Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

MEETING AGENDA

Meeting:	Planning Committee
Date:	August 2, 2017
Time:	9:00 am
Location:	Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference:	(844) 740-1264 / Meeting Number: 808 583 384 # / Attendee Number: # http://thetrust.webex.com
Trustees:	Mary Jane Michael (Chair), Chris Cooke, Laraine Derr, Paula Easley, Jerome Selby, Carlton Smith, Russ Webb

Wednesday, August 2, 2017

		Page No.
9:00 a	**Call to order (Mary Jane Michael, Chair)** Announcements Approve agenda Approval of Minutes • April 20, 2017	**4**
9:05	**CEO Update**	
9:30	**FY19 Trust Stakeholder Meeting** • Steve Williams and Katie Baldwin • Overview of the FY19 Budget Stakeholder meeting	**14**
10:45	**Break**	
11:00	**Reform Updates** • Gennifer Moreau-Johnson (DHSS) • Karen Cann (DOC), Morgen Jaco (DOC), Alysa Wooden (DHSS), Susanne Di Pietro (AK Judicial Council)	**21**
12:00 p	**Lunch On Your Own**	
1:15	**FY19 Budget Recommendations**	**23**
2:15	**Break**	
2:30	**On the Horizon – Issues to Watch**	
3:15	**Questions / Follow-up**	
3:30	**Adjourn**	

Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2017 / 2018 / 2019

(Updated – July 13, 2017)

- Full Board of Trustee — Sep 6-8, **2017** — (Wed, Thu, Fri) – Anc – TAB

- Planning Committee — October 17, **2017** — (Tue)
- Resource Mgt Committee — October 17, **2017** — (Tue)
- Finance Committee — October 17, **2017** — (Tue)
- Full Board of Trustee — November 16, **2017** — (Thu) – Anchorage – TAB

- Planning Committee — January 4, 2018 — (Thu)
- Resource Mgt Committee — January 4, 2018 — (Thu)
- Finance Committee — January 4, 2018 — (Thu)
- Full Board of Trustee — January 24-25, 2018 — (Wed, Thu) – JUNEAU

- Planning Committee — April 18, 2018 — (Wed)
- Resource Mgt Committee — April 18, 2018 — (Wed)
- Finance Committee — April 18, 2018 — (Wed)
- Full Board of Trustee — May 9, 2018 — (Wed) – TBD

- Planning Committee — Jul 31- Aug 1, 2018 — (Tue, Wed)
- Resource Mgt Committee — August 2, 2018 — (Thu)
- Finance Committee — August 2, 2018 — (Thu)
- Full Board of Trustee — Sep 5-6, 2018 — (Wed, Thu) – Anchorage – TAB

- Planning Committee — October 17, 2018 — (Wed)
- Resource Mgt Committee — October 17, 2018 — (Wed)
- Finance Committee — October 17, 2018 — (Wed)
- Full Board of Trustee — November 15, 2018 — (Thu) – Anchorage – TAB

Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2017 / 2018 / 2019

(Updated – July 13, 2017)

• Planning Committee	January 3, 2019	(Thu)
• Resource Mgt Committee	January 3, 2019	(Thu)
• Finance Committee	January 3, 2019	(Thu)
• Full Board of Trustee	January 30-31, 2019	(Wed, Thu) – JUNEAU
• Planning Committee	April 17, 2019	(Wed)
• Resource Mgt Committee	April 17, 2019	(Wed)
• Finance Committee	April 17 2019	(Wed)
• Full Board of Trustee	May 8, 2019	(Wed) – TBD
• Planning Committee	Jul 30-31, 2019	(Tue, Wed)
• Resource Mgt Committee	Aug 1, 2019	(Thu)
• Finance Committee	Aug 1, 2019	(Thu)
• Full Board of Trustee	Sep 4-5, 2019	(Wed, Thu) – Anchorage – TAB
• Planning Committee	October 16, 2019	(Wed)
• Resource Mgt Committee	October 16, 2019	(Wed)
• Finance Committee	October 16, 2019	(Wed)
• Full Board of Trustee	November 14, 2019	(Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY

PLANNING COMMITTEE MEETING

April 20, 2017

8:30 p.m.

Taken at:

Alaska Mental Health Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

OFFICIAL MINUTES

Trustees present:
Mary Jane Michael, Chair
Carlton Smith
Laraine Derr (via Speakerphone)
Jerome Selby
Paula Easley
Russ Webb
Larry Norene

Trust staff present:
Greg Jones
Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Valette Keller
Carley Lawrence
Amanda Lofgren
Mike Baldwin
Luke Lind
Katie Baldwin-Johnson
Heidi Wailand
Carrie Predeger

Trust Land Office present:
John Morrison
Aaron O'Quinn

Also participating:
Kathy Craft; Chris Cooke; Kate Burkhart (via Speakerphone); Kathy Ireland; Debbie Mong; Rebecca Madison; Monique Martin; Christie Reinhart; Denise Daniello (via Speakerphone); Randall Burns; Jim Calvin; Jean Gerhardt-Cyrus; Beth Davidson; Nancy Merriman (via Speakerphone); DeWayne Harris.

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and does a roll call of the trustees. She asks for any announcements. There being none, she moves to the agenda.

TRUSTEE WEBB makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of December 12, 2016.

TRUSTEE NORENE makes a motion to approve the minutes of December 12, 2016.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of January 5, 2017.

TRUSTEE NORENE makes a motion to approve the minutes of January 5, 2017.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

TRUSTEE MICHAEL states that the first item on the agenda is the FY19 budget planning and stakeholder process. She recognizes Michael Baldwin.

FY19 BUDGET PLANNING AND STAKEHOLDER PROCESS

MR. BALDWIN states that this is the second year of the budget process. An intensive process was done last year, and this will be less intensive because the focus is on the FY19 budget, which has largely been approved. Some fine-tuning of that is being done, and we will be seeking stakeholder input. He explained the timeline of the season of this process, which gives a good overview. He added that an in-person stakeholder group meeting is planned for June 12th, and we sent out invites to anyone interested in participating.

CHAIR MICHAEL asks if any other trustees would like to participate.

TRUSTEE WEBB replied yes.

MR. BALDWIN states that this is all working towards the August Planning meeting, and then the September board meeting.

CHAIR MICHAEL calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and asks Monique Martin for an update on the ACA repeal and State reform initiatives.

UPDATE ON THE ACA REPEAL AND STATE REFORM INITIATIVES

MS. MARTIN states that she is a healthcare policy adviser at the Department of Health and Social Services and begins with reform. She explains that there is a deadline of April 28th for the RFP for the coordinated care demonstration projects. The proposal review committee, which is called out in SB74, includes a member of the Trust to be chair. There are also two nonvoting members; one member of the Senate, Senator Giessel, and one member from the House, Representative Spohnholz. She adds that the DHSS commissioner, or her designee, and the Department of Administration, or his designee, are also included. She states that assistance will be needed through this whole proposal review process just getting to the committee meeting. The process is going to begin as soon as the proposals come in. She continues that there were three preproposal teleconferences where people called in and asked their questions about the Alaska Medicaid program. There is plenty of interest out there. She states that funding from the Robert Wood Johnson Foundation was received for technical assistance related to this project. A big health policy group, PHPG, came on board to help through this process: the request for information questions; drafting the RFP; and they will help the two-day proposal review committee to come up with a recommendation to Commissioner Davidson to ultimately implement. She continues that funding from the Trust provided Milliman, who is conducting lots of actuarial analysis for the coordinated care demonstration project. Milliman has a significant amount of actuarial work for the behavioral health 1115 waiver and for any sort of payment models being looked at to implement in Alaska. She adds that the ASO request for information closed; 10 responses were received, and we are in the process of consolidating them into a summary. This will ultimately be the request for proposal. She states that Harbage is on contract to be the technical writer for the 1115 waiver, and a draft is being worked on. They are working on meeting the deadline of July 31 to have the application submitted to CMS.

CHAIR MICHAEL asks the trustees for any questions.

MS. MARTIN states that the key partner process for the Medicaid redesign process is wrapping up. The initial recommendations that went into SB74 and then the implementation process is going through. The last webinar and last key partner meeting are coming up in May, and then there will be a meeting with Agnew::Beck to start talking about how to keep people engaged in healthcare reform in the state, and even beyond the Medicaid program. She moves to the 1115 behavioral health waiver and states that there is a significant stakeholder engagement public input process that should be conducted. She continues that they will be RSAing funds that the trustees awarded for Medicaid redesign to the boards for them to conduct a significant stakeholder engagement process around the state.

MS. BURKHART states that the plan is to have in-person as well as Web-supported stakeholder engagement opportunities through the month of May and into June. The first in-person

stakeholder engagement will be in Bethel on May 17th, in the evening, in conjunction with the board meeting. In June, there will be in-person stakeholder engagement opportunities in Fairbanks, Anchorage, Wasilla, and Palmer. The Juneau stakeholder engagement will be a statewide as well as a local opportunity, and we are partnering with ATLO and 360 North to broadcast the session statewide. Folks will also be able to participate on-line. She continues that there is going to be a publicly acceptable Web site off the Department's existing Medicaid redesign and reform pages where all the information is provided in plain language.

MS. MARTIN continues with the 1115 waiver, explaining the importance of Medicaid expansion and keeping it as she goes along. She talks about the semantics involved with patient housing versus patient lodging and how CMS wants to define it as patient lodging.

TRUSTEE WEBB asks if it would be possible for the Department to share the communication that was had with the Congressional delegation around proposed legislation, and asks to make sure that the Trust gets whatever information is provided to the Congressional delegation.

MS. MARTIN replies that it will be shared when it is received.

TRUSTEE EASLEY asks if there is a feel for how many people who have enrolled are actually getting health care, and if there has been a reduction in emergency-room visits.

