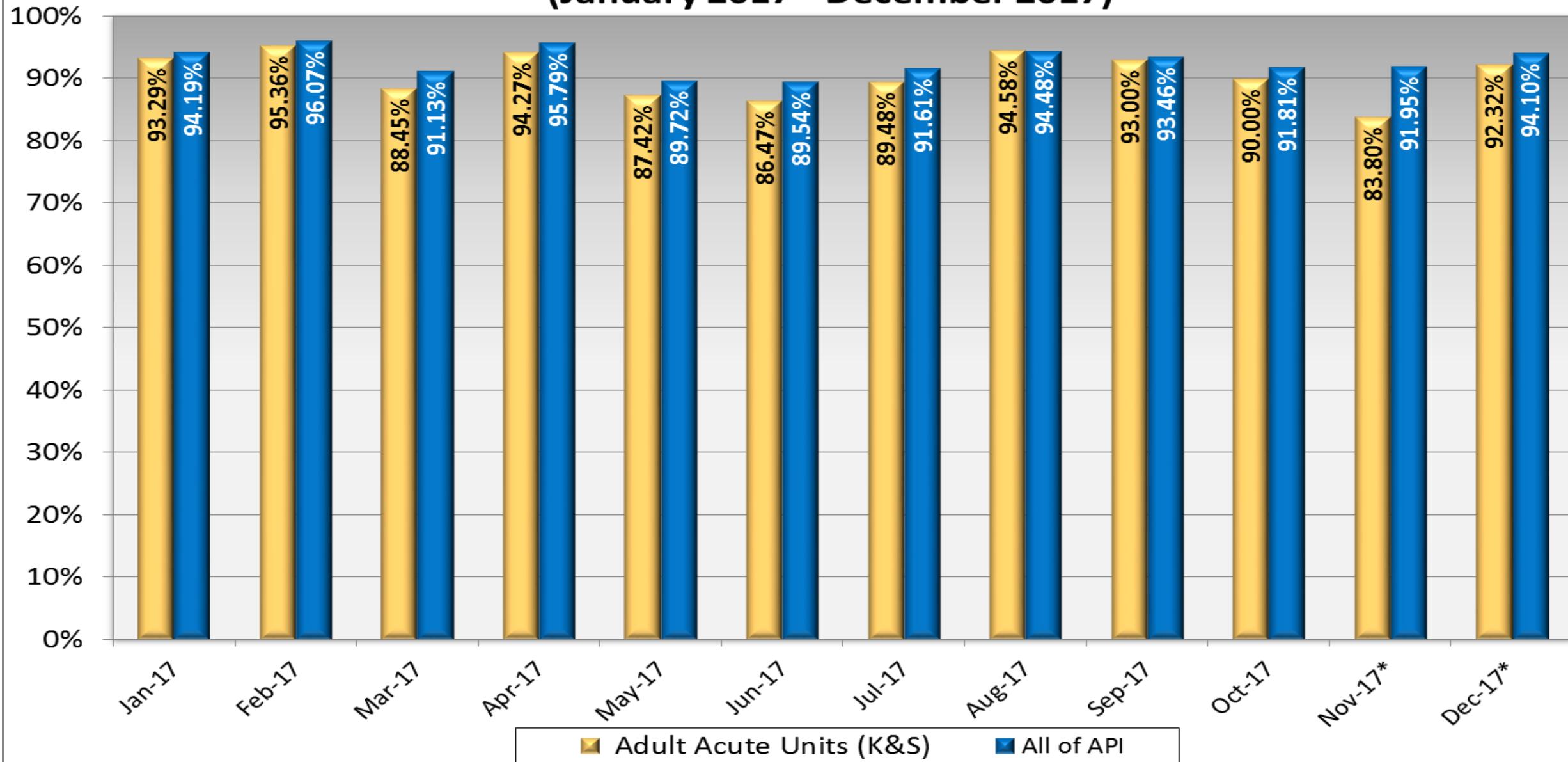


## API Monthly 30 and 180-day Re-admission Rates

### Jan 2016 - Dec 2017 (Discharge Cohort)

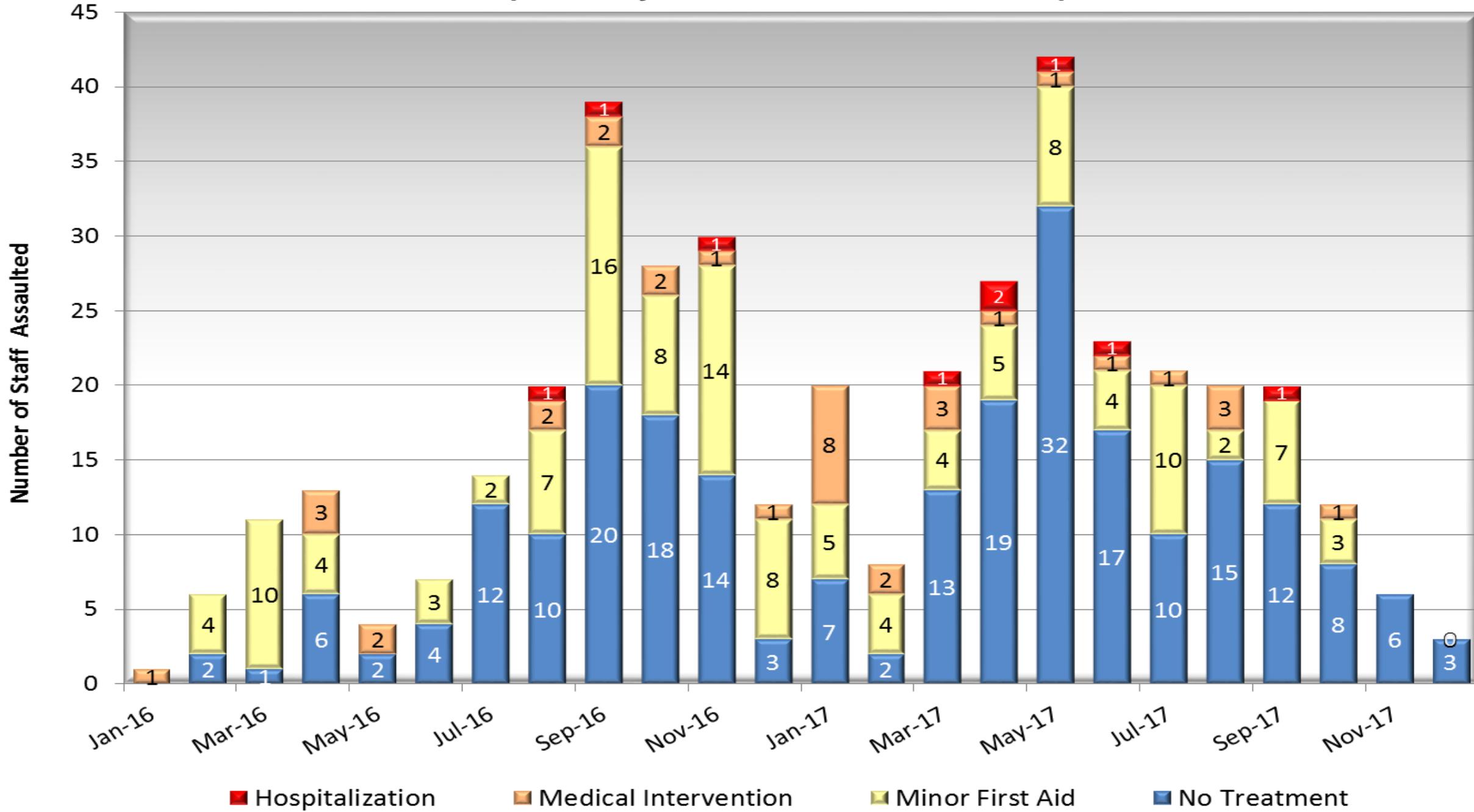


**Percentage of Days in the Month at or above 90% Occupancy for Adult Acute Units Compared with All units at API**  
**(January 2017 - December 2017)**



\* November 7, 2017 - December 31, 2017 Maximum occupancy calculated based on the daily bed cap. The bed cap during this time period fluctuated between 80 and 70 for all of API, but remained at 50 for the Adult Acute Units.

## Patient Assaults on Staff by Month and Severity from UOR Data (January 2016 - December 2017)



# What is DBH Doing to Work these Problems? Staff Injuries

- After a 2014 OSHA complaint, API moved from the MANDT System training to the NAPPI (Non-Abusive Psychological and Physical Intervention) System (the program helps staff respond to escalating patients in ways that keep the staff and patients safe. NAPPI is primarily a verbal de-escalation intervention with some self-defense or physical intervention techniques)
- Prior to the second OSHA complaint last year, API had purchased the NAPPI Advance Module, which includes more physical intervention techniques; **API is currently working to implement these new techniques into the training for all staff**



# What is DBH Doing to Work these Problems?

## Staff Injuries

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- We are contracting with the Western Interstate Commission for Higher Education (WICHE) to assess our training program and provide recommendations
- We are ensuring that the API Safety Committee is reviewing each incident report carefully, looking for systems issues that recommend practice changes
- We are ensuring that Close Observation Status Scale policy and procedure is appropriately followed



# API Staffing Levels

Here are the Full Time and Non-Permanent Position totals for API since FY14.

Fiscal year	FTEs	NPs
2014	248	6
2015	248	5
2016	246	5
2017	246	5
2018	246	6

- In FY12, API created its first PNA pool, taking one of its full-time PNA positions and funding it at a level that would allow API to hire some 25 Non perm positions within the expanded funding budgeted for that one PNA full-time position.
- In FY15, API again increased the PNA pool, adding funding that allowed an *additional* 25 NPs to be hired within the funding set aside by API for that one full-time position.



# API Staffing Levels

- We have a variety of reports and studies suggesting that API is appropriately staffed
- We are looking at the distribution of RN staff, hoping to move to 12 hour shifts in the near future
- We also struggle with recruitment and retention, and are naturally concerned for the pressures on nursing staff from the capacity issues at API
- We know that API's salary schedule is non-competitive with the private sector – RNs are paid at least \$8.00 an hour more in Anchorage than starting API RNs



# (Any More) Questions?

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THANK YOU!



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