

State of Alaska FY2009 Governor's Operating Budget

Department of Health and Social Services Behavioral Health Administration Component Budget Summary

Component: Behavioral Health Administration

Contribution to Department's Mission

To direct and administer the statewide behavioral health programs and services, spanning the continuum from prevention and early intervention through treatment and recovery.

Core Services

This component provides the overall administrative and organizational structure for the Division of Behavioral Health. The more than \$230 million granted, contracted or otherwise utilized by the division is managed through this component in order to accomplish the identified mission. Funds are awarded, disbursed and monitored by Administration. All of the division's staff except for those employed by the Alaska Psychiatric Institute are funded in this component.

The Division of Behavioral Health Administration component provides centralized administration of the grant-funded community-based behavioral health prevention and treatment services/programs and the Alaska Psychiatric Institute. Sections within administration include service system planning and policy development; programmatic oversight of behavioral health grantees; general administration; budget development and fiscal management; program and systems integrity; and Medicaid management. The leadership in this component 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. Behavioral Health collaborates regularly in planning and program efforts with other components of the Department of Health and Social Services such as the Office of Children's Services, Division of Juvenile Justice, and the Division of Public Assistance; and with other agencies such as the Department of Corrections.

FY2009 Resources Allocated to Achieve Results		
FY2009 Component Budget: \$13,910,000	Personnel:	
	Full time	60
	Part time	2
	Total	62

Key Component Challenges

The Division of Behavioral Health is shifting its business practice and management philosophy away from its historical focus on oversight and compliance to a focus on delivery of high quality services and demonstrated treatment outcomes. Improving service through a more results-oriented and performance-based approach requires changes in philosophy, policy and practice within the division and throughout the provider system. The new policy focuses on reducing administrative burden associated with grant application, reporting and overall operations.

A Performance Based Funding Workgroup consisting of rural and urban mental health and substance use disorder providers, representatives from the Alaska Mental Health Trust, the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse, and the Division of Behavioral Health staff have collaborated since April 2007 to design performance measures for accountability. These measures will be applied to make funding changes for FY08 and will be further developed for grant award decision-making in FY09. We are learning and working together to design the necessary tools and techniques to achieve grants and contract management excellence. Goals include:

- Demonstrate results-oriented management to partners, decision makers and program funders.
- Determine critical strategies to effectively implement performance based management.
- Coordinate providers to ensure complete continuum of service throughout the regions and state.

- Establish effective monitoring and technical assistance to ensure proper performance.
- Target resources to maximize full array of services.
- Design strategies to evaluate costs and performance using proven criteria.

Moving toward performance-based contracting is data driven. The division continues to develop the Alaska Automated Information Management System (AKAIMS) as a management information system to meet current and emerging State and Federal reporting requirements. Lack of resources for the development, maintenance and support of AKAIMS puts the division at risk of falling short of its goals regarding performance management.

Since the inception of AKAIMS there has been a 100% staff turn over. In addition, the centralization of the information technology staff eliminated the majority of designated resources. Presently, the AKAIMS team is significantly understaffed to meet the ongoing development and maintenance requirements of the users. The AKAIMS project is at a critical crossroad that requires immediate focus on defining current staffing requirements. Outcomes related to adequately resourcing AKAIMS include:

- Improvement in practice driven by outcomes.
- Determining outcomes in a timeframe that provides meaningful feedback to clinicians.
- Creation of tangible performance management strategies for administrators and clinicians. Data and performance management reports can be produced and examined to improve service delivery, effectiveness and efficiency;
- Well-organized quantitative and qualitative data that is easily accessible to authorized persons, allowing continuous quality improvement processes to be conducted from State offices; and,
- Ability to evaluate client records for compliance purposes and to determine if a site visit is needed to help correct problems identified in the review.

In 2003, Alaska used the infusion of federal funding (State Incentive Grant for the Treatment of Persons with Co-Occurring Substance Related and Mental Health Disorders) through the Substance Abuse and Mental Health Services Administration (SAMHSA) to embark on an ambitious plan for a new, integrated behavioral health system. In order to complete integration as a project and incorporate it as the foundation of service delivery, the integrated community standards and Medicaid regulations must be finalized. As of October 2007, the internal regulations concept paper is complete and is ready to move forward through the formal regulatory process.

Ultimately, program standards will be embodied in national accreditation that will be required for all providers. Program authorization or approval will require that the provider is nationally accredited and that the division needs or desires the provider's services. Reaching this goal and assisting providers to succeed will take several years of preparation involving a partnership with the division, the provider organizations, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Trust Authority.