MS. MARTIN begins with the emergency room and states that the AMCCI, Alaska Medicaid Coordinated Care Initiative, is the super-utilizer program. One of the things done in Senate Bill 74 is some of the requested funding ramped up the case management services. She states that an additional 30,000 Alaskan Medicaid recipients are now receiving additional case management services that help them navigate the healthcare delivery system. She continues that as far as the emergency room use, information relies on the hospitals, and they are measuring it. She states that the EDIE software has been implemented in the four Providence hospitals, and the contractor will be up this spring to implement the software in other hospitals. Washington State has reduced their emergency room usage by about 35 percent, especially among those frequent users. Those users are identified, as well as their health issues, to make sure they receive the services.

TRUSTEE EASLEY asks if people are being turned away because doctors will not take Medicaid.

MS. MARTIN replies that there has always been a high rate of doctors in Alaska who accept Medicaid, and the issue might be that they are accepting more Medicaid patients. Identified in the budget for the current fiscal year is about a $45 million General Fund shortfall in the Medicaid program. Rates for specialists were cut. Specialists receives the Medicare rate, plus 30 percent. That was dialed down to the Medicare rate plus 15 percent. She explained in greater detail.

CHAIR MICHAEL asks for any other questions.

TRUSTEE SELBY asks if they track how many providers are accepting Medicaid.

MS. MARTIN replies that it depends on how they track it; primary-care docs and where people can access; nurse practitioners, and where they can be accessed; primary-care type services are tracked a lot closer. She states that they are aware of the impact of less folks taking Medicaid recipients versus just cutting the budget.

MR. COOKE asks if the numbers regarding the 32,000 people on Medicaid expansion include families and dependents of people who may be Medicaid-eligible.

MS. MARTIN replies that she will share a dashboard that tracks Medicaid expansion separate from the traditional Medicaid program.

MR. COOKE clarifies and asks if 32,000 is the total number, or if children and dependents are added.

MS. MARTIN replies that children and dependents are added.

CHAIR MICHAEL thanks Ms. Martin and states that next on the agenda is Jim Calvin. She continues that he is with McDowell Group, and he is going to share their report on the economic impact of alcohol and drug abuse in Alaska.

McDOWELL GROUP REPORT

MR. CALVIN states that he is here representing five researchers and analysts at McDowell Group that have been working diligently on this report. The most complex analysis is that alcohol and drug abuse reaches into the public and private sector in the economy and is a professional challenge. He continues that it is important to understand the economic impact of alcohol and drug abuse, and it might be worth it to commit public and private resources to treatment and prevention. This is the important part of the cost/benefit analysis that society needs to participate in. He adds that it is also important to just inform the public in general about the nature of the impacts and what impacts are borne by the public sector and by the private sector. It is important in forming public policy and forming public investment in treatment and prevention. He goes through and explains the key data sources used. He states that one of the challenges is that there is very little that focus specifically on Alaska. He moves on, going through some of the data. He continues that the analysis suggests about 60 percent of the total costs are alcohol-related.

TRUSTEE NORENE asks if a correlation can be drawn between the alcohol tax with consumption, whether it deters consumption, or is just a useful benefit to create a source for treatment.

MR. CALVIN replies that it deters consumption, and it is clearly documented by a volume of research.

TRUSTEE SMITH asks what can be done to engage the public and get them to focus on these numbers.

MR. CALVIN replies that they have learned over the years that agency program people find this data valuable. He states that most people are unaware of this essential information, and they have no idea about the economic costs altogether.

MR. JESSEE states that this is part of a series of reports that are all leading to something. This is the first step. This problem is very expensive. The next piece is the economic impact of alcohol taxes, which shows that consumption does go down, which by itself is an effective public health strategy. He continues that it will cost the industry some jobs, but if those tax revenues are reinvested in treatment, more jobs can be generated in helping people recover from alcohol abuse that will be lost in the industry. He states that the third piece of that foundational work is looking at the total tax burden, which could be a game-changer in the political realm. He continues that all this is leading to looking at an increase in the alcohol tax, including recommending that all the alcohol tax be placed in the alcohol and drug abuse treatment and prevention fund. These reports are the foundation for that effort.

MS. LAWRENCE clarifies that McDowell Group presented this report to both the House and Senate Health Committees, and it was also delivered to each legislator.

MR. CALVIN illustrates the split in beverage tax revenue between what goes into the General Fund and what goes into the treatment and prevention fund; which is theoretically a 50/50 split. He adds that local governments also tax alcohol in Alaska, with a grand total to about $4.9 million. Fairbanks generates most of that with sales tax just on alcohol. He states that in the past there was just one comprehensive alcohol and drug abuse report. This year two separate reports were produced; one on alcohol, and the other around the drug side. He notes that Alaska is well above the national average in terms of marijuana use, almost 20 percent. This has shifted a bit because marijuana is no longer an illicit drug. He adds that this is Alaskans 12 and over, relative to a national average of about 13 percent. He states that there is a lot more information in the report, and to call him with any questions.

CHAIR MICHAEL thanks Mr. Calvin, and calls a five-minute break.

(Break.)

CHAIR MICHAEL calls the meeting back to order and states that next is the Governor's Council on Disabilities and Special Education with Christie Reinhardt and Jean Gerhart-Cyrus.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MS. GERHARDT-CYRUS states that she chairs the work group on FASD. The Council is addressing a targeted disparity which was brought up by people who attended the community forums. Some of the issues revolved around screening and diagnosis, early intervention and educational issues, and the fact that FASD does not have a home. She continues that input came through the maternal child health program which identified three major concerns: Behavioral and mental health challenges; social isolation, particularly as people get older and relationships become more complex; and bullying. She adds that prevention is No. 1. FASD is 100-percent preventable. She states that, despite the challenges, Alaska's medical, mental health, education, service communities and families are highly motivated to improve the current system of

diagnoses, support and care through integration, partnership and greater collaboration. There needs to be greater access to screening and diagnosis, detection and treatment. She continues that she agrees with the report that the figure of 3 million for FASD is extremely low.

MS. REINHARDT states that the data of 3 million came off of a birth-defect registry, which in Alaska is about 11.3 per thousand. The American Academy of Pediatrics has picked prevalence data based on a study in the Midwest from 28 to 48 per thousand. There is a dramatic difference as kids get older. She continues that there is a researcher at the University of Alaska that would like to replicate the Mayes study in a community in Alaska. She adds that they are excited about the opportunity of working with the University to get some actual school-age prevalence data.

MS. GERHARDT-CYRUS states the need to identify what those evidence-based interventions are to be able to go forward looking at what has been successful. She moves on and explains a proposed pilot program with a health services initiative that would be funded through Denali Kid Care administrative dollars. The federal government pays 100 percent of those, up to the State cap.

CHAIR MICHAEL asks for any questions.

MR. BALDWIN states that the Trust has been a long-term partner in a lot of the work with the Governor's Council, especially the FASD working group. There are a lot of exciting things going on, and this is a good example of that.

MS. LAWRENCE states that work is focused on the prevention of FAS and FASD.

CHAIR MICHAEL states that it is a huge priority and asks to be kept informed on the needs. She thanks both and moves to the health information exchange, recognizing Heidi Wailand.

HEALTH INFORMATION EXCHANGE

MS. WAILAND states that the Alaska eHealth Network embarked on a strategic planning process last October, which has been very intensive with review, exploration, debate and research. This strategic planning process was prompted by Medicaid redesign and the call to action from Senate Bill 74. She continues explaining the structure of the comprehensive mental health program plan and highlights, using the structure that has been developed to organize the thinking and planning around the comprehensive mental health program, that this strategic planning process is focused on technology and data. She adds that this vision graphic is this picture of a system that supports whole-person, high-value care by coordinating both vertically and horizontally across the system. The second thing shown is the need for care management and the actual positions and function of care management. Finally, there are data analytics and health information technology as critical tools that support the vision of whole-person, high-value care. She states that the health information exchange refers to the sending, the receiving, the finding and the using of patient information by individuals, by their families, by healthcare providers in a secure way that allows for informed and shared decision-making. She continues that Alaska eHealth Network provides a provider portal which is a comprehensive health record, patient health record, that seeks to move beyond the concept of encounter-based records or provider-based records. All this information comes from admission, discharge and transfer files,

and continuity of care documents from the participating organizations. Another of their core services is direct secure messaging which allows providers to exchange health information in a secure way via e-mail. She states that the reality is that the Alaska eHealth Network has contracts signed with 63 organizations with 19 actively contributing data to the provider portal. 16 organizations are in the onboarding process, and 82 are in the outreach, active engagement queue. She continues, explaining the patient portal. She states that there are three options that were explored with the board in terms of the future: Continue operating as is; expand onboarding efforts and use the high-tech funds already secured; and third, is to do that and pursue additional tools that would increase the value of the current health information exchange.

MR. COOKE asks what feedback has been received from the providers and other participants about the cost versus the benefits of the electronic system. The other question is what is being done throughout the system to ensure patient privacy and confidentiality.

MS. WAILAND replies that one of the things that came up is the need to look at the rate structure that is already in place for participating in the health and information exchange.

MS. MADISON states that, from the privacy and security perspective, there are state and federal laws to follow; HIPAA, 42 CFR, and the HIE law. The State of Alaska HIE law allows for all patients to be in the system unless they choose to opt out. For the security, the privacy side, HITRUST, a kind of certifying board for the nation on software and how secure it is, works with certifying with the vendor. By the time it is completed, every security requirement for keeping the data secured, as well as private, will be met.

CHAIR MICHAEL thanks Ms. Wailand and Ms. Madison for a very thorough presentation.

TRUSTEE EASLEY asks if it is possible to move the next item to the Resource Management Committee.

A discussion ensues.

CHAIR MICHAEL recesses the meeting until 12:30 when we will take up the last item on the Program-Related Investment.

(Lunch break.)

CHAIR MICHAEL states that the next item on the agenda is a potential Program-Related Investment with CHOICES and the Alaska Mental Health Consumer Web. She recognizes Aaron O'Quinn, and acknowledges that the executive directors for both the Web and CHOICES are here, DeWayne Harris and Alan Green.

