



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

Department of  
Health and Social Services

FINANCE AND MANAGEMENT SERVICES  
Juneau Office

P.O. Box 110650  
Juneau, Alaska 99811-0650  
Main: 907.465.3082  
Fax: 907.465.2499

January 30, 2017

The Honorable Paul Seaton  
Alaska State Legislature  
State Capitol, Room 505  
Juneau, AK 99801

Dear Representative Seaton:

On January 24, 2017, the Department of Health and Social Services received the following questions throughout the Department House Finance presentation.

The Department's responses are as follows:

➤ ***Cost of optional Medicaid programs.***

Please find the attached document titled "FY2016 Medicaid Optional Service Spend Data."

➤ ***Does the Division of Behavioral Health (DBH) have grant compliance rates/charts available?***

The Division of Behavioral Health requires grantees to provide quarterly reports to monitor program implementation and execution of grant deliverables. Grant reporting varies based on the type of services which are funded through the grant. Grant report forms are designed to capture information specific to the particular project/program; fifteen forms are in use for FY2017. Grantees also report on budget expenditures. Charts are not currently available.

The Division of Behavioral Health monitors data, from Alaska's Automated Information Management System (AKAIMS) and Medicaid, on the overall outcomes for behavioral health services (grants + Medicaid + private pay). For example, the Division's indicators for substance use treatment include:

- Client success measure: "Successful Treatment Completion"
- Provider effectiveness measure: "Effective" = "Successful Treatment Completion" or "Made Satisfactory Progress"

In addition, many Behavioral Health providers collect their own data to monitor service outcomes and effectiveness and to guide program development. The attached is an example (AK Child Family Program Outcomes.pdf) of this type of data collection from Alaska Child and Family, an Anchorage based provider.

➤ ***Does Division of Behavioral require local match for grants?***

AS 47.475 (Alcoholism and Drug Abuse) and AS 47.30.550 (Community Mental Health) require a 25% community match to state grant funds unless the applicant qualifies for a waiver.

**Alcoholism and Drug Abuse:**

Under AS 47.30.475 Grant-in-aid program (c) Grants shall be awarded in a ratio of 75 percent state money to 25 percent community money for the costs of providing staff and limited improvement, renovation, or new construction of facilities for alcohol or drug detoxification, rehabilitation, or "half-way house" care. The department may waive all or part of the requirement that state money be matched by community money if the department finds that community money is unavailable and waiver of the requirement is in the best interests of the state.

**Community Mental Health:**

Under AS 47.30.550 Cost sharing formulas; use of income (a) the grantee's match can be reduced to 10 percent if the agency is in a district designated as a poverty area. The match can be waived completely under (c) if the department determines sufficient funds from other sources are unavailable then the department shall fund the percent of the eligible costs that is necessary in order to ensure that services for chronically mentally ill adults and severely mentally ill children, and other community mental health services to be furnished under an entity's approved plan are made available by the entity. Poverty area is defined in subsection (e) of the statute to mean a census district in which at least 15 percent of the population, based upon the most recent census date, falls under 125 percent of the United States Department of Health and Human Services' Poverty Income Guidelines for Alaska.

➤ ***Of the Division of Behavioral Health Medicaid Expansion services – how much of a savings has this been to Office of Children's Services?***

The Office of Children's Services continues its commitment to reunification and associated costs savings however a link between Medicaid Expansion and reunification has not yet been established. In FY2017, the Office of Children's Services dedicated staff to collaborate with community-based providers, the Division of Behavioral Health, the Division of Health Care Services, and front line staff to address inefficiencies in behavioral health resources for Office of Children's Services children and their families. This coordinated work will continue and could ultimately provide for increased access of the Office of Children's Services clients to Behavioral Health services, including the 1115 Waiver and telehealth. It is likely that costs savings will be realized in the future.

➤ ***Please provide information on wait lists for Behavioral Health.***

Withdrawal Management (formerly "Detoxification") Services are provided by three agencies in Alaska: Fairbanks Native Association (16 beds), Rainforest Recovery Center (four beds) in Juneau, and the Ernie Turner Center (14 beds) in Anchorage run by the Southcentral Foundation.

