



# Division of Behavioral Health

*Change Agent Conference*

*Albert E. Wall, Division Director*

*November 12 – 13, 2014*

# Division of Behavioral Health

February 19, 2014



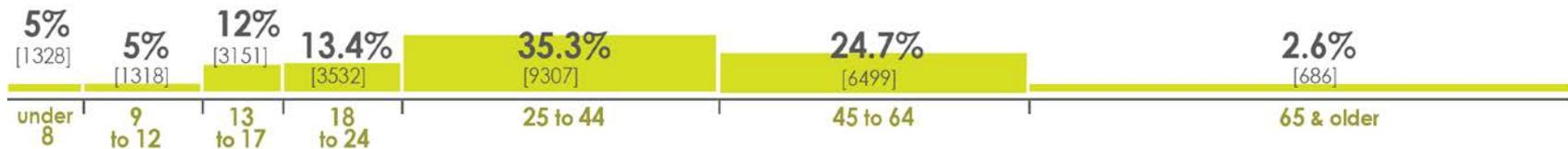
Barbara Henjum, Director  
Department of Health & Social Services

# Division of Behavioral Health Mission

To manage a comprehensive behavioral health system that promotes quality services and improves outcomes for individuals, families, and communities.

## FY2013 PRIMARY SERVICE POPULATION

[Total service population **26,329** individuals]

