

Trust

Alaska Mental Health
Trust Authority



Trust Budget Development Process

House Ways and Means & House Health and Social Services Committees
May 11, 2023

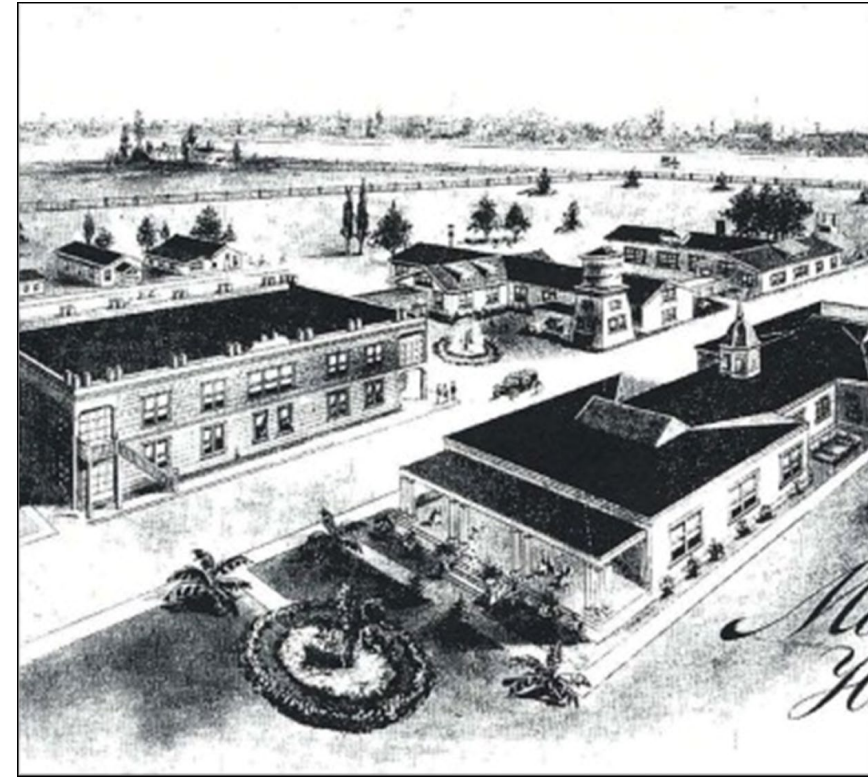


Trustees

- Anita Halterman, Chair
- Rhonda Boyles, Vice Chair
- Brent Fisher, Secretary, Finance Committee Chair
- Agnes Moran, Program and Planning Committee Chair
- John Sturgeon, Resource Management Committee Chair
- Kevin Fimon, Audit and Risk Committee Chair
- John Morris, Trustee

History of the Trust

- Prior to statehood, few mental health services available in the territory
- Mental Health Trust Enabling Act, 1956
- Legislature was fiduciary, but mismanaged assets
- Weiss v State of Alaska, 1982
- Final settlement creating the Trust Authority, 1994
 - Reconstitution of lands
 - Cash payment
 - Established independent board of trustees



Morningside Hospital, Oregon

Trust Beneficiaries

Alaskans who experience:

- mental illness
 - developmental disabilities
 - Substance use disorders
 - Alzheimer's disease and related dementia
 - traumatic brain injuries
-
- The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries.





Our Mission

It is the duty of the Alaska Mental Health Trust Authority to provide leadership in the advocacy, planning, implementing and funding of services and programs for Trust beneficiaries.

This mission applies to today's beneficiaries and future Trust beneficiaries.

