

SB

31

TONY KNOWLES
GOVERNOR



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STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 20, 1999

The Honorable Drue Pearce
Senate President
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Drue
Dear President Pearce:

As part of the budget package I present to the Legislature today, I am transmitting this separate appropriation bill for the state's integrated, comprehensive mental health program. This bill includes both operating and capital appropriations. As required by statute, I have attached a report of the differences between my proposed budget and the recommendations of the Alaska Mental Health Trust Authority.

Alaska has made great progress in serving mental health settlement beneficiaries and emphasizing community-based services. This proposed FY2000 mental health bill continues that progress with state general funds and Trust Authority receipts. In addition, Alaska Housing Finance Corporation receipts are used for housing-related capital projects.

This bill is a comprehensive package that has been developed through a positive and productive working relationship between my Administration, members of the Board of Trustees, and their staff. We look forward to working with the Legislature to support these proposed investments for Trust beneficiaries.

Sincerely,

Tony Knowles
Tony Knowles
Governor

Attachment

FY 2000 GOVERNOR'S MENTAL HEALTH TRUST OPERATING AND CAPITAL BUDGETS

		FY2000 TRUST RECOMMENDED					GOVERNOR'S ACTION						
		MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	Tobacco Settlement Funds	Other Funds
FY 2000 Mental Health Trust Operating Budget													
Department of Administration													
DOA/DSS/HCB	Mental Health Needs of Elderly (Yr 3 of 3)		300.0					300.0					
DOA/DSS/HCB	Respite Care for ADRD Seniors		300.0					300.0					
DOA/DSS/HCB	Adult Day Grants			500.0					0.0				
DOA/DSS/HCB	Care Coordination Expansion			400.0					0.0				
DOA/DSS/PCSA	Rural LTCare Development & Training (Yr 2 of 2)		130.0					130.0					
DOA/DSS/PCSA	Data Development - Div of Senior Services		50.0					0.0	0.0				
DOA/DSS/PCSA	LTCare Ombudsman Volunteer Coordinator			70.0					0.0				
DOA/DSS/PCSA	Data Management - Div of Senior Services			50.0					0.0				
DOA/DSS/PCSA	Assisted Living Rate Increase (DOA)		300.0	480.0				0.0	0.0				
DOA Subtotal		0.0	1,080.0	1,500.0	0.0	0.0	0.0	730.0	0.0	0.0	0.0	0.0	0.0
Department of Corrections													
DOC/StwSvcs/Inm	Women's Psychiatric Unit (Yr 3 of 3)		200.0	200.0				200.0	200.0				
DOC/StwSvcs/Inm	Dept of Corrections Planner (Yr 3 of 3)		30.0	30.0				30.0	30.0				
DOC/StwSvcs/Inm	Jail Alternative Services (Yr 2 of 3)		130.0					130.0					
DOC/StwSvcs/Inm	Women's Resid Substance Abuse Trtmt (Yr 2 of 3)		51.2					51.2					
DOC Subtotal		0.0	411.2	230.0	0.0	0.0	0.0	411.2	230.0	0.0	0.0	0.0	0.0
Department of Health and Social Services													
PrchSv/RsChldCare	Comm Resid Alternatives for SED Yth (Yr 2 of 2)		150.0	50.0				150.0					
StHlthSv/HlthFam	Healthy Families Control Group Study (Yr 2 of 3)		100.0					100.0					
StHlthSv/ILPGrants	Institutional Prevention & Quality Assurance-ILP			429.2					0.0				
ADA/ADAAdmin	Youth Education, Assessment & Referral Program			50.0									50.0
ADA/Grants	Day Trtmt Dually Diag (MI&Alc) - Ketch (Yr 3 of 3)		63.3					63.3					
ADA/Grants	Trauma Victim Study - Providence ER (Yr 3 of 3)		18.7					18.7					
ADA/Grants	Chronic Alcoholic Domiciliary LT Care (Yr 3 of 3)		100.0					100.0					
ADA/Grants	Program for Dually Diag (MI & Alc) Anch (Yr 3 of 3)		370.0					370.0					
ADA/Grants	Program for Dually Diag - (MI&Alc) Anch/MatSu			350.0					0.0				
ADA/Grants	Long-term Care Substance Abuse Treatment			200.0					0.0				
ADA/Grants	Residential Svcs for Women/Children			600.0					0.0		850.0	706.0	
ADA/Grants	Women & Children Collaboration Project (Yr 1 of 3)		50.0					50.0					
ADA/Grants	Youth Residential Service Capacity Expansion			50.0					0.0				
ADA/Grants	Spirit Camp Replication			63.0					0.0				
ADA/PrimaryPrev	Local Option Law "How To" Manual (Yr 3 of 3)		79.7					79.7					
ADA/PrimaryPrev	Fetal Alcohol Syn/ARBD/ARND Prev (Yr 3 of 4)		300.0					275.0			489.9		
	FAS Statewide Advisory Committee							25.0					
ADA/RHSvcsGrnts	Increase Rural Human Services		150.0	465.0				150.0			405.0		
ADA/RHSvcsGrnts	Increase Rural Human Services - project assist. for village based MH and substance abuse svcs.										60.0		
CMHC/GCMHG	Mental Health Consumer & Family Conference		43.7					43.7					
CMHG/GCMHG	API-Related Community Services Implementation		2,000.0					0.0					