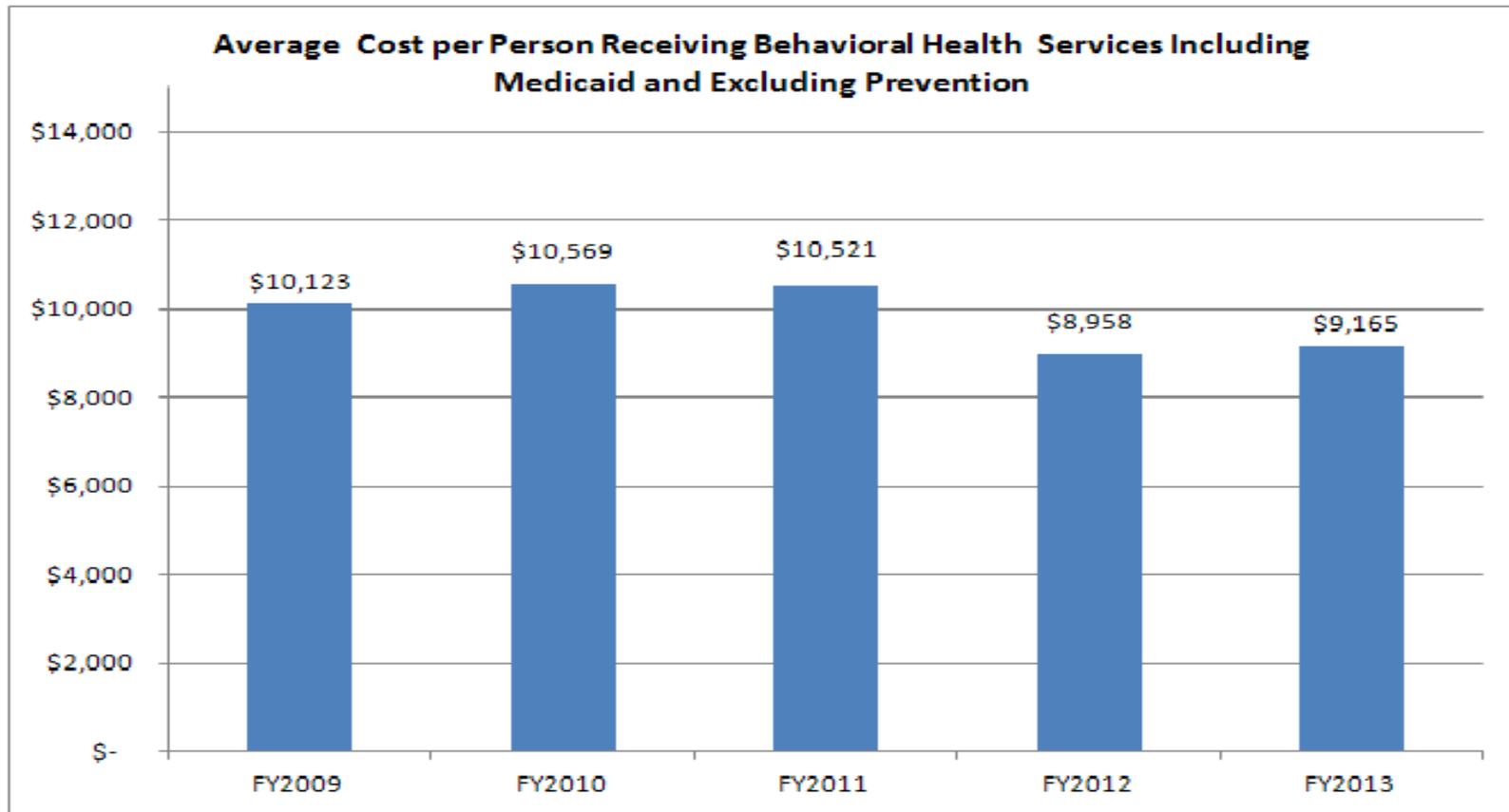


# Division of Behavioral Health Core Services

Core Business Services and Practices	Dedicated Resources (FY2015 Governor)
<ul style="list-style-type: none"><li>• Monitor &amp; Manage Public Funds</li><li>• Compliance with Rules: Statute, Regulation &amp; Policy</li><li>• Measure Performance &amp; Outcomes</li></ul>	• \$14,277.9 (10.2%)
Alaska Psychiatric Institute	• \$33,175.0 (23.6%)
Grants and Contracts with Community Behavioral Health Partners	• \$93,088.6 (66.2%)

