

State of Alaska
FY2009 Governor's Operating Budget

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

Component: Behavioral Health Grants

Contribution to Department's Mission

To mitigate the impact of behavioral health issues on individual Alaskans who experience severe mental health, alcoholism and other substance abuse impairments by funding prevention, intervention and treatment services through local grantee organizations; and to fund services to assist individuals to achieve recovery and attain their highest possible functioning level.

Core Services

The Behavioral Health Grants component contains grant funding to local non-profit agencies to support the comprehensive, statewide mental health and substance abuse prevention and treatment system required by law. These publicly funded programs primarily serve Alaskans without insurance or the ability to pay for services. This component also supports personal skills development and general support services for people with traumatic brain injury and maintenance of state-owned community mental health facilities. With the on-going efforts of the Behavioral Health Integration Project (BHIP), Behavioral Health will continue to develop an integrated behavioral health system of care and service delivery. Behavioral Health expects that grantee providers will continue to be cross-trained in both mental health and substance abuse treatment and service delivery, commensurate with dual diagnosis capability.

FY2009 Resources Allocated to Achieve Results

FY2009 Component Budget: \$31,367,900	Personnel:	
	Full time	0
	Part time	0
	Total	0

Key Component Challenges

The Division of Behavioral Health is committed to implement and administer a behavioral health management information system. It will provide Alaska health care providers with modern, streamlined business and clinical tools.

Since the inception of the AKAIMS project there has been a 100% turnover in AKAIMS staff. Presently the AKAIMS team is significantly understaffed to meet ongoing development and maintenance requirements. The AKAIMS project is at a "critical crossroad" requiring immediate focus and investment on staffing requirements.

FY08 will mark the fifth year of the merger of the Alcoholism and Drug Abuse Grants component and the General Community Mental Health Grants component. The purpose of this union was to provide integrated substance abuse and mental health grants and services to dually-funded agencies, and to provide specialized programs for dually-diagnosed clients. The goals of these integration efforts are the elimination of any "wrong doors," increased administrative and fiscal efficiency and, most importantly, improved services. This complex undertaking involved two former divisions with different regulations and standards in many areas including staff qualifications, lack of parity in Medicaid reimbursements, and different approval certification/quality assurance mechanisms.

Determining the most effective programs is an ongoing challenge; but with legislative direction, the Division of Behavioral Health has reduced funding to less effective programs and this process will continue in FY09 using increasingly sophisticated data. In FY08, the emphasis was on grant performance, the number of consumers served and the cost of those services.

The Division of Behavioral Health must improve data collection to support grantees and data needs at the state and federal levels. The integrated grant system provides special challenges in terms of financial management and Performance Based Funding is also dependent on better data.

The division is expected to meet the service needs of an increasing number of people who are ordered to get treatment or risk specific consequences, e.g. loss of custody of children or incarceration, when the budget has not increased to meet the increased service demands. Office of Children Services has cited a lack of Substance Abuse treatment services for the parents of the children and youth they are assisting which limits the ability of those parents to care for their children. Continued failure to increase funding will severely limit services in FY09.

- Inflation impacts on budgets from both grants and Medicaid
- Decrease in stable workforce without budget increases. An Alaska Center for Rural Health workforce study in 2007 noted that the behavioral health occupational group had the most acute shortages – with both extremely high vacancy numbers and high vacancy rates. The overall rate vacancy rate was 29% reflecting 1,033 positions.
- Increase in referrals to higher levels of care and increased correctional and emergency services impacts without adequate community resources. A study in 2004 by the Bureau of Justice Assistance Corrections Options Team determined that 2,664 individuals or 11.5% of the Department of Correction admissions "had a mental health background." Another 1,700 individuals were admitted under Title 47 with non-criminal protective holds, primarily persons in danger from alcohol for whom no effective diversion was available. The lack of re-entry from correctional facilities and diversion capacity also reflects on the near lack of effective connections to appropriate treatment; 1.3% were placed into pre-trial diversion programs and less than 1% were discharged into specialized treatment programs. The Department of Correction reports even higher rates when they include all Mental Health Trust beneficiaries.

Because of a lack of a continuum of intensive community services and in-state residential facilities, the State began sending youth to out-of-state facilities in 1998. Between 1998 and 2004, the number sent out of state increased 800%. But with increased resources at the State and local levels, out of-state placements peaked in FY05-06 and significant reductions were achieved in FY07 (described in another section).

