

Division of Behavioral Health

February 12, 2014



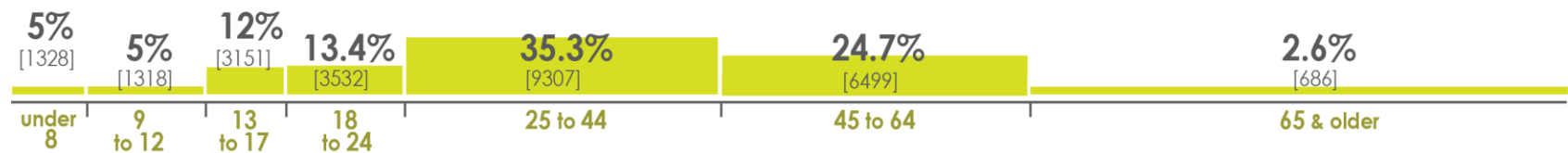
Barbara Henjum, Director
Department of Health & Social Services

Division of Behavioral Health Mission

To manage a comprehensive behavioral health system that promotes quality services and improves outcomes for individuals, families, and communities.

FY2013 PRIMARY SERVICE POPULATION

[Total service population **26,329** individuals]

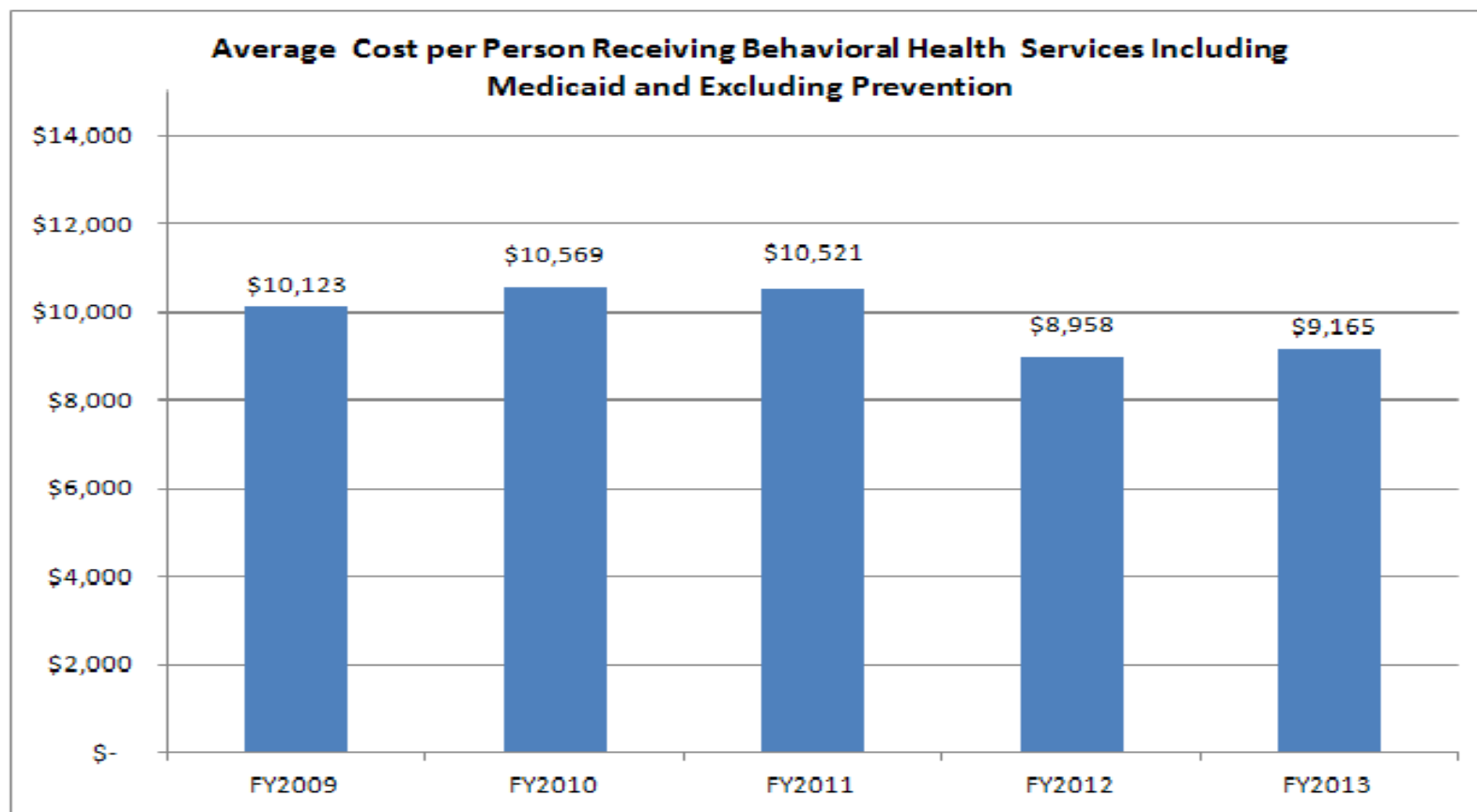


Division of Behavioral Health Core Services

Core Business Services and Practices	Dedicated Resources (FY2015 Governor)
<ul style="list-style-type: none">• Monitor & Manage Public Funds• Compliance with Rules: Statute, Regulation & Policy• Measure Performance & Outcomes	<ul style="list-style-type: none">• \$14,277.9 (10.2%)
Alaska Psychiatric Institute	<ul style="list-style-type: none">• \$33,175.0 (23.6%)
Grants and Contracts with Community Behavioral Health Partners	<ul style="list-style-type: none">• \$93,088.6 (66.2%)