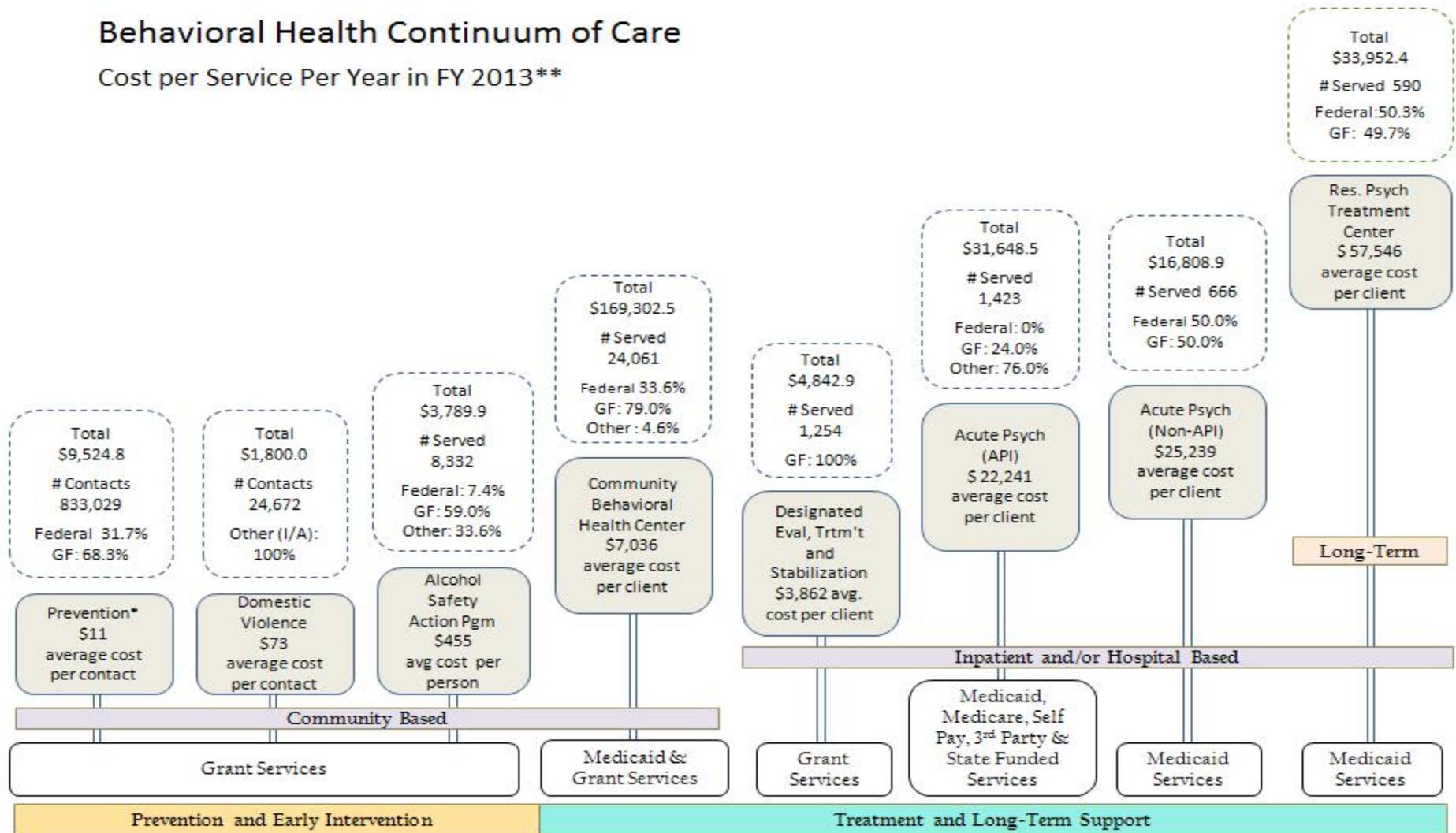
# Efficiency Measures

*What does it cost to provide services?*



# Behavioral Health Continuum of Care

Cost per Service Per Year in FY 2013\*\*



\* Prevention group includes mental health promotion, substance abuse prevention, fetal alcohol syndrome awareness and diagnoses, and suicide prevention

\*\*Data Sources for Funding and Services:

DBH Program SFY 2013 Expenditures are from Actuals in ABS (MOE as of 11-22-13); Medicaid Payments in SFY 2013 are from JUCE (11-19-13).  
 Prevention/Early Intervention SFY 2013 contacts/persons are from grantee quarterly reports (FAS counts are from AKAIMS).  
 Treatment/Long-Term Support SFY 2013 client counts are from AKAIMS/EDI.

# Effectiveness measures—

## *Alaskans are better off!*

### Prevention:

Investment in prevention produces statewide change. In the last 10 years:

- Past 30-day drinking by high school students decreased by 42%
- Past 30-day binge drinking by high school students decreased by 52%
- The % of youth who had their first drink before age 13 decreased by 41%
- Past 30-day tobacco use by high school students decreased by 31 %

### Treatment:

For FY2014 grants, DBH measured access, engagement, retention, quality and client treatment outcome. Results show significant improvement in:

- Adults with severe mental illness, 76.2% improvement
- Children/youth with severe emotional disturbance, 68% improvement
- Youth and adults with substance abuse and addiction, 93% youth/ 91% adults show improvement

