

FALL UPDATE, 2015

Advisory Board on Alcoholism
and Drug Abuse



MEDICAID REFORM AND REDESIGN



STAKEHOLDER ENGAGEMENT

Who better to ask how to improve the Medicaid system than the people who provide and receive Medicaid services?

The Boards have had conversations with individuals, family members, and providers Juneau (2), Anchorage (2), Fairbanks (1), and MatSu (2). We have had additional opportunities to engage with our constituents in Cordova and through the NAMI affiliates and regional provider meetings in Southeast Alaska.

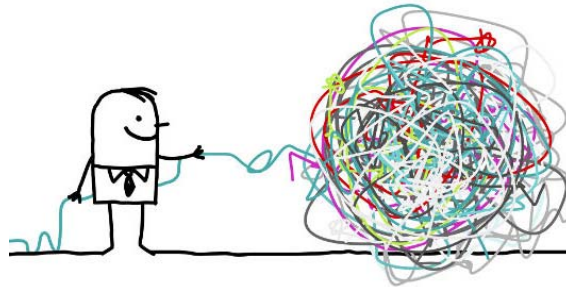
These conversations were framed in a way to allow constituents to share their ideas and experiences freely, rather than in response to a set agenda.



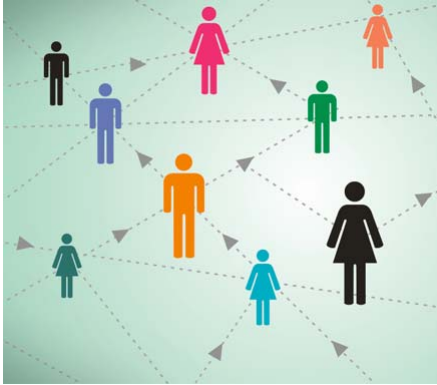
STEERING & ADVISORY COMMITTEES

The Boards are active participants in the Home and Community Based Services 1915 State Plan Option steering committee. Representatives for adults experiencing serious mental illness and chronic addiction serve on the consumer advisory council, and a provider of both behavioral health and developmental disability services has volunteered to participate in this effort to ensure that changes to the systems do not inadvertently reduce access to care.

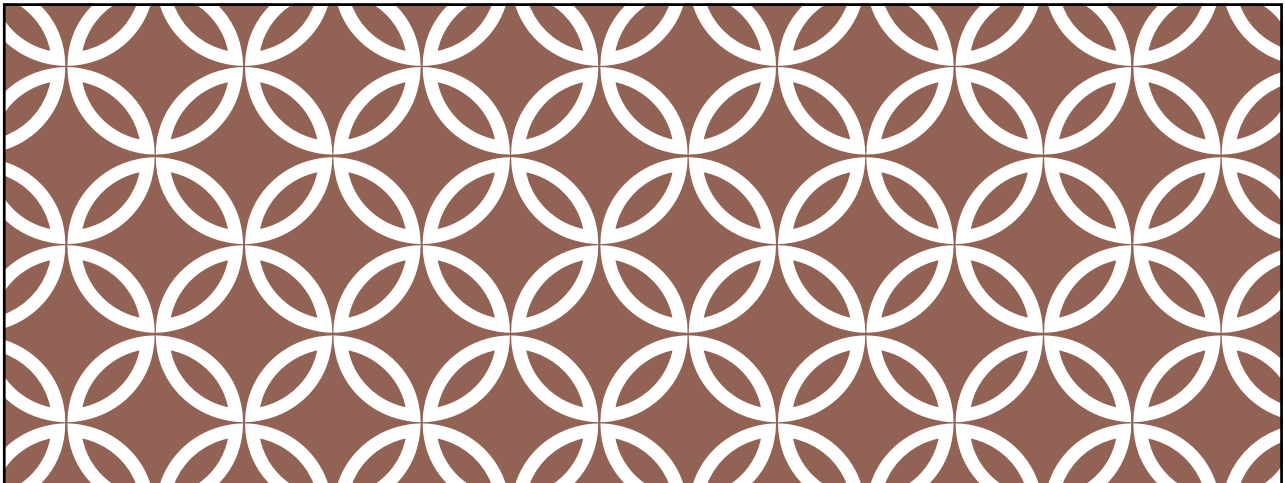
The Boards are also active participants in the Medicaid Redesign Steering Committee.