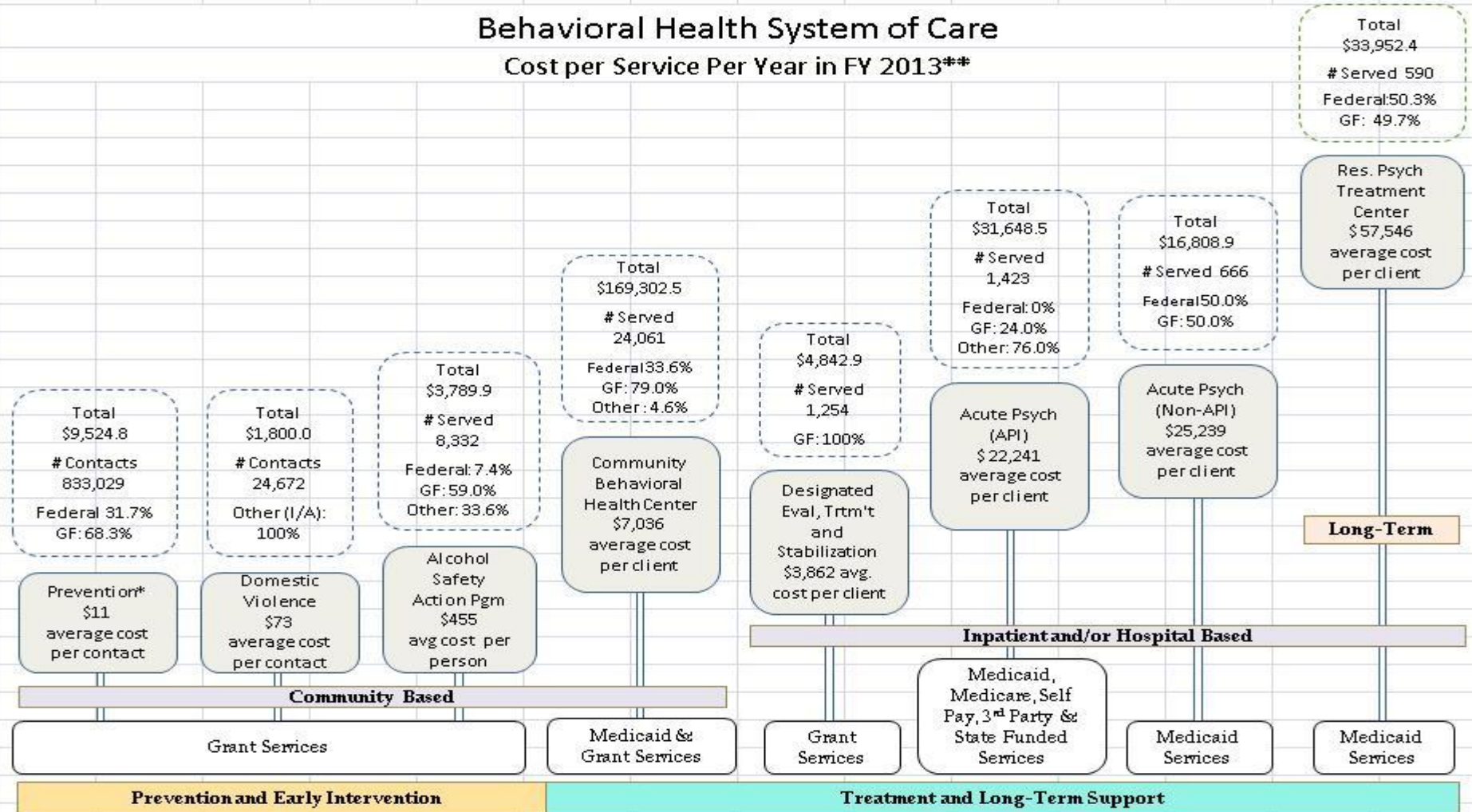
Efficiency Measures

What does it cost to provide services?



Behavioral Health System of Care

Cost per Service Per Year in FY 2013**



* Prevention group includes mental health promotion, substance abuse prevention, fetal alcohol syndrome awareness and diagnoses, and suicide prevention

**Data Sources for Funding and Services:

DBH Program SFY 2013 Expenditures are from Actuals in ABS (MOE as of 11-22-13); Medicaid Payments in SFY 2013 are from JUCE (11-19-13).

Prevention/Early Intervention SFY 2013 contacts/persons are from grantee quarterly reports (FAS counts are from AKAIMS).

Treatment/Long-Term Support SFY 2013 client counts are from AKAIMS/EDI.

Effectiveness measures—

Alaskans are better off!

Prevention:

Investment in prevention produces statewide change. In the last 10 years:

- Past 30-day drinking by high school students decreased by 42%
- Past 30-day binge drinking by high school students decreased by 52%
- The % of youth who had their first drink before age 13 decreased by 41%
- Past 30-day tobacco use by high school students decreased by 31 %

Treatment:

For FY2014 grants, DBH measured access, engagement, retention, quality and client treatment outcome. Results show significant improvement in:

- Adults with severe mental illness, 76.2% improvement
- Children/youth with severe emotional disturbance, 68% improvement
- Youth and adults with substance abuse and addiction, 93% youth/ 91% adults show improvement

Alaska Psychiatric Institute:

Readmission to Acute Care within 30 days or less, currently 15.84%

General Fund 2006-2015

BH Appropriation GF Increase: \$42 million (77%)

Salary adjustments account for \$3.65 million of the GF increase.

DHSS Behavioral Health Comparisons by Allocation

(GF Only)
(\$ Thousands)

Services to Severely & Emotionally Disturbed Youth: Up \$9.6 m (208%)

Major reasons for increases:

- FY06: FY14--BTKH Increments: \$8 million UGF
- FY09: ProShare: \$4.8 million UGF
- FY10: Community BH Centers: \$1.1 million

Services to the Seriously Mentally Ill: Up \$8.4 m (101%)

Major reasons for increases:

- FY09: ProShare: \$4.2 million UGF
- FY10: Transfer from BH Grants: \$1 million UGF

