Senate Finance DHSS Budget Subcommittee | FY2017 Division Overview

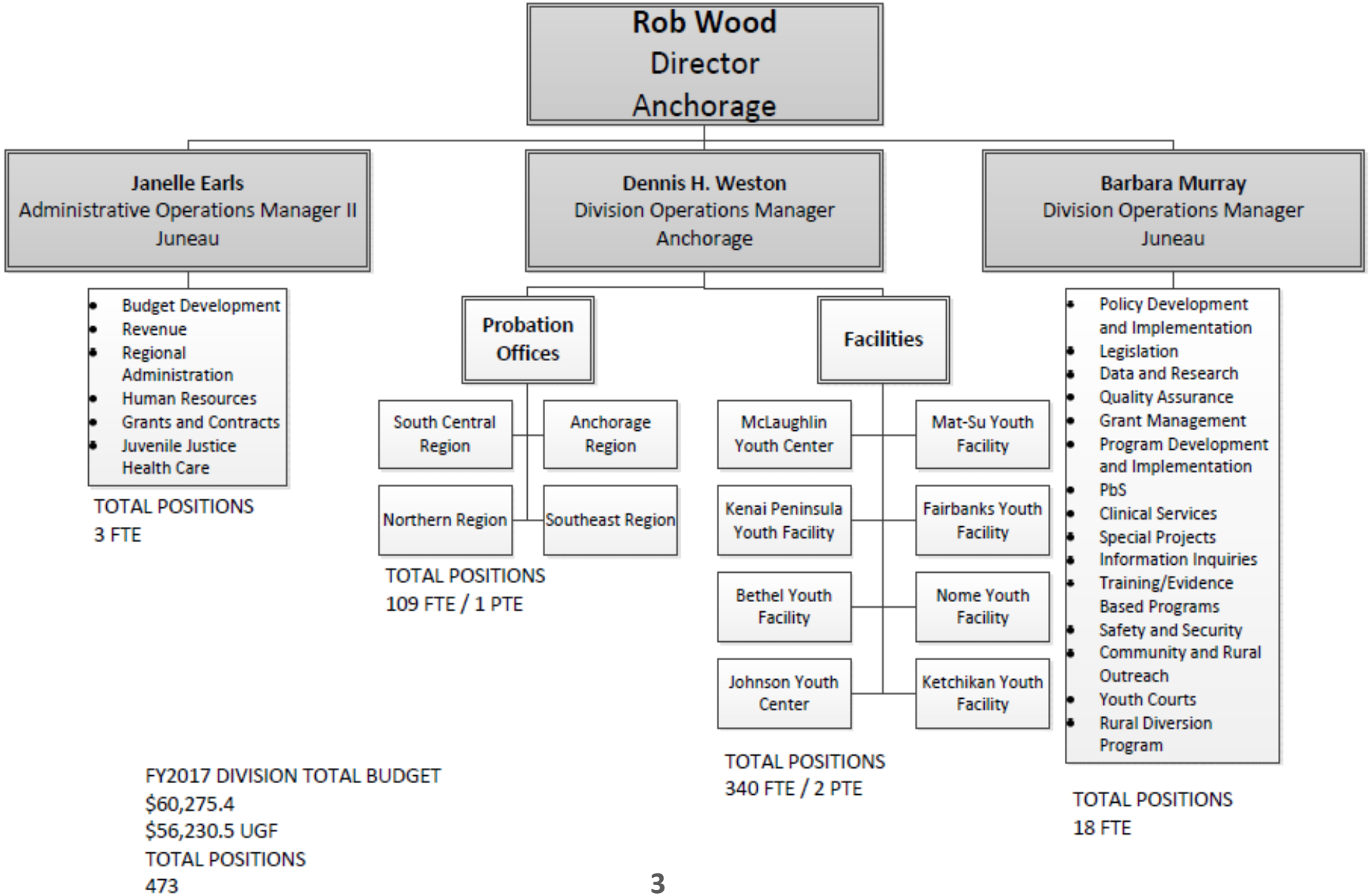
Rob Wood | Director
Janelle Earls | Administrative Operations Manager
Division of Juvenile Justice

February 12, 2016

DJJ Division Overview

- The mission of the Division of Juvenile Justice is to hold juveniles accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.
- **470** FT and **3** PT
- **$60,275.4** – ($56,230.5 UGF) FY2017 Operating Budget Request
- **2.2%** of DHSS FY2017 Operating Budget Request
- During FY2015 we had 3,083 referrals for 2,119 juveniles with 5,501 offenses.

