

Integrated Comprehensive Mental Health Program Plan Update

Trust Program & Planning
Committee

August 1, 2018

Statutory Responsibilities: DHSS and the Trust

- **AS 47.30.660. Powers and Duties of the Department of Health and Social Services:** “The department shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services...”
- **AS 47.30.011. Alaska Mental Health Trust Authority:** “The purpose of the authority is to ensure an integrated comprehensive mental health program.”

Statutory Responsibilities: Advisory Boards

- **Duties and Responsibilities of Commission, Council, and Boards:**
 - **AS 47.45.240. Alaska Commission on Aging Powers**
 - **AS 47.80.090 Governor’s Council on Disabilities and Special Education**
 - **AS 44.29.140. Advisory Board on Alcoholism and Drug Abuse**
 - **AS 47.30.666. Alaska Mental Health Board**

The commission/council/boards shall...

“Provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program.”

Defining the Mental Health Program

Alaska Statute 47.30.056

“The integrated comprehensive mental health program for which expenditures are made under this section; shall give priority in service delivery to persons who, as a result of a mental disorder or of a disorder identified in this section; may require or are at risk of hospitalization; or experience such major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive services.”



BENEFITS OF A COMPREHENSIVE INTEGRATED MENTAL HEALTH PROGRAM

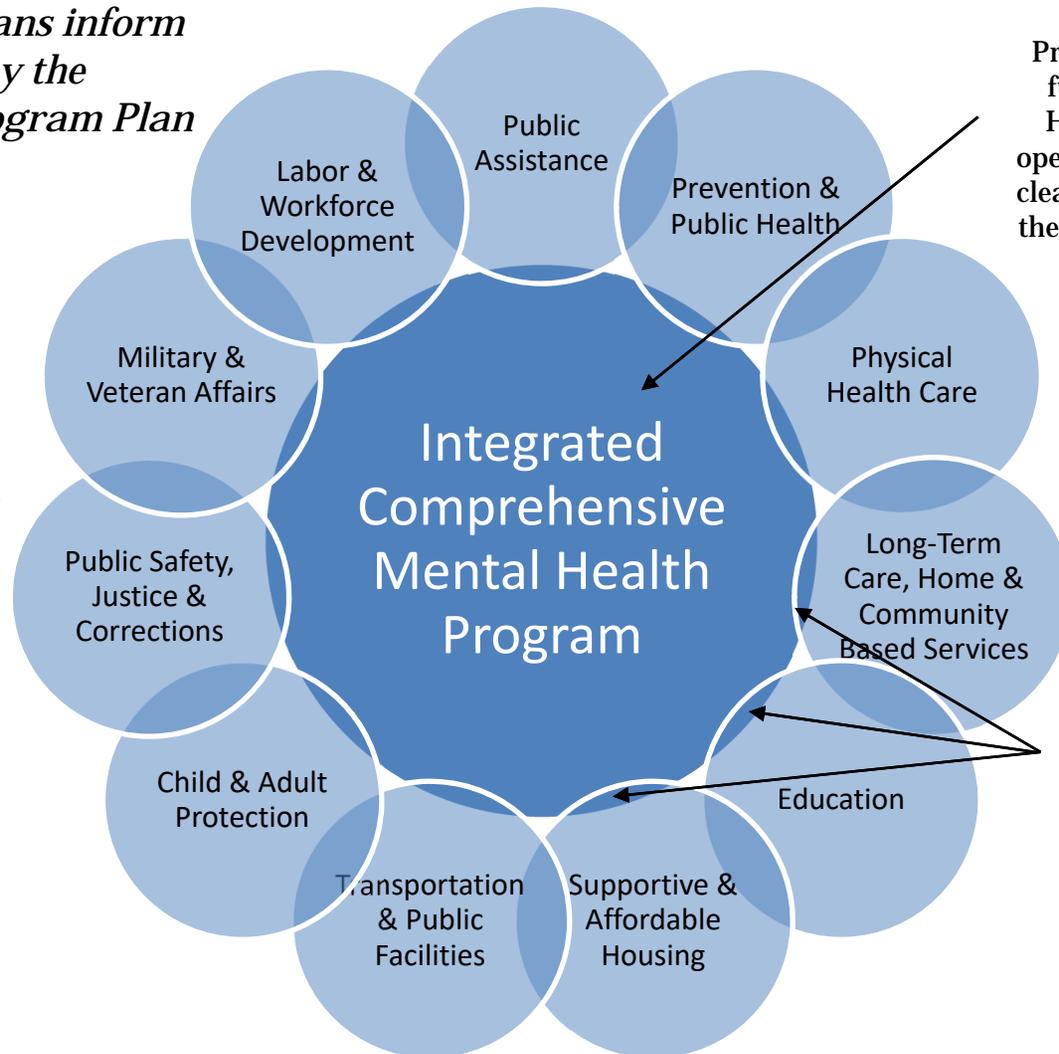
- Encompasses all beneficiary groups
- Bridges departments and divisions
- Endures administrations and legislatures
- Clearly delineates the Alaska's publicly-funded mental health program
- Establishes program-level vision and priorities
- Serves as the glue that connects reform efforts
- Evolves as the program evolves