Our Role

- Oversee management of Trust assets
- Spend Trust income
- Recommend to Governor and Legislature how the State of Alaska should spend general fund resources
- Ensure the State has a Comprehensive Integrated Mental Health Program Plan
- Advocate and serve as a change agent of the system



Annual Budget – Available Funds

Determined by a combination of the following sources (*4-year avg. of each*):

- Annual trust withdrawal from invested assets (4.25% of the previous four-year average value)
 - Withdrawal percentage calculation regularly assessed
- Prior year's unexpended grant funds carried forward
- Spendable income generated from Trust Land Office activities
- Interest income earned on cash balances





The Feedback Loop

ADVISORY BOARDS

BENEFICIARIES

COMMUNITY,
TRIBAL, LOCAL,
STATE
PARTNERS

TRUST STAFF



Trust Budget Development Timeline (Annual)

April - Early June	Trust staff working with Advisory Boards and stakeholders to review current and plan future work to inform proposed budget
Late June - July	Trust staff working with stakeholders to finalize budget proposal
July	Proposed budget presented to the Program & Planning Committee
August/Sept.	Trustees consider/approve budget
September 15	Transmit budget to Governor and LB&A

Trust Budget Includes Approved Funding for:

1) Non-Focus Area Allocations

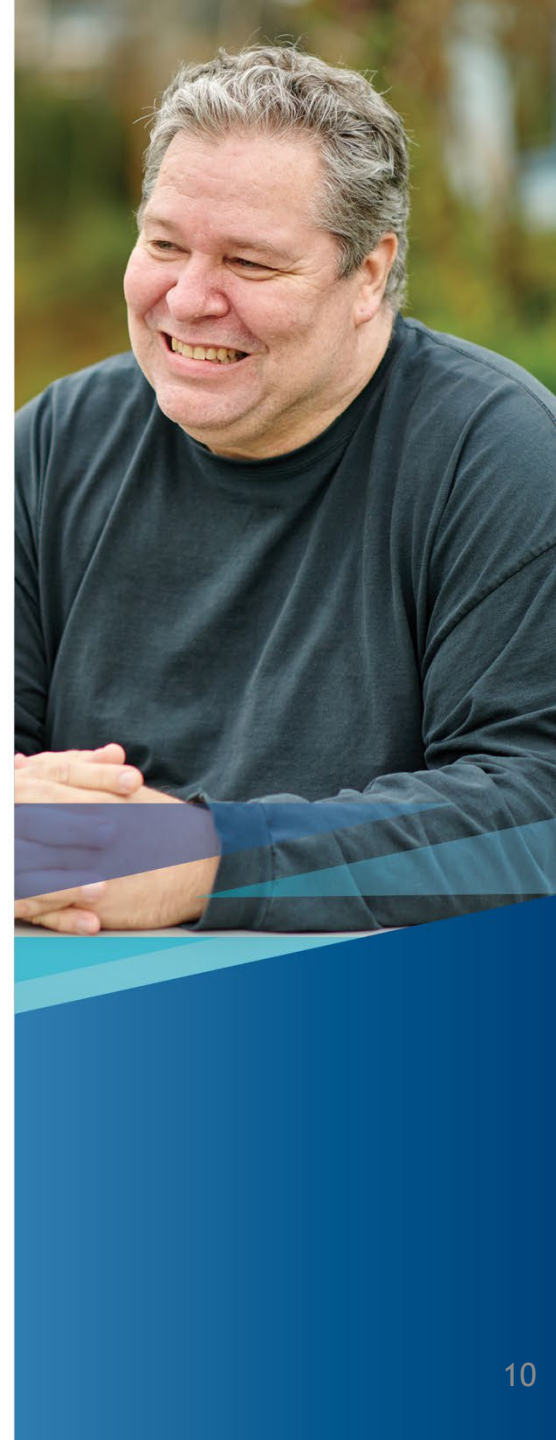
- Agency Budgets
- Other Non-Focus Area programs

2) Trust Focus Areas:

- Mental Health & Addiction Intervention
- Disability Justice
- Beneficiary Employment and Engagement
- Housing & Home and Community Based Services

3) Other Trust Priority Areas:

- Workforce Development
- Early Childhood Intervention and Prevention



Trust Budget

Alaska Mental Health Trust Authority					
Board of Trustees Meeting					
August 24&25, 2022					
<i>(amounts in thousands)</i>					
	FY24 Approved(8/25/2022)				
	Sum of MHTAAR/MHT Admin & AG	MHTAAR/MHT Admin	Authority Grant	* GF/MH	Other
Non-Focus Area Allocations					
Trust / TLO Operating Budgets	9,643.5	9,643.5	-	-	-
Other Non-Focus Area Allocations	7,636.0	1,806.0	5,830.0	1,970.0	-
Focus Areas:					
Mental Health & Addiction Intervention	6,827.5	989.5	5,838.0	1,500.0	-
Disability Justice	3,752.8	2,066.3	1,686.5	-	-
Beneficiary Employment and Engagement	2,679.0	405.0	2,274.0	-	-
Housing and Home & Community Based Services	3,926.3	1,936.3	1,990.0	6,063.0	8,100.0
Other Priority Areas	4,727.5	2,622.5	2,105.0	400.0	-
Totals	39,192.6	19,469.1	19,723.5	9,933.0	8,100.0

* GF/MH Recommendations required by AS44.25.270

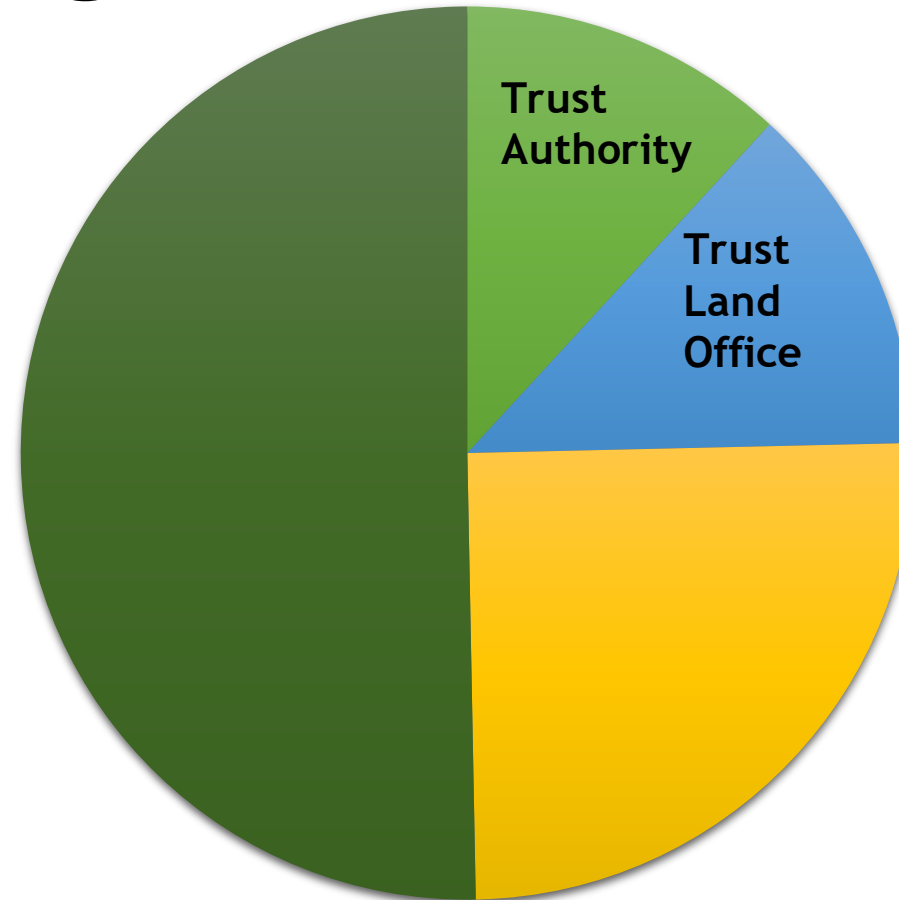
FY 24 Spending

Authority Grants

\$19,723.5

Designated grants to community providers, nonprofits, local governments and Tribal organizations

•Includes \$1.9M in mini grants



Agency Budgets

Trust Authority: \$4,624.4

Trust Land Office: \$5,019.1

MHTAAR

\$9,825.6

Designated grants to state agencies, requires receipt authority



Trust Grant Making

Trustees authorize around \$20 million in grants each year to nonprofits, service providers, state and local governments, and Tribal organizations.