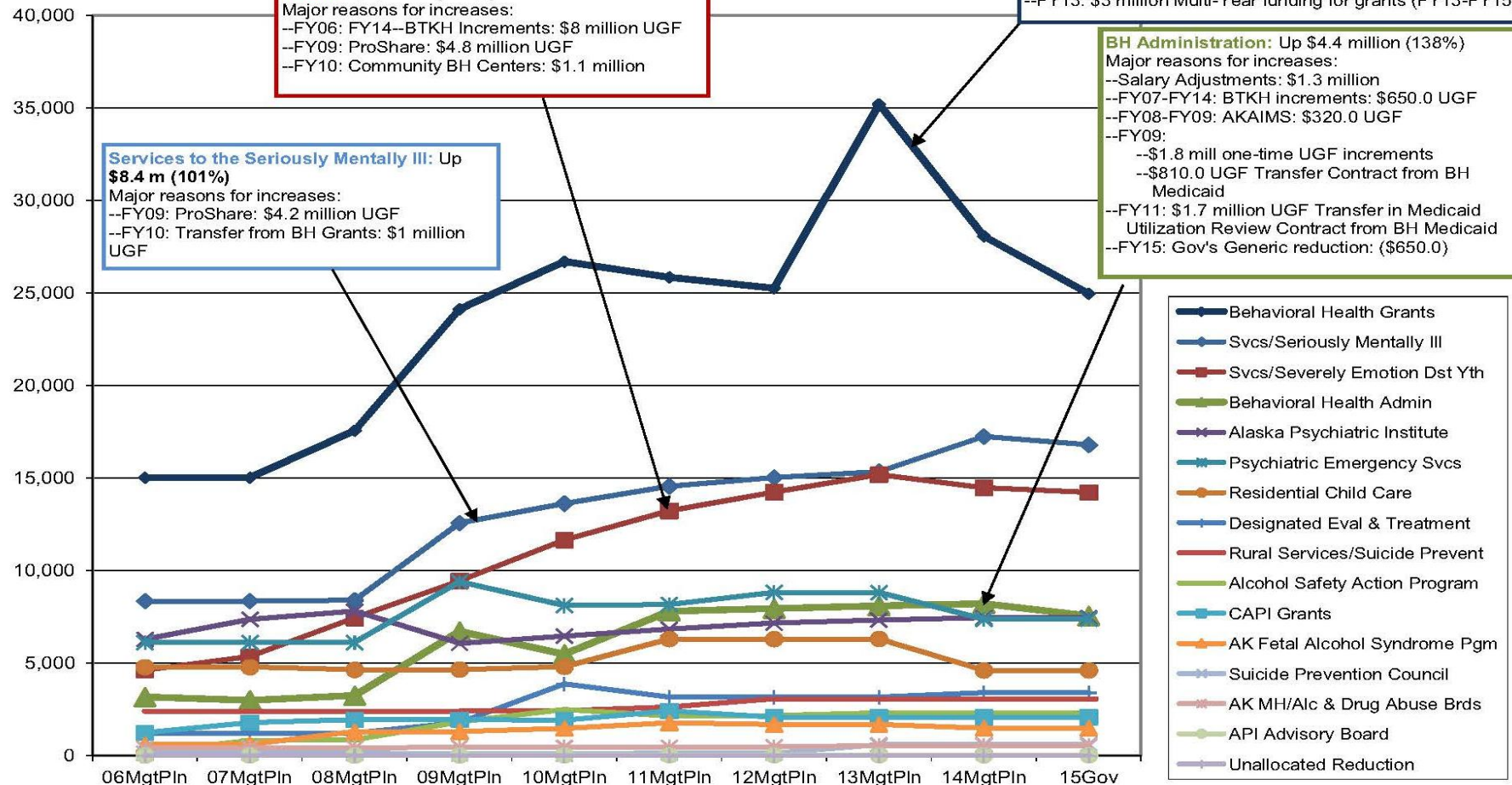
BH Grants: Up \$9.95m (66%)

- Salary Adjustments: 1.3m
- FY09: ProShare: \$4.3 million UGF
- FY10: Grants for BH & Substance Abuse: \$2m
- FY11: Clitheroe: \$1.2m
- FY13: \$3 million Multi-Year funding for grants (FY13-FY15)

BH Administration: Up \$4.4 million (138%)

Major reasons for increases:

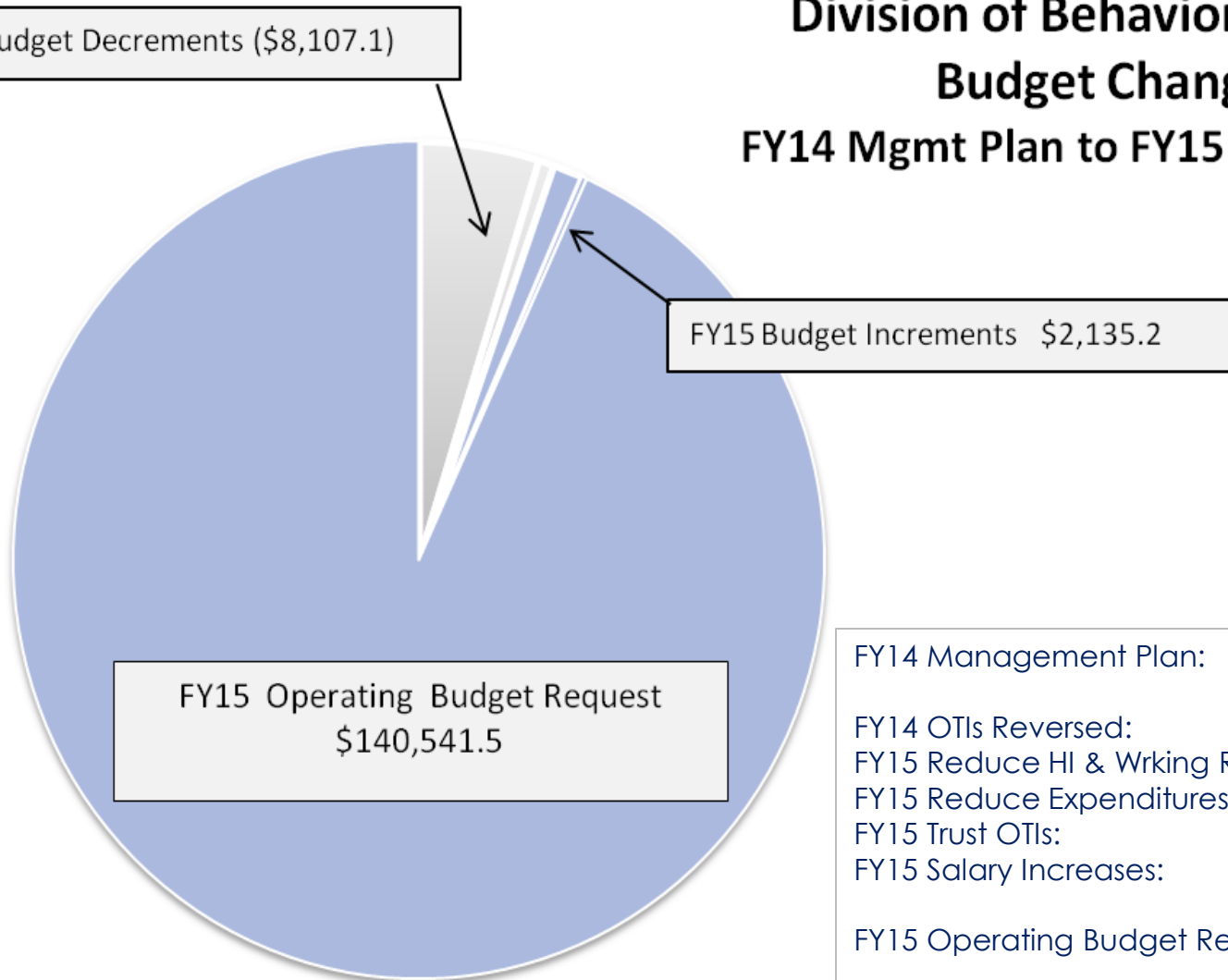
- Salary Adjustments: \$1.3 million
- FY07-FY14: BTKH increments: \$650.0 UGF
- FY08-FY09: AKAIMS: \$320.0 UGF
- FY09:
 - \$1.8 mill one-time UGF increments
 - \$810.0 UGF Transfer Contract from BH Medicaid
- FY11: \$1.7 million UGF Transfer in Medicaid Utilization Review Contract from BH Medicaid
- FY15: Gov's Generic reduction: (\$650.0)



FY2015 Governor's Operating Request

<u>Behavioral Health</u>	FY2014 Mgmt Plan	Adjusted Base	FY2015 Governor	14 Mgmt Plan to Governor	Adjusted Base to Governor
Unrestricted General Funds	81,252.9	77,692.7	76,792.7	-4,460.2	-900.0
Designated General Funds	19,607.5	19,606.4	19,606.4	-1.1	0.0
Federal Funds	12,031.7	11,930.6	11,821.4	-210.3	-109.2
Other Funds	33,621.3	32,160.9	32,321.0	-1,300.3	160.1
Total	146,513.4	141,390.6	140,541.5	-5,971.9	-849.1
Position Total (PFT)	345	345	345	0	0

Division of Behavioral Health Budget Changes FY14 Mgmt Plan to FY15 Gov Request



PRIORITY 1: HEALTH & WELLNESS ACROSS THE LIFESPAN

Behavioral Health Performance Measures:

- % of Alaskans discharged from substance abuse treatment services who successfully complete treatment.
- % of Behavioral Health recipients who report improved functioning and quality of life.
- % of behavioral health clients who readmit back into API within 30 days of discharge.

