State of our State

• **Update on Major Reforms & Investments**
  • Medicaid Reform and Redesign
    • Monique Martin, Gen Moreau-Johnson
  • Psychiatric/SUD Care System
    • Randall Burns, Katie Chapman, Andy Jones
  • Housing & Homelessness
    • Daniel Delfino

• **Criminal Justice Reform and Reinvestment**
  • Adam Rutherford, Brad Myrstol, Susan Di Pietro, Alysa Wooden, Gen Moreau-Johnson

• **Workforce and Provider Perspectives**
  • Kathy Craft, Tom Chard, Jerry Jenkins, Lizette Stiehr
Substance Use Disorder (SUD) Path to Recovery

- Untreated Addiction
- Detox/Withdrawal Management (3-5 Days)
- Assessment Intake (Same Day to 2 Weeks)
- Residential Treatment (4 Weeks to 6 Months)
- Transitional Housing (Time Varies)
- Outpatient Services (Time Varies)
- Ongoing Recovery Support
Treatment and Recovery Grant Funding for FY 2018 by Service Area and Program Type

Source: FY18 Grantee Database as of 1/26/2018 - Division of Behavioral Health
Current Events & Announcements

> Substance misuse and addiction treatment

Are you finding it difficult to stop using alcohol, prescription medications or other substances? If you’ve thought about cutting down or stopping, here is a list of providers. [Substance Use Disorder Treatment Providers 4/2/18](http://alaska.gov/), or see the links under Treatment Bed Availability at right.

Here are resources for information on opioids (prescription pain medications, heroin and more) and treatment options:

> Opioids Fact Sheet
> Heroin and Opioid Use in Alaska ([http://opioids.alaska.gov](http://opioids.alaska.gov))
> Decisions In Recovery: A new treatment tool for Opioid Use Disorder

List of Alaska providers who offer opioid misuse treatment:

> [Medication Assisted Treatment Providers - Updated 12/12/17](http://)
Substance Use Disorder Treatment

Challenges
Limited Capacity
Workforce
Stigma

Opportunities
1115 Waiver
Recovery Movement
Technology
Integration of Care
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DBH Integrated Housing and Recovery Supports

**Housing**
Permanent Supportive Housing
“Housing First”
Scatter Site and Single Site

**Employment**
“Employment First”
Individual Placement and Supports

**Peer Support**
Recovery Driven

Integrated  Affordable
Low Barriers  Voluntary Services

Integrated  Competitive  Supports
Shift from Assess-Train-Place to
Place-Train-Assess Satisfaction

“Lived Experience”  Qualified
Certified  Supervised
DBH Supported Programs

Housing

- Moving Home Program: 150 Tenant based vouchers (AHFC) + Services (DHSS Sponsoring Agencies) = greater than 90% Retention

- ACT: Multi-disciplinary team with wrap-around services (DBH) + housing subsidies (AHFC) = reduced API usage (50% at 1 year), reduced Drug and Alcohol use (25% of pre-program usage)

- ICM: Intensive Case Management (DBH) + housing subsidies (AHFC) = reduced use of Anchorage Safety program (70%), encounters with Fire (34%) and Police (39%) reduced drug and alcohol use

- 811 PRA Integrated housing for people with disabilities in Assisted Living Homes: Project-based subsidy (AHFC/HUD and DHSS) + services (DHSS) + transition funds (Trust) = first 10 apartments recently identified for pilot phase

- API/ADRD: Community Living in ALH (DBH) for individuals in API/DET’s with dementia—3 placed, 3 being evaluated for placement = Improved life quality + decreased cost

- ISA: individualized funding (DBH) for move-in expenses and to avert evictions supports all housing programs = improved access and retention
DBH Funded Programs

Supported Employment: Individual Placement and Supports (IPS) and Clubhouse

6 Programs throughout the state (Kenai Peninsula, Juneau, Anchorage)

1 program to IPS fidelity, 1 certified as a Clubhouse, 3 participating in training to achieve IPS fidelity, 1 pilot to be awarded funding for FY2019

Trust support for development of employment with DBH by providing support for training and fidelity reviews and facilitating collaboration with DVR

Peer Support Workforce Implementation

3 Workgroups to develop Certification and Training, Education and Advocacy and Collaboration among BH, SUD, Re-Entry DOC, Youth and Families

Provider Survey indicated that there is interest in expanding a peer workforce especially if there is a credentialing process
IAP CMS Technical Assistance to Strengthen Partnerships between Medicaid and Housing

- Used existing PSH Plan as foundation to strengthen partnerships (refer to next slide—Driver Diagram). This plan has been adopted by the Alaska Council on the Homeless.

