

Distributed by  
Senator Wilson

# Alaska Behavioral Health Systems Assessment Final Report

Prepared by Agnew::Beck Consulting, LLC and  
Hornby Zeller Associates, Inc.  
Updated 1.22.2016



## 6. ARE STATE-FUNDED BEHAVIORAL HEALTH SERVICES EFFECTIVE?

### Overview of System Governance and Performance Management Framework

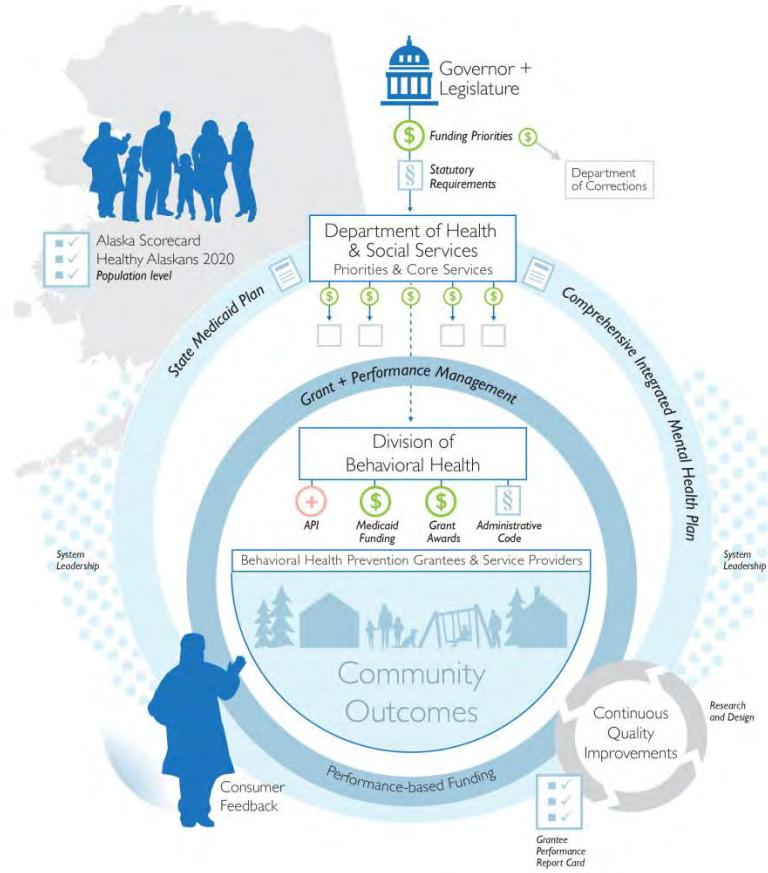
An important question for all stakeholders is whether state-funded behavioral health services are effective. Figure 6-1 visually describes the governance and performance management framework for the community behavioral health system managed by DBH. The governor and legislature establish statutory requirements and set funding priorities at the departmental and sometimes division level. Priorities are informed by population level score cards like the Alaska Scorecard (

Figure 6-3) and statewide health targets included in Health Alaskans 2020 (Figure 6-2), as well as individual program performance data. The State Medicaid Plan and Comprehensive Integrated Mental Health Plan are structures designed to help guide priorities and spending at all levels. Systems leadership represents the many national, local, federal, state, Tribal, and private entities that help to support and/or guide the system.

**Figure 6-1 Alaska Community Behavioral Health System Governance and Performance Management Framework**

DBH is the leading entity responsible for oversight of behavioral health-specific State Medicaid funds, issuance and management of a wide range of grant awards from prevention to treatment and recovery services, development of administrative code, and operation of the Alaska Psychiatric Institute (API). For DBH Treatment and Recovery grantees, legislative mandates in 2007 set in place a series of performance-based funding processes.<sup>125</sup> The DBH performance management system uses the Results Based Accountability framework to answer three questions:

1. Quantity: How much do we do?



<sup>125</sup> Connecting the Dots: The Right Data to the Right Person. Western Interstate Commission on Higher Education (WICHE). June 2014. Available at: <http://dhss.alaska.gov/dbh/Documents/Connecting%20the%20Dots.pdf>

2. Quality: How well do we do it?
3. Outcomes: Is anybody better off?

Each year, DBH produces a Treatment and Recovery grantee performance-based funding report outlining summary and provider level data in response to the three questions above.<sup>126</sup> Consumer feedback, through the Behavioral Health Consumer Survey and Client Status Review, and provider-reported screening and service data, submitted through AKAIMS or, for a small handful of grantees, an electronic data interface, drive these processes. A variety of continuous quality improvement strategies, for example a Results-Based Accountability dashboard, play an integral role in helping DBH ensure that the system and the services it delivers are performing. DBH relies on an advisory group and ongoing consulting support to review and refine its performance management system.