Significant Changes in Results to be Delivered in FY2009

- Suicide Prevention Statewide Initiative

The Division of Behavioral Health, in partnership with the Suicide Prevention Council, is proposing a Suicide Prevention Initiative to begin in FY2009. Alaska's vision is that all children, youth and adults are mentally healthy, connected, resilient and living successfully. Alaska continues to have the highest rate of suicide in the nation. The 2005 suicide rate for Alaska is 19.6 per 100,000 population; a decrease from the 2004 rate of 23.4, but still almost doubles the U.S. rate of 10.7 per 100,000.

The proposed initiative will develop a cross-disciplinary, community-driven and research-based approach to reducing the number of suicides in Alaska. Significant planned outcomes for year one of the initiative (2009) includes:

√ Increase the percentage of crisis calls answered in Alaska vs. by the National Suicide Prevention Lifeline from 25.1% to 60%. This will require increased funding to the Alaska Careline to expand and enhance its 24-7 availability of trained, qualified phone responders and to increase statewide promotion of the Alaska Careline. Each year of the initiative we will increase Careline capacity until 100% of calls are responded to within our state.

√ Increase the number of certified Gatekeeper Suicide Prevention Trainers by 100%. Currently we have 14 certified trainers; by the end of FY09 we will have 28 certified trainers, distributed regionally across the state.

√ Develop and conduct a year-one Knowledge, Attitudes, Beliefs and Behaviors (KABB) survey to acquire baseline data

about the status of Alaska's knowledge about suicide. The KABB survey will be conducted a second time in the final year of the initiative (FY2013) to determine the changes in knowledge, attitudes, beliefs and behaviors related to suicide.

√ Expand the Suicide Prevention Council's suicide prevention media/public education campaign. Year one of the initiative will expand the media exposure by 25% from FY2008.

√ Increase community-based grant funding for suicide prevention programs by 65% from \$300,000 to \$500,000 in FY09. These grant funds will be used both to enhance existing successful programs and to increase the number of communities receiving grant funding for community-based suicide prevention grant programs. All grant programs will be required to develop clear outcome measures to track improvements in their community.

- Secured Detoxification and Treatment for Involuntary Substance Abuse Commitment

The division will select and fund a non-profit or municipal agency with a regional and accessible support network to operate a secure 24-hour detoxification and treatment center for persons who are involuntarily committed under AS 47.37.190. The facility would employ clinical staff who have been trained in integrated and comprehensive screening and assessment practices, and provide intensive case management services for persons who have been incapacitated by alcohol or drugs, including persons who are diagnosed with co-occurring disorders. The pilot project would terminate no later than July 1, 2012 and include an evaluation report with outcome measures, including baseline data. Long term impacts include reduced emergency room costs, lower acute care medical costs, decreased incarcerations, and reduced emergency responder costs.

- National Accreditation Contract - Phase I of V Increment

The Division of Behavioral Health has initiated a process to evaluate and overhaul its business practices and management philosophy. The division is shifting its focus from oversight and compliance, towards delivering a higher quality of service and improving treatment outcomes. The purpose is to reduce the grantee's administrative burden associated with periodic reporting and operational oversight, to increase accountability and results-based orientation. Strategy linked with changing to a business practice which is outcomes-based includes national accreditation. Ultimately, program standards will be embodied in national accreditation that will be required for all providers.

- Medicaid Fetal Alcohol Spectrum Disorder Demonstration Project

This increment requests funding for a new Mental Health Clinician III position and a new Medical Assistance Administrator IV position. Contractual costs of \$300.0 for provider training are also included. These costs are eligible for 50% federal reimbursement from Medicaid.

- The Mental Health Trust - Develop credentialing and quality standards steering committee

Credentialing and Quality Standards Steering Committee: The Trust Workforce Development Focus Area is supporting the formation of a credentialing and quality standards steering committee. This committee will support the development and coordination of competencies, credentialing, and standardization processes for certificate level programs to increase consistency, and decrease duplication across programs.

- The Mental Health Trust - Southcentral Foundation Eklutna Residential Psychiatric Treatment Center Training Site

This funding, managed by the Division of Behavioral Health, provides grant funding to allow for planning and implementation of a training site within the new Southcentral Foundation (SCF) Eklutna Residential Treatment Facility expected to be completed in the fall of 2008. Forty percent of youth experiencing serious emotional disturbance (SED) are Alaska Native. SCF's Eklutna program will focus on those youth and ways to ensure services are provided in a way that supports cultural differences.

