Challenges: During a Time of Change

A PRESENTATION TO THE ALASKA MENTAL HEALTH TRUST AUTHORITY BOARD OF TRUSTEES

SEPTEMBER 2017



Advisory Board on Alcoholism and Drug Abuse

Alavini Lata, Juneau
Cathy Bishop, Wasilla
Enlow Walker, North Pole
Eric Holland, Fairbanks
Gunnar Ebbeson, Fairbanks
James Duncan, Anchorage
Joshua Mathlaw, Mountain Village
Lee Breinig, Anchorage
Megyn Greider, Anchorage
Michael Kerosky, Anchorage
Philip Licht, Palmer
Renee Schofield, Ketchikan
Robert Coghill, Juneau
Randall Burns, Ex Officio

Board Representation

Four Consumer Five Public Three Provider One Physician One Ex Officio



Alaska Mental Health Board

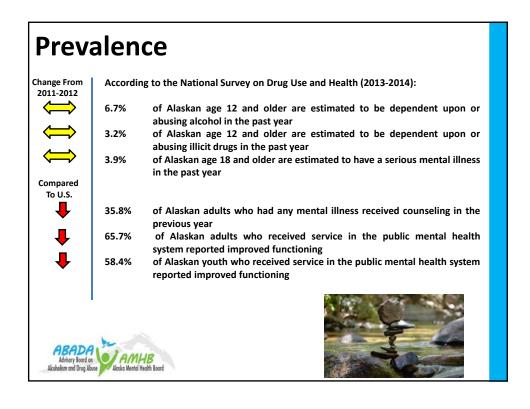
Bree Swanson, Kotzebue
Brenda Moore, Anchorage
Charlene Tautfest, Soldotna
Chris Gunderson, Anchorage
Elizabeth Schultz, Anchorage
Francine Harbour, Anchorage
Joanna Cahoon, Anchorage
Marieke Heatwole, Anchorage
Michael Horton, Anchorage
Rachel Stockman, Anchorage
Renee Hoffard, Juneau
Sharon Clark, Nenana
Stephen Sundby, Cordova

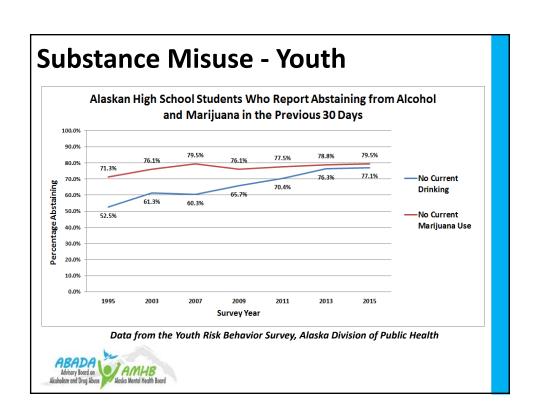
Board Representation
Seven Consumer
Two Public
Three Provider
One Attorney
Six Ex Officio

Adam Rutherford, Corrections
Cathy Stone, AK Housing Finance
Cindy Murphy-Fox, Vocational Rehabilitation
Randall Burns, Behavioral Health
Sharon Fishel, Education
Vacant, Office of Children's Services



ALASKANS EXPERIENCING MENTAL HEALTH AND SUBSTANCE USE DISORDERS ABADA About pool on the Market Beach Board Alabadean and Dry Alaba Alabadean and Dry Alabadean

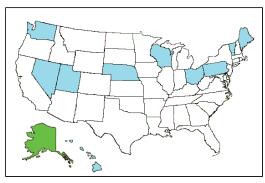






Childhood Trauma

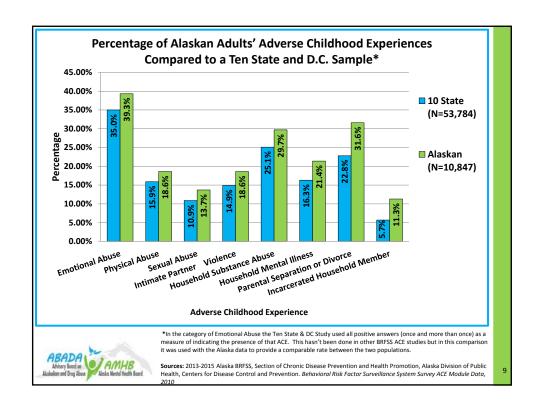
Ten State and DC - ACE Results

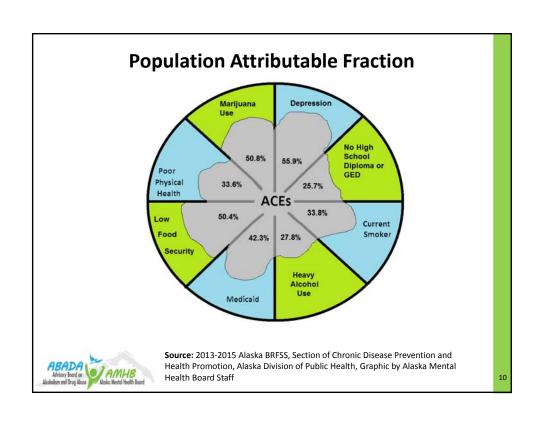


The prevalence estimates reported are from **Washington**, **DC** and ten states (**HAWAII**, **MAINE**, **NEBRASKA**, **NEVADA**, **OHIO**, **PENNSYVANIA**, **UTAH**, **VERMONT**, **WASHINGTON**, and **WISCONSIN**) who included the ACE module on the 2010 BRFSS (n=53,784)



