

State of Alaska
FY2003 Governor's Operating Budget

Department of Health and Social Services
Community Mental Health Grants
Budget Request Unit Budget Summary

Community Mental Health Grants Budget Request Unit

Contact: Janet Clarke, Director, Administrative Services

Tel: (907) 465-1630 **Fax:** (907) 465-2499 **E-mail:** Janet_Clarke@health.state.ak.us

BRU Mission

The mission of the Division is to plan with and provide appropriate prevention, treatment and support for families impacted by mental disorders or developmental disabilities, while maximizing self-determination.

BRU Services Provided

The Alaska community mental health program, through competitive grant funding to local, nonprofit health organizations, provides Alaskans with a statewide comprehensive array of outpatient, residential, and locally provided inpatient mental health services. Annually, these services benefit in excess of 20,000 people suffering from mental illness or severe emotional dysfunction in Alaska.

The Community Mental Health Grants BRU has five components - General Community Health Grants, Psychiatric Emergency Services, Designated Evaluation and Treatment, Services to the Chronically Mentally Ill, and Services for Seriously Emotionally Disturbed Youth. The five component budget structure is the primary way the program assures that mental health services are provided to the most severely disabled priority populations. Each component provides funding for an identified population or program.

BRU Goals and Strategies

1) PROVIDE AN ARRAY OF COST-EFFECTIVE COMMUNITY MENTAL HEALTH SERVICES THROUGHOUT THE STATE.

- Provide assistance to local communities to help plan, develop and maintain services.
- Provide oversight of the quality and quantity of services provided.

2) PROVIDE FOR CONSUMER INPUT IN THE PLANNING, DEVELOPMENT, OPERATION, AND MONITORING OF THE COMMUNITY MENTAL HEALTH SERVICES.

- Involve consumers in all phases of program planning and implementation.
- Involve consumers in the grant award process as active Proposal Evaluation Committee members.
- Involve consumers in the monitoring or investigation of the quality of services provided.

Key BRU Issues for FY2002 – 2003

The Division will be seeking new mental health legislation on two fronts, both issues which carry over from last winter's legislative session.

- We are continuing to pursue expansion of the categories of mental health professionals allowed to provide ex-parte psychiatric evaluations under AS 47.30 to include licensed social workers, licensed marriage and family therapists, and licensed professional counselors. This practical measure is necessary because in most areas of the state, particularly during off hours, a psychiatrist or clinical psychologist may not be available to complete the assessment. In rural areas, a clinician of that level may not be available at all.

- The Division continues to seek enactment of legislation establishing standards for Assisted Living Home (ALH) facilities and requiring that all ALHs seeking State funding be licensed and regulated by the State.

Major BRU Accomplishments in 2001

In FY 2001 mental health services were provided to over 20,000 people in Alaska suffering from mental illness or severe emotional dysfunction. Services were provided through more than 60 grantee agencies and an array of for-profit physicians, hospitals and transportation services. The 20,000 figure includes some clients who were provided services through more than one of the components listed below and is an estimated unduplicated head count.

The Division successfully sought legislation to repeal a sunset clause in the Designated Evaluation & Treatment statutes, enabling the relatively new program to continue. We were also successful in altering the confidentiality statutes to require Division notification by provider agencies if a consumer is known to be missing, seriously injured or deceased, and to clarify the legality of providers' submission of mental health client data.

Committees of stakeholders developed new service requirements and standards for the Services to the Chronically Mentally Ill and Services to the Severely Emotionally Disturbed Youth components which were included in the FY02-03 Request for Proposals as requirements to receive grant funding during the current two-year cycle.

As a part of the Department's grants re-engineering/improvement process, the Alaska Youth Initiative program initiated a fee-for-service pilot beginning in FY02. This considerably streamlined the administration of fund disbursal.

The Division was successful in pursuit of an increment request for increased funding for the 13 smallest community mental health centers across the state, all located in rural areas. This raised FY02 grant funding to a minimum of \$200,000, enough to provide a basic infrastructure of two clinicians, travel and necessary support.