\$28,500.0 (19.45%)

PRIORITY 2: HEALTH CARE ACCESS DELIVERY & VALUE

Behavioral Health Performance Measures:

- % of the estimated need for behavioral health services are met through community-based services.
- % of clients whose wait time to access treatment is less than 7 days.
- % of substance abuse residential treatment providers with a bed utilization rate of 85% or higher.
- % of youth discharged from an RPTC who do not return (recidivate) within 12 months

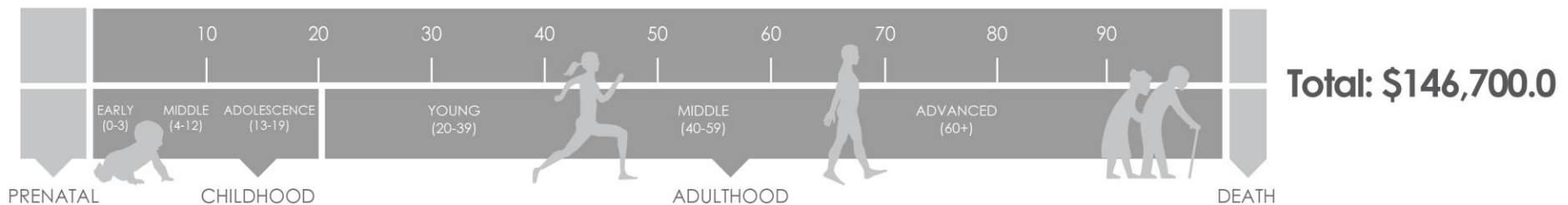
\$97,700.0 (66.56%)

PRIORITY 3: SAFE AND RESPONSIBLE INDIVIDUALS, FAMILIES & COMMUNITIES

Behavioral Health Performance Measures:

- Vendor compliance rate with laws regulating the sale of tobacco products to youth
- % of youth-accessible tobacco vendors that receive an educational visit from Tobacco Enforcement
- % of behavioral health clients who have Adverse Experiences in their lifetime.

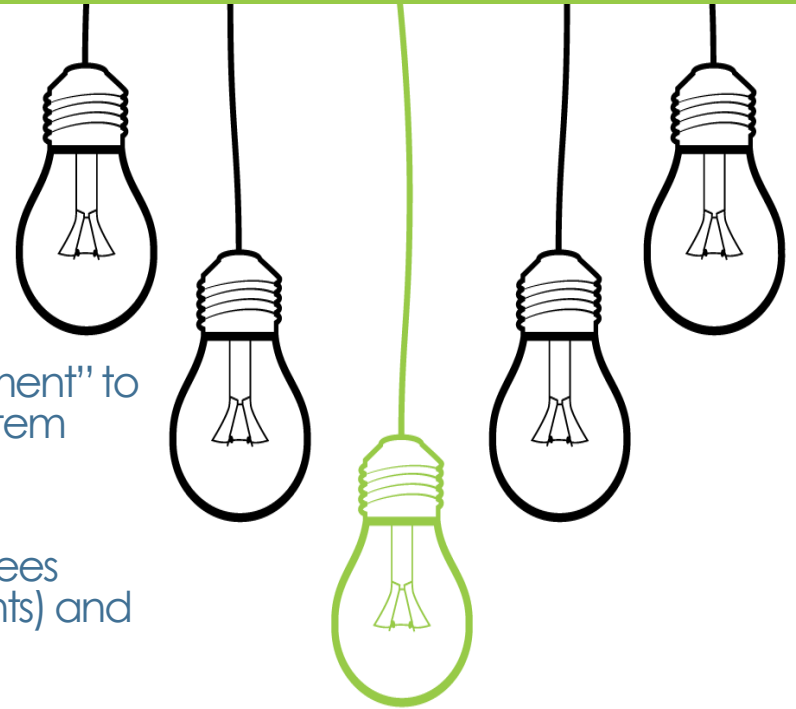
\$20,500.0 (13.99%)



Successes

- ◆ Telebehavioral Health
- ◆ Prevention collaboration across departments
- ◆ Collaboration with Dept of Corrections to increase access to behavioral health services
- ◆ Choose Respect Initiative
- ◆ A uniform electronic information management system to collect and report grantee performance
- ◆ Performance Based Funding to monitor and manage public / grant funds
- ◆ A single set of integrated regulations
- ◆ Alaska Psychiatric Institute Joint Commission/CMS accreditation

Moving Forward



- » Conduct a “Behavioral Health Systems Assessment” to evaluate current capacity of the treatment system and identify improvements.
- » Evaluate current data requirements from grantees (based on legal, regulation, federal requirements) and adjust, if appropriate.
- » Implement “Level of Care Instrument” and link level of acuity/severity of need with reimbursement of treatment services.
- » Partnerships: Coordination of behavioral health with other non-traditional provider settings
- » Integrating Behavioral Health and Primary Care Services

Thank you.

Questions?