State of Alaska
FY2008 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

The mission of the Division of Behavioral Health is to provide an integrated behavioral health system.

Core Services

The Division of Behavioral Health was the result of combining the mental health portion of the Division of Mental Health and Developmental Disabilities, the Division of Alcoholism and Drug Abuse, and the Office of Fetal Alcohol Syndrome. Its primary function is to provide treatment and prevention services for Alaskans with substance use disorders, mental illness, or a combination of both. There are also special sections devoted to behavioral health problems caused by traumatic brain injury and fetal alcohol spectrum disorders.

This RDU provides the overall administrative and organizational structure to grant and monitor the use of funds to support treatment and prevention services for substance abuse, mental illness and those at risk for these conditions. RDU functions include service system planning and policy development, programmatic oversight of behavioral health grantees' service provision, general administration, budget development and fiscal management, and development and program staff support of grantees in training and implementation of the Alaska Automated Information Management System (AKAIMS). The leadership in this RDU works closely with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Trust Authority to determine policy governing the planning and implementation of services and supports for people who experience mental illness, substance abuse disorders, or both. Direct services include quality assurance, technical assistance, and consultation.

This RDU also provides centralized support for the Alaska Psychiatric Institute. API is located in Anchorage, and is the only publicly funded facility providing high level inpatient psychiatric care to the people of Alaska. These services are available when no other service is adequate to meet the needs of a severely ill individual or individual in crisis. It is a seven-day-a-week, 24-hour-a-day treatment facility. Clients are admitted either voluntarily or involuntarily through a Peace Officer Application or Ex Parte Commitment. API provides diagnosis, evaluation and treatment services in accordance with its statutory mandates and the strict health care industry standards and requirements set by the Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare and Medicaid Services, and the State of Alaska's Certification and Licensing section. API provides outreach, consultation, and training to mental health service providers, community mental health centers, and Pioneer Homes. In addition, API serves the entire Alaska community mental health system, including coordinating the transition of patients between inpatient and outpatient care, when appropriate.

End Results	Strategies to Achieve Results
A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder. Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained. Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.	**A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.** Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years. Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS. **A2: Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the DH&SS Tribal Agenda.** Target #1: Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10%

	annually for each of the next four years. Measure #1: Number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services **A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.** Target #1: A fully integrated Behavioral Health Service system will occur over the next four years as evidenced by a 25% improvement in service outcomes and consumer satisfaction. Measure #1: Treatment satisfaction data from Mental Health Statistics Improvement Program (MHSIP) Consumer Survey.

FY2008 Resources Allocated to Achieve Results

FY2008 Results Delivery Unit Budget: $271,903,000

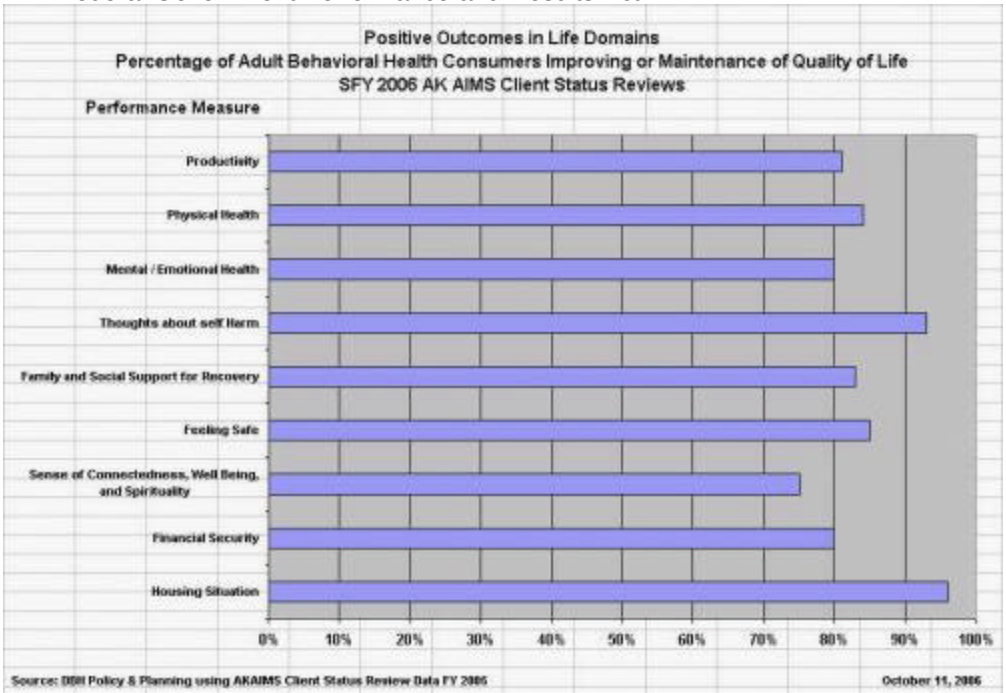
Personnel:	
Full time	293
Part time	14
Total	307

Performance Measure Detail

A: Result - Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.

Target #1: 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.

Measure #1: Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.



Analysis of results and challenges: The ability to determine treatment outcomes for clients of our mental health and substance abuse services is a relatively new and exceptionally useful tool. Not long ago, "is he still sober?" or "is she taking her meds?" were the only measures of success that behavioral health programs used: crude measures at best, and misleading at worst. Just as mental illness and substance abuse affects all areas of a person's life, so does recovery affect more than just a single variable. Therefore, clients of our programs are asked questions at entry, discharge, and at various points post-discharge, concerning a variety of "life domains." By comparing these responses, we are offered a picture of change in a person's life, regarding productivity (jobs, homemaking, student activity, subsistence activity, etc.), physical health, mental/emotional health, suicidality, social and family supports, safety, spirituality, finances, and housing.