Major Component Accomplishments in 2007

The Alaska Automated Information Management System (AKAIMS) has made significant progress and the following successes can be identified.

1. Increased contact with provider agencies. Agencies are working directly with all staff to get their data into the system and prepare for quarterly reports.
2. AKAIMS User group (monthly) participation is at 25-30 organizations.
3. Training: A designated full-time training staff has been hired; a training site has been developed; online training has been published, tested, and implemented; documentation of the “minimal data set” has been posted on the support site for providers; and, the AKAIMS User manual has been comprehensively re-written.
4. Version 4.4 delivered: There have been zero complaints with positive provider feedback and buy-in. The Quarterly Report framework has been delivered to the information technology (IT) staff, which is reviewing the requirements.
5. Production reports: The support staff is currently refining the production reports and will work with the IT staffs in Anchorage and Juneau. The production reports will be generated on a monthly basis and used as a quality assurance process for data entry. This process will ensure quality data available for the application of performance measures for FY09 funding.
6. EDI (Electronic Data Interface): Four agencies have completed testing on submittal of data packages through the CSR (7 out of 8 files) and have only to finish and/or test the referral segment.

The Division of Behavioral Health has initiated a policy change to overhaul its business practice and management philosophy.

1. Reduce the administrative burden for the division while ensuring adequate fiduciary oversight and management;
2. Increase customer/grantee satisfaction; and,
3. Reduce administrative burden for grantees to interface with the division.

Technical assistance which focused on information technology and performance based contracting was instrumental in developing a work plan for the implementation of the performance management system.

Change Agent training was an opportunity to realign the division and its grantees efforts toward the shared goals of providing high quality services to Alaskans efficiently and effectively.

Statutory and Regulatory Authority

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.011-061	Mental Health Trust Authority
7 AAC 71.010 - 300	Community Mental Health Services
PL 102-321	Community Mental Health Services
AS 47.30.665 - 915	State Mental Health Policy
7 AAC 72.010 - 900	Civil Commitment
AS 44.29.020	Department of Health and Social Services (Duties of department)
AS 44.29.210-230	Alcoholism and Drug Abuse Revolving Loan Fund
AS 47.30.470-500	Mental Health
AS 47.37	Uniform Alcoholism & Intoxication Treatment Act
7 AAC 29	Uniform Alcoholism & Intoxication Treatment Act
7 AAC 32	Depressant, Hallucinogenic, and Stimulant Drugs
7 AAC 33	Methadone Programs
7 AAC 78	Grant Programs

Contact Information

Contact: Laura Baker, Budget Chief
Phone: (907) 465-1629
Fax: (907) 465-1850
E-mail: Laura.Baker@alaska.gov

Behavioral Health Administration Component Financial Summary

All dollars shown in thousands

	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	3,970.4	4,921.7	5,550.4
72000 Travel	272.4	433.9	470.2
73000 Services	912.6	2,143.4	5,232.3
74000 Commodities	103.4	144.4	207.2
75000 Capital Outlay	42.2	64.9	64.9
77000 Grants, Benefits	64.3	135.0	2,385.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	5,365.3	7,843.3	13,910.0
Funding Sources:			
1002 Federal Receipts	2,428.7	4,145.4	5,526.2
1003 General Fund Match	116.5	116.1	1,215.5
1004 General Fund Receipts	223.3	230.5	256.6
1007 Inter-Agency Receipts	108.7	89.6	94.6
1013 Alcoholism & Drug Abuse Revolving Loan	2.0	2.0	2.0
1037 General Fund / Mental Health	1,622.7	1,901.5	5,312.8
1092 Mental Health Trust Authority Authorized Receipts	137.8	360.0	475.2
1156 Receipt Supported Services	101.0	135.0	135.0
1168 Tobacco Use Education and Cessation Fund	514.9	651.6	670.0
1180 Alcohol & Other Drug Abuse Treatment & Prevention Fund	109.7	211.6	222.1
Funding Totals	5,365.3	7,843.3	13,910.0

Estimated Revenue Collections

Description	Master Revenue Account	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Unrestricted Revenues				
Unrestricted Fund	68515	44.3	0.0	0.0
Unrestricted Total		44.3	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	2,428.7	4,145.4	5,526.2
Interagency Receipts	51015	108.7	89.6	94.6
Receipt Supported Services	51073	101.0	135.0	135.0
Alcohol/Drug Abuse Revolving Loan Fund	51377	2.0	2.0	2.0
Restricted Total		2,640.4	4,372.0	5,757.8
Total Estimated Revenues		2,684.7	4,372.0	5,757.8