Performance Based Funding Strategies

Grant Performance

1. Complete Grant Review and Progress Scores for each Grantee *
2. Separate into "Provider Categories" for comparing similar programs. **
3. Rank order the grantees within each group – highest to lowest

Unit Cost

1. Regional DBH Specialists will calculate total clients served by priority population in each grant in FY07
2. Administrative Managers will provide total grant funding for FY07
3. Unit Costs will be calculated by dividing Funding by Clients Served

Calculation

1. Rank order Unit Cost within each provider group to determine which are in the bottom 10%

Residential Utilization

1. Total Beds Purchased x Total Days in Year
2. Total Beds Provided in FY07
3. Utilization Rate

Calculation

1. Rank order Unit Cost within each provider group to determine performance.

Service Categories that will be held harmless

- Emergency Services Responsibility for a service area: Psychiatric Emergency Service Component Funding Only
- Sole provider for service area (i.e., Methadone)
- The Division is the sole contributor for the agency in a limited service environment

* Completed by Regional BH Specialists
 **Provider Categories in Behavioral Health Treatment Grants
 Multi-program Grants
 Comprehensive Providers
 Urban
 Rural
 Limited Service Providers
 Urban
 Rural
 Substance Abuse Residential Providers

Significant Changes in Results to be Delivered in FY2009

- Senior Outreach, Assessment, and Referral Project (SOAR)

Senior service providers report a growing number of clients experiencing serious behavioral health needs. Aggressive behavior and substance abuse are becoming more widespread and problematic in settings such as senior centers and independent-living senior housing. Depression, isolation, and grief issues are common among older Alaskans. Suicide among Alaska seniors is more prevalent than for seniors living outside. While reasons for higher rates of suicide among Alaska seniors are not known, we do know that it is difficult for seniors to access basic mental health care, such as treatment for depression, in many Alaskan communities. A lack of appropriate behavioral health services for seniors, fear of social stigma, insufficient prevention and intervention programs, and shortage of trained geriatric providers are some of the barriers to delivering services appropriate for seniors.

- Community Prevention and Early Intervention for Behavioral Health Programs

We need to prevent behavioral health problems. This will in turn decrease secondary problems in our communities such as criminal behaviors, suicidal thoughts and actions, traumatic brain injuries and fetal alcohol disorders. This increment will be used to expand the community-based programs that offer prevention and early intervention evidence-based services and the administrative support services for these programs in the division.

- Services for Substance Use Disorders Comprehensive System of Care

Beneficiaries in large urban communities currently must wait one to three months to receive treatment if they don't present a danger to themselves or others. Available detoxification services are at maximum capacity and failure to meet this need leads to more costly hospital admissions, inappropriate incarceration, public inebriation, or placement into the correctional system. In addition, there is a failure to appropriately serve dual disordered clients, such as those with traumatic brain injury and a substance use disorder. This increment will fund grants to create an enhanced continuum of care, from the least restrictive - Case Managed Detoxification - to the most intensive - Residential Treatment Services, for Alaskans seeking substance abuse treatment and administrative support for these services within the Division of Behavioral Health.

- Behavioral Health Treatment and Wrap Around Services for Clients with SMI, ED and Co-occurring Disorders

This project provides case management and wraparound services for individuals experiencing long-term chronic behavioral illnesses who have been unsuccessful in the current system. It will target people with severe mental illness and dual diagnoses, such as chronic mentally ill substance abusers, seriously mentally ill people discharged from Department of Corrections with multiple problems, and clients with low cognitive functioning or traumatic brain injury who also have a second behavioral health diagnosis. Assuring that a person is safely housed; fed; involved in gainful activity through connection with their family, friends and community; and receiving appropriate medical and behavioral treatment will prepare them for increasing independence.

- The Mental Health Trust - Brain Injury training for providers

The traumatic brain injury (TBI) training program includes three separate components: 1) Contracted brain injury specialists for case consultation; 2) Regional workshops specific to needs of the areas utilizing the multi disciplinary hub and spoke model, and 3) Development of training material that include self-study modules.

- The Mental Health Trust - Oxford House Adaptation

Nationally, recovery homes offer a self-help program for alcoholics and drug users that provides low cost, high quality group home living in a supportive environment free of drugs and alcohol. Residents must be employed, pay their share of expenses, complete their chores, and stay free of drugs and alcohol. The Oxford House is one example of such a self-help recovery program and offers a template for replication of the program in Alaska.

- The Mental Health Trust - Operations Support for Sober Housing for Recovery

This request is to support several years of capital funding to develop viable options for long term supported housing to maintain sobriety. On-site and case management support is vital to maintenance of sobriety for Trust beneficiaries.