FY 2000 GOVERNOR'S MENTAL HEALTH TRUST OPERATING AND CAPITAL BUDGETS

		FY2000 TRUST RECOMMENDED					GOVERNOR'S ACTION						
		MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	Tobacco Settlement Funds	Other Funds
CMHG/GCMHG	Implement Integrated Quality Assurance Process (DD/MI/ILP) (Yr 2 of 2)		225.0					225.0					
CMHG/CMHG	Rural Svcs for the Deaf/Hearing Impaired (Yr 2 of 2)		189.9					189.9					
CMHG/CMH	Assisted Living Rate Increase (DHSS)			454.0					0.0				
CMHG/PsychEmrg	Emergency, Respite & DET Outside API 2000 Area			500.0					0.0				
CMHG/SEDYth	Children's Service Delivery Model (Yr 1 of 3)		390.0					390.0					
CMHG/SEDYth	SED Youth Transition/Family Support Services			146.0					0.0				
CDDG/CDDG	Amer Disab Act Comm Prgm Accessibility (Yr 2 of 2)		100.0					100.0					
CDDG/CDDG	Earn as You Learn Program (Yr 1 of 3)		100.0					100.0					
CDDG/CDDG	Substance Abuse Services for People w/Multiple Diagnoses			240.0					0.0				
CDDG/CDDG	Institutional Prevention & Quality Assurance-DD			965.8					965.8				
CDDG/CDDG	Intensive Inclusive Childcare Training			77.0					0.0				
MHTBds/GCDSE	Economic Development Alliance (Yr 2 of 3)		200.0					200.0					
MHTBds/GCDSE	Employment Initiatives (Yr 3 of 3)		308.0					308.0					
MHTBds/GCDSE	DD Medicaid Waiver Study Implementation (Yr 2of2)		50.0					50.0					
Inst&Ad/API	API Quality Assurance (Yr 2 of 2)		20.0					20.0					
Inst&Ad/MHDDAdm	Mental Health Consumer Affairs Position (Yr 2 of 2)		90.0					90.0					
AdSvcs/Pln&Facil	Comprehensive Integrated Mental Health Plan		50.0					50.0					
DHSS Subtotal		0.0	5,148.3	4,640.0	0.0	0.0	0.0	3,148.3	965.8	0.0	0.0	1,804.9	756.0
Trust Administered Projects (not subject to Governor's approval; amounts included here for accounting purposes)													
Trust Administered	Trust Small Projects Funding (3 times/year)		105.0					105.0					
Trust Administered	Rural Outreach Project		25.0					25.0					
Trust Administered	Board Collaboration		20.0					20.0					
Trust Administered	Telepsychiatry		25.0					25.0					
Trust Administered	Miller Trust Project		25.0					25.0					
Trust Administered Subtotal		924.9	200.0	0.0	0.0	0.0	0.0	200.0	0.0	0.0	0.0	0.0	0.0
FY2000 Adjustments to GF/MH Base													
DOA/AKL/PioHms	Pioneer Homes			3,480.7		(3,480.7)			3,480.7		(3,480.7)		
DOA/Legal& Advoc	Office of Public Advocacy			564.8		(564.8)			564.8		(564.8)		
Trust Administered Subtotal		0.0	0.0	4,045.5	0.0	(4,045.5)	0.0	0.0	4,045.5	0.0	(4,045.5)	0.0	0.0
FY2000 Trust Administration and Natural Resource Management													
DOR/ MHTA	Trust Authority Administration (8.9% of total MHTAAR)	924.9						924.8					
DNR/MHT Land Office	Mental Health Trust Land Office and Natural Resource Management		938.5					938.5					
MHTA Admin Total		924.9	938.5	0.0	0.0	0.0	0.0	1,863.3	0.0	0.0	0.0	0.0	0.0
OPERATING TOTALS	<i>(Note: GF/MH projects are in addition to base.)</i>	1,849.8	7,778.0	10,415.5	0.0	(4,045.5)	0.0	6,352.8	5,241.3	0.0	(4,045.5)	1,804.9	756.0

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		MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	MHTA Admin	MHTAAR	GF/MH	AHFC Corp Receipts	GF	Tobacco Settlement Funds	Other Funds
FY 2000 Mental Health Trust Capital Budget													
Department of Administration													
DOA	Pioneer Homes Renovations				262.5					0.0			
DOA	Data Development-DSS (Capital)		100.0	100.0				0.0	0.0				
DOA	Juneau Adult Day Center			50.0						0.0			
DOA Subtotal		0.0	100.0	150.0	262.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Department of Health and Social Services													
DHSS	Program Facilities: Deferred Maintenance & American Disabilities Act Upgrades		250.0	250.0				250.0	250.0				
DHSS	Program Equipment		100.0	100.0				100.0	100.0				
DHSS	API Repair & Maintenance			225.0					225.0				
DHSS	API Replacement of Existing Facility			14,000.0		15,000.0		2,000.0					7,000.0
DHSS	Ketchikan Residential Diagnosis & Treatment Center			1,200.0					0.0				
DHSS	Rural Human Services Facilities Upgrades			500.0					0.0				
DHSS	Housing Modifications for People with Special Needs			420.0	500.0				150.0	250.0			
DHSS Subtotal		0.0	350.0	16,695.0	500.0	15,000.0	0.0	2,350.0	725.0	250.0	0.0	0.0	7,000.0
Department of Revenue													
DOR/ AHFC	Beneficiary and Special Needs Housing Program				2,000.0				2,000.0				
DOR/ AHFC	Homeless Assistance Program (HAP)		200.0		800.0			200.0		250.0			
DOR Subtotal		0.0	200.0	0.0	2,800.0	0.0	0.0	200.0	0.0	2,250.0	0.0	0.0	0.0
Department of Natural Resources													
DNR	Trust Land Office - Land & Resource Enhancement		660.0					660.0					
DNR Subtotal		0.0	660.0	0.0	0.0	0.0	0.0	660.0	0.0	0.0	0.0	0.0	0.0
Department of Transportation													
DOT/PF	Coordinated Transportation & Vehicles		150.0	150.0				150.0	150.0				
DOT/PF Subtotal		0.0	150.0	150.0	0.0	0.0	0.0	150.0	150.0	0.0	0.0	0.0	0.0
CAPITAL TOTAL		0.0	2,670.0	33,690.0	6,862.5	30,000.0	0.0	6,570.0	1,600.0	5,000.0	0.0	0.0	14,000.0
OPERATING AND CAPITAL TOTALS		1,849.8	10,448.0	44,105.5	6,862.5	25,954.5	0.0	12,922.8	6,841.3	5,000.0	(4,045.5)	1,804.9	14,756.0

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Trust Administered Subtotal		0.0	0.0	4,045.5	0.0	(4,045.5)	0.0	0.0	4,045.5	0.0	(4,045.5)	0.0	
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		1,849.8	7,778.0	10,415.5	0.0	(4,045.5)	0.0	6,352.8	5,241.3	0.0	(4,045.5)	1,804.9	756.0

Handwritten notes:
 MHTA Admin
 MHTAAR
 GF/MH
 AHFC Corp Receipts
 GF

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Department of Health and Social Services													
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DHSS	API Replacement of Existing Facility			14,000.0		15,000.0		2,000.0					7,000.0
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DHSS	Rural Human Services Facilities Upgrades			500.0					0.0				
DHSS	Housing Modifications for People with Special Needs			420.0	500.0				150.0	250.0			
DHSS Subtotal		0.0	350.0	16,695.0	500.0	15,000.0	0.0	2,350.0	725.0	250.0	0.0	0.0	7,000.0
Department of Revenue													
DOR/ AHFC	Beneficiary and Special Needs Housing Program				2,000.0				2,000.0				
DOR/ AHFC	Homeless Assistance Program (HAP)		200.0		800.0			200.0	250.0				
DOR Subtotal		0.0	200.0	0.0	2,800.0	0.0	0.0	200.0	0.0	2,250.0	0.0	0.0	0.0
Department of Natural Resources													
DNR	Trust Land Office - Land & Resource Enhancement		660.0					660.0					
DNR Subtotal		0.0	660.0	0.0	0.0	0.0	0.0	660.0	0.0	0.0	0.0	0.0	0.0
Department of Transportation													
DOT/PF	Coordinated Transportation & Vehicles		150.0	150.0				150.0	150.0				
DOT/PF Subtotal		0.0	150.0	150.0	0.0	0.0	0.0	150.0	150.0	0.0	0.0	0.0	0.0
CAPITAL TOTAL		0.0	2,670.0	33,690.0	6,862.5	30,000.0	0.0	6,570.0	1,600.0	5,000.0	0.0	0.0	14,000.0
OPERATING AND CAPITAL TOTALS		1,849.8	10,448.0	44,105.5	6,862.5	25,954.5	0.0	12,922.8	6,841.3	5,000.0	(4,045.5)	1,804.9	14,756.0