### Alaska Psychiatric Institute:

Readmission to Acute Care within 30 days or less, currently 15.84%

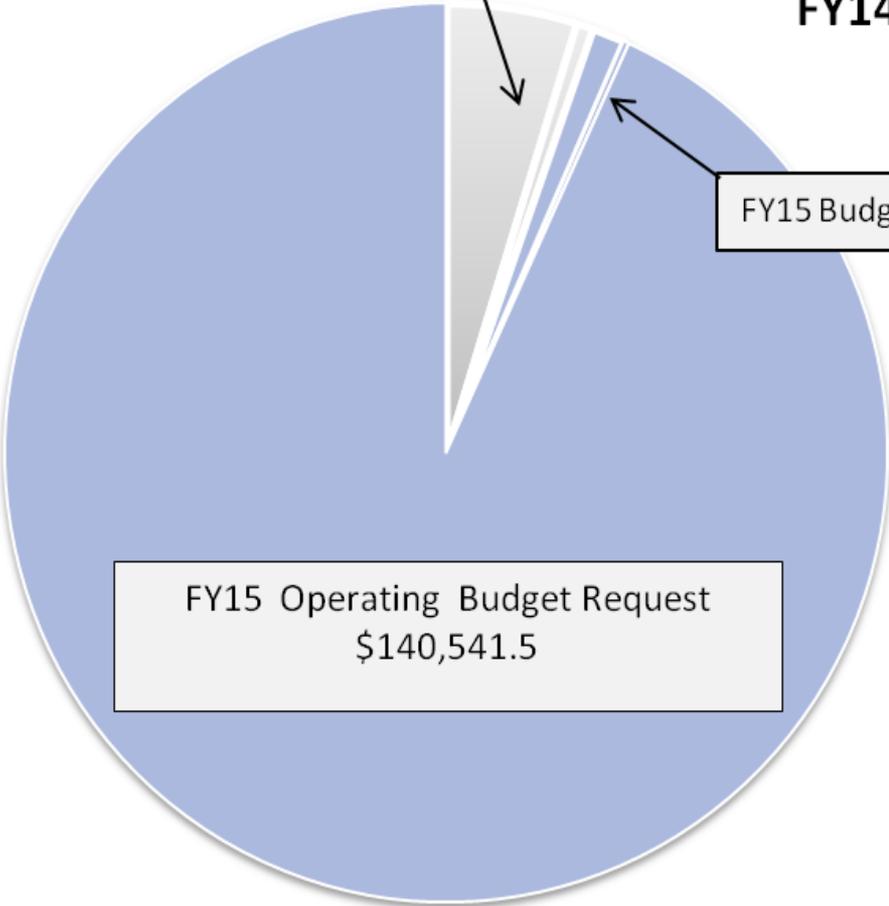
# FY2015 Governor's Operating Request

<u>Behavioral Health</u>	FY2014 Mgmt Plan	Adjusted Base	FY2015 Governor	14 Mgmt Plan to Governor	Adjusted Base to Governor
Unrestricted General Funds	81,252.9	77,692.7	76,792.7	-4,460.2	-900.0
Designated General Funds	19,607.5	19,606.4	19,606.4	-1.1	0.0
Federal Funds	12,031.7	11,930.6	11,821.4	-210.3	-109.2
Other Funds	33,621.3	32,160.9	32,321.0	-1,300.3	160.1
<b>Total</b>	<b>146,513.4</b>	<b>141,390.6</b>	<b>140,541.5</b>	<b>-5,971.9</b>	<b>-849.1</b>
Position Total (PFT)	345	345	345	0	0

## Division of Behavioral Health Budget Changes FY14 Mgmt Plan to FY15 Gov Request

FY15 Budget Decrements (\$8,107.1)

FY15 Budget Increments \$2,135.2



FY15 Operating Budget Request  
\$140,541.5

FY14 Management Plan:	\$146,513.4
FY14 OTIs Reversed:	(\$7,074.3)
FY15 Reduce HI & Wrking Reserve:	(\$101.5)
FY15 Reduce Expenditures:	(\$931.3)
FY15 Trust OTIs:	\$1,811.2
FY15 Salary Increases:	\$324.0
<b>FY15 Operating Budget Request:</b>	<b>\$140,541.5</b>