**Summary of Component Budget Changes
From FY2008 Management Plan to FY2009 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2008 Management Plan	2,248.1	4,147.4	1,447.8	7,843.3
Adjustments which will continue current level of service:				
-Transfer in Medicaid Mental Health Prior Authorization Contract from Behavioral Health Medicaid	810.0	810.0	0.0	1,620.0
-Reverse FY2008 MH Trust Recommendation	0.0	0.0	-360.0	-360.0
-ETS Chargeback Redistribution	17.2	0.0	0.0	17.2
-Transfer out PCN 06-0507 to Administrative Support Services	-70.1	0.0	0.0	-70.1
-FY 09 Health Insurance Increases for Exempt Employees	0.4	0.4	0.1	0.9
-FY 09 Bargaining Unit Contract Terms: General Government Unit	102.6	83.4	50.0	236.0
Proposed budget increases:				
-Suicide Prevention Statewide Initiative	1,000.0	0.0	0.0	1,000.0
-Secured Detoxification and Treatment for Involuntary Substance Abuse Commitment	1,989.7	0.0	0.0	1,989.7
-Medicaid Mental Health Prior Authorization Contract Increase	200.0	200.0	0.0	400.0
-National Accreditation Contract - Phase I of V Increment	200.0	0.0	0.0	200.0
-Medicaid FASD Demonstration Project	287.0	287.0	0.0	574.0
-MH Trust: Workforce Dev - Develop credentialing and quality standards steering committee	0.0	0.0	49.0	49.0
-MH Trust: BTKH - Southcentral Foundation Eklutna Residential Psychiatric Treatment Center Training Site	0.0	0.0	50.0	50.0
-MH Trust: Dis Justice - Clinical position within Office of Integrated Housing	0.0	0.0	75.0	75.0
-MH Trust: BTKH - Tool kit development and expand school-based services capacity via contract	0.0	0.0	100.0	100.0
-MH Trust: Housing - Office of Integrated Housing	0.0	0.0	185.0	185.0
FY2009 Governor	6,784.9	5,528.2	1,596.9	13,910.0

**Behavioral Health Administration
Personal Services Information**

Authorized Positions		Personal Services Costs		
	<u>FY2008</u>	<u>FY2009</u>		
	<u>Management</u>	<u>Governor</u>		
	<u>Plan</u>			
Full-time	56	60	Annual Salaries	3,692,636
Part-time	2	2	COLA	258,351
Nonpermanent	21	19	Premium Pay	0
			Annual Benefits	1,952,318
			<i>Less 5.98% Vacancy Factor</i>	<i>(352,905)</i>
			Lump Sum Premium Pay	0
Totals	79	81	Total Personal Services	5,550,400

Position Classification Summary

Job Class Title	Anchorage	Fairbanks	Juneau	Others	Total
A.P.O. II, ASAP	1	0	0	0	1
Administrative Clerk II	1	0	1	0	2
Administrative Clerk III	2	0	0	0	2
Assoc Coordinator	1	0	0	0	1
College Intern II	0	0	1	0	1
Community Mh Svc Prog Adm	0	0	1	0	1
Division Director	1	0	0	0	1
Health Program Mgr I	1	0	0	0	1
Hlth Facil Surv I	4	1	0	0	5
Hlth Facil Surv II	1	0	0	0	1
Investigator II	1	0	1	0	2
Investigator IV	1	0	0	0	1
Medical Assist Admin III	0	0	1	0	1
Medical Assist Admin IV	2	0	0	0	2
Mntl Hlth Clinician II	1	0	0	0	1
Mntl Hlth Clinician III	12	1	3	0	16
Prog Coordinator	1	0	0	0	1
Project Asst	1	0	2	0	3
Project Coord	2	0	3	0	5
Project Coordinator	1	0	1	0	2
Project Manager	0	0	1	0	1
Public Health Spec II	1	0	0	0	1
Regnl Alcohol Prog Coord	0	0	1	0	1
Research Analyst III	1	0	2	0	3
Research Analyst IV	0	0	1	0	1
Secretary	1	0	0	0	1
Social Svcs Prog Coord	1	0	0	0	1
Statistical Technician I	0	0	1	0	1
Student Intern I	10	0	8	0	18
Tobacco Enforcement Worker	1	0	1	0	2
Training Specialist II	1	0	0	0	1
Totals	50	2	29	0	81