Major Component Accomplishments in 2007

1. In FY07, Behavioral Health awarded \$18,413.3 in grants for substance abuse and mental health (“behavioral health”) prevention, intervention, and treatment services.
2. In response to legislative direction, a working committee of multiple stakeholders (Behavioral Health, community providers, consumers, and Trust staff) met regularly to plan for Performance Based Funding (PBF). This is a national model that designates targets, outcomes and identified results to determine annual grantee funding. The underlying strategy is to ensure greater quality, productivity and effectiveness. Performance measures will be implemented to hold providers in the state behavioral health system accountable. Further, it is an objective process to determine funding levels for grantees that will reflect an assessment of program and agency performance, utilization, client and community outcomes. The division is developing Phase II of the PBF effort, and anticipates the application of performance measures in funding decisions for FY09.
3. Grantees of the division continue to implement best, promising, or Alaska-value-based-practices for service delivery. It is our expectation that widespread use, analysis, and evaluation of these program designs will ultimately improve outcomes for clients.
4. The grant reporting requirements were streamlined and will continue at the division and department levels through the Grant Improvement Project with our partners at Rasmusson Foundation.
5. Work on Integrated Behavioral Health Treatment and Behavioral Health Credentialing Standards, which underpin the development of draft Integrated Medicaid regulations – all of which affect and improve the way grantees deliver services – was completed in FY06. In FY07, the process began to draft Integrated Regulations. Regulations are now being reviewed in the context of a longer range goal to assist and require that State funded programs achieve national accreditation.

Statutory and Regulatory Authority

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 78	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services
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

Contact Information

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

**Behavioral Health Grants
Component Financial Summary**

All dollars shown in thousands

	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	1,914.7	3,275.0	3,275.0
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	16,498.6	18,593.8	28,092.9
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	18,413.3	21,868.8	31,367.9
Funding Sources:			
1002 Federal Receipts	3,107.5	3,107.6	3,107.6
1004 General Fund Receipts	0.0	2,044.9	2,865.8
1007 Inter-Agency Receipts	304.1	297.4	297.4
1037 General Fund / Mental Health	0.0	500.0	9,223.2
1092 Mental Health Trust Authority Authorized Receipts	714.8	910.0	865.0
1180 Alcohol & Other Drug Abuse Treatment & Prevention Fund	14,286.9	15,008.9	15,008.9
Funding Totals	18,413.3	21,868.8	31,367.9

Estimated Revenue Collections

Description	Master Revenue Account	FY2007 Actuals	FY2008 Management Plan	FY2009 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	3,107.5	3,107.6	3,107.6
Interagency Receipts	51015	304.1	297.4	297.4
Restricted Total		3,411.6	3,405.0	3,405.0
Total Estimated Revenues		3,411.6	3,405.0	3,405.0

**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	2,544.9	3,107.6	16,216.3	21,868.8
Adjustments which will continue current level of service:				
-Transfer in General Funds from Medicaid Services due to Elimination of Proshare Financing	820.9	0.0	0.0	820.9
-Reverse FY2008 MH Trust Recommendation	0.0	0.0	-910.0	-910.0
Proposed budget increases:				
-Discontinue Private ProShare Refinancing	3,448.2	0.0	0.0	3,448.2
-Senior Outreach, Assessment, and Referral Project (SOAR)	300.0	0.0	0.0	300.0
-Community Prevention and Early Intervention for Behavioral Health Programs	1,000.0	0.0	0.0	1,000.0
-Services for Substance Use Disorders Comprehensive System of Care	1,750.0	0.0	0.0	1,750.0
-Treatment and Wrap Around Services for Clients with Severe Mental Illness and Co-occurring Disorders	1,750.0	0.0	0.0	1,750.0
-MH Trust: AB-Gov Cncl - Brain Injury training for providers	100.0	0.0	0.0	100.0
-MH Trust: AB-AK MH/Alc & Drug - Transition to Full-Time Work Project	0.0	0.0	85.0	85.0
-MH Trust: Dis Justice - Expand Treatment Capacity for Therapeutic Court Participants with Co-occurring Disorders	0.0	0.0	150.0	150.0
-MH Trust: Dis Justice - Assess Sleep-Off Alternatives	0.0	0.0	50.0	50.0
-MH Trust: Housing - Oxford House Adaptation	75.0	0.0	0.0	75.0
-MH Trust: Housing - Operations Support for Sober Housing for Recovery	300.0	0.0	0.0	300.0
-MH Trust: Dis Justice - Detox and Treatment Capacity	0.0	0.0	480.0	480.0
-MH Trust: Housing - Assisted Living Home Training and Targeted Capacity for Development	0.0	0.0	100.0	100.0
FY2009 Governor	12,089.0	3,107.6	16,171.3	31,367.9