**Division of Behavioral Health \$9,000.0 Alcohol Tax (UGF) Three-Year Increment**

FY2013 Mgmt Plan	FY2014 Mgmt Plan	FY2015 Governor																		
\$9,000.0 alcohol tax (UGF) FY13-15 Incr [No expenditures during FY13]	\$9,000.0 Reverse FY13 Alcohol Tax UGF	(\$9,000.0) Reverse FY14 Alc Tax UGF																		
	Carryforward \$3,000.0 Alc tax (expires 6/30/15)	\$3,000.0 Potential Carryforward Unspent balance from FY14 (exp 6/30/15)																		
	<table border="0"> <tr><td>Underage Drinking Campaign</td><td>\$250.0</td></tr> <tr><td>Access to Recovery Model</td><td>\$297.6</td></tr> <tr><td>Petersburg Capital Project</td><td>\$427.0</td></tr> <tr><td>Recover Alaska Sponsorship</td><td>\$50.0</td></tr> <tr><td>24/7 Sobriety Monitoring Prjct</td><td>\$300.0</td></tr> <tr><td>Eyak Sobriety Celebration</td><td>\$5.0</td></tr> </table>	Underage Drinking Campaign	\$250.0	Access to Recovery Model	\$297.6	Petersburg Capital Project	\$427.0	Recover Alaska Sponsorship	\$50.0	24/7 Sobriety Monitoring Prjct	\$300.0	Eyak Sobriety Celebration	\$5.0	<table border="0"> <tr><td>Underage Drinking Campaign</td><td>\$350.0</td></tr> <tr><td>Access to Recovery Model</td><td>\$1,190.4</td></tr> <tr><td>TBD</td><td>\$130.0</td></tr> </table>	Underage Drinking Campaign	\$350.0	Access to Recovery Model	\$1,190.4	TBD	\$130.0
Underage Drinking Campaign	\$250.0																			
Access to Recovery Model	\$297.6																			
Petersburg Capital Project	\$427.0																			
Recover Alaska Sponsorship	\$50.0																			
24/7 Sobriety Monitoring Prjct	\$300.0																			
Eyak Sobriety Celebration	\$5.0																			
Underage Drinking Campaign	\$350.0																			
Access to Recovery Model	\$1,190.4																			
TBD	\$130.0																			

**Behavioral Health Medicaid**

FY2013 Mgmt Plan	FY2014 Mgmt Plan	FY2015 Governor
-----	Carryforward \$6,000.0 Alc Tax to BH Medicaid (expires 6/30/14)	\$6,000.0 -----

## Division of Behavioral Health - Reduction to Level of Expenditures FY2014 & FY2015

FY2014 Mgmt Plan		FY2015 Governor	
Allocation of FY2014 \$2,000.0 UGF Decrement		Reduce FY2015 Expenditure Level (\$900.0 UGF, \$31.3 Fed)	
FAS Case Management	(\$200.8)	Behavioral Health Administration - Personal Svcs	(\$371.3)
Sub Abuse Treatment Svcs	(\$1,183.2)	Tribal Rural	(\$310.0)
Grant Svcs to Emotionally Disturbed Youth	(\$616.0)	Indiv Svcs Agrmnts for Seriously Emotionally Disturbed Youth	(\$250.0)
FY2014 Complex Behaviors Collaborative OTI	\$450.0	Reverse FY2014 Complex Behaviors Collaborative	(\$450.0)