A1: Strategy - Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.

Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.
Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.

Analysis of results and challenges: This measure is reported at the Department level.

A2: Strategy - Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the DH&SS Tribal Agenda.

Target #1: Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10% annually for each of the next four years.
Measure #1: Number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services

# of Tribal Entities

Fiscal Year	# Providing Service
FY 2004	4
FY 2005	8
FY 2006	14

Analysis of results and challenges: During SFY 2004, there were four Tribal entities providing and billing for behavioral health services. During SFY 2005 the number of Tribal entities providing and billing for behavioral health services increased to 8. These include Bristol Bay Area Health Corp., Copper River Native Assoc., Kenaitze Indian Tribe, Maniilaq Assoc., Norton Sound Health Corp., Southcentral Foundation, Tanana Chiefs Conference, Yukon Kuskokwim Health Corp.

In 2006, fourteen tribal behavioral health grantees were enrolled as either a Community Mental Health Clinic and/or a substance abuse agency, and were enrolled to bill for Medicaid services. These were: Bristol Bay Area Health Corporation, Cook Inlet Tribal, Copper River Native Association, Eastern Aleutian Tribes, Fairbanks Native Association, Hoonah Indian Association, Kenaitze Indian Tribe, Ketchikan Indian Corporation, Maniilaq Association, Norton Sound Health Corporation, Southcentral Foundation, Southeast Regional Health Consortium, Tanana Chiefs Conference, and Yukon/Kuskokwim Health Corporation. Two other tribal entities, Aleutian Pribilof Island Association and Illiuliuk Family and Health, are enrolled, but have not yet billed.

A3: Strategy - Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.

Target #1: A fully integrated Behavioral Health Service system will occur over the next four years as evidenced by a 25% improvement in service outcomes and consumer satisfaction.

Measure #1: Treatment satisfaction data from Mental Health Statistics Improvement Program (MHSIP) Consumer Survey.

Percentage of MHSIP Respondents Satisfied with Services

Table (1)

Adult

DOMAIN	FY2004	FY2005	FY2006	Percent increase between FY2004 and FY2006
Participation in Treatment Planning	67%	71%	70%	3%
Quality and Appropriateness	69%	77%	82%	18%
Outcomes	55%	61%	73%	33%
Access	68%	70%	74%	10%
General Satisfaction	77%	82%	82%	6%

FY2006-both Substance abuse and mental health consumers submitted surveys.
Percentage increase column is calculated as follows: (FY2006-FY2004)/FY2004.

Table (2)

Family and Youth MHSIP

DOMAIN		FY2005	FY2006	Percent increase (decrease) between FY2005 and FY2006
Access to Service		71%	72%	3%
Satisfaction with Services		68%	74%	9%
Participation in Treatment		84%	81%	-4%
Cultural Sensitivity		87%	86%	-2%
Positive Outcomes of Services		58%	64%	11%

FY2006-both Substance abuse and mental health consumers submitted surveys.
Percentage increase column is calculated as follows: (FY2006-FY2005)/FY2005.
Family and Youth surveys do not have sufficient response rates for FY2004 to use FY2004 as the base year.

Table (3)

Youth MHSIP

DOMAIN		FY2005	FY2006	Percent increase (decrease) between FY2005 and FY2006
Access to Service		70%	65%	-7%
Satisfaction with Services		77%	74%	-4%
Participation in Treatment		68%	67%	-1%
Cultural Sensitivity		84%	86%	2%
Positive Outcomes of Services		73%	64%	-12%

FY2006-both Substance abuse and mental health consumers submitted surveys.
Percentage increase column is calculated as follows: (FY2006-FY2005)/FY2005.
Youth surveys do not have sufficient response rates for FY2004 to use FY2004 as the base year.

Analysis of results and challenges: The Mental Health Statistics Improvement Project (MHSIP) Survey is one of several instruments used by the Division to measure clients' level of satisfaction with behavioral health services. The survey is mailed or given to consumers and returned by them directly to the Division of Behavioral Health for processing.

This Performance Improvement Process improves validity each year. Early in the implementation of the MHSIP, several factors greatly impacted the project: implementation was disrupted during the integration of the two Divisions (Mental Health and Alcoholism and Drug Abuse); and there was inconsistent incorporation into business practices of behavioral health service providers. As a result the validity of measures in FY2004 and FY2005 is questionable due to the poor response rates.

For FY2006, specific improvements instituted by the Division resulted in an increase of consumers participating in the survey, as well as an increase in the validity of findings. These included changes in the methodology of distribution and the expectation that behavioral health service providers participate in the survey. The Division also expanded the MHSIP survey to include substance abuse consumers.

For FY2007, the following changes have been implemented as part of the improvement process: the Division has (a) improved oversight of the implementation of the consumer survey; (b) developed a formal procedure to establish consistent implementation (timelines and methods) of the survey. It is anticipated that these changes in the consumer survey process will result in a continued improvement in the sampling size and validity of findings.