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ALASKANS BEING SERVED



Substance Misuse Treatment

Division of Behavioral Health Grantee Agencies Profile of Persons Served by Substance(s) of Abuse Reported at Admission (Substances Selected as Primary, Secondary, OR Tertiary)

FY2017	All Substance Use	All Marijuana/Hashish /Cannabis	All Opiates	All Alcohol	All Non Alcohol	Other/Unknown
All Persons had at Least One Service (Activity) During the Reporting Period	Served with	# of Persons Served with Selected Substance(s) of Abuse	# of Persons Served with Selected Substance(s) of Abuse	# of Persons Served with Selected Substance(s) of Abuse	# of Persons Served with Selected Substance(s) of Abuse	# of Persons Served with Selected Substance(s) of Abuse
Total	8533	4179	2135	6353	6681	348

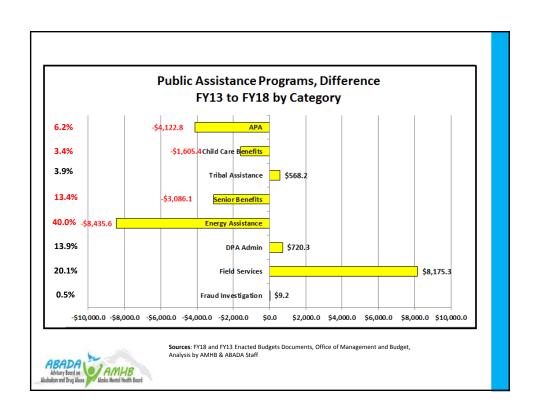


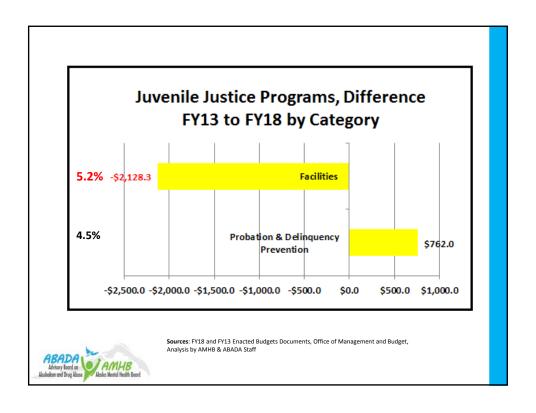
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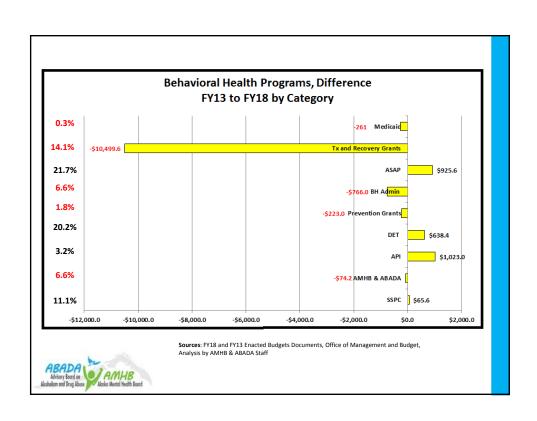
FY2018 Budget Changes Over Time











Shifting to Federal Funds

Total Behavioral Health Budget

Funding Source	FY2018	FY2013	FY2013 Change	
General Funds	\$153,964.7	\$188,461.4	-\$34,496.7	-18.3%
Other Funds	\$33,757.7	\$34,783.7	-\$1,026.0	-3.0%
Federal Funds	\$151,190.0	\$130,062.6	\$21,127.4	16.2%
	\$338,912.4	\$353,307.7	-\$14,395.3	-4.1%

Sources: FY18 and FY13 Enacted Budgets Documents, Office of Management and Budget, Analysis by AMHB & ABADA Staff





Shifting to Federal Funds

Total Behavioral Health Budget

Without One Time 9.0 in GF Funding

Funding Source	FY2018	FY2013	Change	Percentage Change
General Funds	\$153,964.7	~\$179,461.4	~-\$25,496.7	~-14.2%
Other Funds	\$33,757.7	\$34,783.7	-\$1,026.0	-3.0%
Federal Funds	\$151,190.0	\$130,062.6	\$21,127.4	16.2%
Sources: FY18 and FY13 Enact	\$338,912.4	~\$344,307.7	~-\$5,395.3	-1.6%





Behavioral Health Medicaid Reimbursement Rates

- Community behavioral health services are one of two code sets in Alaska's entire Medicaid system that lack any type of reimbursement methodology.
- Reimbursement rates for behavioral health services established in the 90's have only been updated once in the past decade.



Behavioral Health Medicaid Reimbursement Rates (cont)

- Over the past two years, DHSS, ORR, DBH, and ABHA have been methodically developing a Medicaid rate methodology for community behavioral health services.
- The methodology has been developed, the next phase of the project involves regulation change, coordination with CMS, and legislative authorization.



Behavioral Health Medicaid Reimbursement Rates (cont)

The Hope:

- Reimbursing the actual cost of care.
- Regular rebasing prevents
- The State benefits from the federal match.
- The Concern:
 - Our service delivery system will be heavily dependent on Medicaid.
 - We have to safeguard the grant system





Many Questions Still



Fiscal Plan

• In October 2015 the Boards endorsed the idea that there needs to be a comprehensive fiscal plan.



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QUESTIONS OR COMMENTS

PATRICK SIDMORE