The goal of producing community level outcomes that make a difference in the day-to-day lives of Alaskans lies at the heart of the community behavioral health system. The continuum of behavioral health services, from prevention to treatment and recovery support, help to produce population-level improvements evidenced in prevalence data in the Alaska Scorecard and our progress toward Healthy Alaskans 2020 goals.

## Key Findings

### System Governance

- A robust system governance and performance management framework exists to guide the priorities and assess the performance of the community behavioral health system. A key part of that framework, the comprehensive integrated mental health plan has not been updated since the 2006-2011 plan *Moving Forward* expired. A new comprehensive integrated mental health plan is needed to guide the system through this tremendous period of change and to expand capacity in the areas that need it most.

### Population Level Outcomes

- Population level outcomes are perhaps the ultimate proxy of the how well the State-funded continuum of care is meeting the behavioral health needs of Alaskans. According to the 2014 Alaska Scorecard, health status is declining or uncertain in eight of the nine behavioral health indicators included. These indicators look at suicide, substance abuse, mental health, and health insurance access. The status of days of poor mental health in the past month (among adults) receives a green check mark for satisfactory. Of the 13 behavioral health-related indicators in *Healthy Alaskans 2020* leading health indicators status report, the state has met five of its Healthy Alaskans goals already, is on track to meet two more of its Healthy Alaskans goals by 2020, and is not on track to meet its goal for five of the indicators by 2020. More work remains at the population level.

---

<sup>126</sup> Results for each fiscal year are available for download here:  
<http://dhss.alaska.gov/dbh/Pages/Performance%20Measures/Default.aspx>

## Performance-Based Funding

- A performance-based Treatment and Recovery funding report with systems and provider-level report cards is produced annually and is available online.<sup>127</sup> In FY15, 42 of 69 grantees (61 percent) experienced increased funding as a result.<sup>128</sup> The minimum change was \$75, the maximum change was \$42,632 and the average change was just under \$5,000. Thirty-seven of 69 grantees (39 percent) experienced decreased funding as a result. The minimum change was (-\$11), the maximum change was (-\$48,948) and the average change was just (-\$7,735).

## Client Level Outcomes

- According to a 2014 analysis by Western Interstate Commission on Higher Education (WICHE) on the validity of DBH's performance outcomes,<sup>129</sup> meaningful, positive change was found amongst adult mental health clients in all categories measured including: mentally unhealthy days, quality of life, use of alcohol and drugs, physically unhealthy days, activity limitation days, legal involvement, arrest past 30 days, and arrest past 12 months. Additionally, adult clients who were in treatment for mental health who were discharged reported a decrease in mentally unhealthy days of 9.7 days at four months, 10.1 days at eight months, and 11.3 days at twelve months (for those who stayed in treatment long enough to report at those intervals). This analysis relied on client data from state fiscal years 2011 to 2013.
- While more work needs to be done, the available evidence suggests DBH-funded Treatment and Recovery grantees are providing services that improve the lives of clients who engage in services.

## Comprehensive Integrated Mental Health Plan

Alaska Statute specifies that the Department of Health and Social Services shall

- (1) prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program, as that term is defined by AS 47.30.056 (i); the preparation of the plan and any revision or amendment of it shall
  - (A) be made in conjunction with the Alaska Mental Health Trust Authority;
  - (B) be coordinated with federal, state, regional, local, and private entities involved in mental health services;
- (2) implement an integrated comprehensive system of care that, within the limits of money appropriated for that purpose and using grants and contracts that are to be paid for from the mental health trust settlement income account, meets the service needs of the beneficiaries of the trust established under the Alaska Mental Health Enabling Act of 1956, as determined by the plan.<sup>130</sup>

---

<sup>127</sup> Results for each fiscal year are available for download here:

<http://dhss.alaska.gov/dbh/Pages/Performance%20Measures/Default.aspx>

<sup>128</sup> FY2015 Treatment and Recovery Performance-Based Funding Summary. Final. June 27, 2015. Alaska Division of Behavioral Health Services. Available at: <http://dhss.alaska.gov/dbh/Pages/Performance%20Measures/Default.aspx>

<sup>129</sup> Connecting the Dots: The Right Data to the Right Person. Western Interstate Commission on Higher Education (WICHE). June 2014. Available at: <http://dhss.alaska.gov/dbh/Documents/Connecting%20the%20Dots.pdf>

<sup>130</sup> AS 47.30.660. Powers and Duties of Department.