

Planning Committee

August 2, 2017
FY19 Stakeholder Meeting Overview



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Process Overview


May	Trust staff prepared, gathered and reviewed information
June 12	Work Session: Invited participants to work with Trust staff to review FY19 budget recommendations
July	Staff incorporates feedback/results from work session
August 2	Trust staff present draft budget to trustees
August	Staff incorporates trustee feedback
August 30	Staff share revised draft of budget with stakeholders
September 6-7	Trustees approve FY19 budget

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OBJECTIVES OF WORK SESSION


1. Discuss Medicaid & Criminal Justice Reform efforts and how they aim to achieve results for Trust beneficiaries
2. Review progress and barriers in implementation and identify solutions
3. Review the FY19 draft budget

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PLANNING FOR A COMPREHENSIVE MENTAL HEALTH PROGRAM

1. Vision	2. Alaska Scorecard	3. Regional Profiles/Needs	4. State Budget Bills	5. Fiscal Analysis	6. Policy & Legislation	7. System of Care Plan	8. Technology & Data Plan	9. Quality Improvement	10. Outreach & Engagement
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STAKEHOLDER WORKSESSION: Diverse Group of Stakeholders

Over 50 participants, including representation from:

- Advisory boards
- Department of Labor
- Court System
- DOC
- DHSS
- Tribal
- Providers
- University of Alaska Anchorage
- Alaska Brain Injury Network
- Trustees

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Analysis

- Staff reviewed the status of current projects and initiatives through the use of available grant reporting and discussions with the grantees/partners to address the status of outcomes and performance measures.
- Considerations for the analysis included:
 - What strategies are working and are aligned with Medicaid reform and/or criminal justice reinvestment
 - Are projects meeting their deliverables, performance measures and outcomes?
 - What should be reconsidered, revised, discontinued, or added?
- The analysis guided the drafting of proposed revisions and additions to the Trustee approved FY19 budget that were presented to stakeholders for their review.
- A follow-up feedback survey was administered to participants to gather additional budget recommendations.

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Examples: Systems & Capacity Impact

System Reform

- AK Justice Information Center
- **Developmental Disabilities Systems Collaborative**
- Workforce – Provider Readiness Training
- **Workforce – Core Competencies**
- **Health Information Exchange**

Community Strategies

- Bethel Holistic Defense
- Homeless Coordinator, Anchorage, Fairbanks
- **Assertive Community Treatment Team**
- Pre-Employment Transition Services

Direct Beneficiary

- Assess Plan Identify and Coordinate (APIC) Program
- API/ADRD Pilot Project
- **Bread Line**

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DD Systems Collaborative

Moving Forward Together: Alaska's Developmental Disabilities System

A clear, unified vision ensures values are upheld during both strong and weak economic times.

AN EVOLVING SYSTEM

From Institutions

Prior to statehood in 1959, there were no services for individuals who experienced developmental disabilities. Adults and children were sent outside to Mononguside Hospital in Oregon. Mononguside closed in 1960 and Alaska residents were relocated to Harborview Developmental Center in Valdez.

To Communities

Community-based services emerged in the late 1960s with the help of state and federal grants. In 1994, Alaska's Medicaid program obtained federal approval to offer home and community-based service waivers for individuals who meet institutional level of care. Waivers accelerated the move to supporting individuals in their home community.

1/3 THE COST

Based on wide spread agreement, Alaska committed to intentionally closing Harborview Developmental Center in 1997. If Harborview were open today, it would cost \$340,286 per resident – the average home and community based waiver costs just one third that!

To Meaningful Lives

With continued support and commitment, Alaska has achieved the goal of supporting people in the community rather than in institutions. Now, it is time to raise the bar from simply living in the community to living meaningful lives and participating fully in Alaskan communities.

HOW WILL WE GET THERE?