Emergency Use

Alaska Mental Health Trust Authority

SB31

presentation to the
Senate HESS Committee
February 11, 1999

\$.9 million per year

The Trust's Beneficiaries

- *People with mental illness*
- *People with mental retardation and similar disabilities*
- *Chronic alcoholics with psychosis, and*
- *People with dementia*

Key Terms of Settlement

- Mental Health Trust Lands and associated state lands released for development
- Trust Authority free to use Trust resources to act as a catalyst for change
- Trust Authority funding recommendations considered in a single appropriation bill
- Trust Authority to aid in comprehensive planning for mental health

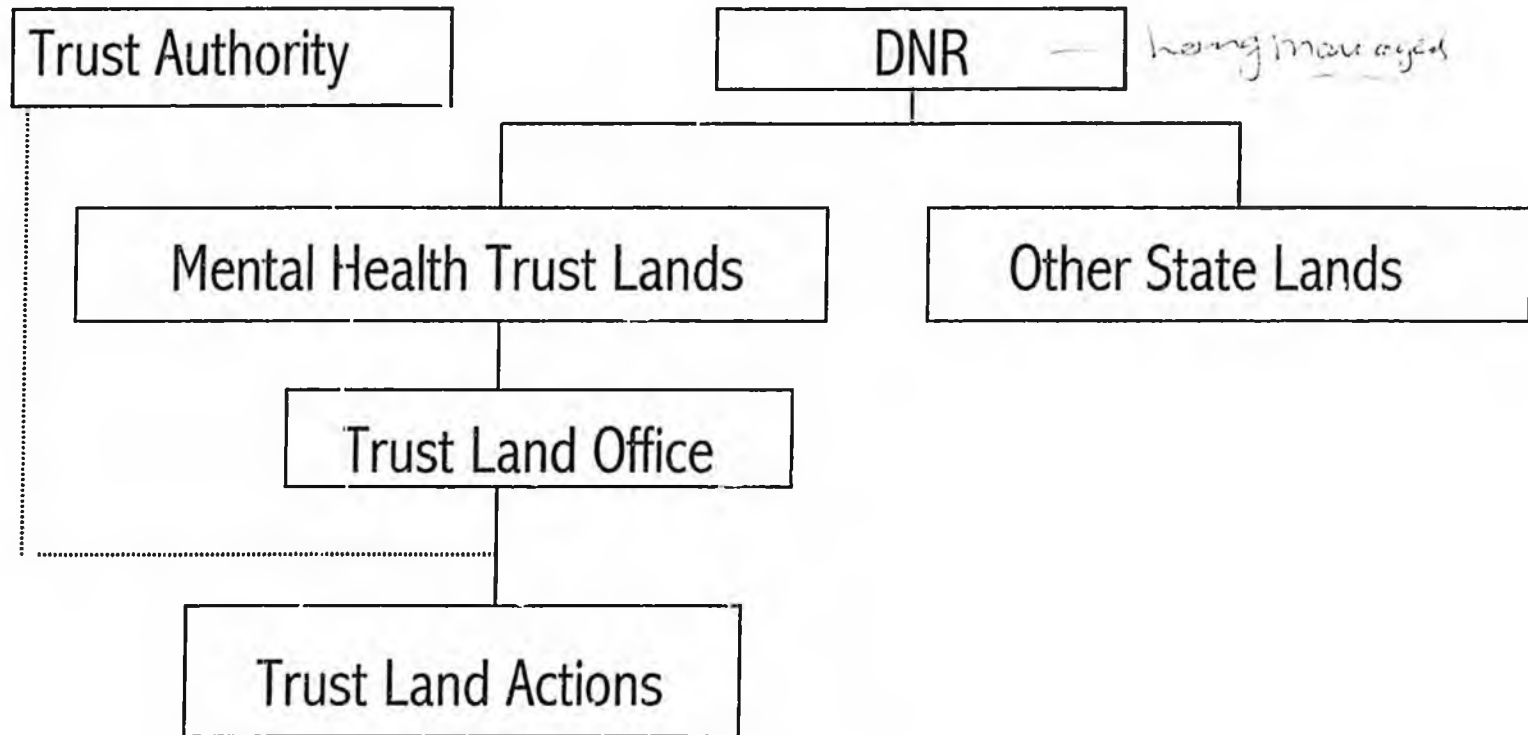
Mission and Vision

The Alaska Mental Health Trust Authority administers the Mental Health Trust established in perpetuity. It has a fiduciary responsibility to its beneficiaries to enhance and protect the Trust and to provide leadership in advocacy, planning, implementation, and funding of a comprehensive integrated mental health program to improve the lives and circumstances of its beneficiaries.