DJJ Organization Chart



FY2017 DIVISION TOTAL BUDGET
$60,275.4
$56,230.5 UGF
TOTAL POSITIONS
473

Division of Juvenile and Justice
FY2016 Operating Budget Impacts

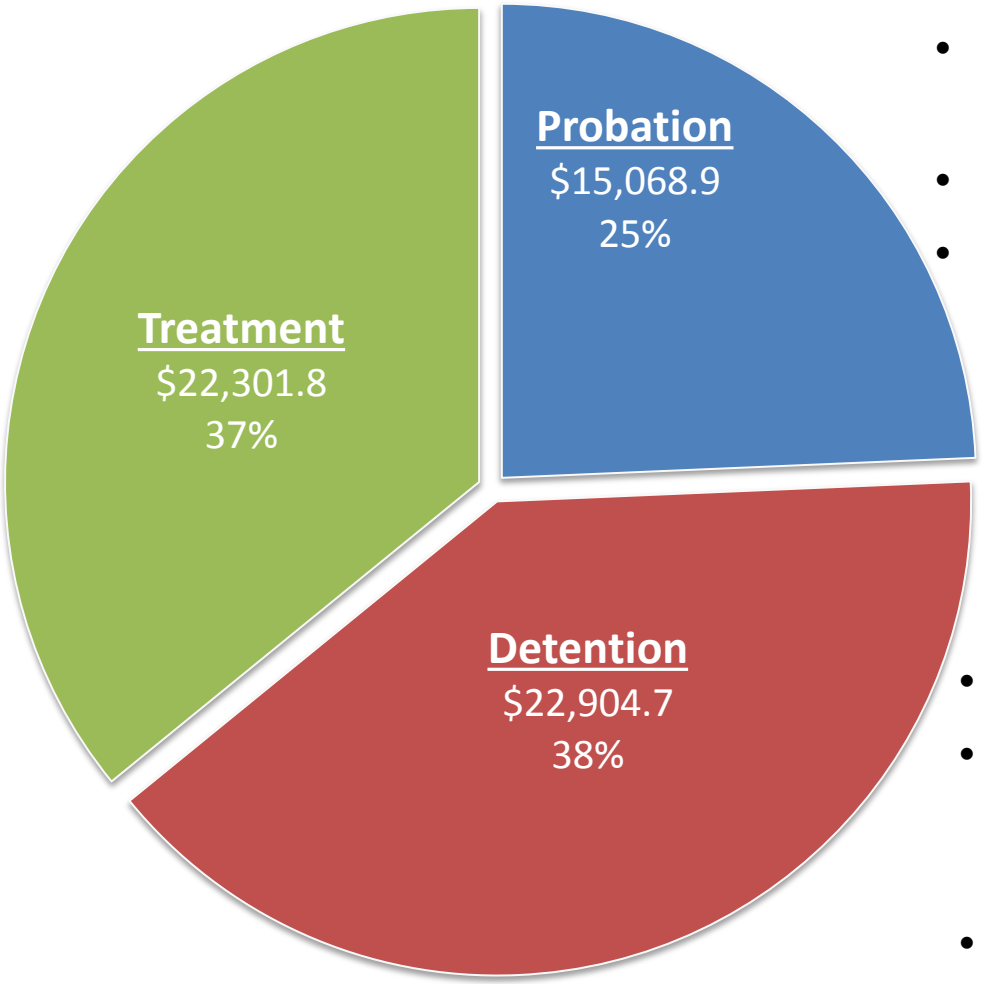
Component	Decrement	
McLaughlin Youth Facility (Capacity: 152 beds)	($261.6) UGF	Deletion of 2 FTE Juvenile Justice Officer II Juvenile Justice Unit Supervisor
Ketchikan Regional Youth Facility (Capacity: 8 beds)	($998.0) UGF	Funding source switch from GF to I/A
Nome Youth Facility (Capacity: 14 beds)	($98.8) UGF	Deletion of 1 FTE Office Assistant III
Probation Services	($482.4) UGF	Deletion of 5 FTE and 1 NP Probations Officers from Homer, Anchorage, Fairbanks. Social Services Associate II Non-Perm College Intern

Division of Juvenile Justice
FY2017 Governor's Operating Budget Increments

McLaughlin Youth Center (Capacity: 152 beds)	$470.0 UGF	Increase to Personal Services
Kenai Peninsula Youth Facility (Capacity: 10 beds)	$50.0 UGF	Increase to Personal Services
Bethel Youth Facility (Capacity: 17 beds)	$250.0 UGF	Increase to Personal Services
Probation Services	$120.0 UGF	Increase to Personal Services
Juvenile Justice Health Care	$110.0 UGF	Medical Cost

Juvenile Justice FY2017

- Operations
- Treatment / Transitional Services
- Education / Vocational



- Intake / Community Collaboration
- Court Services
- Case Management / Supervision

- Operations
- Detention / Stabilization Services
- Education / Skill Development

Performance Review-HB30

❖HB30 DJJ Successes

- ✓ Use of mini-grants in rural and hard-to-serve areas of the state.
- ✓ DJJ uses the Train-the-Trainer model for implementing evidence based programs.