MHTAAR Grants to State Agencies

Authority Grants

- Innovative Solutions/Pilots
- Capacity Building
- Equipment
- Capital - Construction
- Data Planning
- Direct Service Outreach
- Workforce Development/Training

Mini grants to individuals: up to \$2,500 per award for equipment, supplies, or services to improve quality of life and increase independent functioning.

When/How Trust Engages in Grantmaking

- Annual budget approval
 - Partnership grants
 - Focus area strategies
- Individual grant request approvals
- Accountability
 - Grant agreement/performance measures
 - Grant reporting
 - Materials compiled for trustees during budget process



Partnership Grant Application Process

- Letter of Interest (LOI)
 - After initial review may receive full grant application
- Review process, criteria for review can include:
 - Mission/Trust priorities
 - Regs/Statute
 - Comp Plan alignment
 - Sustainability
 - Grantee capacity
 - Availability of Trust funds
 - In good standing with State DOA Single Audit Coordinator
- Presented to CEO/Trustees
 - Approval or declination



Strengthening the System:

Alaska's Comprehensive Integrated Mental Health Program Plan, 2020-2024

Statutory Responsibilities:

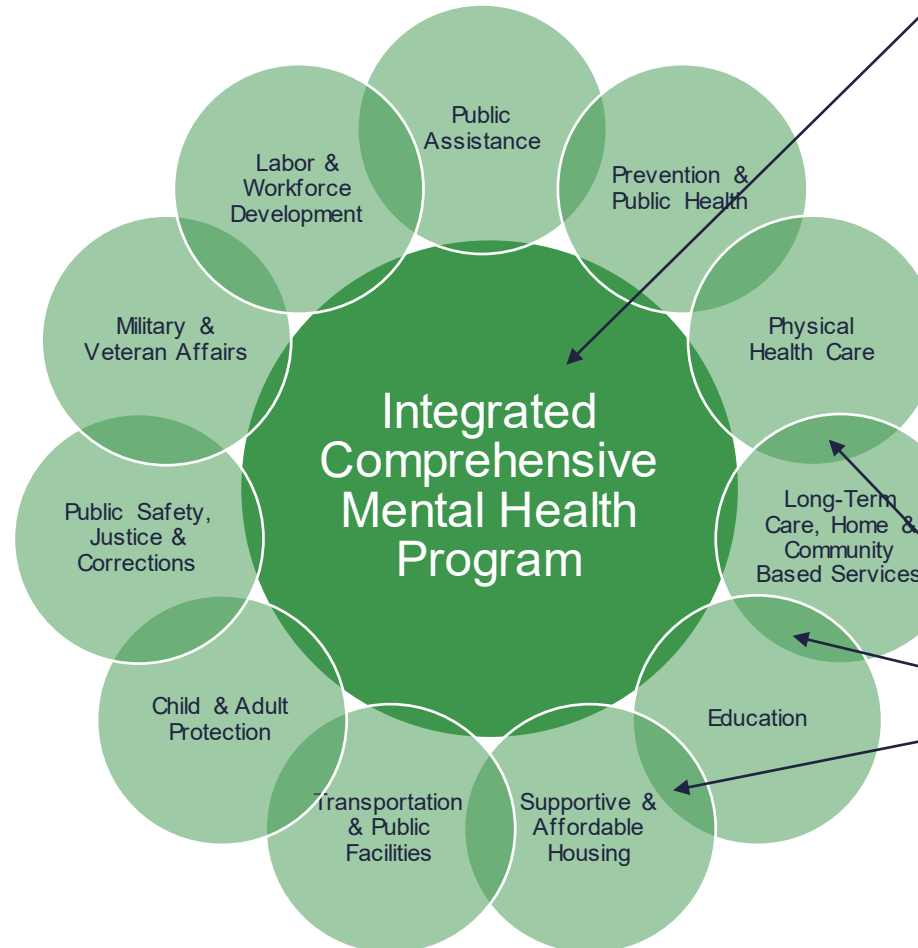
AS 47.30.660. Cooperative powers and duties of the Department of Family and Community Services and the Department of Health “The Department of Family and Community Services and the Department of Health, in cooperation, shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services....”

