

State of Alaska FY2017 Governor's Operating Budget

Department of Health and Social Services Behavioral Health Results Delivery Unit Budget Summary

Behavioral Health Results Delivery Unit**Contribution to Department's Mission**

To manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.

Results

(Additional performance information is available on the web at <https://omb.alaska.gov/results>.)

Core Services

- Identify Behavioral Health needs by population and geography and develop and implement a statewide strategy to meet those needs.
- Develop and maintain a stable, accessible, and sustainable system of behavioral healthcare for Alaskans in partnership with providers and communities.
- Protect and promote the improving behavioral health of Alaskans.
- Provide accessible, quality, active inpatient treatment in a safe and comfortable setting.
- Provide and coordinate interagency behavioral healthcare.

Measures by Core Service

(Additional performance information is available on the web at <https://omb.alaska.gov/results>.)

1. **Identify Behavioral Health needs by population and geography and develop and implement a statewide strategy to meet those needs.**
2. **Develop and maintain a stable, accessible, and sustainable system of behavioral healthcare for Alaskans in partnership with providers and communities.**
3. **Protect and promote the improving behavioral health of Alaskans.**
4. **Provide accessible, quality, active inpatient treatment in a safe and comfortable setting.**
5. **Provide and coordinate interagency behavioral healthcare.**

Major RDU Accomplishments in 2015**Measuring for Performance**

- Using data from FY2015, the division measured access, engagement, retention, quality, and client treatment outcomes of all provider agencies. All outcome measures met the threshold of "clinical and statistical" significance.
- Of the adults with severe mental illness, 77.6 percent showed improvement;
- Of the children / youth with severe emotional disturbance, 66.8 percent showed improvement; and
- Of those with substance abuse and addiction problems, 90.5 percent of youth and 86.0 percent of adults showed improvement.

Tribal / Rural System Development

- Two agencies went through their departmental/program review, and per the reviews, showed improvement from their previous reviews. For both organizations, the improvement was due to enhanced technical capacity, specifically in the area of tele-psych services. Both agencies had their program approval extended. Additionally, one agency applied for alternative accreditation through the Accreditation Association for Ambulatory Health Care, which is likely to be approved in FY2016.

Suicide Prevention

- The Alaska Careline, Alaska's statewide 24/7 crisis call center, 1-877-266-HELP, has been experiencing increased call volume over the last several years and in FY 2015, received over 10,000 callers. An increase in

community and statewide media and suicide prevention messaging has also increased at approximately the same rate leading us to believe the increases are a result of increased promotion and advertising of the free, confidential resource to people experiencing suicide risk or other behavioral or mental health challenges.

Family Focused Treatment Services

- The Parenting with Love and Limits (PLL) contract provided bi-weekly telephonic supervision to clinicians who have been trained in nine sites in Alaska; Anchorage (2 sites), Fairbanks (2 sites), Kodiak, Mat-Su, Nome, Ketchikan, and Soldotna.
 - A total of 267 youth and families were served during FY2015, including youth returned to the home from in-state and out-of-state residential treatment and in-state Division of Juvenile Justice facilities. The numbers of youth served in all sites met the anticipated outcomes, and as a result, many youth were brought home early from treatment and were served in the home with their family,
 - In other situations, Parenting with Love and Limits was effectively used to divert potential out-of-home placement, and
 - There were 42 staff fully trained in Parenting with Love and Limits in FY2015. Outcomes are demonstrating that the investment of the state in Parenting with Love and Limits is effective in serving the target population and keeping them in their home communities with their families.
- A Transitional Aged Youth contract using the Transition to Independence Process (TIP) model included site visits to Anchorage, Sitka, Juneau, Fairbanks, Ketchikan, Mat-Su, Nome, and Soldotna in which community-wide stakeholder trainings occurred in addition to grantee focused Transitional Aged Youth training, specifically with program managers and peer facilitators serving young people ages 14-21.
 - During FY2015, 1005 transitional aged youth and families were served and positive outcomes resulted. The numbers of youth served in all sites met the anticipated outcomes, and
 - There were 147 unique staff fully trained in the Transition to Independence Process Model in FY2015.

Alaska Psychiatric Institute

Established a peer support program increasing patient interaction and provided training to staff on recovery.

Key RDU Challenges

Designated Evaluation and Treatment Services for Involuntary Commitments

- The continued reduction to the Medicaid Disproportionate Share Hospital funds will have an impact on services in FY2017. An inability to fully support the Designated Evaluation and Treatment program will have immediate and serious impacts on the Alaska Psychiatric Institute's admissions capacity, overwhelming its ability to serve Alaskans who are court-ordered to a psychiatric hospital for evaluation and/or treatment.