PROGRAM-RELATED INVESTMENT WITH CHOICES AND THE ALASKA MENTAL HEALTH CONSUMER WEB

MR. O'QUINN states that between fiscal year '15 and '17, the Trust has provided the Consumer Web with $912,000 and CHOICES with about a million dollars in grant funding. The two organizations sit closely together on the continuum of care for individuals in different states of

need, and they communicate. There are some infrastructure needs, particularly by the Consumer Web, that need to be addressed. He continues that recently viewed was a property at 1015 East 6th Avenue that seems to provide the right amount of outdoor space, square footage, to fit both organizations well. He gives some background on the building.

CHAIR MICHAEL asks if the trustees have any questions regarding the building.

TRUSTEE DERR states concern regarding the overall PRI approach.

MS. BALDWIN-JOHNSON states that, in recalling the conversations, it was how to take advantage of the properties that the Trust owns and make them available for beneficiary purposes.

TRUSTEE CARLTON asks how the great outdoor space at the Web facility could be replicated here.

MR. HARRIS replies that the current lot has an excess of about five spaces that could be delegated for outdoor spaces. That would not impact the parking or require a variance.

A brief discussion ensues.

MR. JONES states that what is missing is documentation for the conversations that were had about PRI. He continues that documentation has not been developed, a set of policies that make the investments to protect the corpus of the fund which can be done without charging market rent. He sees the room struggling with that, and the priority is governance documents.

The discussion continues.

MR. MORRISON states that his recommendation would be to get the property under contract and proceed with all the due diligence, working with the partner tenants to make sure that the property needs to stand on its own as well as meet its potential use for the program community, these specific tenants, and holistically be something the Trust should be involved in.

TRUSTEE WEBB states that there is no motion to do anything at this point. This is just a discussion about it. A motion is needed to give staff direction to move forward to develop a proposal to do something. He adds that Mr. Morrison has drafted four potential motions.

MR. MORRISON states that all four motions would work together and would be necessary.

CHAIR MICHAEL asks for a recommendation from staff to let us know that this is a mission-driven project and that it is critical to be done.

TRUSTEE SELBY makes a motion that staff move ahead with exploring this and bring something meaningful that we could do at the board meeting in ten days.

MR. JONES states that there is no reason that the building cannot be put under contract subject to final approval by the board of trustees for closing it. Part of the due diligence is bringing it back to the board before closing.

MR. MORRISON states that he wanted to get a sense that the board wanted to proceed. He continues that the May 4th board meeting would be the time to make the motions. He adds that motions to fully proceed will be needed May 4th with the understanding that the transaction still must stand on its own two feet.

TRUSTEE WEBB states that what he is hearing is that the staff would accept or appreciate direction to develop a formal proposal that brought forward some of the questions that have been raised about how this fits.

CHAIR MICHAEL does a roll call to see where trustees are, and to make sure all are comfortable with this.

Trustee Easley, yes; Trustee Selby, yes; Trustee Smith, yes; Trustee Norene, yes; Trustee Webb, yes; Trustee Derr, yes.

CHAIR MICHAEL states that there is unanimous support to move forward with a proposal for the next meeting. She asks for any further comments. There being none, she asks for a motion for adjournment.

TRUSTEE WEBB makes a motion to adjourn the Planning Committee.

TRUSTEE EASLEY seconds.

There being no objection, the Planning Committee meeting is adjourned.

(Planning Committee meeting concluded at 1:24 p.m.)

Trust FY19 Budget Review Stakeholder Meeting

Discussion Notes, June 12, 2017

What progress are you seeing toward results for Trust beneficiaries?

- Overall the criminal justice and behavioral health systems are working together.
- We are conducting risk assessments using evidence-based tools, people are getting services earlier, and we are being proactive and focusing on prevention and upstream intervention.
- Cross-departmental coordination is encouraging. We are successfully overcoming communication barriers. Many beneficiaries are being served by multiple departments and divisions.
- Self-employment is a good option for many beneficiaries and Trust provides resources for micro-enterprises and small grants directly to beneficiaries.

Which specific parts of the system continue to require focus?

Criminal Justice Reform and Implementation of SB 91

- Most offenders who re-offend do so within 6 months of being released, and a significant percentage re-offend within one week. This shows the importance of strong, early re-entry support.
- Criminal justice reform focuses on the following:
    - Pretrial phase (keeping dangerous offenders incarcerated without bail)
    - Sentencing phase (reduce prison use for low-level and nonviolent offenders)
    - Prohibition and parole (improve supervision practices, increase use of supervision instead of prison, incentivize offenders to complete conditions of probation).
- Work with the Criminal Justice Commission to measure and document outcomes, savings and recommendations.
- Diversion Program Developer will help create collaborative partnerships with service providers. Would like for this group to stay involved in the design and implementation. Currently, for those who cannot post bail (even low-level crimes), they are stuck in jail and may lose their job, housing, connections, etc. Makes it harder for them to be successful when they get out.
- 1115 Waiver will increase connectivity between DHSS and DOC, although eligibility may not be straightforward.
- Community Reentry Coalitions and some coordinators and case managers are in place. There are also dedicated points of contact in each correctional institution for reentry services, making it easier to for agencies and case managers to connect with offenders prior to release.

Medicaid Redesign and SB 74

- There are many overlapping Medicaid Redesign efforts/initiatives. It has been a challenge to keep them all in alignment and make sure they are moving forward in a complementary way. The Key Partners group has been helpful.
- Senior and Disabilities Services identifying and implementing feasible reforms from SB 74, including Community First Choice (1915(k)), Targeted Case Management and Individualized Supports Waiver.

- 1115 Demonstration Waiver effort is moving slower than desired due to the complexity of the process and data and financial analysis.
    - The overall approach for selecting new services: designed to decrease use of most expensive activities, such as impatient hospital, hospital emergency room and residential screenings by conducting universal screenings, intervening early, and utilizing step-up/step-down clinical services
    - For behavioral health services that will be phased out, the department will release a preliminary list for providers to review and provide feedback.
    - 1115 process requires demonstration of federal budget neutrality
        - For cost neutrality, we need to be able to show to CMS that after five years, we have not increased the federal share of Medicaid costs. The hope is that with more resources aimed toward prevention and intervention, that over time, we will be able to demonstrate savings in more expensive services.
        - In addition to the required federal cost neutrality, there are also pressures to have cost neutrality from the state perspective.

Which barriers/gaps in implementation have you experienced?

Payment for Services

- Many people want to serve as recovery coaches and want to engage through the various coalitions (opioid, reentry, etc.). However, much of that work is after treatment has concluded, and there is no way to pay for it.
- Seniors with mental health needs – why is the eligibility limited to age 64 for the 1115 Demonstration Waiver? We are seeing an increase in the number of seniors with mental illness, cognitive impairment, substance misuse, early to mid-stage dementia and more. We need specialized assisted living homes but don't have sufficient rates or provider capacity.
    - Response: there are concerns about this being cost prohibitive, especially while we are seeking budget neutrality. Did remove that age limit for SUD.
- Workforce Development
    - For those not in the school-aged transition period, it is difficult to find funding for workforce development and job training support.
    - Federal funds are declining for seniors who are seeking vocational training and employment assistance.
- Flexible Funding
    - Loss of flexible funding is a big concern.
    - Medicaid rates do not cover the full costs of providing services nor do they kick in early enough.
    - Providers don't like serving reentrants from corrections. Need to be able to offer financial incentives, otherwise it is hard to get providers to take them and get the services they need.
    - When Harborview closed, agencies did creative things using incentives to boost the system, create housing to meet the needs of those who needed placement.

- It would be helpful to better understand how Medicaid Expansion has benefitted certain agencies. How are they benefitting? How are they reinvesting that money? For agencies not benefitting, are there things they could do differently? The re-basing project will only work if we can move the grant line. Agencies will need to all work to increase that revenue before we cut the grant line.
    - Agencies with providers who offer substance abuse treatment are generally doing well. Community behavioral health centers are still lagging behind.

Vulnerabilities in Service Delivery and Capacity

- The service delivery system is already fragile, and is now being inundated with additional Medicaid reform responsibilities and with additional Medicaid enrollees seeking services. There are concerns we do not have enough service providers, and those who are here are working hard. The systems may be set up correctly, but we need to have the capacity to be able to serve people.
- The hope is that if everyone is eligible and there is reimbursement available, providers will be incentivized to provide those services. In addition, hopefully we will see a reduction in the number of people who are incarcerated so this "bubble of demand" will smooth out.
- We cannot lose sight of those who need these services but who are not engaged with the criminal justice system. Make sure those who are not offending, such as people who are in emergency shelters, can still access resources.
- Need to manage expectations, and help people understand the change management process and timeline. Will non-offenders have to wait longer to access services?
- Changes to funding and programming for individuals with Intellectual and Developmental Disabilities (IDD)
    - Concerns over the loss of flexible funding for as we move from grants to waivers.
    - There are also general concerns about the pace at which these changes are happening.
    - The Trust has helped mitigate some of the concerns by bringing providers and coordinators together to refocus everyone around a shared vision, and by allowing flexible funding for assistive technology. However, there are still concerns we may lose some providers over the next year.
    - This cost for the IDD waiver has seen high growth in six years, and not in proportion with the overall number of people coming into the system. We need to be able to share the resources more broadly, not just for those the few with higher needs.
    - One potential strategy: telehealth. Need to make sure the new waiver covers assistive technology.

Housing

- Housing shortage: Anchorage has a less than five percent vacancy rate. Where will people live?
- It is very difficult for Housing First providers to jump through the administrative hoops of the Medicaid program. It is already hard to make it pencil, and this makes it more difficult to provide supportive housing.
- No one is using vouchers. The Housing First model does not work for seriously behaviorally challenged people; if they get evicted under one voucher they will not be eligible for another.
- We are using the Housing First model but the best practice is scattered site. Karluk Manor was converted but it wasn't done in a way that fits the evidence-based practice.
- With the limited stock of affordable housing, it is hard to find safe places for people to live.