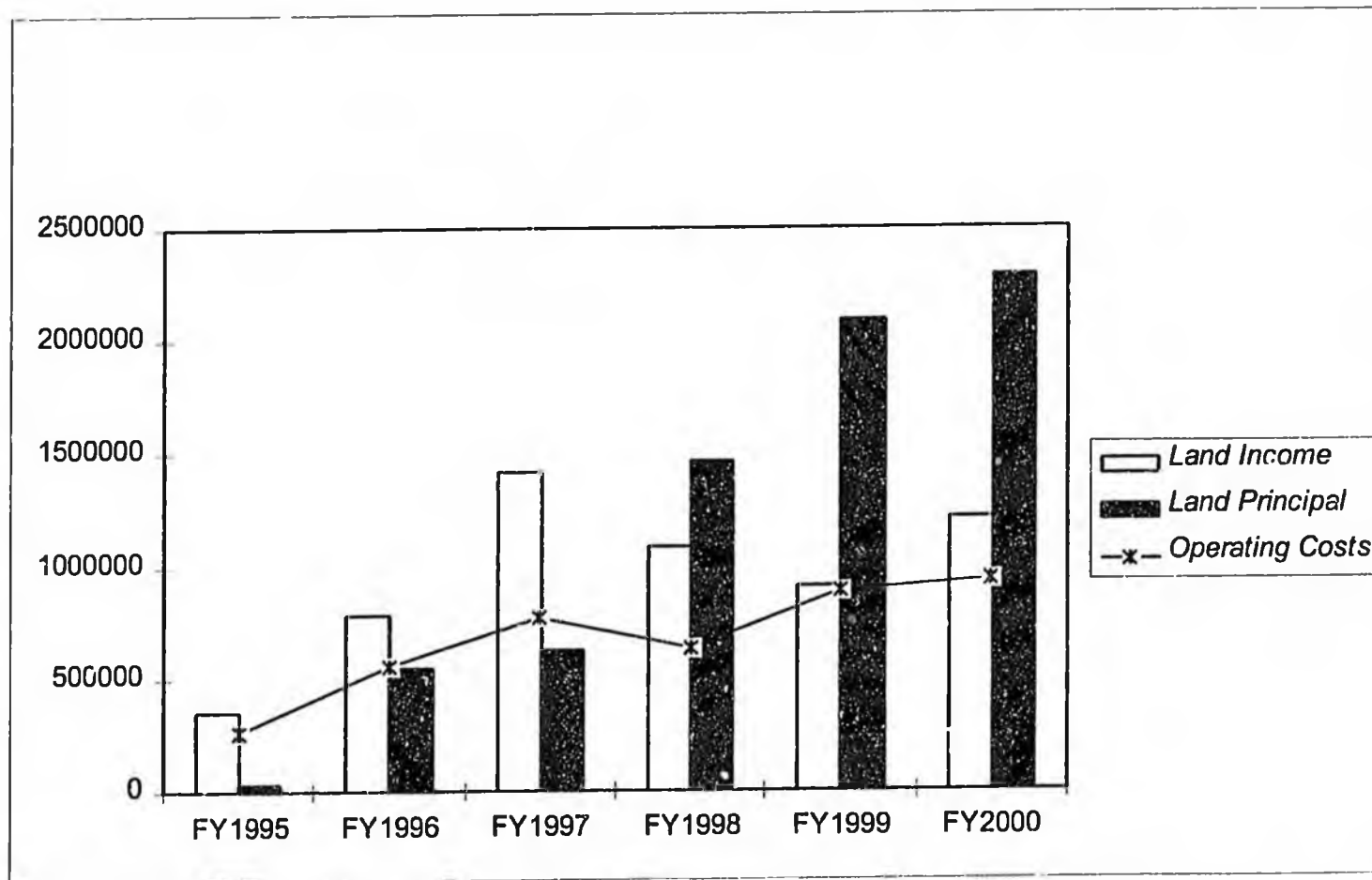
Trust Responsibilities

- *Manage the land and cash assets of the Trust in perpetuity*
- *Provide leadership & advocacy for beneficiaries*
- *Recommend the state's budget for the Comprehensive Integrated Mental Health Program*