- Stakeholders: DBH, SDS, Health Care Services, AHFC, AAHA, HUD, AK Coalition on Housing and Homelessness, Governor’ Office, plus other ad hoc members (ICA, DOC)

- Accomplishments: Draft crosswalks on funders for housing and services and revised action plan (to be finalized in early July), data sharing workgroup (ongoing) developing mechanism to share data between the HMIS and Health Care Services, improved understanding of resources and needs

- Need to do: develop specific shared definitions of services (e.g. case management, pre-tenancy and tenancy supports, develop better and sustainable funding mechanisms for housing subsidies and services (funders collaborative)
In three years, through sustainable private and public partnerships, Alaska will establish a pipeline to provide permanent supportive housing for an additional 250 of the most at risk individuals and their families.

**Aim**

- Coordinate PSH and supportive service policy and provision. (Goals 1, 2, 4)
- Increase the production and supply of permanent supportive housing.
- Establish a variety of funding sources for services to increase access to supporting housing settings that are flexible, sustainable, and tailored to individual needs. (Goal 5)
- Improve and redesign services to meet the needs of the target population.
- Strengthen the capacity of community providers and their workforce to deliver home- and community-based housing services. (Goal 7)

**Primary Drivers**

- Develop a plan and governance model to coordinate access and services between AHFC and DHSS. (1a)
- Establish coordinated and consistent policies and procedures related to housing and related services across DHSS Divisions. (Goal 2)
- AHFC and DHSS to develop PSH Clearinghouse to coordinate referral and supportive service provision. (Goal 4)
- Develop data matching and a data warehouse to inform PSH planning. (4d)
- Establish a PSH pipeline to create between 400 and 500 PSH opportunities from 2015-2020. (Goal 3)
- Leverage Alaskan Native housing capacity and resources (3c)
- Develop a Funders Collaborative to create a seamless PSH funding process. (3b)
- Maximize Medicaid coverage of services through use of the 1115 Behavior Health Demonstration waiver. (5b)
- Create support services crosswalk. (5c)
- Leverage Alaskan Native services capacity. (5e)
- Create a PSH service through Medicaid. (5d)
- Design services to be provided in home and community settings that will promote stability & community integration. (6a)
- Adapt home- and community-based services and delivery to meet the needs of those living in rural and remote Hub and village communities. (6c)
- Expand service delivery in home- and community-based settings to promote housing stability and community integration. (Goal 6)
- Identify excelling providers to service as role models, system champions, and peer provider coaches. (7b)
- Develop PSH certification requirement for providers receiving state, federal, or Trust funds. (7a)

**Secondary Drivers**
Needs, Gaps, Questions

• The Unknown! What services will CMS approve through 1115 or SPA to support improved housing, employment and general recovery outcomes?

• The Job To Do! Develop descriptive definitions of commonly used service terms, e.g. case management, pre-tenancy and tenancy supports, community-based recovery supports

• Major Gap 1! Alternative and diverse funding for support services that may not be billable to Medicaid

• Major Gap 2! Available affordable housing: Alaska needs increased housing subsidies (“tenant-based” allows families to carry the subsidy with them; “project-based” may give more assurance on long term housing project sustainability but less choice)

• An Identified Need! Continued training on the Evidenced-Based Supported Employment Program, e.g. IPS

• Another Need! Improved collaboration among stakeholders and partners, including cost sharing for employment, housing, and development of a robust, peer workforce

• Question! How do we facilitate the continued development of a culture that embraces recovery-oriented systems of care?