Clearly, adult clients of our programs are becoming more satisfied over the last several years, while children and their families are less satisfied with certain aspects of treatment. These are important pieces of information, which the Division is exploring in depth with the help of our providers and the consumers, in order to increase their levels of satisfaction and the positive outcomes of treatment. These MHSIP surveys are invaluable aids in knowing where to start asking these questions.

Key RDU Challenges

- Alaska Automated Information Management System (AKAIMS)

The development, testing and implementation of the new system is critical to the success of the integration of former mental health, substance abuse and fetal alcohol syndrome programs. AKAIMS offers, by design, one standard and consolidated behavioral health information collection and delivery system serving approximately 90 behavioral health provider agencies and many hundreds of users. Managed by the Division, the system will generate reports per federal and state regulation, including full HIPAA compliance. This system will improve patient service through the design of the screens and the system information requirements. However, as a new and complex system, AKAIMS has required significant training – of both in-house and service provision staff – and considerable adjustment as implementation problems have become known. AKAIMS also requires ongoing staff support for software maintenance and enhancements, training provision to providers, and operation of an application help desk, the funding of which directly competes with dollars for service provision.

- Designated Evaluation and Treatment

One challenge in the area of Designated Evaluation and Treatment program is having sufficient dollars budgeted for the program. This is a program that has assisted in reducing the admissions to Alaska Psychiatric Institute. The Division has attempted to lower the Designated Evaluation and Treatment program costs through: (a) rates for inpatient care, (b) cost of transportation, and (c) utilization rates. However, the end result is that those costs are increasing. This is due in part to the general increase in the cost of doing business, the cost of fuel increasing, and an increase in the incidence number of court ordered treatment without an increase in the available treatment slots instate.

- Integrated BH Delivery System

The planning and implementation of an integrated behavioral health service delivery system is challenging in a time with diminishing resources, increased costs, and an ever increasing public need. A critical step in advancing the structure of an integrated system to include mental and substance abuse criteria will be the development of "integrated Medicaid Regulations". The regulations will provide a structure for service providers to deliver quality care, and it will provide the Division with the tools needed to manage and regulate the behavioral health care system. Systems change of this magnitude will continue to take time, commitment, and resources. The maturity of the project will make greater demands on project managers and the limited resources. The changes to the system of care, while continuing to provide services, has increased the challenges of the current delivery system.

- Program Approval and Review of Behavioral Health Providers

The integration of Mental Health and Substance Abuse services requires a revision of the program standards that define the requirements to be an approved (certified) provider, and the review process for re-approval. Currently, Mental Health Programs and Substance Abuse Programs have different standards, procedures, and requirements to be approved to provide care. Standards for service delivery to individuals with a substance abuse, mental health or co-occurring disorder have been developed and approved. It is the responsibility of the Division to ensure that clients are served only by trained and qualified staff working in organizations that deliver a high quality of care. One of the major challenges of the integration process is to ensure that clients, regardless of diagnosis, receive quality treatment.

- Bring the Kids Home

The Bring the Kids Home project (BTKH) is an initiative to return children with severe emotional disturbances from

behavioral health care in out-of-state residential facilities to in-state or community-based care and focuses on keeping in Alaska the children with severe emotional disturbances who are already in the State.

The related workgroups of the BTKH project involve staff from the Alaska Mental Health Trust Authority (AMHTA), Division of Behavioral Health, Division of Juvenile Justice, Office of Children's Services, the Alaska Behavioral Health Association (ABHA), and the Governor's Council on Disabilities and Special Education. The scope of this project ranges across the community, regional, state, and out of state levels, and involves significant program and policy collaboration between the Office of Children Services, Division of Juvenile Justice, and the Division of Behavioral Health. With the maturity of this project, greater demands of project management, limited resources, and changing the system of care while continuing to provide services have challenged the current delivery system.

- Alaska Epidemiological Outcomes Workgroup

In March 2006, the Division of Behavioral Health received a 2-year contract with Synectics to develop a statewide Epidemiological Outcomes Workgroup with the goal of producing an Epidemiological Profile of Substance Use in Alaska. The Epi Workgroup is part of a larger initiative of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention called the Strategic Prevention Framework, a 5-step systems change process being implemented across the country for all state prevention efforts. Step one of the process is a review of state data that will then drive the development of a state plan to prevent substance abuse and dependency across disciplines, ages, and regions of the state.

The Workgroup is comprised of 21-members representing public health, behavioral health, child welfare, juvenile justice, corrections, court system, education, Alaska Native Health systems, Alaska Mental Health Trust, provider agencies, rural providers and others. Over the next two years the Workgroup is charged with a cross-discipline, population-based review of alcohol, tobacco and other drug use statistics and their impact on the health of Alaska. Once developed, this compilation and analysis of statewide data will be used to identify areas of critical need and strategies to better address the identified needs, ultimately developing a data-driven plan for preventing substance use, abuse and dependency in Alaska.

Working with this large, cross-discipline group and the massive amounts of data currently being collected across the state will be a challenge for everyone involved. Determining the best way to integrate, analyze and present this wide-ranging data in a useful and articulate manner will be an even more daunting challenge. But, the potential outcome of having a clear, succinct picture of substance use in Alaska and the impact it has on our economy, our health care, our public safety and our prosperity will be a valuable contribution to substance abuse prevention and early intervention strategies, as well as new strategies for treatment and recovery.