Performance Management System

- The Division of Behavioral Health continues to develop and implement a performance management system to ensure an efficient, equitable, and effective system of behavioral health care for Alaskans. The division is applying the results-based budgeting framework to inform the performance management system. A performance oriented-system requires an integrated data infrastructure system. Related challenges involve budgeting for appropriately skilled research staff to maximize the necessary data collection, analysis, reporting, and application to business and service delivery practices.
- Developing a comprehensive and cohesive information technology system will be a crucial element in assessing the rapidly changing behavioral health continuum of care within Alaska. The Division of Behavioral Health is working with Departmental information technology planning to on-board the Alaska Automated Information Management System (AKAIMS) onto Alaska's health information exchange (HIE). The Division of Behavioral Health will benefit from connecting/interfaces AKAIMS to the health information exchange to not only contribute to the health care data contained in the health information exchange clinical data repository but also support providers ability to transmit data to the Division of Behavioral Health in one, simple method eliminating the need for double data entry. One benefit is the integration of both primary care and behavioral health data. The health information exchange can extract data from AKAIMS and a primary care provider's electronic health records that are also connected to the health information exchange to compile a complete health profile of an individual or aggregate integrated health information on statewide level.

Local Psychiatric Emergency Services

- The development of quality local psychiatric emergency services throughout the state, as well as the development of alternatives to hospitalization (such as crisis respite beds), is needed to minimize admissions to Alaska Psychiatric Institute, which is the only state-owned psychiatric hospital. The Alaska Psychiatric Institute, which has limited capacity (80 total beds, including 50 acute adult beds), has experienced a significant census increase in recent years. To accommodate increased admissions pressure, the hospital has adopted an “acute care model” that does not allow for complete patient stabilization prior to discharge. For the last three fiscal years, the rate of readmission within 180 days has been relatively flat: 33% (FY2013), 32% (FY2014), and 30% (FY2015).

Alaska Psychiatric Institute

- Prevent and manage significant levels of patient violence to ensure a safe environment for patients and staff.
- Standardize hospital clinical and business operations to meet the challenges of the Affordable Care Act.

System Change Management

- Emerging issues in the national and state landscape have significant implications and challenges for the Division of Behavioral Health. The coordination of behavioral health with other non-traditional settings will require changes in business and clinical practice with new resources and skills, including business modeling that balances fiscal, revenue, and clinical management and results in maximum service capacity and delivery of quality care with meaningful outcomes. These efforts at “cross coordination” with behavioral health include primary care, medical home models, corrections, therapeutic courts, and domestic violence/sexual assault providers.

Significant Changes in Results to be Delivered in FY2017

Community Action Prevention and Intervention Grants

FY2017 will be the third year of the four-year grant cycle for our Comprehensive Behavioral Health Prevention and Early Intervention coalition grant program. Year one of the new grant, FY2015, was spent mostly on community assessment, capacity building, and identifying intermediate variables that directly affect the identified behavioral health outcome. Year two is focused on selecting and implementing strategies to focus on change at the policy, system, and environmental (PSE) level. We are shifting our approach for comprehensive grants, focusing more on a data-driven process; funding to community coalitions, not individual agencies; community readiness to act; strategic planning; environmental strategies (strategies to change the conditions that lead to behavioral health concerns, such as youth access to alcohol); and looking for uniform population-level change (30-day alcohol use by youth; binge drinking; age of onset for alcohol, marijuana and other drugs, etc.). During FY2017, all nineteen comprehensive prevention coalition grantees will be implementing prevention strategies and evaluating their process and outcomes, thereby continuing to carry out the Strategic Prevention Framework with fidelity.

Alaska Psychiatric Institute

Standardize hospital clinical and business operations to meet the challenges of the Affordable Care Act.

Behavioral Health Treatment and Recovery Grants/Medicaid Quality Section

The Division of Behavioral Health is reorganizing its sections to provide more efficient services to behavioral health providers in light of Medicaid Expansion and Medicaid Redesign. As more behavioral health services will be delivered through Medicaid reimbursement in the future, the Treatment and Recovery Section is merging with the Medicaid Quality Section to create a single, Provider Services section that will assist providers with all issues pertaining to grants and Medicaid from a single unit.