AS 44.25.200. Alaska Mental Health Trust Authority: (b)“The purpose of the authority is to ensure an integrated comprehensive mental health program.”

Integrated Comprehensive Mental Health Program

State and Tribal plans inform and are informed by the Comprehensive Program Plan

COMPREHENSIVE
MENTAL HEALTH
PROGRAM PLAN



“Core”:

Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

Integrated:
Areas of Mission
Overlap & Shared
Responsibility

Goals 1-9



LIFESPAN: from the prenatal period through end of life

Comp Plan Position & Availability

- A DOH staff position, the Comp Plan Coordinator, is jointly funded with the Trust
- The Coordinator manages the day-to-day project management and coordination within the department and with key partners like the Trust and its Advisory boards
- The Comp Plan is publicly available on the DOH Commissioner's homepage

The screenshot shows the official website of the Alaska Department of Health, Office of the Commissioner. The page features a dark blue header with navigation links: Home, Divisions and Agencies, Services, News, and Contact Us. Below the header, a breadcrumb trail reads: HSS Reorganization > Department of Health > Office of the Commissioner > Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020-24.

The main content area has a green and purple gradient background. The title "Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan" is prominently displayed. Below the title, the subtitle "Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020-24" is shown. The page includes a "VISION" statement: "Alaskans receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan, leading to meaningful lives in their home communities." It also features a "Press release" link dated July 18, 2019, and a "2020-24 Plan" section. The "2020-24 Plan" section states that the plan was released in July 2019 and includes a welcome letter from former DOH Commissioner Crum and Alaska Mental Health Trust Authority Board Chair Mary Jane Michael, an introduction, the foundational goal for the plan, and nine individual goals.

On the right side of the page, there are two vertical menus. The "Health" menu lists various divisions and services, including the Office of the Commissioner, Division of Public Health, Division of Behavioral Health, Division of Health Care, Division of Senior and Disabilities Services, Finance and Management Services, and Contacts. The "Related Links" menu lists various resources, including Alaska's Comprehensive Integrated Mental Health Program Plan, Alaska Early Childhood Coordinating Council, Civil Rights Compliance, Health Emergency Operations (HERO), Language Access, Medicaid State Plan, Medicaid Tribal Compact, Newsroom, Office of Rate Review, Office of Substance Abuse Prevention, Online Public Notice, and Medicaid Program Information.

At the bottom of the page, there is a footer with the text "Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020-24" and a small logo.

Timeline

Where We Started:

- 1994, the Trust is created, the settlement requires budget recommendations based on the Comp Plan.
- FY95-97, 1st budget recommendations

What Happened:

- FY97-98, 1st actual Comp Plan: *In Unison*
- FY2001-2006, 2nd Comp Plan: *In Step*
- FY2006-2011, 3rd Comp Plan: *Moving Forward*
- 2008-2020, Annual Scorecard published based on desired outcomes of *Moving Forward*
- 2018, planning efforts for a new Comp Plan begin

Where We Are Now:

- FY2020-2024, 4th Comp Plan: *Strengthening the System*
- 2020, new Scorecard workgroup begins
- March 2021, new Alaska Scorecard released based on *Strengthening the System*; updated annually

Where We're Going:

- FY23-24, planning efforts to revise the Comp Plan
- FY 25, new Comp Plan adopted

A Systems-Level Approach

Strengthening the System

- First Comp Plan to take a systems-level approach
- Looks across the lifespan
- Strong focus on prevention