- Alaska Substance Abuse (ASA) - Web Case Management System

The testing and implementation of the new ASA Web-based system is crucial to the ongoing success of the Alaska Alcohol Safety Action Program (ASAP) system. When completed, the ASA Web will consolidate both criminal justice and behavioral health data throughout the state in a single system. The data will provide offender and treatment information on day-to-day program delivery, as well as provide periodic program review and evaluation of services. The system will track all substance abuse related cases from the initial referral from the Court, Division of Motor Vehicles and/or the Division of Juvenile Justice to final disposition of the case. It will allow: 1) consistent data entry availability at all ASAP sites statewide; 2) seamless data access for the purposes of increasing efficiency of client services both at the ASAP program level as well as case management and statistical analyses; 3) identification and provision of intensive services to high-risk clients; and 4) increased efficiency in the overall processing of these cases. The completion of the Web-based technology will provide ready access to the data for the purpose of tracking, profiling and analysis. In addition it will improve the timeliness, accuracy, completeness, uniformity and accessibility to the data.

Significant Changes in Results to be Delivered in FY2008

The division has requested several increments in the FY08 Governor's budget. Some of the major requests are:

1) Maintain Grants Funding
$696.8 GF/MH Increment

The Fetal Alcohol Syndrome increment will allow the Division to distribute funding at current FY07 levels to provide for these services. The distribution method will be done by a competitive grant process that takes into account the following quality, accountability, and access-to-care factors.

Prevention & Early Intervention Services
(Alaska Fetal Alcohol Syndrome Component)

Determinations of funding allocation will be made based on the following **prioritized** criteria:

- **Funding category** – In FY2008, the Prevention section's primary loss in funding will be federal Fetal Alcohol Syndrome grant funds. Currently 14 agencies receive grant funds from the federal FAS grant that will end in FY2007. This category of grants will be the first reviewed and not renewed in FY08, if this increment is not funded.
- **Documented project outcomes --** grants in all funding categories will be reviewed for the quality of and progress being made by the agency on their identified project outcomes (short-term and long term). This will be determined based on a review of quarterly reports, including narratives, logic model progress, and activity reports.
- **Agency performance –** grants in this funding category will be reviewed for current and past agency performance including timely submission of quarterly program reports, timely and accurate submission of Cumulative Fiscal Reports, clear communication with program and grants staff related to program changes, line-item revisions and other grant related performance.
- **Priority population** – grants in all funding categories will be reviewed to identify our section's priority populations:
  - Youth underage drinking
  - "A counselor in every village" through the Rural Human Services System partnership with UAF
  - Prevention of fetal alcohol syndrome
- **Regional distribution/other resource availability** – a review of the geographic distribution of grants will be conducted. It is important that with reduced funding, we make sure we have distributed our grant funds as broadly across the state as possible. We want to guarantee that all regions of Alaska receive some level of grant funds.

Treatment and Recovery Services
(Behavioral Health Treatment Grants in several components)

In determining which grants will be reduced if this increment is not funded, the Division plans to use the following:

- Service Categories that will be held harmless

1. Emergency Services Responsibility for a service area: Psychiatric Emergency Services Component Funding Only
2. Sole provider for service area (ie, Methadone)
3. The Division is the sole contributor for the agency in a limited service environment

- Formula for calculating distribution to Comprehensive Behavioral Health Grants:
Grant funds will be redistributed based on clietns served funded service types across similarly populated areas using quantitative and qualitative review formats:

- Quantitative Review:

1. How many people **–**
   a. are treated within priority populations for mental health
   b. are treated within priority populations for substance abuse
   c. are treated total (by funding component)
   d. successfully completed substance abuse treatment
   e. are maintaining treatment in community setting (MH)
2. What services is the agency providing – capture billing numbers and rank them by services (total hours provided) against clients served[3]
   a. rehabilitation services
   b. clinic services
3. Average Utilization for Residential Treatment Programs and Detox – rank them by utilization against clients served

- Qualitative Review

1. Audit Performance
2. Customer Satisfaction
3. Treatment Outcomes

4. Grant Allocation Spending

We will utilize the Qualitative Review Items to determine Provider Performance, including timely submission of quarterly program reports, timely and accurate submission of Cumulative Fiscal Reports for our FY08 Grants in all funding categories.

2) Bring the Kids Home Initiatives
$3,584.0 GF/MH and $1,750.0 MHTAAR Increments,
- Community Behavioral Health Centers Outpatient Grants and Training for Special Populations
Community Behavioral Health Center (CBHC) grants to enhance outpatient services with innovative programs/training to reduce the need for residential level services. This will emphasize special populations such as Fetal Alcohol Spectrum Disorder, 0-6 aged children, etc. Services must show good client outcomes. The plan is for programs to utilize MHTAAR funds initially and taper to GF/MH support.

- Youth Intensive Outpatient, Residential and Continuing Care Services
These funds will provide intensive outpatient treatment and continuing care and support, including emergency residential placement for youth who may live at home, be homeless, living on the street, who experience a mental illness, a substance abuse disorder and/or a co-occurring disorder.

- Individualized Service Funds
The Division has initiated a planning initiative to define and implement Individualized Service Agreements. Funded in partnership with the Mental Health Trust Authority, the purpose of Individualized Service Agreements is to ensure that severely emotionally disturbed (SED) youth are being served as close to their community as possible, and are provided clinically necessary services to prevent institutional care.