Withdrawal Management takes between 3-10 days, so the bed census changes on a daily basis or even throughout each day depending on when consumers leave the service. A number of factors complicate the process of managing withdrawal management waitlists or intake processes:

- Some clients seeking withdrawal management services do not have stable housing or work which makes them difficult to contact when a bed is available.
- Some clients lose interest in accessing services, so may not respond when contacted after a bed opens up.
- Some clients need to travel from rural areas to access services, and this can result in delays in filling beds
- Agencies have three federal “priority populations” who they are required to contact first when a bed is available (described in order below):
  - pregnant injecting drug users;
  - other pregnant substance abusers;
  - other injecting drug users
  - The fourth preference is a state requirement to prioritize Office of Children’s Services engaged families.

These issues make it difficult to implement a comprehensive waitlist; so instead, each agency tracks their own requests for services. Waitlists and how they are managed varies depending on the agency’s procedures:

Consumers seeking Fairbanks Native Association services don’t usually have a significant wait and therefore the Fairbanks Native Association doesn’t keep a waitlist. Fairbanks Native Association only provides withdrawal management services for alcohol, not opioids, but does take people from all over the state. They are usually able to get someone in within eight hours except on one day a week when staffing issues preclude this. Their length of stay in detox is usually about three days.

Rainforest Recovery Center does not have a waitlist for withdrawal management; however, these services at Rainforest Recovery Center are provided in the hospital (Rainforest Recovery Center is attached to Bartlett Regional Hospital) and they frequently go *over* the four beds that are set aside at Bartlett’s behavioral health unit for withdrawal management. Patients come into withdrawal management through a physician-to-physician transfer, usually from a Bartlett Emergency Department doctor working on one of the acute care/medical/surgical units. Patients come in from all over Southeast, through their hospital Emergency Department doctor to the inpatient hospital doctor. Patients are not always placed in a bed on the Mental Health unit at Bartlett because they frequently have a compounding medical issue, like pneumonia. Patients can be put in the medical/surgical unit, critical care, or the Mental Health unit.

The Ernie Turner Center receives anywhere from 30 to 60 calls a day for services. They record each caller’s information on a wait list and inform the caller that they must call back every day in order to be admitted when a bed becomes available. The average wait time is from 10 days to three weeks.

➤ *Are DJJ facility closures saving the State money?*

**Ketchikan Regional Youth Facility:**

In FY2016, the facility had a fund source switch reducing UGF by \$998.0 and Fed by \$2.0 in exchange for \$1,000.0 in I/A.

In FY2018, the facility reduced the Inter-Agency authority by \$1,025.7.

**Total UGF savings of \$998.0**

**Nome Youth Facility:**

In FY2017, the facility received one-time funding of \$1,693.9 of UGF.

In FY2018, the one-time funding of \$1,693.9 was not restored.

**Total UGF savings of \$1,693.9.**

If you have any additional questions regarding this issue, please contact me at 465-1630.

Sincerely,



Shawnda O'Brien  
Acting Assistant Commissioner

cc: Amanda Ryder, Fiscal Analyst, Legislative Finance  
Neil Steininger, Office of Management and Budget  
Valerie Davidson, Commissioner  
Jay Butler, Chief Medical Officer  
Jon Sherwood, Deputy Commissioner  
Karen Forrest, Deputy Commissioner  
Melissa Ordner, Budget Manager  
Anthony Newman, Legislative Liaison  
Sarah Woods, Deputy Legislative Liaison  
Vickie Wilson, Director, Alaska Pioneer Homes  
Randall Burns, Acting Director, Division of Behavioral Health  
Christy Lawton, Director, Office of Children's Services  
Margaret Brodie, Director, Division of Health Care Services  
Rob Wood, Director, Division of Juvenile Justice  
Monica Windom, Acting Director, Division of Public Assistance  
Duane Mayes, Director, Senior and Disabilities Services