Division of Behavioral Health					
FY2013 Mgmt Plan		FY2014 Mgmt Plan		FY2015 Governor	
\$9,000.0 alcohol tax (UGF) FY13-15 Incr	\$9,000.0	Reverse FY13 \$9,000 Alc tax UGF	(\$9,000.0)	Reverse FY14 Alc Tax UGF	(\$3,000.0)
[No expenditures during FY13]		Carryforward \$3,000.0 Alc tax (exp 6/30/15)	\$3,000.0	Potential Carryforward Unspent balance from FY14 (exp 6/30/15)	
		Allocation of FY14 \$2,000.0 UGF Decr		Reduce FY15 Expend Level	
		FAS Case Management	(\$200.8)	Beh Hlth Admin Personal Srvcs	(\$371.3)
		Sub Abuse Trtmt Srvcs	(\$1,183.2)	Tribal Rural	(\$310.0)
		Srvcs to Emotionally Disturbed Yth	(\$616.0)	Youth Indiv Srvc Agreem't	(\$250.0)
		<b>FY14 Increments to Base</b>		<b>FY 15 Increments to Base</b>	
		Salary Adjustments	\$272.7	Salary Adjustments	\$222.5
		Assisted Living Capacity Devel	\$100.0		
		AK 2-1-1	\$50.0		
		DOC Discharge Incentive	\$200.0		
		Evidence Based Family Therapy	\$270.0		
		Stat Desig Pgm Rcpts Increase at AF	\$350.0		
		Fiscal note (SB95)	\$53.6		
		<b>FY14 OTI / IncT / Inc M</b>		<b>FY15 OTI / IncT / Inc M</b>	
		ASEA One-Time Pymt	\$248.1	Reverse ASEA One-Time Pymt	(\$248.1)
		Telebehavioral Health Phase II	\$200.0	Reverse Telebehavioral Hlth	(\$200.0)
		Complex Behaviors Collaborative	\$450.0	Reverse Complex Beh Collab	(\$450.0)
		Fed Tobacco Enforcem't Contract	\$650.0	Rev Fed Tobacco Enforcement	(\$650.0)
		Reverse FY13 OTI/IncT/IncM	(\$4,049.6)	Reverse FY14 Trust OTI/IncT/IncM	(\$2,526.2)
		FY14 Trust OTI/IncT/IncM	\$2,517.8	FY15 Trust OTI/IncT/IncM	\$1,811.2
		<b>FY14 Agency Transfers with OCS</b>			
		Sub Abuse Tx for Parents	\$325.0		
		Foster Care	(\$1,700.0)		
		Early Childhood Screening	(\$360.0)		
Div of Beh Hlth FY13 Mgmt Plan	\$154,935.8	Div of Beh Hlth FY14 Mgmt Plan	\$146,513.4	Div of Beh Hlth FY15 Governor	\$140,541.5
		Overall Change FY13 to FY14	(\$8,422.4)	Overall Change FY14 to FY15	(\$5,971.9)
Behavioral Health Medicaid					
FY2013 Mgmt Plan		FY2014 Mgmt Plan		FY2015 Governor	
		Carryforward \$6,000.0 alc tax to BH Medicaid (expires 6/30/14)	\$6,000.0		

## PRIORITY 1: HEALTH & WELLNESS ACROSS THE LIFESPAN

### Behavioral Health Performance Measures:

- % of Alaskans discharged from substance abuse treatment services who successfully complete treatment.
- % of Behavioral Health recipients who report improved functioning and quality of life.
- % of behavioral health clients who readmit back into API within 30 days of discharge.

**\$28,500.0 (19.45%)**

## PRIORITY 2: HEALTH CARE ACCESS DELIVERY & VALUE

### Behavioral Health Performance Measures:

- % of the estimated need for behavioral health services are met through community-based services.
- % of clients whose wait time to access treatment is less than 7 days.
- % of substance abuse residential treatment providers with a bed utilization rate of 85% or higher.
- % of youth discharged from an RPTC who do not return (recidivate) within 12 months