Integrated Comprehensive Mental Health Program

State and Tribal plans inform and are informed by the Comprehensive Program Plan

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN



“Core”:
Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

Integrated:
Areas of Mission Overlap & Shared Responsibility

Integrated Comprehensive Mental Health Program Plan

Prior Planning Efforts

- *Alaska Scorecard*, annually since 2008
- *Moving Forward 2006-2011*, with annual updates
- *In Step – The Plan 2001-2006*, with annual updates
- *In Unison 1996-2000*, with annual updates



“Update the Comprehensive Integrated Mental Health Plan – develop a clear vision that spans sectors and solidifies access to behavioral health services for populations in need.”

Alaska Behavioral Health Systems Assessment Recommendation



Ensuring an Integrated Comprehensive Mental Health Program

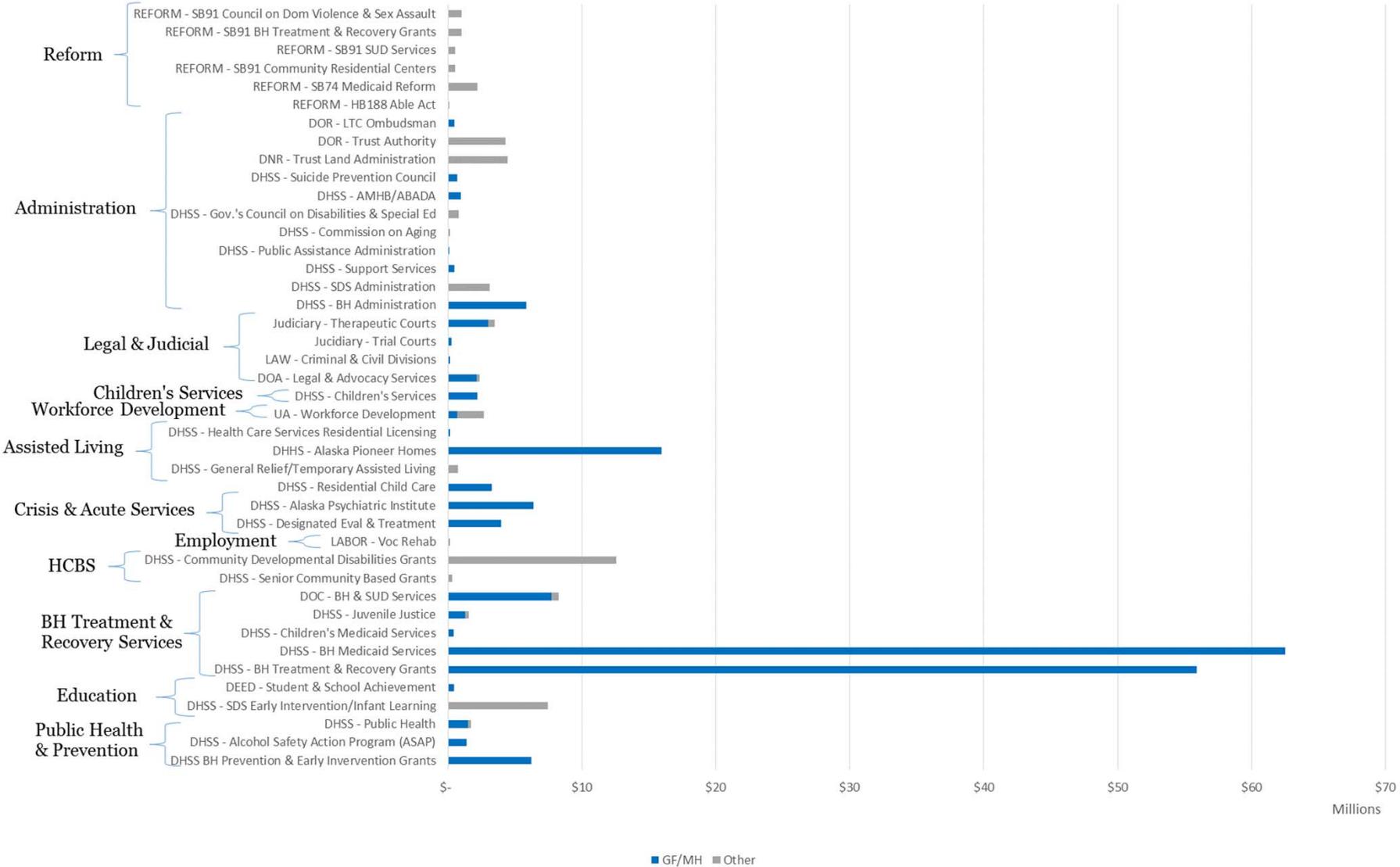
- Three Ongoing, Iterative Functions
 - Advocacy and Awareness
 - Program Planning and Evaluation
 - Program Investment