Key Performance Measures for FY2003

Measure:

The percentage of mental health consumers receiving services who show improved functioning as a result of the services. Sec 83(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Given the serious nature of chronic mental illness, only limited sustained functional improvement can be expected. The focus of mental health treatment for consumers with the most severe challenge is to maintain their current level of functioning and to avoid the need for inpatient treatment. Realistically we might expect only 20% of this population to actually improve.

An example of a functional improvement is a consumer who seldom ventured out of his or her house who then begins participating in a once-a-week community activity. Another example is a consumer who was hospitalized at API three times during last year and then manages to avoid extreme psychiatric crisis for fifteen months through frequent counseling and medication.

The Division collaborated with a University of Alaska Anchorage research team to develop several surveys that mental health clinicians could use with their patients. These tools measure a mental health consumer's functional level and can be used to make a comparison across time. In a FY01 pilot study of one of these tools, 67 mental health consumers were assessed at the beginning and ending of several weeks of counseling. In 54% of these cases, people reported that they either did not change or their functioning improved, so in fact this was a very positive outcome.

Background and Strategies:

The Division's ARORA mental health data collection system has suffered from grantee connectivity and data submission compliance issues since inception. In late FY01, plans were made to limit the data required and enforce greater submission compliance. To work around the connectivity issue, a higher percentage of grantees have elected to report on paper, which is then converted to electronic data via the State's keypunch contract. During FY02, grantee quarterly advances are dependent upon timely submission of data. As grantees become accustomed to being held accountable, we anticipate obtaining 90-100% submission compliance, thus enabling us to report on the majority of mental health consumers served through the Division, rather than a very small fraction thereof.

**Community Mental Health Grants
BRU Financial Summary by Component**

All dollars in thousands

	FY2001 Actuals				FY2002 Authorized				FY2003 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
<u>Formula Expenditures</u>	None.											
<u>Non-Formula Expenditures</u>												
General Comm Mental Hlth Grnts	873.0	0.0	490.1	1,363.1	3,045.8	64.0	550.0	3,659.8	773.8	64.0	515.0	1,352.8
Psychiatric Emergency Svcs	5,384.8	885.7	553.7	6,824.2	6,525.6	1,554.5	300.0	8,380.1	7,021.2	1,343.0	250.0	8,614.2
Svcs/Chronically Mentally Ill	11,069.3	430.9	734.9	12,235.1	12,324.9	1,972.8	1,464.8	15,762.5	13,277.7	1,684.3	994.3	15,956.3
Designated Eval & Treatment Svcs/Seriously Emotion Dist Yth	2,019.4	36.4	0.0	2,055.8	1,146.3	724.9	923.7	2,794.9	1,146.3	724.9	0.0	1,871.2
Totals	25,565.9	1,353.0	2,901.3	29,820.2	29,262.0	4,373.9	4,375.5	38,011.4	28,438.4	3,873.9	2,896.3	35,208.6

Community Mental Health Grants

Proposed Changes in Levels of Service for FY2003

- The Designated BRU grants are being re-consolidated in the Division of Administrative Services.
- Both the Suicide/MH Conference and the Urban Transition Housing project were one-time items and will not recur in FY03.
- The Single Point of Entry being established in Anchorage will be completely implemented.

Community Mental Health Grants

Summary of BRU Budget Changes by Component

From FY2002 Authorized to FY2003 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2002 Authorized	29,262.0	4,373.9	4,375.5	38,011.4
Adjustments which will continue current level of service:				
-General Comm Mental Hlth Grnts	-2,272.0	0.0	0.0	-2,272.0
-Psychiatric Emergency Svcs	0.0	-211.5	-50.0	-261.5
-Svcs/Chronically Mentally Ill	0.0	-288.5	0.0	-288.5
Proposed budget decreases:				
-General Comm Mental Hlth Grnts	0.0	0.0	-35.0	-35.0
-Svcs/Chronically Mentally Ill	0.0	0.0	-50.0	-50.0
-Designated Eval & Treatment	0.0	0.0	-923.7	-923.7
Proposed budget increases:				
-Psychiatric Emergency Svcs	495.6	0.0	0.0	495.6
-Svcs/Chronically Mentally Ill	952.8	0.0	-420.5	532.3
FY2003 Governor	28,438.4	3,873.9	2,896.3	35,208.6