- Home and Community-Based Start-up
The Trust has funded this effort through FY06 and FY07 at $1.1 million. As group homes are established at the initial proposed in-state capacity, the plan is to continue Home and Community-based start-up grants, but at a lower funding level for FY08. Funding to date has assisted in establishing approximately 22 foster and group homes and outpatient programs with an estimated 230 youth receiving services.

- Anchorage Crisis Stabilization
This funding is proposed to provide operating expenses for a 15-bed facility to assist in keeping youth-in-crisis in as low a level of care as diagnostically appropriate. These beds would be appropriate for custody and non-custody youth coming from acute care, Division of Juvenile Justice, Office of Children's Services or from families in crisis.

- Expansion of School-Based Services
This will support use of Evidenced-Based Practices (EBP) in schools and collaborations between Community Behavioral Health Centers (CHBC) and schools. These grants would be available to schools wishing to implement EBP (from a list provided by the Division) or to CBHCs and schools in partnership to expand school behavioral health services.

Peer Navigators Funding to Non-Profits (Parent and Youth): Peer Navigator funding would allow both parents and youth to be hired to assist their peers who are trying to navigate the service delivery system to help better utilize the behavioral health and community-based system and their family's resources. Youth volunteers would be recruited to develop a youth advisory group, with travel and stipends, that would educate various groups about issues from their perspective. Anticipated outcomes would include an increased ability of consumers to use the behavioral health system effectively, decreased need for higher levels of care because of early intervention, increased parental effectiveness in dealing with a child with behavioral health needs, increased consumer knowledge of community supports, and increased system responsiveness to the needs of its clients.

- Bring the Kid Home Training Academy and **Residential Aides Training**
These are linked efforts through the University of Alaska, to address workforce development needs in order to build the capacity and core competencies of in-state providers to provide services that meet the needs of children and youth with severe behavioral health disorders. Anticipated outcomes include an increased number of people who make up a trained and effective workforce, increased ability to meet the needs of children and youth closer to the community and family, and a decrease in out of state placements.

- Level of Care Licensing

A level of care instrument is being implemented in the Bring the Kid Home initiative at the acute care level in the services system to divert all inappropriate referrals to out of state Residential Psychiatric Treatment Centers. The project will provide funding for several new pilot sites that will test the appropriateness of applying the "level the care instrument" to lower levels of care like the community based services to residential treatment. The funding will provide assistance in covering the expense of licensing, training and implementing the instrument in multiple pilot sites at community behavioral health centers. Anticipated outcomes would include recommendations on the feasibility of expanding a Level of Care instrument to lower levels of care.

- Regulation Planning for Therapeutic Foster (Group) Homes
This project will provide additional funding to develop regulations for a comprehensive and continuous integrated behavioral health children's system of care. The fragmented nature of regulations to manage the system of care for children has become more apparent and problematic. The current children's behavioral health system of care is managed through a series of regulations held jointly between the Division of Behavioral Health and Office of Children's Services that have parallel levels of services, using inconsistent standards and admission criteria, and differing reimbursement schedules and mechanisms. In addition, as the Bring the Kid Home initiative has developed an increase in bed capacity through programs such as therapeutic foster homes and "group homes," there is no consistent regulation that guides the definition, oversight and management of these new programs.

Major RDU Accomplishments in 2006

-The Behavioral Health Integration Project (BHIP):

In the promotion of an integrated behavioral health care system, the Division designed an RFP process that integrated the previous separate mental health and substance abuse services into a single grant application. This project was to have a direct impact on 23 communities that would receive integrated behavioral health grants beginning in FY05. This achieved administrative efficiencies for the division, as well as for grantees in the oversight of these grants. Further it fueled on-going community level discussions and planning processes in the clinical efficiencies in delivering services. Building on this progress, for FY06, the Division continued to solidify the Division's expectation of service providers contributing to the community planning process within each community planning and service area, emphasizing administrative and clinical integration. This effort will continue as part of the larger integration effort of the Division.

In the on-going stages of a *communication plan*, the Behavioral Health Integration Project (BHIP) has underwritten the redesign of the DBH portal Web site. This website has been configured to function as a primary communication tool, linking the Behavioral Health Integration Project with provider agencies and other stakeholders. This includes a *Division Initiatives* Web page that informs the reader of the various initiatives, each workgroup description, scope, membership, and planning documents related to the project. In addition, each workgroup page allows for public review and comment on the planning process.

- Designated Evaluation and Treatment Program

We were able to get agreements in place with Bethel for Designated Evaluation and Treatment and South Peninsula Hospital for DES services to maintain clients who are in a psychiatric crisis within their community, thus avoiding travel to Alaska Psychiatric Institute for care. This improves the clients' options for follow-up care and their successful compliance with the discharge plan, while keeping them close to family and community supports.

- Program Integrity

The Program Integrity Unit (PI) has worked for over a year with the other Divisions in the Department of Health and Social Services to develop Criminal Background Check regulations and variance procedures. PI has had a significant impact on ensuring that these regulations do not disproportionately impact behavioral health treatment agencies.

The Program Intergrity Unit (PI) staff participated in the Payment Error Rate Measurement (PERM) pilot project to ensure that Medicaid payments for services were justified and supported by the clinical documentation. As a result of PI's goal to reduce the Medicaid error rate, the unit has developed and employed an innovative method of performing Medical Necessity documentation reviews that involves provider staff partnered with PI staff. This method has been very beneficial to the providers, removing the mystery of the evaluations and providing hands-on training using clinical records the agency staff have themselves actually written. PI serves a total of 197 Medicaid providers. It provides evaluations and technical assistance to approximately 50 of these providers a year. Currently, the PI unit is a four-person team serving the whole state.