Alaska Scorecard 2022

ALASKA SCORECARD 2022

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

INDICATOR	LATEST U.S. DATA	LATEST ALASKA DATA	BASLINE ALASKA DATA	CHANGE FROM BASELINE
EARLY CHILDHOOD				
1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months to 35 months)	34.8% (2020-2021)	42.0% (2020-2021)	47.9% (2018-2019)	-5.9%
2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)	*	47.1% (2021-2022)	49.1% (2019-2020)	-2.0%
3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period	*	75.2% (2020)	73.0% (2018)	+2.2%
4. Mean index score of (12) indicators associated with child health and well-being that are present at birth	*	9.5 (2021)	9.6 (2019)	-0.1
HEALTHCARE				
5. Percentage of population without health insurance	8.6% (2021)	11.4% (2021)	12.2% (2019)	-0.8%
6. Rate of non-fatal fall injuries (rate per 100,000; ages 65+)	3,263.3 (2020)	3,951.3 (2021)	4,558.8 (2019)	-607.5
ECONOMIC AND SOCIAL WELL-BEING				
7. Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing	24.2% (2021)	20.5% (2021)	18.6% (2019)	+1.9%
8. Rate of chronic homelessness (rate per 100,000)	38.3 (2022)	76.2 (2022)	44.9 (2020)	+33.3
9. Percentage of Alaskans who experience a disability that are employed	40.8% (2021)	46.8% (2021)	44.0% (2019)	+2.8%
10. Percentage of Alaskans living above 125% of the federal poverty level	84.6% (2021)	85.7% (2021)	85.6% (2019)	+0.1%
SUBSTANCE USE DISORDER PREVENTION				
11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)	6.8% (2021)	10.0% (2021)	8.9% (2018-2019)	+1.1%
12. Percentage of Alaskans who received mental health services in the past year (ages 18+)	16.9% (2021)	19.0% (2021)	17.1% (2018-2019)	+1.9%
13. Rate of alcohol-induced mortality (rate per 100,000; age-adjusted)	14.4 (2021)	40.6 (2021)	23.7 (2019)	+16.9
SUICIDE PREVENTION				
14. Rate of intentional self-harm/suicide attempt emergency department visits (rate per 100,000; age-adjusted)	40.5 (2020)	133.1 (2021)	122.3 (2019)	+10.8
15. Rate of intentional self-harm/suicide deaths (rate per 100,000; age-adjusted)	14.1 (2021)	31.0 (2021)	28.6 (2019)	+2.2
16. Rate of intentional self-harm/suicide deaths (rate per 100,000; ages 15-24)	14.5 (2021)	63.3 (2021)	57.6 (2019)	+5.5

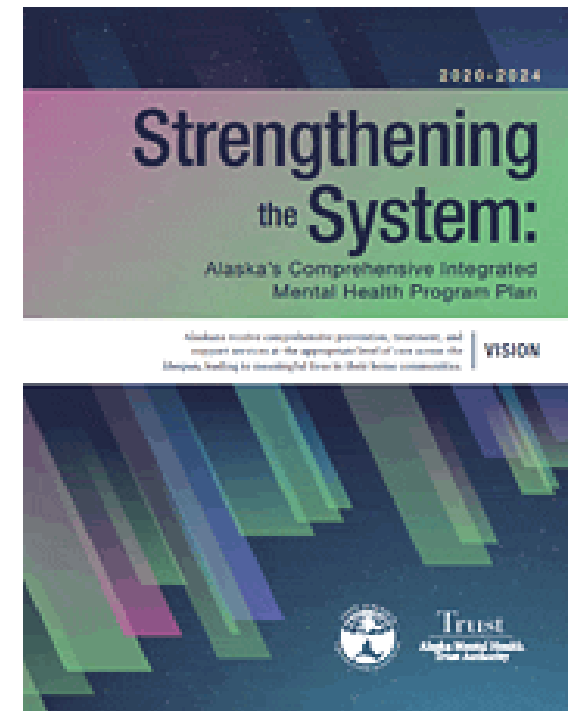
KEY: • Asterisk (*): No U.S. data available at time of publication
• Calendar year (yyyy): data represents calendar year
• Fiscal year (FYyyyy): data represents fiscal year (July-June)
• Combined year (yyyy-yyyy): data represents year range