- Full collaboration with system partners
- Ensure the system is person-centered
- Be good stewards of resources
- Safeguard program integrity
- Transformation efforts align with the vision
- Measure outcomes
- Recruit and retain skilled workforce
- A system that is flexible and simple to navigate



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Workforce and the DD Systems Collaborative

STRENGTHS

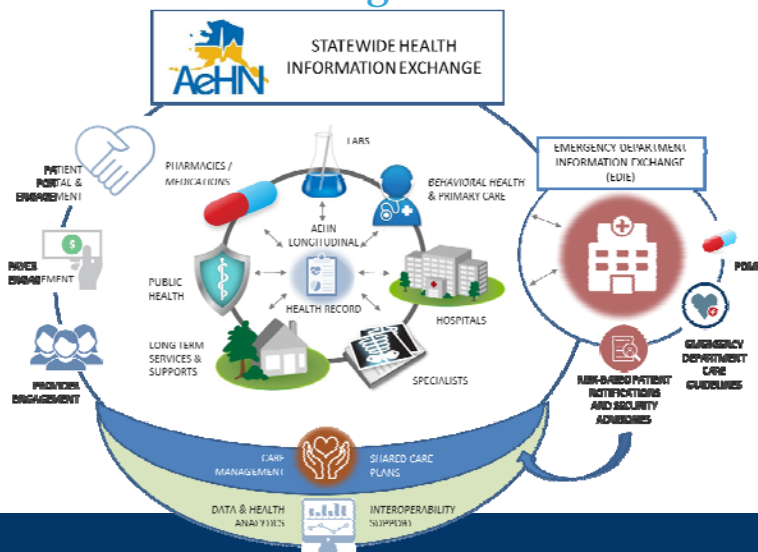
- Strengthen the training of its direct care workforce
- Set of competencies that could guide the training, supervision and evaluation of these workers
- Easy to understand, easy to teach, highly practical, focused on the skills essential to deliver care and tailored to the needs of Alaska

CHALLENGES

- Cost of release time and coverage for DSPs to attend in-person training
- Absence of dedicated funding from the state or foundations
- Absence of meaningful state requirements for providers to ensure staff are trained and competent
- Lack of incentives, bonuses or raises, for workers to obtain training

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Roadmap for the Statewide Health Information Exchange



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Assertive Community Treatment

- 24/7 community based, 10-member trans-disciplinary mobile team (medical, behavioral health and rehabilitation professionals)
- Recovery, engagement, harm reduction, elimination of housing barriers
- Housing without preconditions
- Goal to serve 100 individuals, severe mental illness
- Promising preliminary data

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Stone's Throw, A Bread Line Project

• Stone's Throw

- Modeled after the Catalyst Kitchen social enterprise framework
- 12-week foodservice job training program for unemployed individuals who face barriers such as substance abuse, homelessness, prior incarceration or intellectual/developmental disability

• Community Engagement

- Large community buy-in for support
- Inclusive training and activities

• Stone Soup Café

- Served 27,256 meals for more than 100 individuals
- 12,780 meals for Housing First
- 1158 meals for school aged youth at public housing site
- 19% of meals were prepared for by Bread Line students



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Stakeholder Feedback

- Participants reported over all satisfaction with the process (avg. 4.18 on scale of 1-5)
- Good feedback about process
- Logistic challenges
- Programmatic areas to explore or monitor

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Planning for a Comprehensive Integrated Mental Health Program

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Key Alaska Statutes Provide Guidance

- AS 47.30.660 Powers and Duties of Department
- AS 47.30.011 Alaska Mental Health Trust
- AS 47.30.056 Use of Money in the Mental Health
Trust Settlement Income Account
- AS 47.45.240 Alaska Commission on Aging
Powers, Duties and Limitations
- AS 47.80.090 Governor's Council on Disabilities
and Special Education Responsibilities
- AS 44.29.140 Advisory Board on Alcoholism and
Drug Abuse Duties
- AS 47.30.666 Alaska Mental Health Board Duties

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A 15 Year Planning History: Lessons Learned

- Working across divisions was very powerful
- Implementing strategies was challenging
- Scope can be overwhelming, incremental steps
- Planning too disconnected from financing
- Clear guidance needed on how information is intended to flow
- “Mental Health” feels like a misnomer
- The comp plan must be DHSS-driven