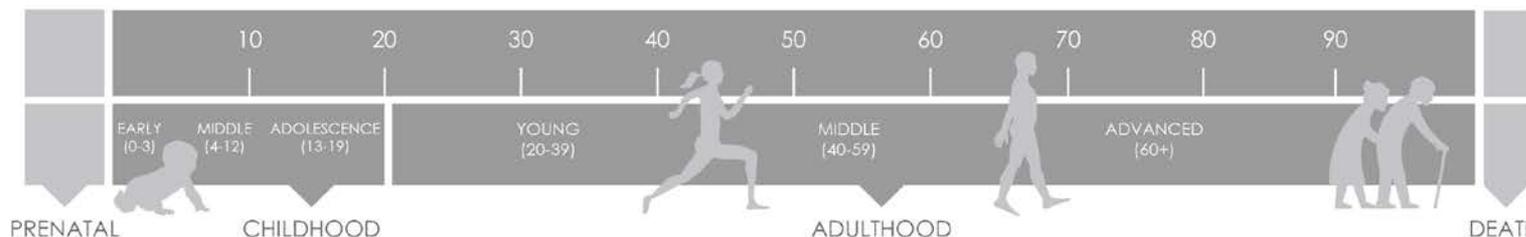
**\$97,700.0 (66.56%)**

## PRIORITY 3: SAFE AND RESPONSIBLE INDIVIDUALS, FAMILIES & COMMUNITIES

### Behavioral Health Performance Measures:

- Vendor compliance rate with laws regulating the sale of tobacco products to youth
- % of youth-accessible tobacco vendors that receive an educational visit from Tobacco Enforcement
- % of behavioral health clients who have Adverse Experiences in their lifetime.

**\$20,500.0 (13.99%)**

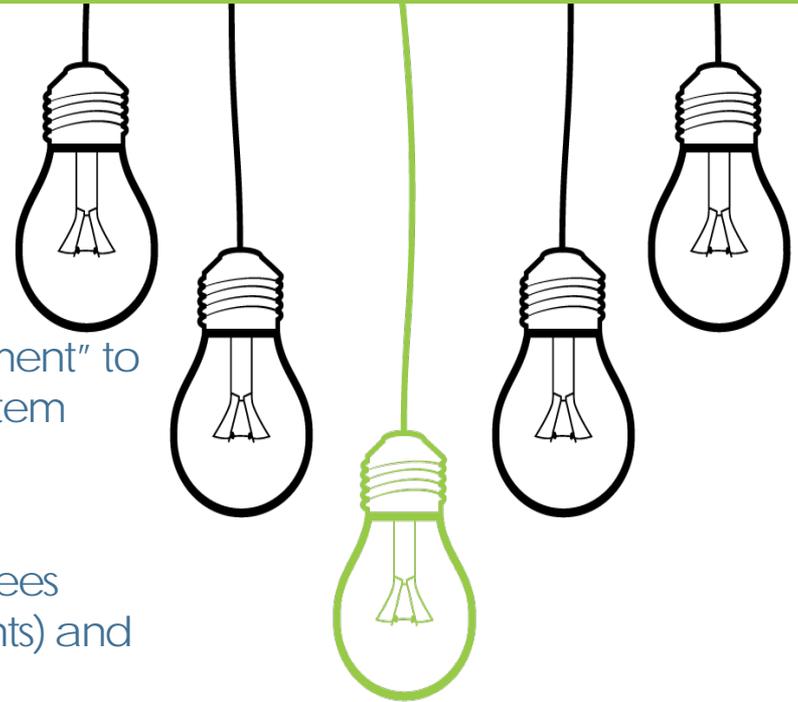


**Total: \$146,700.0**

# Successes

- ◆ Telebehavioral Health
- ◆ Prevention collaboration across departments
- ◆ Collaboration with Dept of Corrections to increase access to behavioral health services
- ◆ Choose Respect Initiative
- ◆ A uniform electronic information management system to collect and report grantee performance
- ◆ Performance Based Funding to monitor and manage public / grant funds
- ◆ A single set of integrated regulations
- ◆ Alaska Psychiatric Institute Joint Commission/CMS accreditation

# Moving Forward



- » Conduct a “Behavioral Health Systems Assessment” to evaluate current capacity of the treatment system and identify improvements.
- » Evaluate current data requirements from grantees (based on legal, regulation, federal requirements) and adjust, if appropriate.
- » Implement “Level of Care Instrument” and link level of acuity/severity of need with reimbursement of treatment services.
- » Partnerships: Coordination of behavioral health with other non-traditional provider settings
- » Integrating Behavioral Health and Primary Care Services

# How does Behavioral Health fit into the Big Picture?