- There are many different messages around housing in the community. Some say there is a housing crisis, others have open beds. Need for more consistency, mapping and shared definitions. Coordinated entry is starting to help with this.
- The type of population dictates what housing is available. For certain populations, housing options are VERY limited. Would like to know what types of housing are available for different people.
- For example, NeighborWorks won't take people with criminal records. Beneficiaries are often highly stigmatized and highly stereotyped on multiple levels.

Uncertain Budget and Regulatory Future

- Potential for government shutdown, if no State budget by July 1st
- American Health Care Act (passed by the U.S. House of Representatives, revised version in the Senate) – this would have big implications for Medicaid reform and expansion.
    - Can we show budget neutrality with waivers, coordinated care, etc. without the Affordable Care Act?

What are solutions to barriers/gaps?

Transportation

- This is a critical element to help people get to appointments, jobs and more.
- Utilize existing boards/organizations and implement their recommendations.
    - Community and Public Transportation Advisory Board
    - The Governor's Council on Disabilities

Communication and Coordination

- How are agencies tracking and connecting with one another to share information? Re-entry coalitions are working with high risk and high need people and are likely learning helpful lessons that could be applied to other community efforts around housing, transportation and more.
- Identify potential role of volunteers. Community members are reaching out to identify how they can engage; could they act as peer recovery coaches, reentry mentors, employment skill volunteers?

Diversifying/Developing Sustainable Funding

- Providers, agencies and organizations should consider contacting Alaska's senators and providing feedback on the American Health Care Act, to share concerns about health care reform and potential impacts to Alaska residents, providers and the health care system.
- Flexible Funding
    - This may be available through cost savings resulting from Medicaid reform.
    - For reform purposes, the State should cover all the programs and services it expects/demands from providers.
    - Make sure the Division of Vocational Rehabilitation is engaged in this conversation. They can sometimes pay for things not reimbursable through Medicaid, although the process can be slow.
        - Kathy will bring this up for discussion at the next meeting of the Alaska Workforce Board and Statewide Vocational Committee.

- Need flexible funding as a stop gap option. When providers are stabilizing someone in transition and are determining eligibility, there needs to be short term funding options in order to care for them safely.
- What is the business model for an agency that is maximizing Medicaid revenue, revenue from other payers, and then using grant funds and other more flexible revenue streams to cover non-Medicaid expenses? Is this feasible?

Workforce Development and Employment

- We need to better understand workforce and capacity issues in each community so we can meet reentry service needs/demands.
- Workforce development efforts need to focus on making people employable and filling workforce gaps. Pre-apprenticeship training program is working well.
- Positive developments and programs that are underway:
  - Workforce Reinvestment Act
  - Individualized Placement and Support (IPS) program, being piloted by DVR and DBH
  - Moral Reconation Therapy

Service Delivery and Provider Capacity

- Increasingly, young people do not want to work with seniors or those with disabilities.
  - Need to look at motivations to encourage providers to go into these fields.
  - Autism spectrum services could be a potential model, making Applied Behavior Analysis a billable service and provider type, which encouraged more professionals to work with those with autism.
- One of the biggest barriers for obtaining and retaining staff is an inability to provide health insurance. There needs to be an Alaska pool; employee health benefits are prohibitively expensive.
- The Medicaid waivers do not reimburse in a rational way. If we want to be equitable, need to look at Medicaid rates. Agencies that focus on specific services get reimbursed better than those who offer more general walk-in/emergency services.
- Training
  - Consider bringing college students together with current behavioral health providers. Train existing and incoming workforce together.
  - How do we get direct service workers the training they need, so they can handle the changing population and demand? How can we help pay for trainings, so the burden is not on providers?
  - Providers want standardized training in the core competencies. The core competency model is working, but when providers provide training it creates gaps while staff are out for training.
  - MSHF is interested in getting everyone trained in the community, so we can track their efforts and see how it works.
  - People are more likely to stay in jobs if they receive training and feel like they have the capacity to make a difference.

Potential for Assistive/ Enabling Technology

- Medical: alarms for medication dispensing, thermometers for water temp testing, etc.

- Remote monitoring: gives people the sense of being independent, while still providing some protection. This could include sensors at the door or in rooms to activate when there are concerns, falls, or when someone departs the house.
- Sensors and tools for increasing independence – smart homes.
- Medicaid may pay for some of this, but would recommend for families or others as a cost-effective way of helping people stay safe in their homes.

Support Families

- Families are still the largest group of caregivers. How can we continue to support family caregivers, instead of encouraging people to go into the system?
  - Supportive technology
  - Respite services
  - Flexible funding for wide variety of legal supports, rental assistance. Mini-grants do provide some flex funding. General fund dollars could also be used in a flexible way, to keep people from entering very expensive service systems/care.

Housing – Gaps and Solutions

- We must get creative to put people into temporary housing. Right now, half our numbers are housed, but not in permanent housing. Implementation dollars are being used for that right now, but that money goes away next year.
- Implement the **Strategic Plan for Permanent Supportive Housing**, and increase coordination of different funding sources to make that happen.
- The number one recommendation from the Governor's Housing Summit last year was a need for high-level coordination, to potentially include a statewide housing position or empower the Governor's Council on Homelessness to move this forward. Need to coordinate Continuum of Care (CoC) funding, Community Development Block Grant (CDBG) funding, etc.
- There are restrictions on the type of housing that can be funded for vouchers, especially public housing vouchers. To support people who fall outside those voucher eligibilities, there needs to be more collaborative effort to find flexible funding to take care of harder-to-house individuals. We are slowly working on the plan, but are not doing an effective job of tracking and sharing back on progress and accomplishments.
- Alaska Housing Finance Corporation (AHFC) has grants opening up for building housing. Need to think about building and developing properties. Need to get people housed in decent places.
- Medicaid will not resolve our housing gaps. It will never cover room and board, but can help with supportive services.
- Our current supportive housing stock is vulnerable. We need to prepare business models at a project-level. What could Medicaid, HUD flexible vouchers, other funding sources cover, and where do communities and organizations need to contribute?

Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

FY19 Trust Stakeholder Meeting
June 12, 2017

Budget Planning Links

Information and documents from the June 12, 2017 Trust FY19 Stakeholder Meeting can be found at:

- http://mhtrust.org/impact/library/fy18-19-budget-planning/

A catalyst for change to improve the lives of beneficiaries

Mission & Principles

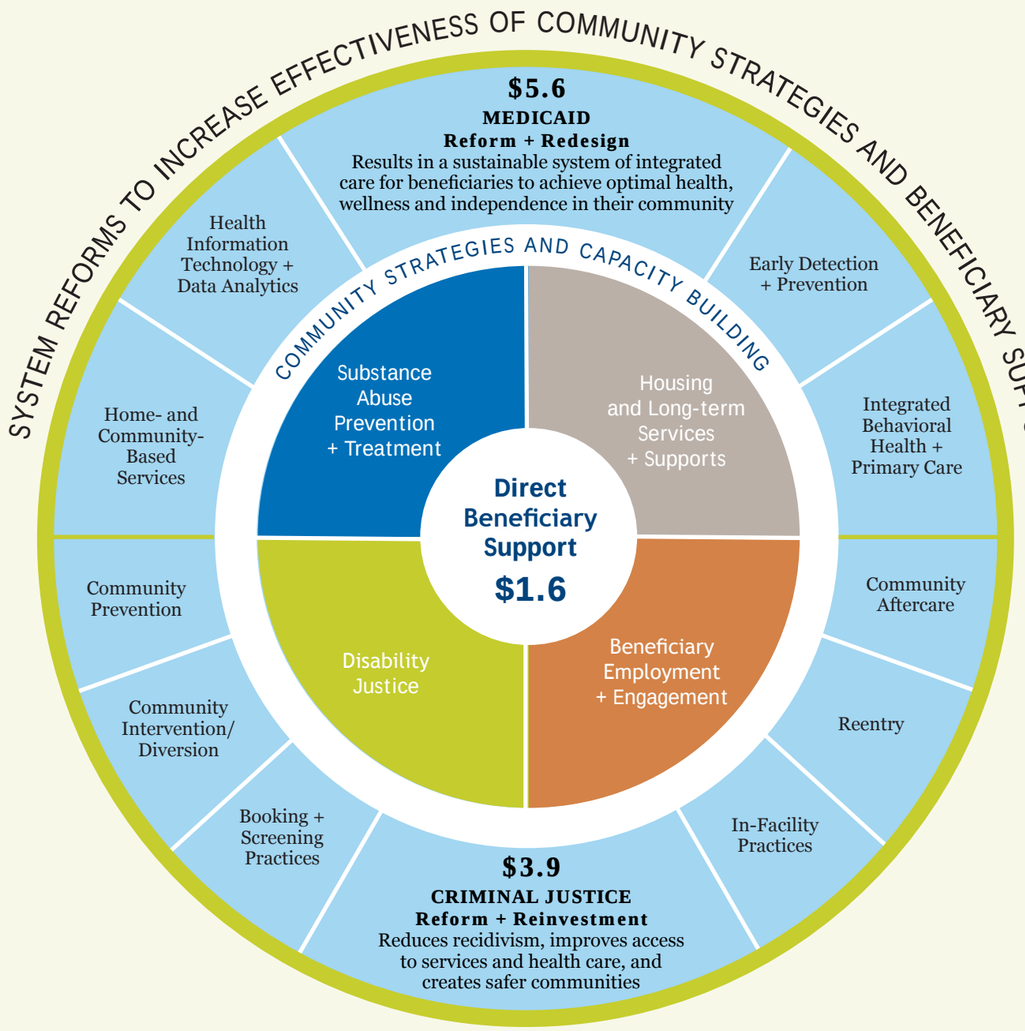
The Trust's mission is to improve the lives of beneficiaries through advocacy, planning, implementing and funding a Comprehensive Integrated Mental Health Program.