❖HB30 DJJ Recommendations

- ✓ Expand video conferencing capabilities of the division, increase efficiency, and reduce travel-related expenses across all divisions.

Successes

- **Increasing collaboration with rural communities.**
- Increasing vocational and educational opportunities for youth.
- Cost effectiveness of diversion programs.

Challenges

- **Ensuring safe and secure facilities**
  - **2014 Kenai Youth Facility**
  - **2015 McLaughlin Youth Facility**
- Improving success rates and reducing disproportionality of Alaska Native/American Indian referrals.
- Challenging juvenile population-balancing resources.

QUESTIONS?

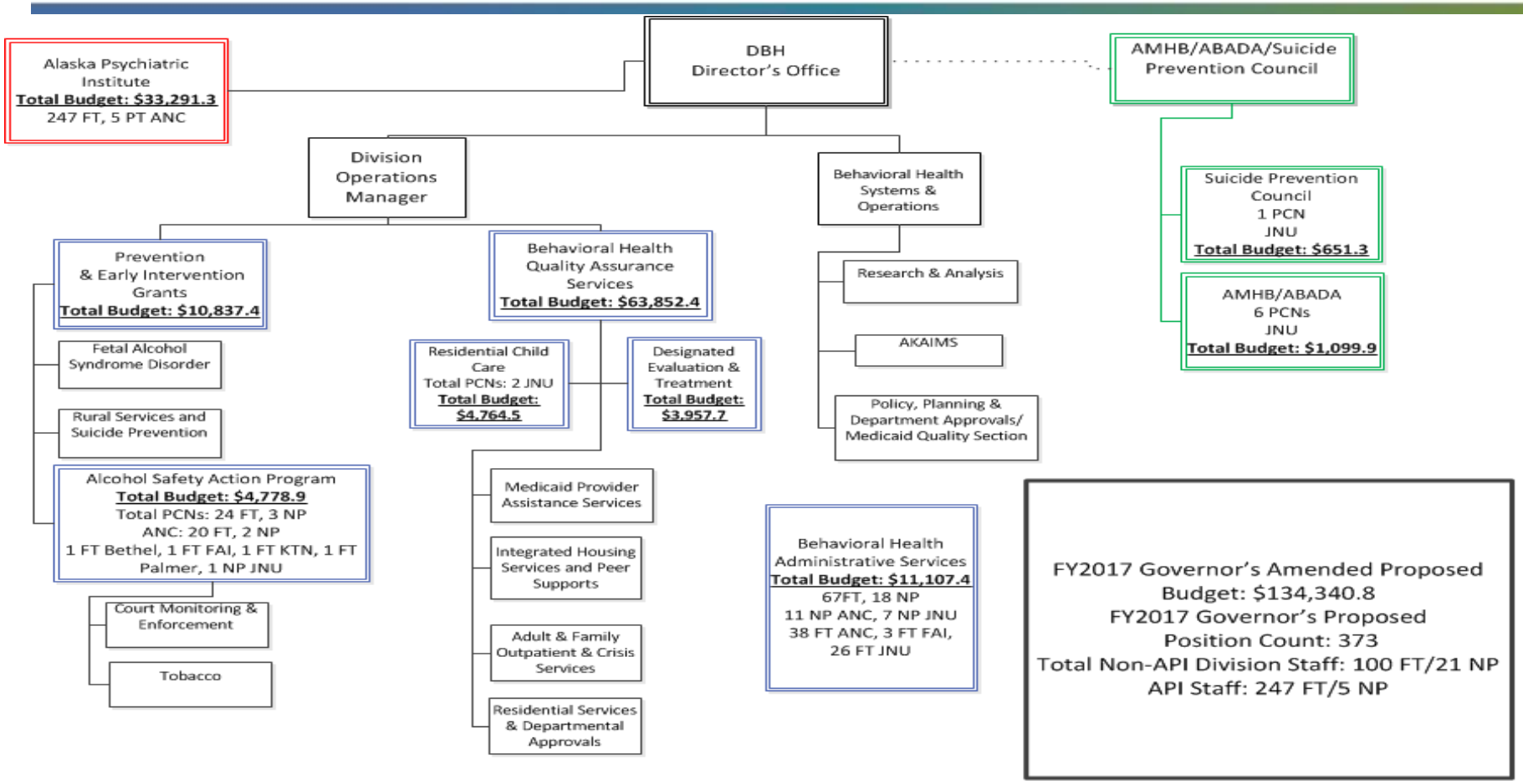
Thank You

Senate Health & Social Services | Division Overview

Randall Burns| Acting Director
Behavioral Health

February 12, 2016

FY2017 Division of Behavioral Health Organizational Chart



Division of Behavioral
FY2016 Operating Budget Impacts

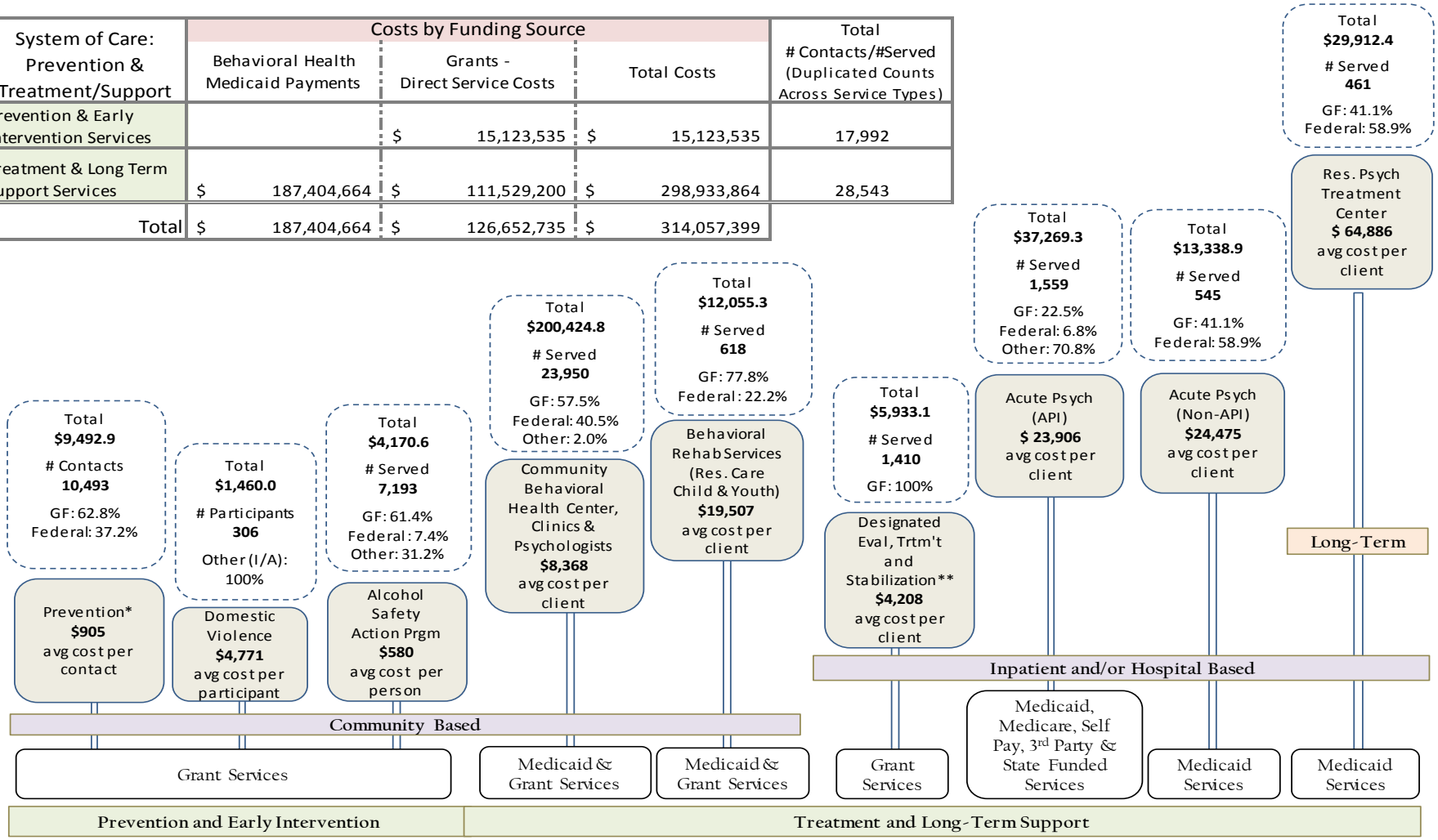
Behavioral Health Treatment and Recovery Grants	(1,000.0) UGF	Transition Behavioral Health Treatment and Recovery Grants to Medicaid Expansion
Alaska Psychiatric Institute	(347.1) UGF	Delete Alaska Psychiatric Institute Medical Director (06-5002)