PI staff in collaboration with Alcohol Safety Action Program staff developed the Division of Behavioral Health (DBH) Self-Assessment to enable providers to assess and report their level of compliance with the Division standards for substance use disorder treatment. An integral part of this assessment is a built-in plan of correction and verification of staff qualifications. This assessment must be signed by the agency director and their Board chairperson, ensuring that the governing Board is involved in the information submitted.

- Suicide Prevention Gatekeeper Training

A curriculum to train community-based "gatekeepers" to prevent the occurrence of suicides was completed in FY06. With funds from a federal earmark, the Division, in partnership with the University of Alaska Anchorage, Behavioral Health Research and Services, researched, designed and developed a research-based curriculum to train community members, paraprofessionals and professionals identified as "first responders." Gatekeepers, or first responders, are those individuals in a community that may be the first person someone will talk to about their depression, unhappiness, hopelessness and suicidal feelings. They can be clergy, school teachers, medical providers, youth service providers, Elders, public safety officials, or a caring neighbor. Once developed, a Training of Trainers process was developed to train and certified a cadre of individuals that can provide Gatekeeper Training across the state. At the end of FY06 approximately 20 individuals have been trained and certified as Gatekeeper Trainers and will begin providing training upon request to communities addressing suicide and developing a process for better and earlier response to high-risk individuals. The Gatekeeper training will be incorporated into our community-based Suicide Prevention and Rural Human Services grant programs.

- Fetal Alcohol Spectrum Disorders (FASD) Diagnostic Team Provider Agreements

In 2000, the State of Alaska began the development of Fetal Alcohol Spectrum Disorders (FASD) community-based teams to increase the FASD diagnostic resources across Alaska. The concept was to develop diagnostic capacity at the community level, increasing not only the capacity, but the ease of access to services as well. Grant funding for the development of these teams ended in FY2005, with the end of our federal FASD grant. In FY2006, through an increment of $596,000 from the legislature, the state initiated a Provider Agreement process of service payment for FASD diagnosis. During this first year, 10 of the 12 community-based teams have applied for and become official Providers of FASD Diagnostic Services through the Provider Agreement contract. The Provider Agreement agrees to pay $3,000 per completed diagnosis. There was concern that if teams did not have "up front" grant dollars they would not be able to continue providing the service, but the results indicate that the Provider Agreement process of payment has been successful and provides adequate funding to cover the costs of diagnosis.

- Prevention Outcomes and Evaluation

In an effort to increase accountability, outcome measures and overall program evaluation, the Division's Prevention and Early Intervention Services section implemented a new process for agencies to apply for and continue to receive limited state behavioral health prevention funds. The focus of our solicitation process involved the application of a 7-step planning process to assist communities in better defining their needs, their gaps in services, their resource capacity and their community's readiness to attack sensitive mental health and substance abuse issues such as underage drinking, suicide, fetal alcohol spectrum disorder, depression and others. All applicants were required to begin a community process of defining the most appropriate services/projects to address their community's needs. The application process also began developing the capacity for applicants and grantees to develop easy, individualized evaluation plans focusing on performance accountability. In September 2005 an all-grantee meeting was held to provide agency staff with training and technical assistance on the development of logic models, outcome evaluation, development of evaluation tools and how to assess community readiness. The required quarterly report was revised to better capture outcome measurement and to assist agencies with continuous quality assurance—how is the program working and do we need to revise it to make it work better. The process is continuing in FY07, but the initial results show significant improvement in agency understanding of program evaluation and the importance of results accountability.

- Therapeutic Court Case Management

With the passage of HB 441, the Alcohol Safety Action Program (ASAP) was given the authority to provide intensive case management, community supervision and probation monitoring to offenders involved in a court-ordered treatment program. The therapeutic model is an alternative justice model in which a collaborative court team made up of a supervising judge, district attorney, defense counsel, probation officer and/or substance abuse or mental health treatment provider, oversees and closely monitors offenders who choose the court-ordered treatment program in lieu of incarceration. ASAP has partnered with local and state agencies to establish probation officer positions and provide training in community supervision to courts located throughout the state – Anchorage Felony Drug Court, Anchorage

Mental Health Court, Anchorage Wellness Court, Bethel Therapeutic Court, Ketchikan Therapeutic Court, and the Fairbanks Therapeutic Court. The primary goals of the therapeutic court probation officers are to ensure public safety, encourage program compliance to decrease criminal justice and treatment recidivism for offenders who experience substance abuse, mental health and/or co-occurring disorders.

- SYNAR/Tobacco Enforcement

The Tobacco Enforcement section was successfully integrated with the court monitoring functions of Alcohol Safety Action Program (ASAP) to provide greater flexibility and overall program support. Through continued improvements in enforcement and merchant education, the Division has been successful in exceeding the goal of consistently reducing illegal tobacco sales to youth. Since 1999, states receiving federal block grant funds have been required to demonstrate an 80-percent or better compliance rate with tobacco youth access laws, or be penalized. Until recently, Alaska had never achieved the federally required 20-percent rate of illegal tobacco sales to youth, resulting in significant penalties in block grant funding to the Division. However, in calendar year 2005, Alaska achieved a 9 percent rate, representing a significant improvement in compliance. This success was accomplished over a three-year period, beginning in calendar year 2003 (10 percent), 2004 (12 percent) and 2005 (9.4 percent). The drop in illegal tobacco sales to youth can be attributed to strong enforcement efforts, a statewide vendor education campaign, swift enactment of penalties in which illegal tobacco sales to youth occurred, cooperation of tobacco vendors to abide by youth tobacco laws, plus local and statewide efforts that address the issue of youth access to tobacco.