A COMPREHENSIVE INTEGRATED MENTAL HEALTH PROGRAM

 Alaska Scorecard 2017 Key Issues Impacting Alaska Mental Health Trust Beneficiaries		 Alaska Mental Health Trust Authority			
<small>Click on the title of each indicator for a link to complete sources and information</small>					
Key to symbols:	✓ Satisfactory	↔ Uncertain	✗ Needs Improvement		
	Most Current U.S. Data	Previous Year's Alaska Data	Most Current Alaska Data	Status	
Health					
Suicide					
1	Suicide (rate per 100,000)	13.5	27.1	25.3	✗
2	Percent of adults reporting serious thoughts of suicide	4.0%	4.7%	5.2%	✗
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000)	9.5	20.4	22.9	✗
4	Percent of adults who engage in heavy drinking	6.5%	8.0%	7.3%	↔
5	Percent of adults who engage in binge drinking	16.4%	20.5%	18.2%	↔
6	Percent of population (age 12 and older) who use illicit drugs	9.8%	12.9%	13.2%	✗
7	Opioid overdose mortality rate	10.4	16.6	15.9	↔
Mental Health					
8	Days of poor mental health in past month (adults)	3.6	3.6	3.5	↔
9	Percent of teens who experienced depression during past year	29.9	27.2%	33.6%	✗
Access					
10	Percent of population without health insurance	8.8%	14.9%	14.0%	↔
Safety					
Protection					
11	Child maltreatment (rate per 1,000)	9.1	15.5	16.8	✗
12	Substantiated reports of harm to adults (rate per 1,000)	*	1.6	1.3	↔
13	Injuries to elders due to falls, hospitalized (rate per 100,000)	1,783	945	901	✓
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	82.2	86.9	↔
Justice					
15	Percent of incarcerated adults with mental illness or mental disabilities	*	44.1%	44.1%	✗
16	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	↔
17	Percent of arrests involving alcohol or drugs	*	38.9%	36.9%	↔
Living With Dignity					
Accessible, Affordable Housing					
18	Chronic homelessness (rate per 100,000)	26.9	15.2	34.6	✗
Educational Goals					
19	Difference between high school graduation rate for students with and without disabilities	*	25.3%	22.2%	↔
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	56.3%	63.8%	↔
Economic Security					
21	Percent of minimum wage income needed to afford average housing	*	77.5%	89.2%	✗
22	Average annual unemployment rate	4.9%	6.5%	6.6%	✗
23	Percent of SSI recipients who are blind or disabled and are working	4.7%	6.6%	6.6%	✓
Prevalence Estimates: Alaska Mental Health Trust Beneficiaries					
Alaska Mental Health Trust Beneficiary Population		Estimate	Population Rate		
Serious Mental Illness (ages 18+)		22,648	4.1%		
Serious Emotional Disturbance (ages 9 to 17)		5,582	6.0%		
Any Mental Illness (ages 18+)		109,729	20.0%		
Alzheimer's Disease (ages 60+)		7,442	9.0%		
Traumatic brain injury (all ages)		11,793	1.6%		
Developmental disabilities (all ages)		13,267	1.8%		
Dependent on and abuse of alcohol (ages 12 to 17)		1,572	2.6%		
Dependent on and abuse of alcohol (ages 18+)		40,031	7.3%		
Dependent on and abuse of illicit drugs (ages 18+)		17,438	3.80%		