Division of Behavioral Health
FY2017 Governor's Operating Budget Decrements

Behavioral Health Treatment and Recovery Grants	(5,779.6) UGF	Transition Behavioral Health Treatment and Recovery Grants to Medicaid Expansion
Alaska Psychiatric Institute Advisory Board	($9.0) UGF	Eliminate Alaska Psychiatric Institute Advisory Board Funding
Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse	(10.1) UGF	Reduce Personal Services Authority
Suicide Prevention Council	($13.3) UGF	Reduce Travel Grants

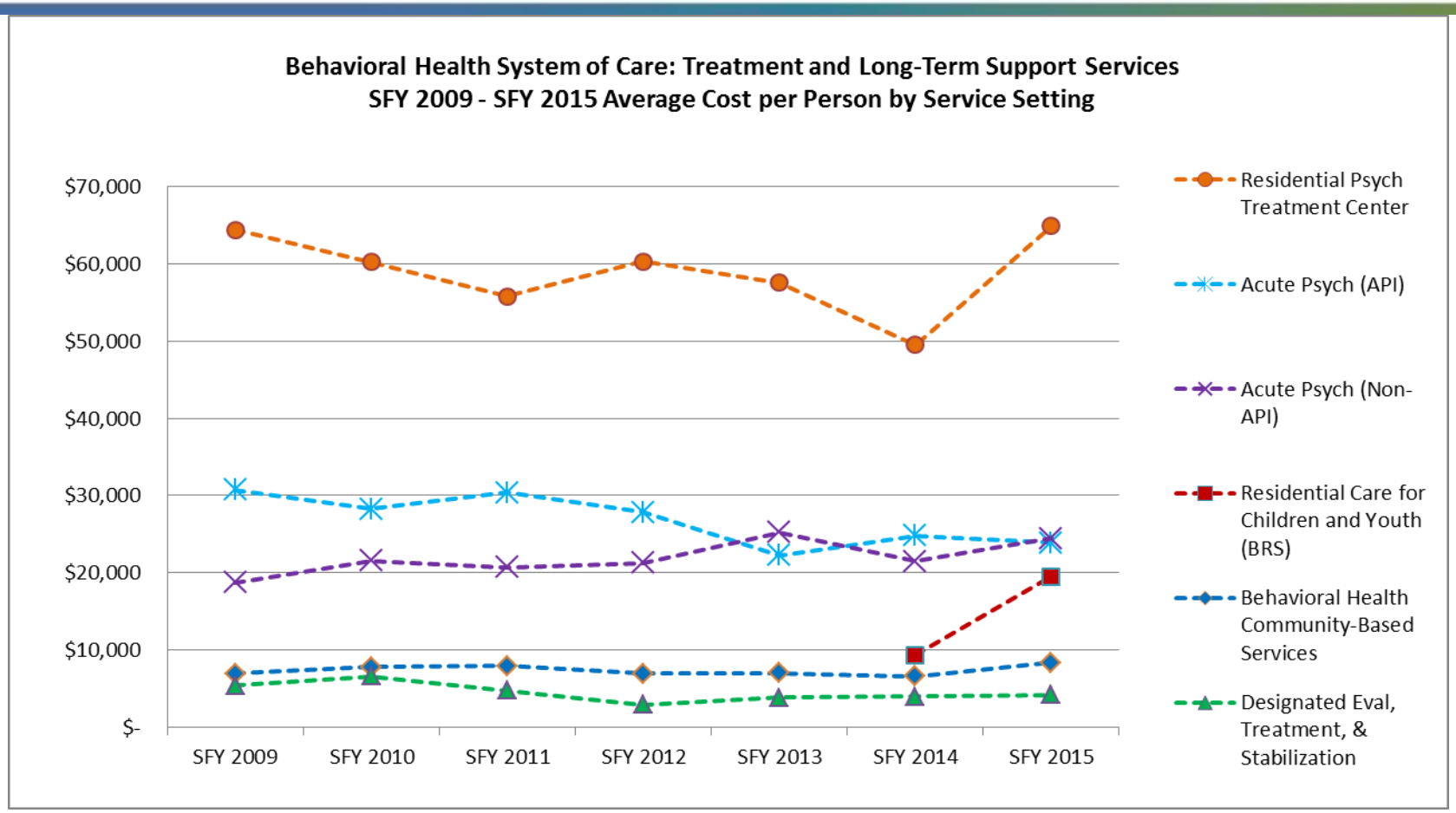
Continuum of Care

System of Care: Prevention & Treatment/Support	Costs by Funding Source			Total # Contacts/#Served (Duplicated Counts Across Service Types)
	Behavioral Health Medicaid Payments	Grants - Direct Service Costs	Total Costs	
Prevention & Early Intervention Services		$ 15,123,535	$ 15,123,535	17,992
Treatment & Long Term Support Services	$ 187,404,664	$ 111,529,200	$ 298,933,864	28,543
Total	$ 187,404,664	$ 126,652,735	$ 314,057,399	



Efficiency Measure

What does it cost to provide services?



HB30 DBH Performance Review

Maximizing Revenue: The department should consider the pursuit of a Medicaid 1115 waiver to broaden the array of behavioral health services financed by Medicaid. (Recommendation 3.0.7)

Lowering Costs: The State should develop a coordinated forensic services unit to oversee forensic evaluations and service coordination, and to minimize costs incurred by the Alaska Court System (ACS), Department of Corrections (DOC), and the Department of Health & Social Services (DHSS). (Recommendation 5.5.7)