INDICATOR	LATEST U.S. DATA	LATEST ALASKA DATA	BASLINE ALASKA DATA	CHANGE FROM BASELINE
PROTECTING VULNERABLE ALASKANS				
17. Rate of child maltreatment, substantiated cases, unique victims (rate per 1,000; ages 0 to 17)	8.1 (2021)	15.2 (2021)	17.0 (2019)	-1.8
18. Percentage change in youth who accessed home-based family treatment services (ages 0 to 24)	*	156.3% (2022)	156.3% (2022)	N/A
19. Founded reports of harm to adults (rate per 1,000; ages 18+)	*	0.9 (FY2022)	1.4 (FY2020)	-0.5
SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT				
20. Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community based waiver	*	83.5% (FY2022)	83.3% (FY2020)	+0.2
21. Percentage of criminal defendant referrals admitted to a therapeutic court	*	60.8% (FY2022)	60.0% (FY2020)	+0.8
22. Percentage of all juvenile justice referrals that were diverted from formal court action	*	53.0% (FY2022)	43.0% (FY2020)	+10.0%
SERVICES IN INSTITUTIONAL ENVIRONMENTS				
23. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 12 to 17)	*	4.7% (2021)	6.0% (2019)	-1.3%
24. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 18+)	*	11.5% (2021)	10.3% (2019)	+1.2%
25. Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD)	*	16.5% (FY2022)	16.7% (FY2020)	-0.2%
26. Percentage of juveniles in a Division of Juvenile Justice facility with an identified behavioral health or neurobehavioral condition in a secure treatment unit	*	100.0% (FY2022)	96.0% (FY2020)	+4%
27. Percentage of incarcerated individuals diagnosed with a psychotic disorder or schizophrenia who received intensive clinical and case management reentry services	*	84.3% (FY2022)	79.3% (FY2020)	+5%
WORKFORCE, DATA, AND FUNDING				
28. Percentage change in SHARP health practitioner contracts (current calendar year compared to previous 5 year average)	*	80.0% (2022)	42.0% (2020)	+38%
29. Percentage change of unduplicated participants served by Alaska Training Cooperative training events	*	14.2% (FY2022)	-27.9% (FY2020)	+42.1%
30. Medicaid expenses as a percentage of state's budget	27.6% (FY2022)	17.2% (FY2022)	19.3% (FY2020)	-2.1%

KEY: • Asterisk (*): No U.S. data available at time of publication
• Calendar year (yyyy): data represents calendar year
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• Combined year (yyyy-yyyy): data represents year range

What's Next?

- Work on the next update to begin late 2023
- Will be the 2025-2029 plan
- Development will be led by DOH, DFCS in coordination with the Trust – informed by additional stakeholders
- Public comment solicitation



Trust Budget & the Comp Plan

Trust Annual Budget

- Developed by Trust each year
- Approved by Trustees
- Directs Trust resources to strategies under established Trust focus areas
- Connects to Goals of the Comp Plan
- Focused solely on Trust funding (includes required trustee recommendations for GF/MH spending)

Comp Plan

- Current plan (2019) developed by DHSS in coordination with Trust and stakeholders
- Considers other planning efforts impacting Trust beneficiaries
- Updated every 5 years
- Goals re: Trust beneficiaries, across the lifespan
- Represents a systems approach; understands partnerships needed to meet goals
- A resource for all Trust beneficiary serving entities

Thank You

Questions?

The bottom of the slide features two overlapping blue geometric shapes. On the left, a dark blue trapezoidal shape extends from the bottom edge towards the center. On the right, a lighter blue triangular shape points upwards and to the left, overlapping the dark blue shape.