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

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

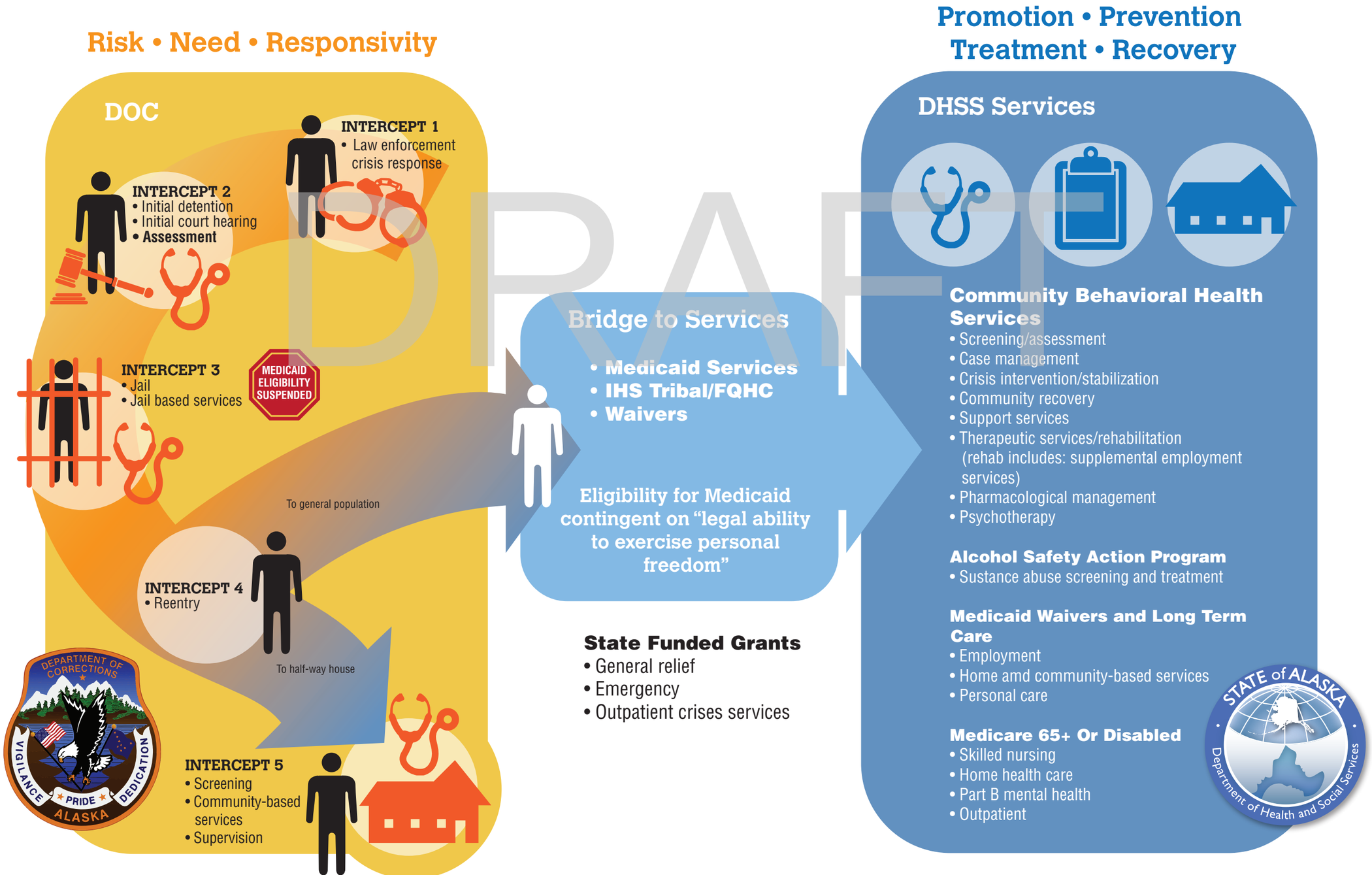
Beneficiaries are employed or meaningfully engaged in their communities

Beneficiaries maintain stable, safe housing

Trust
Alaska Mental Health Trust Authority

FY18 budget numbers in millions as approved September 8, 2016.

MAPPING FOR CONNECTIVTY



	A	B	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1						**Alaska Mental Health Trust Authority**												
2						**FY19 Budget Recommendations**												
3						**August 2, 2017 Trust Planning Committee**												
4						*(amounts in thousands)*												
5																	
6			**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
7			**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
8																	
9		Non-Focus Area Allocations															
10		Trust / TLO Operating Budgets	8,372.8	8,372.8	-	-	-		8,703.7	8,703.7	-	-	-		330.9	330.9	-
11		Other Non-Focus Area Allocations	5,937.0	887.0	5,050.0	-	-		5,952.0	887.0	5,065.0	-	-		15.0	-	15.0
12																	
13		Alaska Systems Reform															
14		Medicaid Reform and Redesign (SB74)	6,079.4	5,325.4	754.0	100.0	-		6,058.4	5,254.4	804.0	100.0	-		(21.0)	(71.0)	50.0
15		Criminal Justice Reform & Reinvestment (SB91)	3,795.3	2,360.3	1,435.0	-	-		3,795.3	2,360.3	1,435.0	-	-		-	-	-
16																	
17		Focus Areas:															
18		Housing and Long-Term Services & Supports	1,806.5	1,450.0	356.5	3,350.0	8,100.0		1,906.5	1,450.0	456.5	3,350.0	8,100.0		100.0	-	100.0
19		Beneficiary Employment and Engagement	2,185.0	250.0	1,935.0	-	-		2,055.0	250.0	1,805.0	-	-		(130.0)	-	(130.0)
20		Substance Abuse Prevention and Treatment	400.0	-	400.0	-	-		270.0	-	270.0	-	-		(130.0)	-	(130.0)
21		Disability Justice	60.0	-	60.0	-	-		60.0	-	60.0	-	-		-	-	-
22																	
23		Advisory Board Requests	550.0	550.0	-	1,750.0	-		550.0	550.0	-	1,750.0	-		-	-	-
24																	
25		**Totals**	**29,186.0**	**19,195.5**	**9,990.5**	**5,200.0**	**8,100.0**		**29,350.9**	**19,455.4**	**9,895.5**	**5,200.0**	**8,100.0**		**164.9**	**259.9**	**(95.0)**
26																	
27																	

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CK	CL	CM
5	**Non-Focus Area Allocations**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7	*Trust & TLO Administrative Budgets*																		
8	Trust Authority MHT Admin Budget		DOR	O	3,899.2	3,899.2	-	-	-		4,135.3	4,135.3	-	-	-		236.1	236.1	-
9	Trust Land Office MHTAAR Budget		DNR	O	4,473.6	4,473.6	-	-	-		4,568.4	4,568.4	-	-	-		94.8	94.8	-
10	**Total Trust & TLO**				**8,372.8**	**8,372.8**	**-**	**-**	**-**		**8,703.7**	**8,703.7**	**-**	**-**	**-**		**330.9**	**330.9**	**-**
11																			
12																			
13	**Other Non-Focus Area Allocations**																		
14																			
15	*Grant Making Programs*																		
16	Partnerships / Designated Grants			AG	1,500.0	-	1,500.0	-	-		1,650.0	-	1,650.0	-	-		150.0	-	150.0
17	Small Projects			AG	250.0	-	250.0	-	-		-	-	-	-	-		(250.0)	-	(250.0)
18	**Grant Making Programs Subtotal**				**1,750.0**	**-**	**1,750.0**	**-**	**-**		**1,650.0**	**-**	**1,650.0**	**-**	**-**		**(100.0)**	**-**	**(100.0)**
19																			
20																			
21	*Dental*																		
22	Trust Directed Projects - Dental		ANHC (Anch Comm Hlth)	AG	140.0	-	140.0	-	-		140.0	-	140.0	-	-		-	-	-
23	Trust Directed Projects - Dental		ICHC (Fbks Comm Hlth)	AG	100.0	-	100.0	-	-		100.0	-	100.0	-	-		-	-	-
24	Donated Dental		Dental Lifeline Network	AG	30.0	-	30.0	-	-		30.0	-	30.0	-	-		-	-	-
25	**Dental Subtotal**				**270.0**	**-**	**270.0**	**-**	**-**		**270.0**	**-**	**270.0**	**-**	**-**		**-**	**-**	**-**
26																			
27																			
28	*Mini Grants*																		
29	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.			AG	950.0	-	950.0	-	-		950.0	-	950.0	-	-		-	-	-
30	Mini grants for ADRD beneficiaries		Alzheimers' Resource Agency	AG	300.0	-	300.0	-	-		350.0	-	350.0	-	-		50.0	-	50.0
31	Mini grants for beneficiaries with developmental disabilities			AG	350.0		350.0	-	-		400.0		400.0	-	-		50.0	-	50.0
32	**Mini Grants Subtotal**				**1,600.0**	**-**	**1,600.0**	**-**	**-**		**1,700.0**	**-**	**1,700.0**	**-**	**-**		**100.0**	**-**	**100.0**
33																			
34	*Trust Statutory Advisory Boards*																		
35	ABADA/AMHB joint staffing		DHSS/DBH/AMHB-ABADA	O	465.5	465.5	-	-	-		465.5	465.5	-	-	-		-	-	-
36	GCDSE operating/Research Analyst III (06-0534)		DHSS/DSDS/GCDSE	O	127.4	127.4	-	-	-		127.4	127.4	-	-	-		-	-	-
37	ACoA Planner (06-1513)		DHSS/DSDS/ACoA	O	119.1	119.1	-	-	-		119.1	119.1	-	-	-		-	-	-
38	**Trust Statutory Advisory Boards Subtotal**				**712.0**	**712.0**	**-**	**-**	**-**		**712.0**	**712.0**	**-**	**-**	**-**		**-**	**-**	**-**
39																			
40	*Traumatic Brain Injury Efforts*																		
41	AK Brain Injury Network - operating		ABIN	AG	160.0	-	160.0	-	-		160.0	-	160.0	-	-		-	-	-
42	**Traumatic Brain Injury Efforts Subtotal**				**160.0**	**-**	**160.0**	**-**	**-**		**160.0**	**-**	**160.0**	**-**	**-**		**-**	**-**	**-**
43																			
44																			
45	*BTKH Maintenance/Monitoring*			AG	60.0	-	60.0	-	-		60.0	-	60.0	-	-		-	-	-
46	**BTKH Subtotal**				**60.0**	**-**	**60.0**	**-**	**-**		**60.0**	**-**	**60.0**	**-**	**-**		**-**	**-**	**-**
47																			