Trust Land Management Framework



Trust Land Revenue vs. Operating Costs

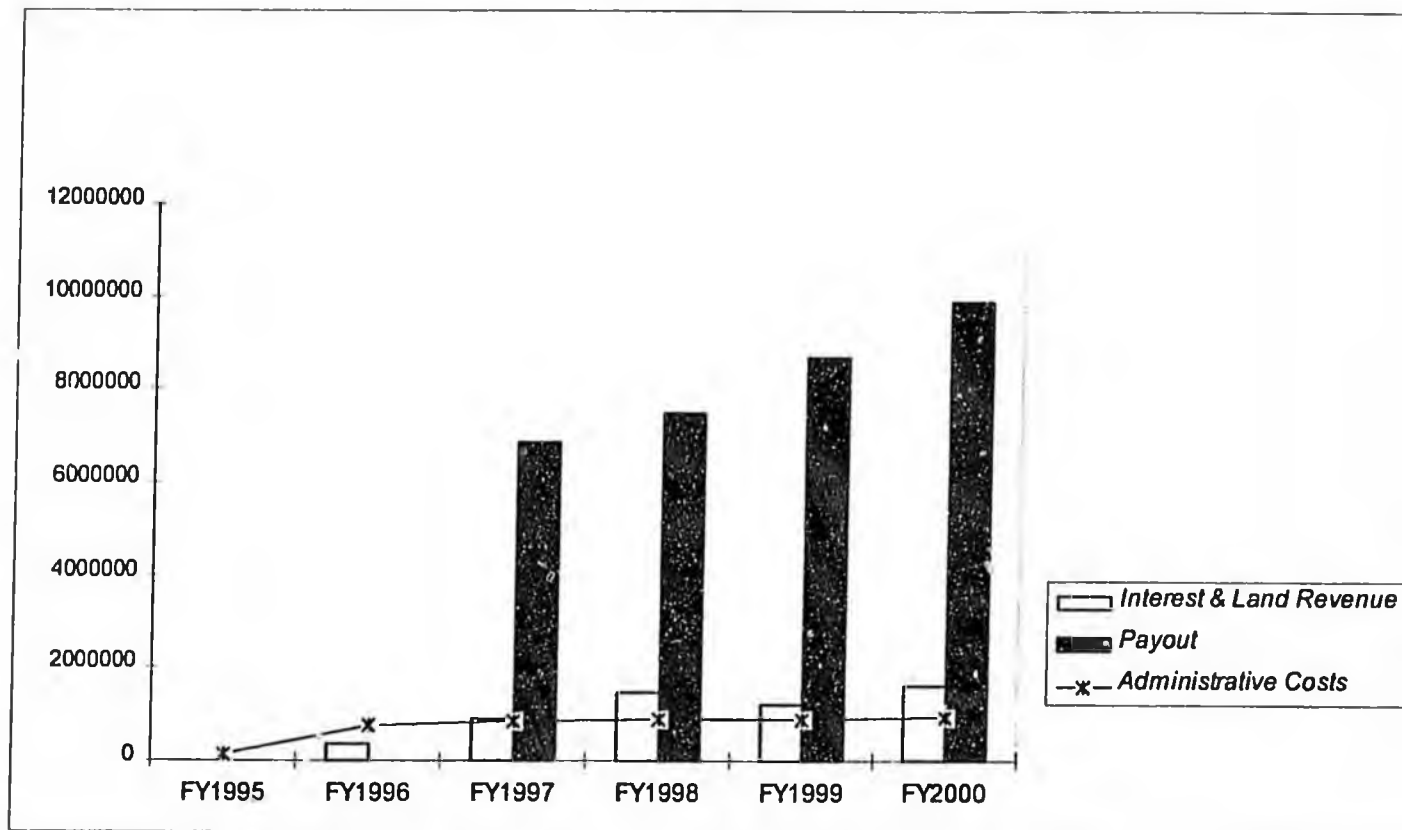


Cash Assets FY99

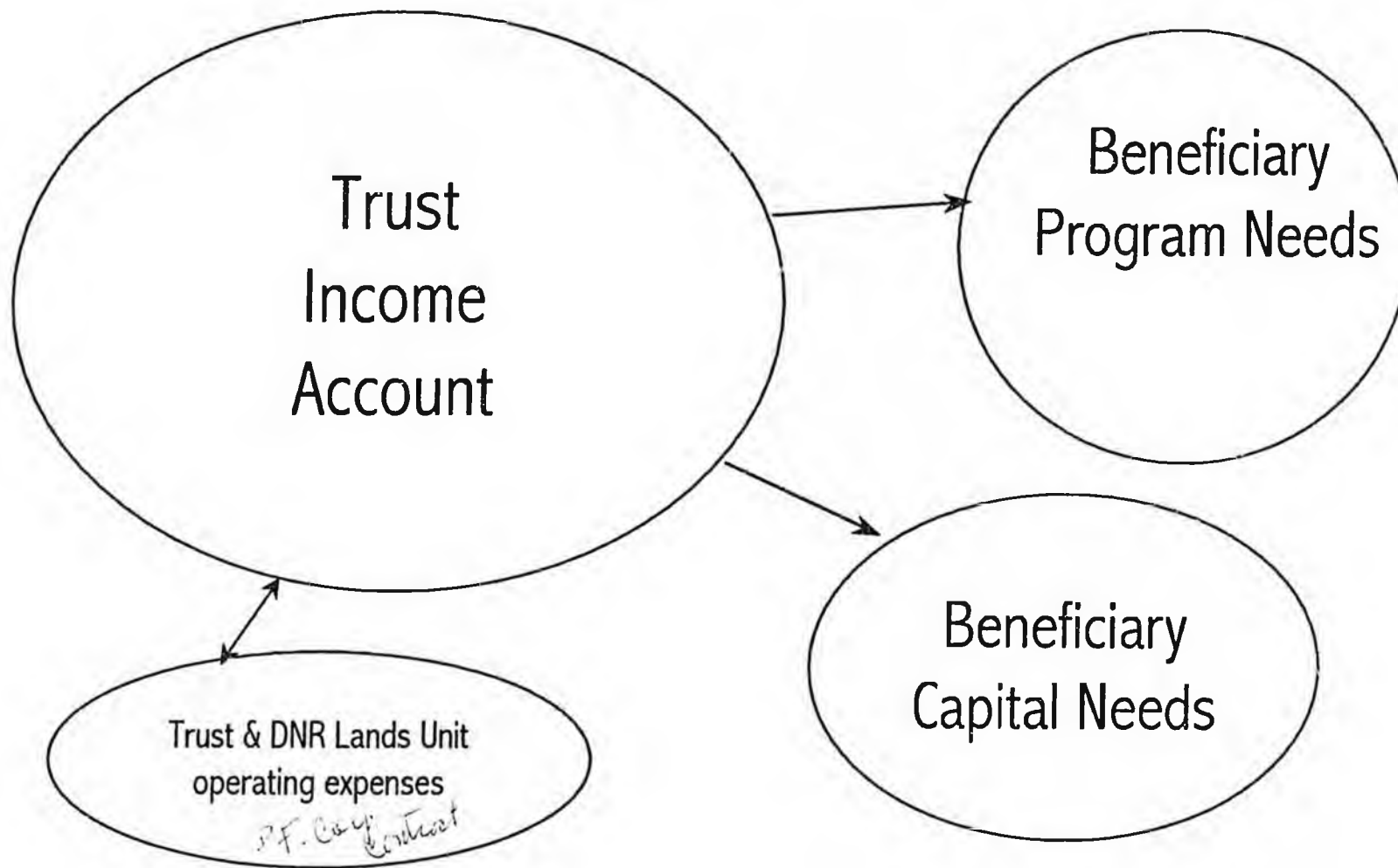
Total Fund	\$293,215,77
Principal	\$246,620,84
Principal Reserve	\$34,817,06
Net Income (obligated)	\$11,777,87

*includes
inflation
provisions*

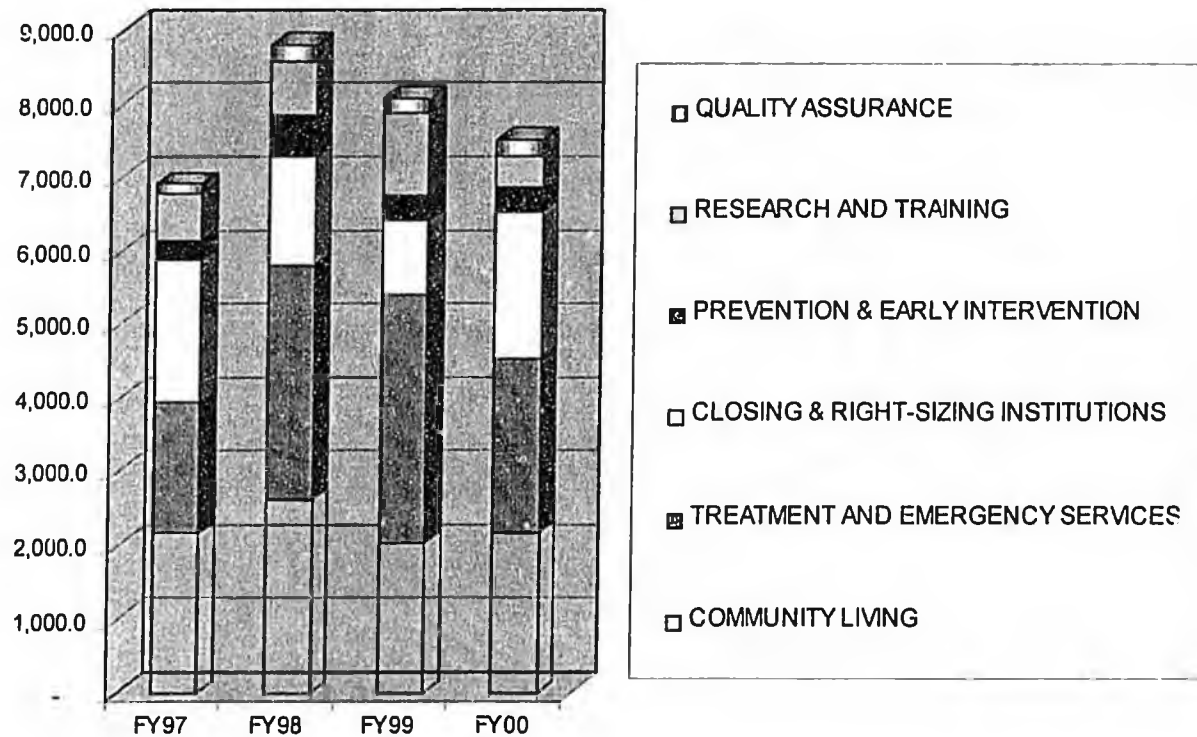
Trust Authority Revenues, Payout and Administrative Costs



Where the funds go



Trust Income Expenditures by Category



Changing the Culture

- Accountability. We all must agree on results we seek.
- Consistency in purpose and direction. Needs to be a way of life, a way of thinking.

What we have done

- Trained boards & departments in results-based planning.
- Agreed on some basic language & results in the CIMHP process.

CIMHP
Comprehensive
Mental
Health Program

Results we are looking for

- Are Trust beneficiaries healthy?
- Are they safe?
- Are they economically secure?
- Are they productively engaged or in school?
- Are they living with dignity, as valued members of their communities?