Ab1		A	B	C	D	E	F	G	H	I	J	K
1				Governor's Council	ABIN	Commission on Aging		AMHB / ABADA				
2		AS 47.30.056. Use of Money in the Mental Health Trust Settlement Income Account.		Five Year State Plan	Ten Year Plan	ADRD Roadmap	State Plan for Senior Living	State Suicide Prevention Plan	DBH Block Grant			
3				(FY17-21)	(2008-2018)	(Dec 2014)	(FY16-19)	(FY12-17)	(FY17)			
4	A	emergency services on a 24-hour basis;										
5												
6	B	screening examination and evaluation services required to complete the involuntary commitment process under AS 47.30.700 - 47.30.815;										
7												
8	C	inpatient care;									15	16
9											17	18
10	D	crisis stabilization services, which may include:						4			23	
11	D(i)	active community outreach;						4.1				
12	D(ii)	in-hospital contact;						4.2				
13	D(iii)	mobile crisis teams of mental health professionals;										
14	D(iv)	crisis beds to provide a short term residential program for persons experiencing an acute episode of mental illness that requires temporary removal from a home environment;										
15												
16	E	treatment services, which may include		1	3.1	1.3	1.C	4.3			1	10
17	E(i)	diagnosis, testing, and evaluation of medical needs;		1.4	8.2	2	1.D				2	11
18	E(ii)	medication monitoring;		5.		3.3					3	12
19	E(iii)	physical examinations;									4	13
20	E(iv)	dispensing psychotropic and other medication;									5	14
21	E(v)	detoxification;									6	27
22	E(vi)	individual or group therapy;									7	28
23	E(vii)	aftercare;									8	
24											9	
25	F	case management, which may include		1		1.2	6.A	4.3			1	13
26	F(i)	evaluation of needs;		1.4		2	6.C				2	14
27	F(ii)	development of individualized treatment plans;		2		2.2					5	
28	F(iii)	enhancement of access to available resources and programs;		2.1							6	
29	F(iv)	development of interagency contacts and family involvement;			1.1							
30	F(v)	advocacy;			2.1							
31					2.1							
32	G	daily structure and support, which may include		1	4.1	1.2	2.B				1	
33	G(i)	daily living skills training;		1.1	6.1	2	3.A				2	
34	G(ii)	socialization activities;		1.4		2.6	3.B				5	
35	G(iii)	recreation;		4.4		3	3.C				6	
36	G(iv)	transportation;		2.4		3.1	5					
37	G(v)	day care services;		1.5		5	5.B					
	G(vi)	client and care provider education and support services;		5.2 +5.3		5.1	6.D					
				5.5			6.I					

Breakdown of FY17 Mental Health Budget Bill Operating Funds by Category With Detail



Trust-Specific Planning

A Comprehensive Program Plan will not meet all of the Trust's planning needs, but it will set system-level priorities and provide direction

COMPREHENSIVE
MENTAL HEALTH
PROGRAM PLAN



Trust
Alaska Mental Health
Trust Authority



A catalyst for change to improve the lives of beneficiaries

Mission & Principles

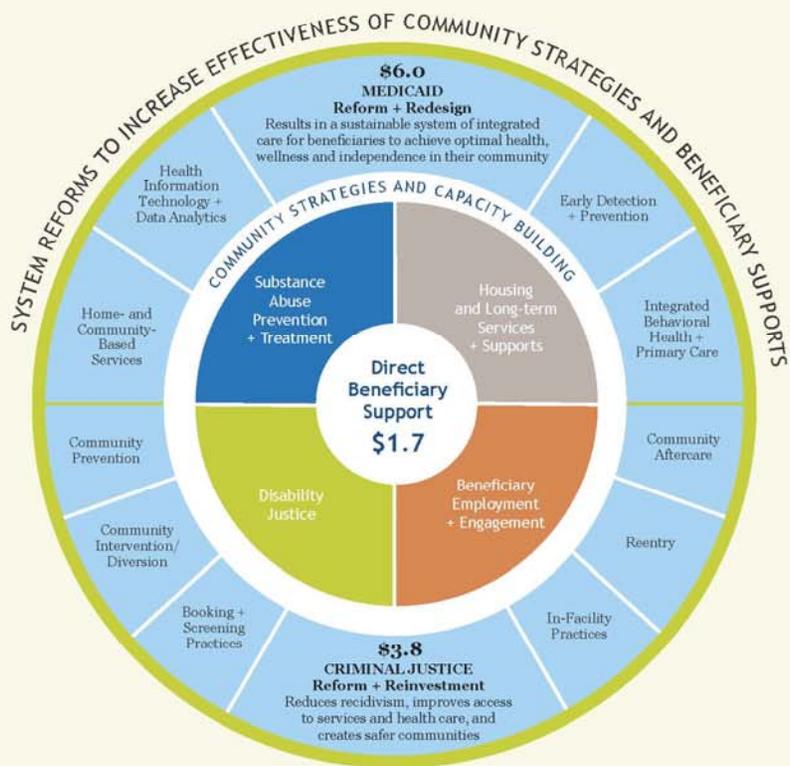
The Trust's mission is to improve the lives of beneficiaries through advocacy, planning, implementing and funding a Comprehensive Integrated Mental Health Program.