Improving Service: The department should build additional service capacity for substance use disorder treatment, both to increase access to services and improve quality. (Recommendation 2.4.2)

Administrative Functions: The department should develop a Medicaid behavioral health rate structure that covers provider costs, incentivizes quality, and minimizes administrative burden. (Recommendation 3.0.8)

Recent Program Successes

- **First Functioning Assertive Community Treatment (ACT) Team in Alaska (piloting in Anchorage)**
- Award of a 5-year $7,000.0 HUD 811 Grant to DHSS and AHFC for 200 rental subsidies that will support moving DBH and SDS service recipients out of Assisted Living homes and into independent, supportive housing
- Award of a 5-year federal grant (Partnerships for Success) that targets the increased use/abuse of prescription drugs, opioid abuse and access, and the use of marijuana
- Moving Home Voucher Program (with AHFC)
- Opioid Treatment Programs (OTP)
- Certified Community BH Center (CCBHC) Grant Award from SAMHSA

Current Division Challenges

- Fragile system of care (lack of an adequate range of services for residents in need of behavioral health services)
- Alaska Psychiatric Institute (maintaining bed capacity)
- Ensuring safe and secure transportation services for involuntary patients court-ordered to API or a DET hospital
- Lack of detoxification beds (medical/ambulatory/social)
- Excited & challenged by the forthcoming Division redesign, including moving to a managed behavioral health system of care that focuses on value and quality and offers the necessary range of services

QUESTIONS?