Examples of indicators

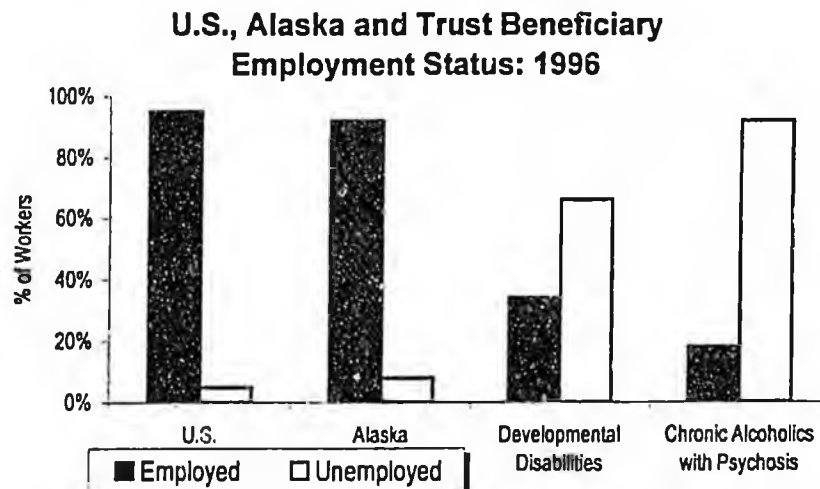
- To see if Alaskans are healthy, look for
 - rates of alcohol consumption & alcohol-related deaths
 - rate of hospital admission for mental illness, substance abuse, disability, or aging problems
 - rate of preventable birth defects
- To see if beneficiaries are healthy compared to all Alaskans, look for
 - chronic alcohol use
 - rate of admission to hospitals
 - rates of disabling conditions

RESULT #4: PRODUCTIVELY ENGAGED, EMPLOYED, CONTRIBUTING

Indicator Baselines:



Government Information Sharing Project, Oregon State University, <http://govinfo.kerr.orst.edu/>



Government Information Sharing Project, Oregon State University, <http://govinfo.kerr.orst.edu/>
 Response to Mental Health Trust Authority Request for Recommendations, Advisory Board on
 Alcoholism and Drug Abuse, June 1996

Alaskans with Developmental Disabilities: A Report to the Mental Health Trust Authority on the
 Status and Living Conditions of the Beneficiaries, Governor's Council on Disabilities and
 Special Education, July 1996

The Story Behind the Baselines: Data on employment, unemployment, hours and wages are collected and published monthly by the Alaska Department of Labor.

Unemployment in Alaska varies greatly with the season. In 1996, the statewide rate of unemployment ranged from 9.7% in January to 5.5% in August. Unemployed rates also vary according to region or community. Traditional methodologies for determining unemployment do not work well in Alaska's smaller, more remote villages, where few jobs are available. Many people in these communities rely on a traditional subsistence lifestyle. Hunting, fishing and gathering wild foods form the basis of a non-cash economy. Often, people living in these communities have given up on actively seeking employment and are not counted in local or state statistics. In many of these communities, it is estimated that more than 75% of the adults are not working at cash jobs.

There is currently limited data available on the employment status of beneficiaries of the Alaska Mental Health Trust Authority. The Advisory Board on Alcoholism and Drug Abuse reported that 92% of the chronic alcoholics with psychosis who receive state funded substance abuse services are unemployed. Approximately two-thirds (66%) of adults with developmental disabilities in state services are unemployed.

National sources estimate that up to 65% of adults with a variety of disabilities are unemployed. Even when Trust beneficiaries are employed, they are often in part-time, low paying jobs. Beneficiaries remain in these jobs because, if they worked longer hours or made more money, they would lose their eligibility for Medicaid, which is often their only source of health insurance.

Current Efforts to Turn the Curve: Some of the strategies that are proving effective at increasing employment opportunities for beneficiaries are employment training programs like those provided by the Division of Vocational Rehabilitation and the Private Industry Council. Developmental disability and mental health employment support programs provide on-the-job employment readiness training and support for workers. Senior employment programs provide many seniors with jobs as senior volunteers and helps train seniors to acquire unsubsidized employment. The Alaska Legislature is currently considering a bill that would allow people with disabilities to retain Medicaid coverage while working. Programs like elder care and respite make it possible for caregivers of people with Alzheimer's Disease to continue working.

Requesting Funding Recommendations

RFR Process

Four boards recommend funding to the Trust:

- Budget recommendations to the Trust should be result-oriented.
- Boards describe their overall strategies.
- Boards explain how budget recommendations help Trust beneficiaries.
- Boards help track progress of programs we fund.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

INVESTING IN RESULTS OUTCOME BASED DECISION MAKING

Alaskans who experience developmental disabilities want results, not activities, from programs. They also want outcome measures in place so they can determine if their desired results are being achieved. The results that Alaskans with disabilities want and some proposed outcome measures are presented below across the six major life domains: community living, education, employment, health care, housing and transportation.

COMMUNITY LIVING

Results	Outcome Measures
Every individual is a valued, participating member of his or her community.	<ul style="list-style-type: none"> • Number and percent of people who are registered voters • Decrease in funds expended for services provided in institutions (e.g. API, hospitals, nursing homes or jail)
People receive prevention and early intervention services.	<ul style="list-style-type: none"> • Number and percent of people, especially infants and toddlers, who need fewer specialized services • Decrease in the incidence of high cost crisis situations

EDUCATION

Results	Outcome Measures
Students reach their educational goals and potential.	<ul style="list-style-type: none"> • Number and percent of students who graduate from high school with jobs or post-secondary education plans in place • Number and percent of students who are making progress in classrooms with children who do not have disabilities • Number and percent of students who meet or exceed performance standards

EMPLOYMENT

Results	Outcome Measures
People get and keep employment consistent with their interests, abilities and needs.	<ul style="list-style-type: none"> • Number and percent of people who maintained employment at 6, 12, 24 and 36 months • Number and percent of people who own their own businesses • Number and percent of people who are employed in jobs with health care benefits

HEALTH CARE

Results	Outcome Measures
People are healthy and benefit from the full range of needed health care services.	<ul style="list-style-type: none">• Decrease in the utilization of high cost acute care or emergency room services• Number and percent of low birth-weight babies• Number and percent of survivors of head injuries or spinal cord injuries

HOUSING

Results	Outcome Measures
Adults choose where and with whom they live.	<ul style="list-style-type: none">• Number and percent of people who own their own homes• Number and percent of people who are living safely in the community

TRANSPORTATION

Results	Outcome Measures
People are able to get to where they want to go when they want to go.	<ul style="list-style-type: none">• Increase in the availability of accessible transportation• Number and percent of people who use less expensive fixed route systems as compared to those who use paratransit systems

The results presented here are not unique to people who experience developmental disabilities. However, Alaskans who experience disabilities are less likely to achieve these results than the average Alaskan. People who experience disabilities have identified a number of reasons for this discrepancy, including:

1. their unique needs for physical accessibility, access to transportation, assistive technologies, and individualized and family supports;
2. the general lack of public awareness about the needs, rights and responsibilities of people who experience disabilities; and
3. limited incomes, which further prevent their full participation in community life.

Harborview Developmental Center

What we said we would do

- Close HDC.
- Move residents to community.
- Re-allocate funds to more effective programs.

What we did

- Partnered with AHFC & DHSS for special needs housing.
- Subsidized cost of HDC for 3 fiscal years.
- Supported development of necessary community services.

How well we did

- HDC closed 12/31/97.
- Everyone moved to community
- Services funded to meet individual needs.