The Trust is committed to:

- Education of the public and policymakers on beneficiary needs
- Collaboration with consumers and partner advocates
- Maximizing beneficiary input into programs
- Continually improving results for beneficiaries
- Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care
- Useful and timely data for evaluating programs
- Inclusion of early intervention and prevention components

Investments

Beneficiary, Community and System



Key Outputs

- ▶ Beneficiaries access quality, integrated, whole person health care
- ▶ Decrease in youth alcohol and substance use and adult binge drinking and illicit substance use
- ▶ Reduce adult and youth involvement in the criminal justice system and reduce criminal recidivism
- ▶ Beneficiaries achieve integrated employment and have access to quality peer support services
- ▶ Beneficiaries can access safe and affordable housing with appropriate community-based social services to maintain tenancy
- ▶ Beneficiaries access effective and flexible person-directed long-term services and supports

Results

- Beneficiaries have improved health
- Adults and children are free of the burdens created by alcohol and substance abuse
- Alaska's workforce meets beneficiary and employer needs
- The criminal justice system effectively accommodates the needs of victims and offenders who are Trust beneficiaries
- Beneficiaries are employed or meaningfully engaged in their communities
- Beneficiaries maintain stable, safe housing
- Beneficiaries live the lives they choose with supports they direct

Readiness....

- DHSS recognizes the value of the comp plan
- DHSS has been focused on addressing budget reductions and implementing Medicaid Expansion and Reform in support of its comprehensive program
- DHSS sees the Trust as a partner in developing a comprehensive program plan
- Both DHSS and the Trust agree that early, effective collaboration with the Advisory Boards is important
- Both recognize that the landscape has shifted since the last plan; new planning capabilities have arisen



Leadership Workgroup

- Leadership Workgroup -established 2018
- Workgroup Roles and Responsibilities Identified
 - Lead by DHSS
 - Supported by The Trust
 - Tremendous Value in the COMP Plan
 - Defining a Mutual Path Forward



June 2018 COMP Plan Workgroup

- Importance of partnerships
- Review Comp Plan Overview
- Timeline for completion of Plan
- Set a standing monthly meeting to track progress



July 2018 COMP Plan Workgroup

- Vision- Are we updating “Moving Forward” or creating something new? This is a decision-point
- List of Stakeholder Plans
- Naming of the Document



Memorandum of Agreement

- Develop Accountability Framework
- Budget
- Collaborative Leadership & Roles
- Milestones
- Utilizing Data
- Connect the Plans
- Maintenance of Effort

Concrete Steps

1. **Leverage the Healthy Alaskans framework and infrastructure**
 - Support development of Healthy Alaskans 2030; identify indicators & targets that are critical to Trust beneficiary groups
 - Lean into Healthy Alaskans implementation efforts; establish a natural flow of information with Advisory Board, as well as other, plans
 - Replace the Alaska Scorecard with a Healthy Alaska Scorecard
2. **Develop a comprehensive program website that helps “stitch together” existing plans**
3. **Develop and maintain a summary overview that includes, for example:**
 - An overarching vision
 - Description of the program and beneficiary groups
 - Priority leading health indicators and targets
 - Relationships and desired flow of information