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CK	CL	CM
5	**Non-Focus Area Allocations**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
48	*Consultative & Technical Assistance Services*																		
49	Grant-writing technical assistance			AG	150.0	-	150.0	-	-		150.0	-	150.0	-	-		-	-	-
50	Technical assistance for beneficiary groups & Trust initiatives			AG	300.0	-	300.0	-	-		300.0	-	300.0	-	-		-	-	-
51	Communications			AG	400.0	-	400.0	-	-		400.0	-	400.0	-	-		-	-	-
52	Pooled predevelopment core operating maintenance		The Foraker Group	AG	75.0	-	75.0	-	-		75.0	-	75.0	-	-		-	-	-
53	Pooled predevelopment individual projects		The Foraker Group	AG	150.0	-	150.0	-	-		150.0	-	150.0	-	-		-	-	-
54	**Consultative & Technical Assistance Services Subtotal**				**1,075.0**	**-**	**1,075.0**	**-**	**-**		**1,075.0**	**-**	**1,075.0**	**-**	**-**		**-**	**-**	**-**
55																			
56	*Data Evaluation & Planning*																		
57	Scorecard Update		DHSS/DPH/HPSD	O	40.0	40.0	-	-	-		40.0	40.0	-	-	-		-	-	-
58	Comprehensive Program Planning & Consultative Services			AG	100.0	-	100.0	-	-		100.0	-	100.0	-	-		-	-	-
59	Behavioral Risk Factor Surveillance System		DHSS | Chronic Disease Prev | Hlth Promo	O	10.0	10.0	-	-	-		10.0	10.0	-	-	-		-	-	-
60	Alaska Health Workforce Profile		DOLWD / Administrative Services Division	O	75.0	75.0	-	-	-		75.0	75.0	-	-	-		-	-	-
61	**Data Evaluation & Planning Subtotal**				**225.0**	**125.0**	**100.0**	**-**	**-**		**225.0**	**125.0**	**100.0**	**-**	**-**		**-**	**-**	**-**
62																			
63	*Other*																		
64	Sustaining Alaska 2-1-1		United Way	AG	25.0	-	25.0	-	-		40.0	-	40.0	-	-		15.0	-	15.0
65	Advocacy Training			AG	10.0	-	10.0	-	-		10.0	-	10.0	-	-		-	-	-
66	AK Autism Resource center		DEED/Teaching/SSA	O	50.0	50.0					50.0	50.0					-	-	-
67	**Other Subtotal**				**85.0**	**50.0**	**35.0**	**-**	**-**		**100.0**	**50.0**	**50.0**	**-**	**-**		**15.0**	**-**	**15.0**
68																			
69	**Total Other Non-Focus Area Allocations**				**5,937.0**	**887.0**	**5,050.0**	**-**	**-**		**5,952.0**	**887.0**	**5,065.0**	**-**	**-**		**15.0**	**-**	**15.0**
70																			
71	**Total Non-Focus Area Allocations**				**14,309.8**	**9,259.8**	**5,050.0**	**-**	**-**		**14,655.7**	**9,590.7**	**5,065.0**	**-**	**-**		**345.9**	**330.9**	**15.0**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CR	CS	CT	CU
5	**Medicaid Reform & Redesign (SB74)**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7	**SB 74 Implementation Investments**																		
55	Four Long Term / Non Perm FTEs. *50% of total (assumes 50% federal)*		DHSS / SDS (DHSS Medicaid Reform - Project 9 - 1915 i/k Options)	O (FN#50)	146.8	146.8	-	-	-		146.8	146.8	-	-	-		-	-	-
56	Two new staff positions dedicated to Primary Care Case Mgmt; Coordinated Care Demo Project; Health Homes; ER Initiative. ***Committed to funding through FY19.*** *50% of total (assumes 50% federal)*		DHSS /HCS (Medicaid Reform - Project 10-Health Care Services Staffing Needs)	O (FN#47)	109.2	109.2	-	-	-		109.2	109.2	-	-	-		-	-	-
57	Four Long Term / Non Perm FTEs. **Committed to funding through FY19.** *50% of total (assumes 50% federal)*		DHSS /HCS (Medicaid Reform - Project 10-Health Care Services Staffing Needs)	O (FN#47)	181.8	181.8	-	-	-		181.8	181.8	-	-	-		-	-	-
58	Quality & Cost Effectiveness Workgroup (ongoing). *50% of total (assumes 50% federal)*		DHSS /Medicaid Svcs (Medicaid Reform SB74 Fiscal note#63 - Project 8-Workgroups	O (FN#63)	2.5	2.5	-	-	-		2.5	2.5	-	-	-		-	-	-
59	Cost of connectivity to HIE ($12k per provider; 25 providers each year) *10% of total (assumes 90% federal)*		DHSS /Medicaid Svcs (Medicaid Reform - Project 7-Data	C (FN#55)	-	-	-	-	-		-	-	-	-	-		-	-	-
60	Training for staff based on SFY 16 assessment of KSA (Knowledge, Skills, & Abilities) of current staff vs. competencies needed to manage redesigned system of care. *50% of total (assumes 50% federal)*		DHSS Medicaid Reform - Project 1 - DBH Capacity Assessment / Development	AG	-	-	-	-	-		-	-	-	-	-		-	-	-
61	TA for providers based on SFY 16 readiness assessment. *50% of total (assumes 50% federal)*		DHSS Medicaid Reform - Project 2-Provider Capacity Assessment/Development	AG	-	-	-	-	-		-	-	-	-	-		-	-	-
62	1115 Development consulting contract. *50% of total (assumes 50% federal)*		DHSS /Medicaid Svcs (Medicaid Reform SB74 - Project 3-1115 Behavioral Health Waiver	O (FN#55)	-	-	-	-	-		-	-	-	-	-		-	-	-
63	Administrative Services Organization (ASO) cost. *50% of total (assumes 50% federal)*		DHSS /Medicaid Svcs (Medicaid Reform - Project 4-Administrative Services Organization (ASO)	O (FN#55)	2,650.0	2,650.0	-	-	-		2,650.0	2,650.0	-	-	-		-	-	-
64	Support SBIRT pilots in 2 Hospital Emergency Rooms. *50% of total (assumes 50% federal)*		DHSS Medicaid Reform - Project 5-Primary Care Integration	AG	-	-	-	-	-		-	-	-	-	-		-	-	-