Strategies: Rewarding success

- Re-distribute HDC funds to DD services
 - serve people waiting longest
 - minimal “core” services
 - small safety net

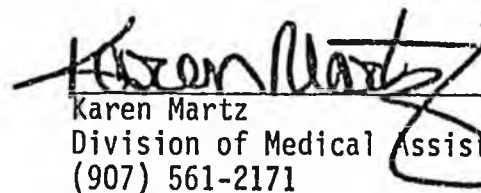
Validating & monitoring investment

- Funded a deinstitutionalization study.

ICF/MR and IMH Census

Psychiatric Beds	Per Diem Rate	Certified Beds	Current Occupancy			Non-Medicaid	Current Census	Vacant Beds
			Total	Medicaid Under 22	Over 65			
Alaska Psychiatric Institute, Anchorage	252.24	174	17	16	1	100	117	57
Charter North Anchorage	N/A	60	18	18	-0-	38	56	4

ICF/MR Beds	Per Diem Rate	Certified Beds	Current Occupancy		Total Census	Vacant Beds
			Medicaid	Non-Medicaid		
Harborview Developmental Center, Valdez	202.00	64	56	2	58	6
Hope Cottages, Anchorage	261.49	40	40	-0-	40	-0-


 Date 5/10/88
 Karen Martz
 Division of Medical Assistance
 (907) 561-2171

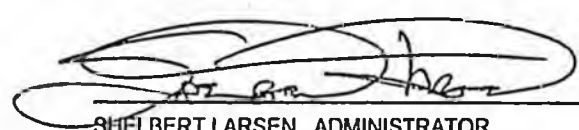
ICF/MR AND IMH CENSUS

AS OF: DECEMBER 31, 1997

PAGE 3 OF 3

PSYCHIATRIC BEDS	PER DIEM RATE	CERTIFIED BEDS	CURRENT OCCUPANCY			TOTAL CENSUS	VACANT BEDS
			MEDICAID		NON-MEDICAID		
			UNDER 21	65 & OVER			
ALASKA PSYCHIATRIC INSTITUTE Anchorage	\$758.48	114	2	0	70	72	42
CHARTER NORTH HOSPITAL Anchorage	N/A	74	17	0	11	28	46
NORTH STAR HOSPITAL Anchorage	N/A	34				0	34

ICF/MR BEDS	PER DIEM RATE	CERTIFIED BEDS	CURRENT OCCUPANCY		TOTAL CENSUS	VACANT BEDS
			MEDICAID	NON-MEDICAID		



 SHELBERT LARSEN, ADMINISTRATOR
 DIVISION OF MEDICAL ASSISTANCE (907) 561-8081
 HEALTH FACILITIES LICENSING & CERTIFICATION

1/7/98
 DATE

*except that in the nation
 that has no developmental
 disability as the
 community*

Hope Cottages ICFs-MR

What we said we would do

- Close the ICFs-MR.
- Move residents to smaller community settings.
- Re-allocate funds to more effective programs.

What we did

- Partnered with AHFC & DHSS for special needs housing.
- Supported development of necessary community services.

How well we did

- ICFs-MR closed 7/1/96.
- Everyone moved to community settings of their choice.
- Services funded to meet individual needs.

Strategies: Rewarding success

- Re-distribute ICF-MR funds to DD Waiver services

Housing

What we said we would do

- Partner with AHFC on institution closure.

What we did

- Closed Harborview & Hope ICFs.
- Special Needs Housing with AHFC, DHSS, & DSS.

How well we did

- Institution residents now in community.
- People can stay home with housing modifications.

What we are doing

- Moving long-term API residents into community-based housing.
- Domiciliary care for chronic alcoholics.
- Pioneer Homes renovations.
- Facility & ADA upgrades.
- AHFC loan program changes.

Strategies: rewarding success

- Include AHFC funding in MH budget.
- Homeless Assistance Program.
- Match for Federal & Other Grants for transitional housing programs.
- Special Needs Housing: first at DHSS, now at AHFC.

Validating & monitoring investment: Look for

- AHFC training for communities on accessing housing finance for vulnerable populations
 - Clarifying roles for housing & supports

Alcohol and Drug Abuse

Culture change predates the Trust

- Leg Audit promoted change

What we did

- Learned from the data.
- Funded domiciliary program in Fairbanks, in partnership with AHFC's Special Needs Housing.
- Funded case management and day treatment for people with dual diagnosis.
- Funded trauma study with Providence
- Funded enhanced detox beds at Clitheroe.

Strategies

- Increase enhanced detox: API community implementation project.
- Fund women's services in places their children can also stay.
- FAS prevention.

Validating & monitoring investment

- Educate providers on leveraging funds for domiciliary care.
- Watch Homeward Bound Project.

Department of Corrections

What we said we would do

- Fund a study of Trust beneficiaries in DOC custody.
- Fund a planner at DOC to ensure collaboration on behalf of beneficiaries.

What we learned

- 19% of people at DOC have mental illness & 29% have significant drug or alcohol problems.
- 38% of women at DOC have mental illness.
- No services for women with mental illness.

What we did

- With LB&A & DOC, developed a strategy to create & fund a women's mental health unit.
- Fully funded women's unit for FY98.
- Funded the planner.

How well we did

- Women's unit opened late 1/98.
- Integrated DOC & mental health planning.

Strategies

- Fund 2/3 of the women's unit for FY99.
- Increased 6th Ave. jail mental health staff.
- Hired UW psych interns.
- Funded misdemeanor diversion project.

Validating & monitoring investment

- Improvement in mental health status of individuals with mental illness at DOC.
- # of people diverted by misdemeanor project.

Healthy Families

What we said we would do

- Fund pilot program that offered results-based services.

What we did

- Fund expanded pilot program FY97, 98, and 99.

How well the program did

- Serving 303 families in 8 communities as of 9/30/97.
- decreased child abuse rates for participants.
- increased employment rates.

Strategy:

Validating & measuring investment

- Fund the program evaluation in FY99 and FY00.
- 94% of families had no abuse or neglect, when 30% would have (statistically validated instruments used on Lower 48 groups).
- Estimated DFYS cost savings of \$169-225,000 (DHSS, DPH, MCFH).

Seniors

What we said we would do

- Pilot for mental health needs of elderly
- Develop data system to track senior service use

What we did

- Dementia training kit & distance education.
- Increased care coordination for seniors.
- Pioneer Homes renovations
- Construct adult day care in Chugiak & Palmer

How well we did

- Dementia training across the state.
- Care coordination promotes better use of community resources.

What we are doing now

- Identifying beneficiaries in senior services.