OUTREACH



The Boards have connected with our emergency shelter partners, behavioral health providers, and consumer organizations to provide more targeted outreach to Medicaid Expansion populations. During Open Enrollment, the Boards are making referrals to and promoting the United Way of Anchorage navigators, and connecting with agency-based advocates. The Boards are developing targeted outreach tailored to meet adults eligible to apply under Medicaid Expansion where they are.



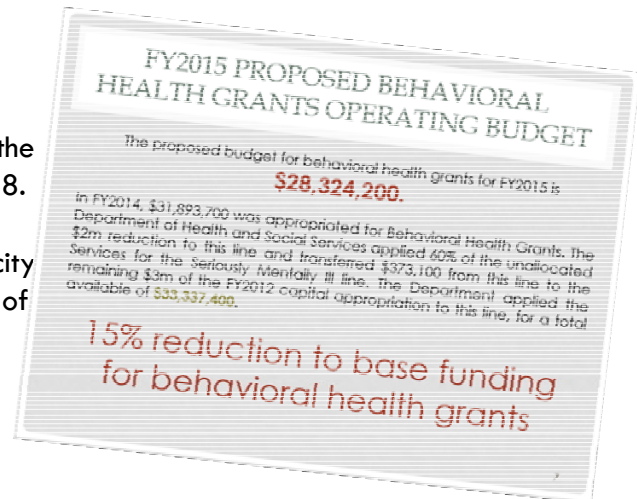
FY16 BUDGET IMPACTS



COMMUNITY BEHAVIORAL HEALTH MEDICAID RATE ADJUSTMENT AND REBASEMENT

The highest priority for protecting the behavioral health systems in the inflationary adjustment to clinic and rehabilitative service rates in FY17 and the rebasement of those service rates in FY18.

Critical to maintenance of existing capacity
Essential to the effective implementation of Medicaid Expansion



TOP PRIORITIES: BASIC NEEDS

1. Access to health care

Flat funding of methadone and other opiate abuse treatment impedes efforts to address the growth in heroin abuse, overdoses, and death

From 2008 to 2012 in Alaska, a total of 51 hospital admissions and 201 out-patient evaluations occurred for heroin poisoning, the rate of inpatient hospital discharges (i.e., hospitalizations) coded for heroin poisoning nearly doubled from 2.4 per 10,000 population in 2008 to 4.7 per 10,000 population in 2012, and heroin-related inpatient and outpatient hospital costs exceeded \$2 million. Moreover, 72 persons died with heroin use as the primary or a contributing cause of death, and the number of heroin-associated deaths more than tripled during 2008–2013. The number of Medicaid health care services payment requests for heroin poisoning increased almost ten-fold from 2004 to 2013. During the years 2009–2013, heroin-related admissions to publicly-funded substance use treatment centers nearly doubled, and the majority of patients admitted for heroin use treatment were aged 21–29 years; the number of treatment admissions for all patients reporting heroin as their primary substance of choice increased by 58%; and the number of treatment admissions for patients aged 21–29 reporting heroin as their primary substance of choice increased by 74%.

Source: Alaska Epidemiology Bulletin, July 14, 2015

TOP PRIORITIES: BASIC NEEDS

2. Access to safe, affordable, accessible housing

Community contributions help fill gaps caused by flat, reduced, and cut funding.

New supportive housing efforts have not yet been maximized.

Advocacy re: FY2017 budget, local funding.

Support implementation of TAC Supportive Housing Plan recommendations in 2016.