- Training

The Behavioral Health Integration Project (BHIP) project continues to support a “Department of Behavioral Health Practice Improvement/Training Coordinator.” This position is charged with developing a Division training plan to identify and meet current and future training needs of agencies statewide that contribute to the successful implementation of an integrated behavioral health care system.

In FY06, the division extended the BHIP into rural regions and communities throughout the state with a formal training component. This was accomplished by developing a Change Agent Training Initiative. The Division awarded a training contract to conduct statewide conferences and trainings. Trainings included 21 multi-day, multi-topic trainings to 26 representative agencies, attended by 834 clinical participants, and two state-wide conferences. These trainings served as catalysts for intra-agency and inter-agency enhancement of services for clients with co-occurring (mental health and substance abuse) disorders. Finally, the trainings over this period provided a feedback mechanism for complementing the planning process of the BHIP program. Two Change Agent conferences were also held in this fiscal year, bringing together stakeholders, agency directors and clinical supervisors. The November Conference was attended by 61 of 79 agencies. The April conference was attended by a total of 99 people of the 105 registered. Feedback was overall positive with comments highlighting an increase in understanding about the BHIP efforts toward integration.

- Bring the Kids Home

The division launched into a major redesign of the children’s service delivery system with close participation by stakeholder groups. This redesign is currently underway and will require a multi-year timeframe for full implementation. The following represent BTKH accomplishments for FY06:

The BTKH initiative has made considerable progress in establishing in-state Residential Psychiatric Treatment Center (RPTC) programs: Juneau Youth Services/SEARHC has established a 15 bed facility, North Star in Anchorage has opened a new RPTC with 60 beds (20 secure), a proposed Family Centered Services of Alaska in Fairbanks will provide an additional 44 beds (7 secure), and the conceptualized Southcentral Foundation at Eklutna RPTC will provide 48 beds.

During the period, a new Bring the Kids Home start-up grant program resulted in 10 new Home and Community Based Capacity Enhancement grantees. The new grantees served approximately 110 children, 35 were stepped down from out-of-state RPTC care, 53 were stepped down from more restrictive in-state care. In addition, this effort created approximately 39 new beds targeting difficult sub-populations of children experiencing a severe emotional disturbance.

The Division initiated a planning initiative to define and implement Individualized Service Agreements (ISA). Funded through the Mental Health Trust Authority, the purpose of ISA is to ensure that emotionally disturbed youth are being served as close to their community as possible and are being provided clinically necessary services to prevent institutional care. ISA’s are the mechanisms through which funds are disbursed to provide services to youth that cannot be reimbursed through Medicaid fee-for-service or Behavioral Rehabilitation Services (BRS) financing. The ISA planning

process was completed in FY06, and will be implemented in FY07.

The Division worked with the Office of Rate Review, initiated and completed two cost and rate reviews which included the Office of Childrens' Services (OCS) Behavioral Rehabilitation Services (often referred to as "Level II- IV".), Residential Psychiatric Treatment Centers, and developed a specific rate for secure beds.

In collaboration with the Division of Health Care Services, DBH has contracted with McKesson Corporation in the use of a Level of Care Instrument, referenced as InterQual. The range of application extends from outpatient services to acute care settings. The population includes adults, adolescents, and children for chemical dependency, mental health, and co-occurring disorders. The level of care instrument will be implemented by DBH utilization review staff and target acute care facilities that represent 95% of all out of state RPTC referrals.

- Alaska Psychiatric Institute

Alaska Psychiatric Institute provides inpatient psychiatric care to individuals from all regions of the state. API serves adults and adolescents whose need for psychiatric services exceed the capacity of local service providers. API staff make a special effort to transition patients with serious, persistent mental illness into community settings. The array of inpatient services include comprehensive assessment, physical examination, recovery based therapies for the patient and family members, psychopharmacology. FY06 accomplishments include the following:

- New mission and vision statement to reflect Recovery
- Expansion of Tele-Behavioral Health Program
- Key Performance Indictors located on the DBH website are transparent to employees and general public

- Regulation and Policy Development

In collaboration between the DBH, the Office of Program Review, and the Department of Education and Early Development, school-based behavioral health regulations have been developed. These services will be available for students with Individual Evaluation Plans, in which behavioral health issues are identified as impediments to their successful educational experience. These services have been constructed in such a manner that multiple layers of school staff may function as a provider, and structured in such a manner that there are not duplicative efforts between school services and existing services of the BH provider network.

The BRS Regulations are a collaboration between DBH and the Office of Children's Services (OCS). These regulations are the primary mechanism to begin to access unused beds in OCS/BRS residential facilities for non-custody clients. This will effectively make available approximately 54 beds to the statewide BTKH initiative to increase treatment bed capacity. The BRS regulations have been adopted by the Department and are in final legal review.

The DBH Policy and Planning Section has been working with the Department on amending the "Out of State" Regulations. Adjustments to these regulations will change enrollment of Out-of-state providers and enhance DBH's ability to negotiate costs. Essentially this gives the DBH regulatory authority to manage and authorize out of state providers.