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CR	CS	CT	CU
5	**Medicaid Reform & Redesign (SB74)**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
65		Prospective payment pilot with SA or SAMH provider. *50% of total (assumes 50% federal)*	DHSS /Medicaid Svcs (Medicaid Reform - Project 6-CCBHC Planning Grant	O (FN#55)	-	-	-	-	-		-	-	-	-	-		-	-	-
66		**Strategy Subtotal**			**3,090.3**	**3,090.3**	**-**	**-**	**-**		**3,090.3**	**3,090.3**	**-**	**-**	**-**		**-**	**-**	**-**
67	**Trust Related Investments**																		
68	*Systems and Policy Development*																		
69		HCBS Medicaid Reform Program Manager and Aquired and Traumatic Brain Injury (ATBI) Program Research Analyst	DHSS/SDS | Senior & Disabilities Services Administration	O	52.0	52.0	-	-	-		54.0	54.0	-	-	-		2.0	2.0	-
70		**Strategy Subtotal**			**52.0**	**52.0**	**-**	**-**	**-**		**54.0**	**54.0**	**-**	**-**	**-**		**2.0**	**2.0**	**-**
71																			
72	*Increased Capacity, Training and Competencies*																		
73		The Alaska Training Cooperative	UAA College of Health	O	984.0	984.0	-	-	-		984.0	984.0	-	-	-		-	-	-
74		Workforce Director	UAA COH OHPD	O	146.1	146.1	-	-	-		146.1	146.1	-	-	-		-	-	-
75		DD system capacity development (HLTSS)	AK Assn of Developmental Disabilities (AADD)	AG	65.0	-	65.0	-	-		65.0	-	65.0	-	-		-	-	-
76		Housing continuum and Assisted Living targeted capacity development training (HLTSS)	UAA/CHD	O	50.0	50.0	-	-	-		50.0	50.0	-	-	-		-	-	-
77		ADRD Workforce (HLTSS)	Alzheimers' Resource of Alaska	AG	50.0	-	50.0	-	-		50.0	-	50.0	-	-		-	-	-
78		Supported Employment Provider training infrastructure and capacity (BEE)	UAA/CHD	O	65.0	65.0	-	-	-		65.0	65.0	-	-	-		-	-	-
79		Peer support workforce (BEE)	Trust	AG	55.0	-	55.0	-	-		55.0	-	55.0	-	-		-	-	-
80		Providing Support for Service to Health Care Practitioners(SHARP)	DHSS/DPH/Health Planning & Systems Development	O	200.0	200.0	-	-	-		200.0	200.0	-	-	-		-	-	-
81		Alaska Area Health Education Centers	UAA AHEC (COH)		55.0	55.0	-	-	-		55.0	55.0	-	-	-		-	-	-
82		Alaska Psychology Internship Consortium (AK-PIC)	WICHE	AG	59.0	-	59.0	-	-		59.0	-	59.0	-	-		-	-	-
83		**Strategy Subtotal**			**1,729.1**	**1,500.1**	**229.0**	**-**	**-**		**1,729.1**	**1,500.1**	**229.0**	**-**	**-**		**-**	**-**	**-**
84																			
85	*Behavioral Health Access*																		
86		Assisted Living Home transition and institutional diversion (HLTSS)		AG	100.0	-	100.0	-	-		100.0	-	100.0	-	-		-	-	-
87		Office of Integrated Housing (HLTSS)	DHSS/DBH/ BH Admin	O	122.0	122.0	-	-	-		122.0	122.0	-	-	-		-	-	-
88		Senior and Disabilities Division Supported Housing program manager (HLTSS)	DHSS/DSDS/ Admin	O	81.0	81.0	-	-	-		71.0	71.0	-	-	-		(10.0)	(10.0)	-
89		Senior Psychiatric Outreach Team Planning (HLTSS)		AG	-						50.0		50.0				50.0	-	50.0
90		Vocational Coordinator (BEE)	ACMHS	AG	100.0		100.0				100.0		100.0				-	-	-
91		**Strategy Subtotal**			**403.0**	**203.0**	**200.0**	**-**	**-**		**443.0**	**193.0**	**250.0**	**-**	**-**		**40.0**	**(10.0)**	**50.0**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CR	CS	CT	CU
5	**Medicaid Reform & Redesign (SB74)**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
92																			
93	*Home and Community Based Services*																		
94		Traumatic Brain Injury Resource Navigator (FY17/prior "State of Alaska Acquired and Traumatic Brain Injury (ATBI) Program Resource Navigator (ABIN)")	ABIN	AG	75.0	-	75.0	-	-		75.0	-	75.0	-	-		-	-	-
95		System infrastructure and capacity development for ADRD and IDD programs (HLTSS)		AG	250.0	-	250.0	-	-		100.0	-	100.0	-	-		(150.0)	-	(150.0)
96		Complex Behavioral Flex Funds (HLTSS)	Kenai Peninsula Independent Living Center	AG	-						150.0		150.0				150.0	-	150.0
97		IT application / Telehealth Service System Improvements (HLTSS)	DHSS/SDS	O	100.0	100.0	-	100.0	-		37.0	37.0	-	100.0	-		(63.0)	(63.0)	-
98		Aging and Disability Resource Center (HLTSS)	DHSS/SDS/Senior Community Based Grants	O	300.0	300.0	-	-	-		300.0	300.0	-	-	-		-	-	-
99		**Strategy Subtotal**			**725.0**	**400.0**	**325.0**	**100.0**	**-**		**662.0**	**337.0**	**325.0**	**100.0**	**-**		**(63.0)**	**(63.0)**	**-**
100																			
101	*Health Information Technology & Data Analytics*																		
102		Develop targeted outcome data (HLTSS)	DHSS SDS (FY17/prior AG)	O	80.0	80.0	-	-	-		80.0	80.0	-	-	-		-	-	-
103		**Strategy Subtotal**			**80.0**	**80.0**	**-**	**-**	**-**		**80.0**	**80.0**	**-**	**-**	**-**		**-**	**-**	**-**
104																			
105	*Early Detection & Prevention*																		
106		Reserved for future use																	
107																			
108	*Integrated Behavioral Health & Primary Care*																		
109		Reserved for future use																	
110																			
111		**Trust Related Investments Subtotal**			**2,989.1**	**2,235.1**	**754.0**	**100.0**	**-**		**2,968.1**	**2,164.1**	**804.0**	**100.0**	**-**		**(21.0)**	**(71.0)**	**50.0**
112																			
113		**Medicaid Reform & Redesign (SB74) Total**			**6,079.4**	**5,325.4**	**754.0**	**100.0**	**-**		**6,058.4**	**5,254.4**	**804.0**	**100.0**	**-**		**(21.0)**	**(71.0)**	**50.0**
114																			

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5	**Criminal Justice Reform and Reinvestment (SB91)**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7	**Trust Related Investments**																		
8																			
9	*Systems and Policy Development*																		
10		Job Center liasion in correctional facilities (BEE)	DOLWD Employment & Training Services	O	125.0	125.0	-	-	-		125.0	125.0	-	-	-		-	-	-
11		Research Analyst (DJ)	DOC/Inmate Health//Behavioral Health	O	101.9	101.9	-	-	-		101.9	101.9	-	-	-		-	-	-
12		Alaska Justice Information Center (DJ)	UAA	O	225.0	225.0	-	-	-		225.0	225.0	-	-	-		-	-	-
13		Behavioral Health Diversion Planning (DJ)		AG	15.0	-	15.0	-	-		15.0	-	15.0	-	-		-	-	-
14		**Strategy Subtotal**			**466.9**	**451.9**	**15.0**	**-**	**-**		**466.9**	**451.9**	**15.0**	**-**	**-**		**-**	**-**	**-**
15																			
16	*Increased Capacity, Training & Competencies*																		
17		Implement CIT training courses: Anchorage, Fairbanks, other (DJ)	Muni of Anchorage; Fairbanks	AG	75.0	-	75.0	-	-		75.0	-	75.0	-	-		-	-	-
18		Training for therapeutic court staff (DJ)	ACS/Therapeutic courts	O	15.0	15.0	-	-	-		15.0	15.0	-	-	-		-	-	-
19		Training for DOC mental health staff (DJ)	DOC/Inmate Health/Behavioral Health Care	O	25.0	25.0	-	-	-		25.0	25.0	-	-	-		-	-	-
20		Specialized skills & service training on servicing criminally justice involved beneficiaries (DJ)	UAA/CHD	O	72.5	72.5	-	-	-		72.5	72.5	-	-	-		-	-	-
21		**Strategy Subtotal**			**187.5**	**112.5**	**75.0**	**-**	**-**		**187.5**	**112.5**	**75.0**	**-**	**-**		**-**	**-**	**-**
22																			
23	*Community Prevention*																		
24		Self-sufficiency training (BEE)	YWCA	AG	50.0	-	50.0	-	-		50.0	-	50.0	-	-		-	-	-
25		Technical assistance & implementation of D.A.R.T. team in targeted communities (DJ)	UAA/CHD	O	-	-	-	-	-		-	-	-	-	-		-	-	-
26		Interpersonal Violence Prevenction for beneficiaries. (DJ)	UAA/CHD	O	80.0	80.0	-	-	-		80.0	80.0	-	-	-		-	-	-
27		Pre-development Activities for Developing Sleep Off Alternatives in Targeted Communities (Nome) (DJ)	DHSS/DBH/BH grants	O	50.0	50.0	-	-	-		50.0	50.0	-	-	-		-	-	-
28		**Strategy Subtotal**			**180.0**	**130.0**	**50.0**	**-**	**-**		**180.0**	**130.0**	**50.0**	**-**	**-**		**-**	**-**	**-**
29																			
30	*Community Intervention/Diversion*																		
31		Assertive Community Treatment/Institutional diversion housing program (HLTSS)	DHSS/DBH/Svcs SMI	O	750.0	750.0	-	-	-		750.0	750.0	-	-	-		-	-	-
32		**Strategy Subtotal**			**750.0**	**750.0**	**-**	**-**	**-**		**750.0**	**750.0**	**-**	**-**	**-**		**-**	**-**	**-**
33																			
34	*Booking & Screening Practices*																		
35		Reserved for future use																	
36																			

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5	**Criminal Justice Reform and Reinvestment (SB91)**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Capital (C) / Auth Grant (AG)	**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
37	*In-facility Practices*																		
38		Juneau Mental Health Court (DJ)	ACS/Therapeutic Courts	O	204.4	204.4	-	-	-		204.4	204.4	-	-	-		-	-	-
39		Flex Funds for Mental Health Courts (Anchorage, Juneau, Palmer) (DJ)	Partner for Progress	AG	155.0	-	155.0	-	-		155.0	-	155.0	-	-		-	-	-
40		Mental Health Clinician Oversight in DJJ youth facilities (DJ)	DHSS/DJJ/Probation Services	O	157.7	157.7	-	-	-		157.7	157.7	-	-	-		-	-	-
41		Holistic Defense- Bethel (DJ)	DOA/PDA	O	193.8	193.8	-	-	-		193.8	193.8	-	-	-		-	-	-
42		Holistic Defense- Bethel (DJ)	AK Legal Services	AG	90.0	-	90.0	-	-		90.0	-	90.0	-	-		-	-	-
43		**Strategy Subtotal**			**800.9**	**555.9**	**245.0**	**-**	**-**		**800.9**	**555.9**	**245.0**	**-**	**-**		**-**	**-**	**-**
44																			
45	*Re-entry*																		
46		DOC discharge incentive grants (HLTSS)	AHFC	C	100.0	100.0	-	-	-		100.0	100.0	-	-	-		-	-	-
47		Flexible special needs housing "rent-up" (HLTSS)	AHFC	C	150.0	-	150.0	-	-		150.0	-	150.0	-	-		-	-	-
48		Implement APIC discharge planning model in DOC (DJ)	DOC/Inmate Health/Behavioral Health Care	O	260.0	260.0	-	-	-		260.0	260.0	-	-	-		-	-	-
49		Local re-entry coalition coordinator (DJ)		AG	400.0	-	400.0	-	-		400.0	-	400.0	-	-		-	-	-
50		Treatment Access	Trust	AG	500.0	-	500.0	-	-		500.0	-	500.0	-	-		-	-	-
51		**Strategy Subtotal**			**1,410.0**	**360.0**	**1,050.0**	**-**	**-**		**1,410.0**	**360.0**	**1,050.0**	**-**	**-**		**-**	**-**	**-**
52																			
53	*Community Aftercare*																		
54		Reserved for future use																	
55																			
56		**Criminal Justice Reform (SB91) Total**			**3,795.3**	**2,360.3**	**1,435.0**	**-**	**-**		**3,795.3**	**2,360.3**	**1,435.0**	**-**	**-**		**-**	**-**	**-**
57																			