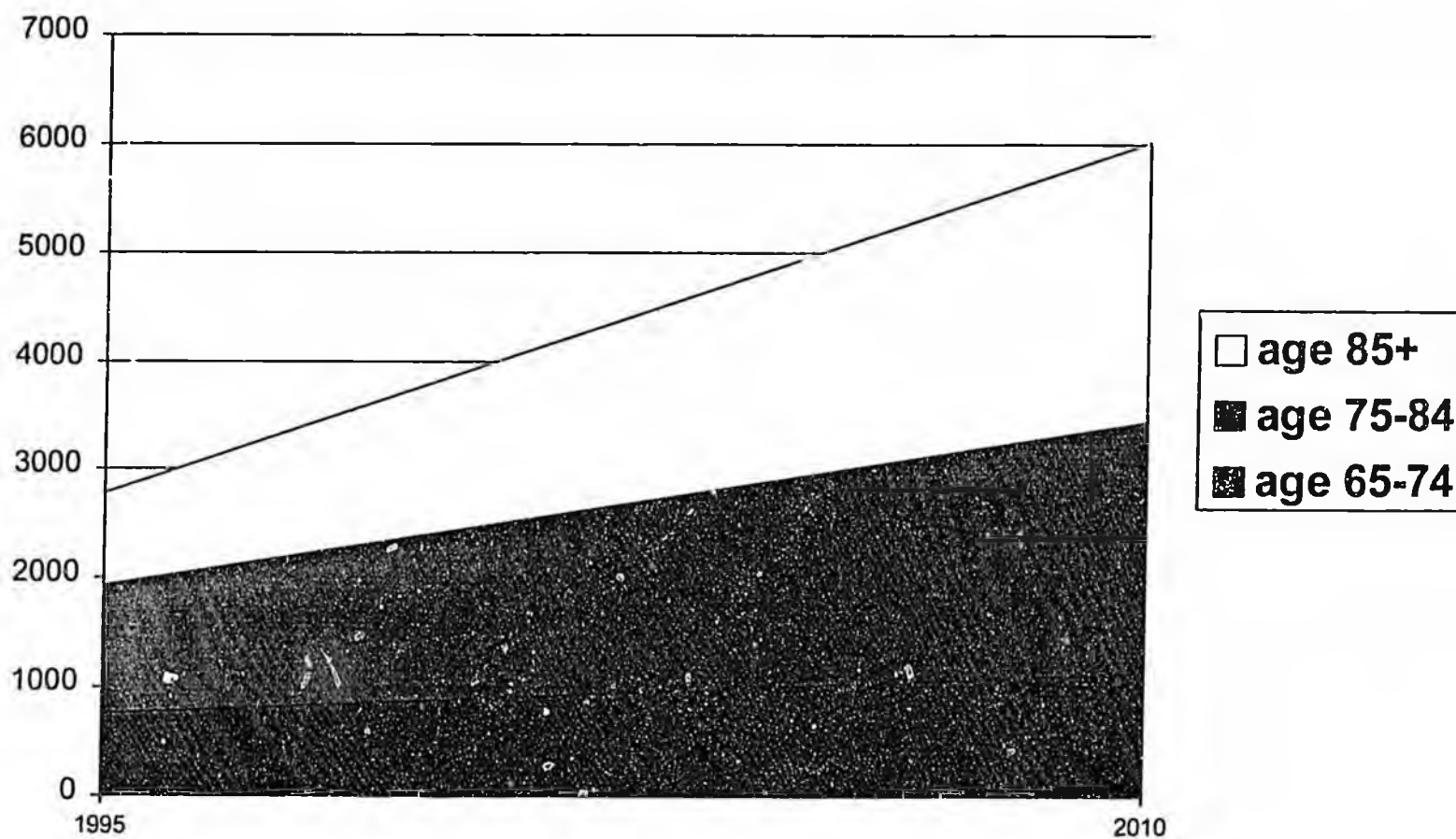
Strategies

- Hire Pioneer Home Aides.
- Build capacity: riding the wave.
- Re-invest savings from the Longevity Bonus to senior programs.
- Supplement General Relief--long term care funding.

Validating & monitoring investments

- Assisted Living Rate Study
- Re-engineering the Guardianship system.
- Adult Protective Services/General Relief data system.
- *Look for ACoA Data base systems to tell how many people used services.*

Dementia growth 1995-2010



Mental Health

What we said we would do

- Divert people from hospitalization.
- Move individuals from Sourdough at Harborview into community.
- Pilot an independent care coordination model for disturbed children.

What we did

- Funded diversion & crisis respite.
- Closed Harborview.

How we did

- Hospitalizations are down.
- Individuals from Sourdough are in communities.
- Independent care coordination is hard to implement.
- Community mental health Medicaid costs are stabilizing.

What we are doing now

- Quality Assurance audits.
- Developing a QA program.
- Developing program standards.
- Managed mental health care study.

Strategies

- Closely track Medicaid expenditures for mental health services.
- Managed care review--best uses of mental health funds.
- Enhanced services to people who have mental illness and who are drinking.

Validating & monitoring investment

- Community services should result in decreased hospital need.
- Are consumers healthier? Safer? More economically independent?

Mental Health Quality Assurance

- *Consumer Satisfaction/Quality of Life* An increase in consumer satisfaction and positive outcomes from services.
- *Quality of Services* Development of combined integrated administrative standards (MH/DD/ILP) and refinement of specific direct service delivery standards.
- *Fiscal Accountability* The need to monitor the use of State dollars (both Medicaid and grant funds) used by grantees of DMHDD.
- *Follow-up/Plan of Improvement* To ensure that corrective action is taken when the need for change is identified.
- *Cost Effectiveness of Site Reviews* A consolidated review process that is efficient and useful to service providers, consumers, and the State while costing less than multiple fragmented reviews.
- *Combined and Strengthened On-Site Reviews with minimal disruption* Consolidate the strengths of the various past site review processes coupled with combined team to minimize community disruption (number of site visits) associated with multiple site reviews.

Economic Security

What we said we would do

- Help Trust beneficiaries at risk of losing SSI, APA, & Medicaid because of federal rule changes.

What we did

- Funded SSI re-determination for alcoholics with psychosis & children with disabilities.

How well we did

- Estimated 1,000 beneficiaries would lose benefits; about 150 actually lost SSI and Medicaid.

What we are doing now

- Funding an Economic Development Consortium using existing small business development sources.

Strategies

- Analysis of economic impacts on seniors of declining income, learning how seniors pay their way.

Validating & monitoring investment

- Funding a cooperative effort on Employment Initiatives
 - finding out what helps beneficiaries stay employed.

Better use of existing resources

- Mental Health Managed Care Study
 - emerging indicators: housing, employment
- Waiver Review
 - 5 years of DD waivers
- Coordinated transportation
 - leverages federal funds
- Data integration
 - comparing info across systems
- Assessment of facilities
 - prioritizing upgrades
- Task force on insurance coverage for mental health and substance abuse services
- Guardians for vulnerable adults

*and a way to pull all the
in a similar way to the other*

*of employment evaluation to
distance that health coverage
(important)
Feb*

FY00 Operating & Capital Recommendations

GF/MH Base	\$118,077.6
Adjustments to GF/MH Base	\$4,045.5
GF/MH (w/o API capital)	\$9,365.0
AHFC	\$3,562.5
Trust funding	\$9,038.0

Flood Gouernis affere letter to
Seppart & make in Gouerni
bill HSST IV.