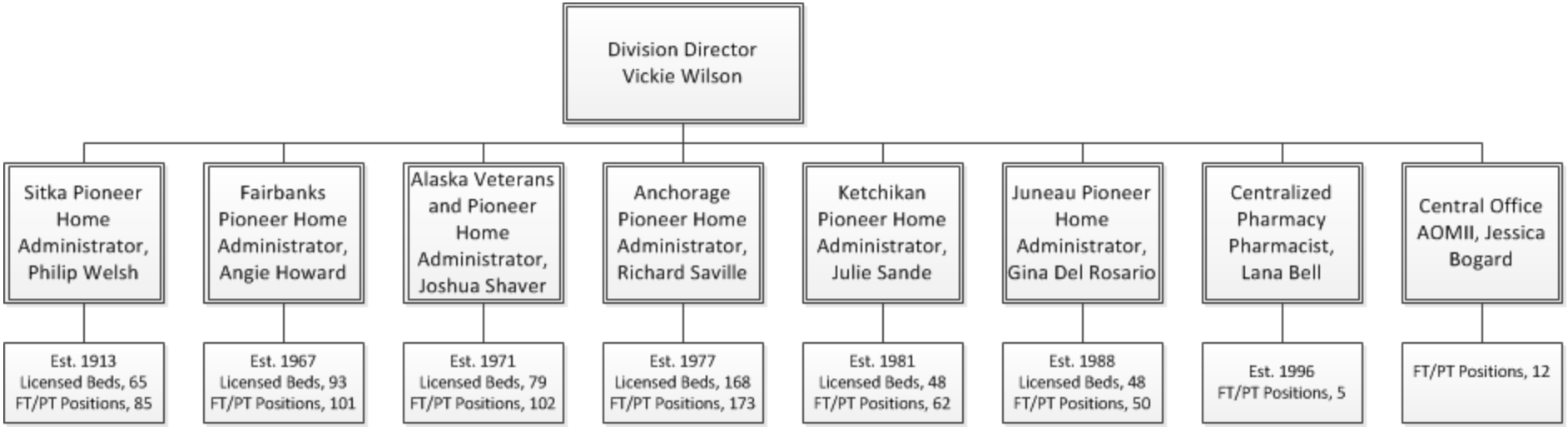
Thank You

Senate Finance DHSS Budget Subcommittee | FY2017 Presentation

Vickie Wilson | Director
Division of Alaska Pioneer Homes

February 12, 2016

Alaska Pioneer Homes Organization Chart

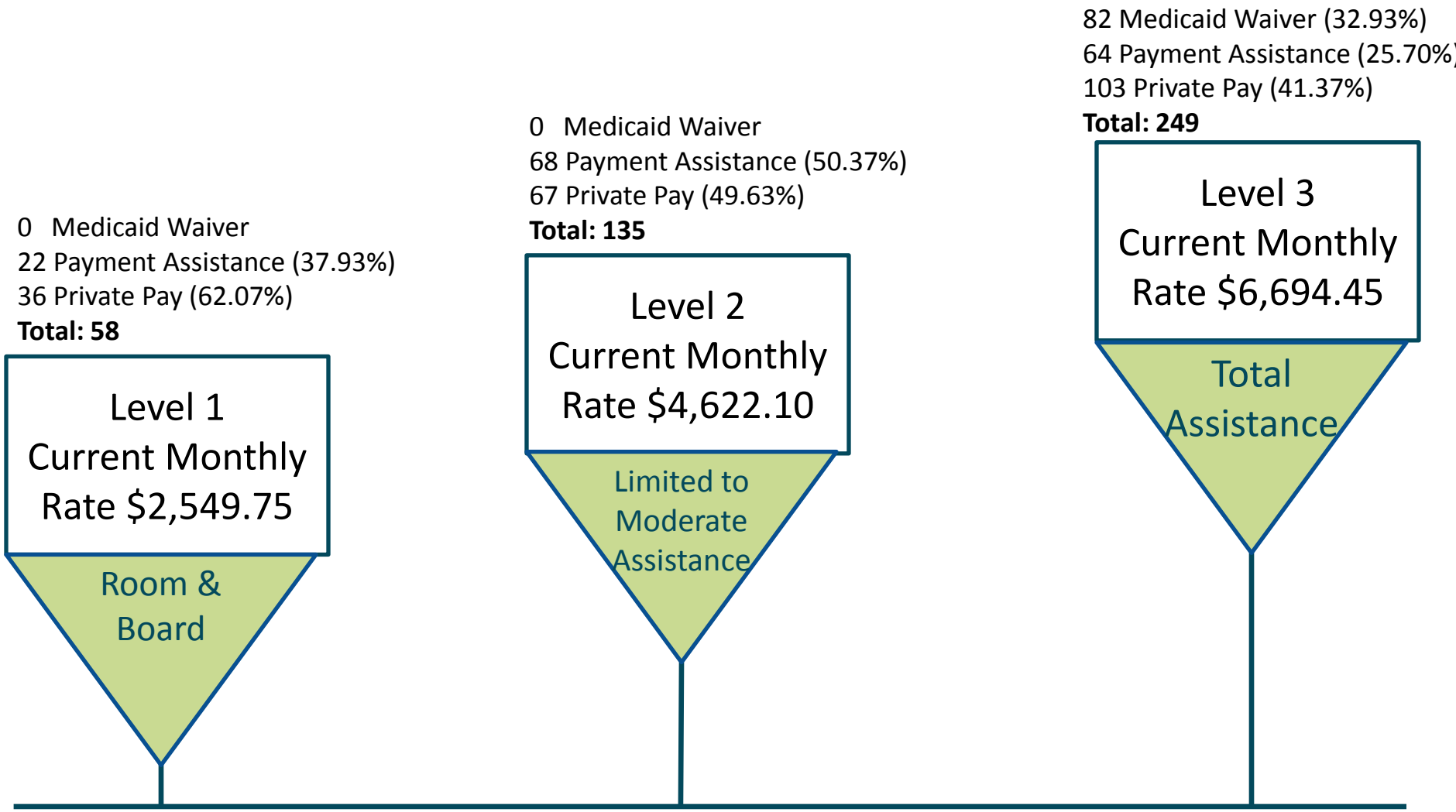


Division FT/PT Position Total: 591

Alaska Pioneer Homes Overview

- **Mission**: Providing elder Alaskans a home and community, celebrating life through its final breath.
- **554** FT/ **35** PT Positions
- **$62,228.1** ($35,263.8 UGF)FY2017 Operating Budget Request
  - 56.67% UGF/GF-MH, 27.16% DGF, 15.06% Other, 1.11% Federal
- **2.3%** of DHSS FY2017 Operating Budget Request
- Total service population (unduplicated) is **535 residents** during FY 2015 along with **325 on the active waiting list** and **4,093 on the inactive waiting list**.

Alaska Pioneer Homes Continuum of Care



FY 2017 Governor Amended

Alaska Pioneer Homes	FY 2016 Mgmt Plan	FY 2017 Governor Amended	16 Mgmt Plan to 17 Governor Amended
Unrestricted General Funds (UGF and GF/MH)	$35,999.4	$35,263.8	($735.6)
Designated General Funds (Payments from Residents)	$16,901.4	$16,901.4	
Federal Funds (Veterans Per Diem)	$694.3	$694.3	
Other (Medicaid Waiver and Pharmacy Receipts)	$9,368.6	$9,368.6	
Division Total	**$62,963.7**	**$62,228.1**	**($735.6)**

Alaska Pioneer Homes Budget Impacts FY 2016

Alaska Pioneer Homes Management	(240.7) UGF (2) PFT	Delete 2 positions, reduce travel, services, and commodities.
Pioneer Homes	(1,673.4) UGF (10) PFT (3) PPT (4) NP	Delete 17 positions, reduce travel, services, commodities, capital outlay, and grants.

- Unduplicated resident count reduced.
- Longer wait times for admissions.
- Delaying repairs and maintenance.

Alaska Pioneer Homes Budget Impacts FY 2017

Pioneer Homes	(720.0) UGF (8) PFT (3) PPT	Reduce Pioneer Homes Staffing Levels
	(21.1) UGF	Reduce Supplies and Cable Television Services
	(1) PFT 1 PPT	Change Office Assistant II (02-7302) from Full-Time to Part-time
Division Total	**($735.6) UGF** **(9) PFT** **(2) PPT**	

- Resident count reduced.
- Longer wait times for admissions.
- Delaying repairs and maintenance.
- Requests for letters of interest regarding privatization released.

Request for Letters of Interest

- Responses ranged from;