TOP PRIORITIES: BASIC NEEDS

3. Food Security

65% of Food Banks in MatSu saw increased client numbers (2014)

17,418 Senior Boxes (USDA, local donations) distributed in 2014

73,792 families received food through the Emergency Food Assistance Program (2014)

66% of food pantry, meal program clients expect to need these on regular basis

“For many in entry level jobs or on limited incomes, drawing on food programs allows them to pay for other necessities such as housing and stabilize their families’ economic situation.”

Source: Food Bank of Alaska 2014 Annual Report



TOP PRIORITIES: BASIC NEEDS

4. Public Assistance

- Alaska Temporary Assistance, Adult Public Assistance, Heating Assistance, Interim Assistance, Senior Benefits, etc.

2016 HAP eligibility

# of People in Home	Monthly Gross Income	Compare to Medicaid eligibility
1	\$2,758	\$1,632-\$2,454
2	\$3,735	\$2,208-\$3,220
3	\$4,710	\$2,785-4,187
4	\$5,683	\$3,361-5,054

TOP PRIORITIES: BASIC NEEDS

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ALASKA FUNDING

Fiscal Year	Base	Contingency	Total	AK Allocation	Households Served
2015 (President)	\$2.6B*	\$200M	\$2.8B	\$8.3M**	TBD
2014	\$3.4B	\$0M	\$3.4B	\$18.9M	TBD
2013	\$3.3B	\$0M	\$3.3B	\$17.2M	19,000
2012	\$3.47B	\$0M	\$3.47B	\$18.0M	18,187
2011	\$4.51B	\$200M	\$4.71B	\$23.7M	18,709
2010	\$4.5B	\$590M	\$5.1B	\$25.3M	16,634

Sources: LIHEAP Report to Congress for FY2008, National Energy Assistance Directors' Association, LIHEAP Clearinghouse; Eligibility and demographics reference 2008 heating assistance data (most recent available)

*Includes \$50M for energy reduction grants. **Estimated by Administration for Children & Families.

Source: Campaign for Home Energy Assistance, LIHEAP.org



PLANS APLENTY

There is no lack of stakeholder driven health and social services systems planning in Alaska. Alaska Mental Health Trust Beneficiaries are among the populations already addressed in community and state plans.

State Senior Plan (2012-2015)	Casting the Net Upstream: Promoting Wellness to Prevent Suicide (2012-2017)
Healthy Alaskans 2020	Mental Health, Substance Abuse Block Grants Plans (2016)
ADRD Roadmap (2014)	Plan to Reduce & Prevent Underage Drinking (2013, revised)
GCDSE 5-Year Plan (2011-2016)	Plan to Promote the Health of People with Disabilities (2015-2017)
Child & Family Services Plan (2015-2019)	Early Childhood Comprehensive Systems Plan (2009, revised)
CDVSA Strategic Plan (2009-2019)	Consolidated Housing & Community Development Plan (2016-2020)
Public Health Strategic Plan (2013-2017)	Recommendations for Alaska Long Term Care Plan (2008)
State HIT Plan (2013, revised)	Alaska Health Workforce Plan (2010)
19 Community Needs Assessments	Alaska Rural Behavioral Health Needs Assessment (2005)
State Independent Living Plan (2014-2016)	10-Year Plan to End Long-Term Homelessness (2009)

PULL THE PIECES TOGETHER

The way to ensure that Alaska's health and social services adequately address the needs of beneficiaries is to distill the elements from existing planning efforts into a comprehensive guiding document.

Opportunities to Add Value:

- ✓ review plans to identify goals, strategies relevant to beneficiaries
- ✓ consolidate relevant data
- ✓ identify shared indicators, measures
- ✓ compile goals, strategies, indicators
- ✓ create interactive summary with links to broader efforts
- ✓ coordinate policymaking and advocacy in support of shared objectives



QUESTIONS, COMMENTS?

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Thank you!