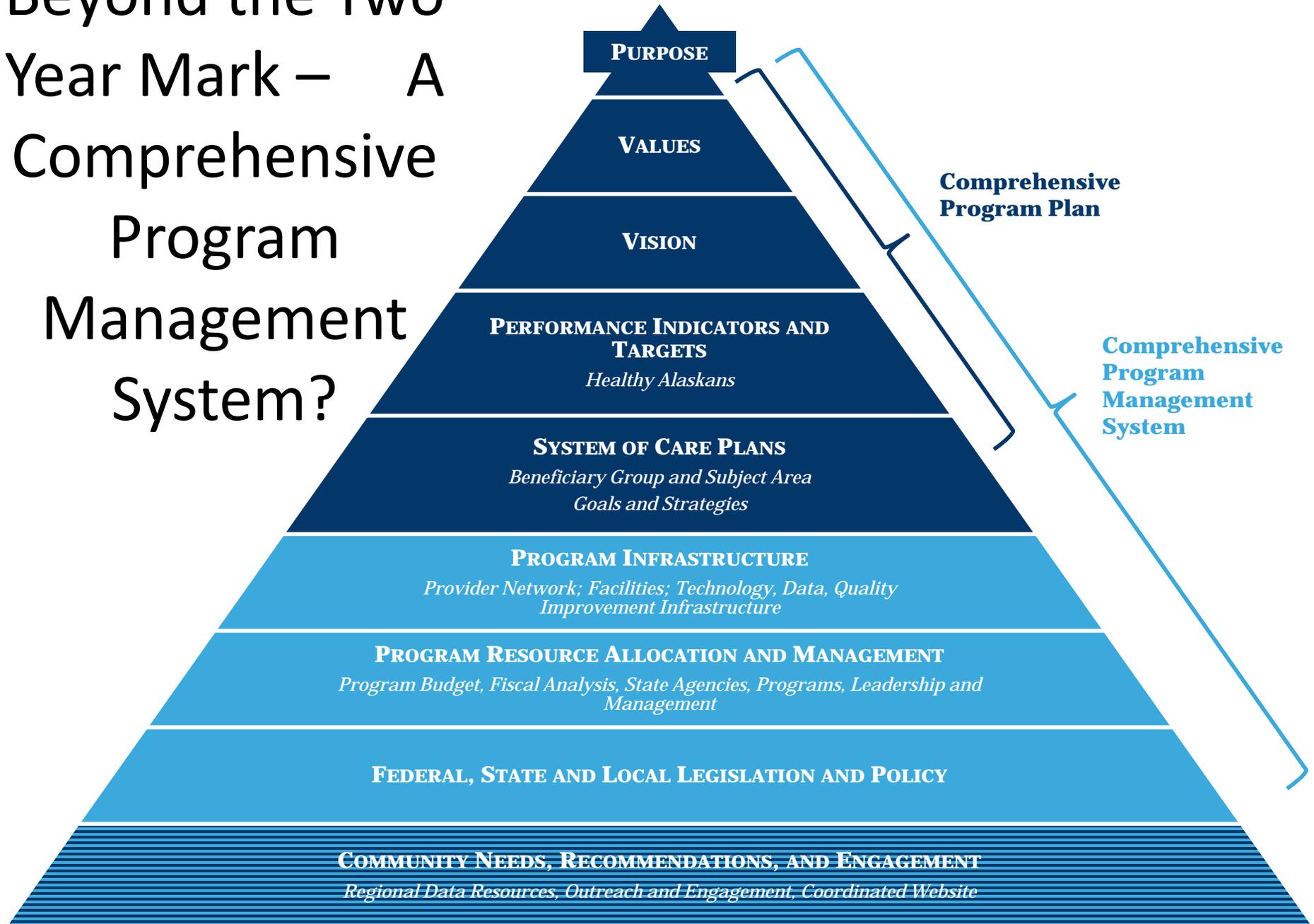


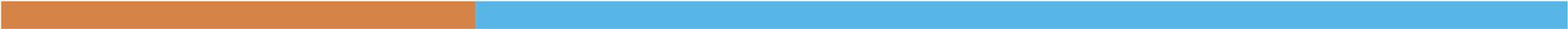
A Website that Makes Plans Accessible by Interest and Facilitates Coordination

Beneficiary Group-Specific Plans			
Mental Health and Substance Use Disorders	Developmental Disabilities	Traumatic Brain Injuries	Alzheimer's Disease and Related Dementias

Subject Area-Specific Plans		
Health	Housing	Safety
Education & Employment	Economic Security	Criminal Justice

Beyond the Two Year Mark – A Comprehensive Program Management System?





In summary: the Comprehensive Mental Health Program Plan will...

- Establish a vision for the Mental Health Program and the systems that interface with it
- Serve as the glue connecting reform efforts
- Help us better understand and manage the transformation of the program
- Reduce silos
- Propel data sharing and analytics
- Improve quality
- Coordinate outreach around strategic issues
- Enhance access to needed services