  - NANA Management Services (Alaska): Provide housekeeping, food service and maintenance services until they can find a partner to buy AKPH with.
  - Retirement Housing Foundation (California): Manage the operations.
  - Marathon Development, Inc. (Washington): Manage operations and then lease assets if determined to be profitable.
  - Southeast Alaska Regional Health Consortium (Alaska): Purchase Pioneer Homes system.

No response agreed to maintain the current client mix. I.e., no response guaranteed that vulnerable elders without means would remain cared for in the future.

Recent Audits

Alaska Pioneer Homes Special Audit

- DAPH management should allocate resources to actively pursue collection of past due amounts.
- DHSS' commissioner should annually review the pioneer homes' monthly rates.

HB 30 Long Term Care

- An Alaska Pioneer Home should be devoted to become a center of excellent for Alzheimer's disease related dementia (ADRD) services in the state. Since there is a need for AKPH higher level services (Level III) and ADRD services, Alaska would be able to provide better care to individuals with high acuity and issues with ADRD.
- The department should upgrade the AKPH in Palmer to provide both domiciliary and veteran skilled nursing home care. This will allow the Pioneer Home to receive a higher average per diem rate than the domiciliary-only rate currently received from the VA.

HB 30 Administration and Organization

- Privatization or an alternative, called managed competition, should be considered for the Alaska Pioneer Homes.
- Evaluate the reasons for higher monthly costs per resident, including administrative overhead, maintenance staffing, travel, and other expenses.
- Increase rates for Pioneer Homes to private market rates.

Successes

- The Pioneer Homes care for residents with ADRD at a rate of 58% of residents, higher than the national average of 39.6%. Residents receive high quality Memory Care
- Reached 70% Veterans occupancy rate at the Palmer Alaska Veterans Home, highest rate to date.

Present Challenges

- Increasing need for higher levels of care.
- Rate increase process.
- Maintaining quality care within a safe environment with decreasing personnel.
- Waitlist numbers are growing.

QUESTIONS?

Thank You