The Outcomes Identification and Systems Performance Project (OISPP) has recently been initiated with the arrival of a "resident expert" on research design and implementation. The OISPP project will include two components: 1) an outcomes measurement and management capacity that will provide accountability and consistency in the evaluation and effectiveness of behavioral health services, and 2) a research capacity to address broader population-based indicators of behavioral health wellness. The goal of the OISPP project is to develop a continuous quality improvement process to guide policy development and decision making in improving the behavioral health of Alaskans.

Contact Information

Contact: Janet Clarke, Assistant Commissioner
Phone: (907) 465-1630
Fax: (907) 465-2499
E-mail: Janet_Clarke@health.state.ak.us

Behavioral Health
RDU Financial Summary by Component

All dollars shown in thousands

	FY2006 Actuals				FY2007 Management Plan				FY2008 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
Formula Expenditures												
Behavioral Hlth Medicaid Svcs	54,552.7	81,455.6	1,500.0	137,508.3	61,154.3	92,417.2	1,500.0	155,071.5	65,883.9	110,937.9	2,400.0	179,221.8
Non-Formula Expenditures												
AK Fetal Alcohol Syndrome Pgm	646.8	1,387.5	0.0	2,034.3	596.0	1,700.0	0.0	2,296.0	1,292.8	1,003.2	0.0	2,296.0
Alcohol Safety Action Program	198.6	145.6	406.9	751.1	290.8	330.1	2,047.1	2,668.0	390.4	330.1	2,097.7	2,818.2
Behavioral Health Grants	2,628.5	2,500.4	14,722.8	19,851.7	0.0	3,107.6	17,170.9	20,278.5	0.0	3,107.6	16,016.3	19,123.9
Behavioral Health Administration	2,792.9	3,011.6	1,711.1	7,515.6	1,903.9	4,270.4	1,318.8	7,493.1	2,824.0	4,270.9	1,581.2	8,676.1
CAPI Grants	1,318.9	493.7	0.0	1,812.6	1,779.7	935.3	0.0	2,715.0	1,779.7	935.3	0.0	2,715.0
Rural Services/Suicide Prevent'n	232.5	70.8	1,751.8	2,055.1	414.3	0.0	1,986.8	2,401.1	414.3	0.0	1,986.8	2,401.1
Psychiatric Emergency Svcs	6,141.8	0.0	48.5	6,190.3	6,103.4	0.0	50.0	6,153.4	6,103.4	0.0	0.0	6,103.4
Svcs/Seriously Mentally Ill	7,807.2	1,085.7	678.7	9,571.6	8,345.1	989.5	1,888.6	11,223.2	8,345.1	989.5	1,250.0	10,584.6
Designated Eval & Treatment	2,121.9	0.0	0.0	2,121.9	1,211.9	0.0	0.0	1,211.9	1,211.9	0.0	0.0	1,211.9
Svcs/Severely Emotion Dst Yth	2,948.6	184.3	1,109.5	4,242.4	5,353.2	317.7	1,860.0	7,530.9	8,937.2	317.7	1,850.0	11,104.9
Alaska Psychiatric Institute	7,398.5	167.5	12,954.2	20,520.2	7,359.9	54.1	15,459.4	22,873.4	10,124.3	61.3	15,460.5	25,646.1
Totals	**88,788.9**	**90,502.7**	**34,883.5**	**214,175.1**	**94,512.5**	**104,121.9**	**43,281.6**	**241,916.0**	**107,307.0**	**121,953.5**	**42,642.5**	**271,903.0**

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2007 Management Plan to FY2008 Governor

All dollars shown in thousands

	General Funds	Federal Funds	Other Funds	Total Funds
FY2007 Management Plan	**94,512.5**	**104,121.9**	**43,281.6**	**241,916.0**
Adjustments which will continue current level of service:				
-Alcohol Safety Action Program	99.6	0.0	-99.6	0.0
-Behavioral Hlth Medicaid Svcs	1,305.0	-1,305.0	0.0	0.0
-Behavioral Health Administration	290.2	-339.9	-47.8	-97.5
-Alaska Psychiatric Institute	1,820.4	0.0	-1,434.3	386.1
Proposed budget decreases:				
-AK Fetal Alcohol Syndrome Pgm	0.0	-696.8	0.0	-696.8
-Behavioral Health Grants	0.0	0.0	-1,309.6	-1,309.6
-Psychiatric Emergency Svcs	0.0	0.0	-50.0	-50.0
-Svcs/Seriously Mentally Ill	0.0	0.0	-638.6	-638.6
-Svcs/Severely Emotion Dst Yth	0.0	0.0	-50.0	-50.0
Proposed budget increases:				
-AK Fetal Alcohol Syndrome Pgm	696.8	0.0	0.0	696.8
-Alcohol Safety Action Program	0.0	0.0	150.2	150.2
-Behavioral Hlth Medicaid Svcs	3,424.6	19,825.7	900.0	24,150.3
-Behavioral Health Grants	0.0	0.0	155.0	155.0
-Behavioral Health Administration	629.9	340.4	310.2	1,280.5
-Svcs/Severely Emotion Dst Yth	3,584.0	0.0	40.0	3,624.0
-Alaska Psychiatric Institute	944.0	7.2	1,435.4	2,386.6
FY2008 Governor	**107,307.0**	**121,953.5**	**42,642.5**	**271,903.0**