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Looking Ahead

- 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

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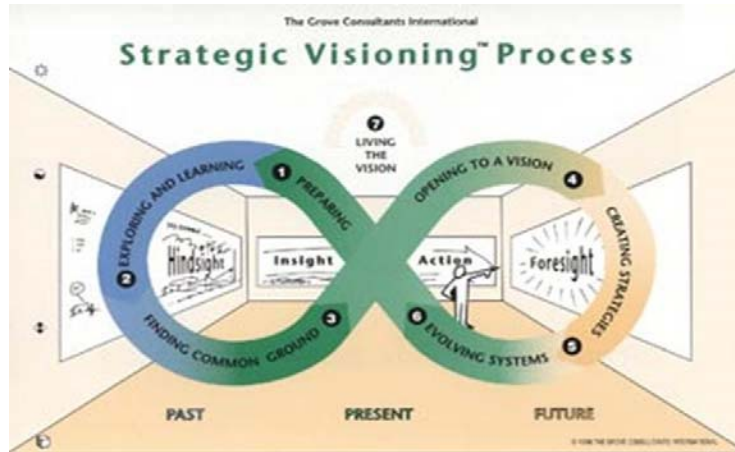
A Key Question: What Would Be Most Useful?

Some preliminary thoughts discussed:

- A simple, high level, overarching infrastructure that
 - Provides direction, while allowing flexibility, tapping growing planning capacity at the system of care level
 - Might include program definition, vision, population health indicators and targets, priorities, etc.
- A structure that clearly articulates the relationship and flow of information across existing plans
- A “home” for related plans that brings them together, is accessible, and reinforces coordination

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Re-envisioning the Comprehensive Mental Health Program Plan



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Next Steps

- DHSS to determine who can be involved in the initial direction setting stage
- Trust to develop a proposal for a higher level framework for DHSS / Advisory Boards to consider and refine
- Trustee input – are we on the right path?

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FY19 BUDGET RECOMMENDATIONS

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Proposed Non Focus Allocation Recommendations

Non Focus Area				
Change	Project	FY18	FY19 Approved	FY19 Proposed
Adjustment	Partnerships/Designated Grants	1,500.0	1,500.0	1,650.0
Adjustment	Small Projects	250.0	250.0	0.0
Adjustment	Mini Grants for Beneficiaries with Alzheimer's Disease and Related Dementias	300.0	300.0	350.0
Adjustment	Mini Grants for Beneficiaries with Developmental Disabilities	350.0	350.0	400.0

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Proposed FY19 Budget Adjustments

Medicaid Related Investments				
Change	Project	FY18	FY19 Approved	FY19 Proposed
Adjustment	HCBS Medicaid Reform Program Manager and ATBI Program Research Analyst	52.0	52.0	54.0
Adjustment	Senior and Disabilities Division Supported Housing Program Manager	81.0	81.0	71.0
New	Senior Psychiatric Outreach Team Planning			50.0
Adjustment	System Infrastructure and Capacity Development for ADRD and IDD Programs	250.0	250.0	100.0
New	Complex Behaviors Flex Funds			150.0
Adjustment	IT Applications/Telehealth Service System Improvements	100.0	100.0	37.0

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Proposed FY19 Budget Adjustments

Focus Area				
Change	Project	FY18	FY19 Approved	FY19 Proposed
<i>Housing and Long-Term Services and Supports</i>				
New	City of Fairbanks Housing Coordinator			100.0
<i>Beneficiary Employment and Engagement</i>				
Strategy – Beneficiary Access to/use Community Employment Services and Support				
Adjustment	Individual Placement and Supports	250.0	250.0	150.0
Adjustment	Pre-Employment Transitional Services			100.0
Strategy – Beneficiaries Increase Self Sufficiency				
Adjustment	Social Enterprise	100.0	100.0	50.0
Focus Area Administration				
Adjustment	Data Development and Evaluation	80.0	80.0	0.0
<i>Substance Abuse Prevention and Treatment</i>				
Adjustment	Partnerships – Recover Alaska	230.0	230.0	100.0

On the Horizon ...

- **DOC – Capital Request for Highland Mountain remodeling to implement a SUD Treatment wing**
- **DHSS proposal to develop forensic hospital at old Palmer Correctional Center**
- **Increased capital project funding requests**

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On the Horizon ...

- **Juneau housing coordinator**
- **Increased technical assistance requests around changing business model and sustainable funding**
- **Increased need for flexible unrestricted funds for nonprofits**
- **Technology & data analytics**

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Thank You

Trust
Alaska Mental Health
Trust Authority

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