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5		**Housing and Long-Term Services & Supports Focus Area**		Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7		*Housing & Long Term Services and Supports policy coordination*																	
8		Focus Area Administration		AG	85.0	-	85.0	-	-		85.0	-	85.0	-	-		-	-	-
9		MOA Housing Coordinator	Muni of Anchorage	AG	196.5	-	196.5	-	-		196.5	-	196.5	-	-		-	-	-
10		City of Fairbanks Housing Coordinator	City of Fairbanks	AG							100.0	-	100.0				100.0	-	100.0
11		**Strategy Subtotal**			**281.5**	**-**	**281.5**	**-**	**-**		**281.5**	**-**	**281.5**	**-**	**-**		**-**	**-**	**-**
12																			
13		*Beneficiaries access appropriate community based services*																	
14		Home modification & upgrades (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DHSS/Facilities	C	300.0	300.0	-	750.0	-		300.0	300.0	-	750.0	-		-	-	-
15		**Strategy Subtotal**			**300.0**	**300.0**	**-**	**750.0**	**-**		**300.0**	**300.0**	**-**	**750.0**	**-**		**-**	**-**	**-**
16																			
17		*Beneficiaries live in safe, affordable housing through a balanced continuum of housing*																	
18		Legal Resources for Trust Beneficiaries(evictions, legal barriers to stable housing)	Alaska Legal Services	AG	75.0	-	75.0	-	-		75.0	-	75.0	-	-		-	-	-
19		Special needs housing grant & Statewide Homeless Coalition Capacity Development (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C	200.0	200.0	-	1,750.0	1,750.0		200.0	200.0	-	1,750.0	1,750.0		-	-	-
20		Homeless assistance project (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOR/AHFC	C	950.0	950.0	-	850.0	6,350.0		950.0	950.0	-	850.0	6,350.0		-	-	-
21		**Strategy Subtotal**			**1,225.0**	**1,150.0**	**75.0**	**2,600.0**	**8,100.0**		**1,225.0**	**1,150.0**	**75.0**	**2,600.0**	**8,100.0**		**-**	**-**	**-**
22																			
23		**Housing and Long-Term Services & Supports Focus Area Total**			**1,806.5**	**1,450.0**	**356.5**	**3,350.0**	**8,100.0**		**1,906.5**	**1,450.0**	**456.5**	**3,350.0**	**8,100.0**		**100.0**	**-**	**100.0**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5		**Beneficiary Employment and Engagement Focus Area**		Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7		*Beneficiaries have access to and use community employment services and supports*	Trust	AG	250.0	-	250.0	-	-		-	-	-	-	-		(250.0)	-	(250.0)
8		*Individual Placement and Supports*		AG							150.0		150.0				150.0	-	150.0
9		*Pre-employment tranisition services*		AG							100.0		100.0				100.0	-	100.0
10		**Strategy Subtotal**			**250.0**	**-**	**250.0**	**-**	**-**		**250.0**	**-**	**250.0**	**-**	**-**		**-**	**-**	**-**
11																			
12		*Beneficiaries have access to meaningful activities, community engagement and peer services*																	
13		BP Program Grants	Trust	AG	1,420.0	-	1,420.0	-	-		1,420.0	-	1,420.0	-	-		-	-	-
14		**Strategy Subtotal**			**1,420.0**	**-**	**1,420.0**	**-**	**-**		**1,420.0**	**-**	**1,420.0**	**-**	**-**		**-**	**-**	**-**
15																			
16		*Beneficiaries increase self sufficiency*																	
17		Social enterprise		AG	100.0	-	100.0	-	-		50.0	-	50.0	-	-		(50.0)	-	(50.0)
18		Micro enterprise	DHSS/DSDS/GCDSE	O	150.0	150.0	-	-	-		150.0	150.0	-	-	-		-	-	-
19		**Strategy Subtotal**			**250.0**	**150.0**	**100.0**	**-**	**-**		**200.0**	**150.0**	**50.0**	**-**	**-**		**(50.0)**	**-**	**(50.0)**
20																			
21		*Focus area administration*																	
22		Focus Area administration	Trust	AG	85.0	-	85.0	-	-		85.0	-	85.0	-	-		-	-	-
23		Data development and evaluation	Trust	AG	80.0	-	80.0	-	-		-	-	-	-	-		(80.0)	-	(80.0)
24		Beneficiary employment technical assistance and program coordination	DHSS | GCDSE	O	100.0	100.0	-	-	-		100.0	100.0	-	-	-		-	-	-
25		ABLE Act - start up and implementation (DOR Treasury Division) for HB188 / SB104 fiscal note.	DOR / Treasury | (Medicaid reform Project 11-Other)	O	-	-	-	-	-		-	-	-	-	-		-	-	-
26		**Strategy Subtotal**			**265.0**	**100.0**	**165.0**	**-**	**-**		**185.0**	**100.0**	**85.0**	**-**	**-**		**(80.0)**	**-**	**(80.0)**
27																			
28		**Beneficiary Employment & Engagement Focus Area Total**			**2,185.0**	**250.0**	**1,935.0**	**-**	**-**		**2,055.0**	**250.0**	**1,805.0**	**-**	**-**		**(130.0)**	**-**	**(130.0)**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CO	CP	CQ	CR
5	**Substance Abuse Prevention and Treatment**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7	***Alaskan's Use Alcohol Responsibly and Avoid Illegal Substances***																		
8	Partnerships: Recover Alaska		Sultana	AG	230.0	-	230.0	-	-		100.0	-	100.0	-	-		(130.0)	-	(130.0)
9	**Strategy Subtotal**				**230.0**	**-**	**230.0**	**-**	**-**		**100.0**	**-**	**100.0**	**-**	**-**		**(130.0)**	**-**	**(130.0)**
10																			
11	***Alaskans: Free From Burdens Created By Alcohol & Substance Abuse***																		
12	Treatment Access		Trust	AG	100.0	-	100.0	-	-		100.0	-	100.0	-	-		-	-	-
13	**Strategy Subtotal**				**100.0**	**-**	**100.0**	**-**	**-**		**100.0**	**-**	**100.0**	**-**	**-**		**-**	**-**	**-**
14																			
15	***Policy, Analysis & Development***																		
16	Statute Review/Analysis: Title 4		Trust	AG	-	-	-	-	-		-	-	-	-	-		-	-	-
17	**Strategy Subtotal**				**-**	**-**	**-**	**-**	**-**		**-**	**-**	**-**	**-**	**-**		**-**	**-**	**-**
18																			
19	***Administration***																		
20	Focus Area Administration		Trust	AG	70.0	-	70.0	-	-		70.0	-	70.0	-	-		-	-	-
21	**Strategy Subtotal**				**70.0**	**-**	**70.0**	**-**	**-**		**70.0**	**-**	**70.0**	**-**	**-**		**-**	**-**	**-**
22																			
23	**Substance Abuse Prevention and Treatment Focus Area Total**				**400.0**	**-**	**400.0**	**-**	**-**		**270.0**	**-**	**270.0**	**-**	**-**		**(130.0)**	**-**	**(130.0)**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5	**Disability Justice Focus Area**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Capital (C) / Auth Grant (AG)	**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR/ MHT Admin &**	**MHTAAR / MHT Admin**	**Authority Grant**
7	*Disability Justice administrative costs*																		
8	Focus Area Administration			AG	60.0	-	60.0	-	-		60.0	-	60.0	-	-		-	-	-
9	**Strategy Subtotal**				**60.0**	**-**	**60.0**	**-**	**-**		**60.0**	**-**	**60.0**	**-**	**-**		**-**	**-**	**-**
10																			
11	**Disability Justice Focus Area Total**				**60.0**	**-**	**60.0**	**-**	**-**		**60.0**	**-**	**60.0**	**-**	**-**		**-**	**-**	**-**

	A	B	D	N	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL
5	**Advisory Board Requests**			Type	**Trustee Approved FY19 Budget-Sept 8, 2016**						**Trust Staff Revised FY19 Budget Recommendations**						**Change**		
6			Dept/RDU | Component (or recipient)	Operating (O)/ Capital (C) / Auth Grant (AG)	**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**Sum of MHTAAR & AG**	**MHTAAR**	**Authority Grant**	**GF/MH**	**Other**		**MHTAAR/ MHT Admin & AG**	**MHTAAR / MHT Admin**	**Authority Grant**
7	*Capital Requests (sponsored by all boards)*																		
8	Deferred Maintenance *(fund in even fiscal years)*	DHSS/Dept Support Services | Facilities Management	C	-	-	-	-	-		-	-	-	-	-		-	-	-
9	Medical Applicances and Assistive Technology	DHSS	C	-	-	-	500.0			-	-	-	500.0			-	-	-
10	Coordinated Community Transportation (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022)	DOTPF/Program Development | Alaska Transit Office	C	300.0	300.0	-	1,000.0	-		300.0	300.0	-	1,000.0	-		-	-	-
11	Essential Program Equipment (FY 2018 - FY 2022 - MHTAAR Lapses June 30, 2022) (fund in odd fiscal years)	DHSS/Dept Support Services | Facilities Management	C	250.0	250.0	-	250.0	-		250.0	250.0	-	250.0	-		-	-	-
12								-	-					-	-		-	-	-
13	**Capital Subtotal**				**550.0**	**550.0**	**-**	**1,750.0**	**-**		**550.0**	**550.0**	**-**	**1,750.0**	**-**		**-**	**-**	**-**
14																			
15	**Advisory Board Total**				**550.0**	**550.0**	**-**	**1,750.0**	**-**		**550.0**	**550.0**	**-**	**1,750.0**	**-**		**-**	**-**	**-**
16																			