Contact Information

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**Behavioral Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2015 Actuals				FY2016 Management Plan				FY2017 Governor			
	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds
Formula Expenditures None.												
Non-Formula Expenditures												
BH Treatment and Recovery Grants	0.0	0.0	0.0	0.0	61,554.2	2,242.3	5,835.5	69,632.0	55,774.6	2,242.3	5,835.5	63,852.4
AK Fetal Alcohol Syndrome Pgm	1,013.1	0.0	0.0	1,013.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alcohol Safety Action Program	2,572.9	1,303.0	306.8	4,182.7	2,745.7	1,716.6	316.6	4,778.9	2,745.7	1,716.6	316.6	4,778.9
Behavioral Health Grants	24,659.3	847.4	3,711.4	29,218.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Behavioral Health Administration	7,450.2	388.6	1,716.5	9,555.3	7,751.1	737.2	2,074.4	10,562.7	8,161.1	737.2	2,209.1	11,107.4
BH Prev & Early Intervntn Grants	0.0	0.0	0.0	0.0	6,598.4	200.0	4,064.0	10,862.4	6,598.4	175.0	4,064.0	10,837.4
CAPI Grants	1,845.5	150.0	2,970.2	4,965.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rural Services/Suicide Prevent'n	3,244.4	0.0	269.7	3,514.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Psychiatric Emergency Svcs	7,446.9	0.0	0.0	7,446.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Svcs/Seriously Mentally Ill	16,038.0	850.0	1,003.9	17,891.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Designated Eval & Treatment	4,747.0	0.0	0.0	4,747.0	3,957.7	0.0	0.0	3,957.7	3,957.7	0.0	0.0	3,957.7
Svcs/Severely Emotion Dst Yth	12,946.3	0.0	901.3	13,847.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alaska Psychiatric Institute	8,404.0	24,579.7	0.0	32,983.7	7,243.5	26,047.8	0.0	33,291.3	7,243.5	26,047.8	0.0	33,291.3
API Advisory Board	3.9	0.0	0.0	3.9	9.0	0.0	0.0	9.0	0.0	0.0	0.0	0.0
AK MH/Alc & Drug Abuse Brds	507.8	456.2	14.9	978.9	499.1	510.5	100.4	1,110.0	489.0	510.5	100.4	1,099.9
Suicide Prevention Council	626.2	0.0	0.0	626.2	664.6	0.0	0.0	664.6	651.3	0.0	0.0	651.3
Residential Child Care	4,084.1	0.0	123.8	4,207.9	4,497.2	0.0	267.3	4,764.5	4,497.2	0.0	267.3	4,764.5
Totals	95,589.6	28,574.9	11,018.5	135,183.0	95,520.5	31,454.4	12,658.2	139,633.1	90,118.5	31,429.4	12,792.9	134,340.8

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2016 Management Plan to FY2017 Governor

All dollars shown in thousands

	<u>Unrestricted Gen (UGF)</u>	<u>Designated Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal Funds</u>	<u>Total Funds</u>
FY2016 Management Plan	72,402.8	23,117.7	31,454.4	12,658.2	139,633.1
One-time items:					
-BH Treatment and Recovery Grants	0.0	0.0	-1,050.0	0.0	-1,050.0
-Behavioral Health Administration	0.0	0.0	-235.1	0.0	-235.1
-AK MH/Alc & Drug Abuse Brds	0.0	0.0	-465.5	0.0	-465.5
Adjustments which continue current level of service:					
-BH Treatment and Recovery Grants	0.0	0.0	950.0	0.0	950.0
-Behavioral Health Administration	410.0	0.0	0.0	134.7	544.7
-BH Prev & Early Intervntn Grants	0.0	0.0	-25.0	0.0	-25.0
-AK MH/Alc & Drug Abuse Brds	0.0	0.0	465.5	0.0	465.5
Proposed budget increases:					
-BH Treatment and Recovery Grants	0.0	0.0	100.0	0.0	100.0
-Behavioral Health Administration	0.0	0.0	235.1	0.0	235.1
Proposed budget decreases:					
-BH Treatment and Recovery Grants	-5,779.6	0.0	0.0	0.0	-5,779.6
-API Advisory Board	-9.0	0.0	0.0	0.0	-9.0
-AK MH/Alc & Drug Abuse Brds	-10.1	0.0	0.0	0.0	-10.1
-Suicide Prevention Council	-13.3	0.0	0.0	0.0	-13.3
FY2017 Governor	67,000.8	23,117.7	31,429.4	12,792.9	134,340.8