

Planning Committee Agenda

3745 Community Park Loop, Room 120
October 21, 2015

Trustees: Mary Jane Michael (Chair), Laraine Derr, Paula Easley,
Larry Norene, Carlton Smith, Russ Webb (ex-officio)

Call in number: (866)-469-3239; Session Number: 800 992 019 #; Attendee Number: #

		<u>Page No.</u>
9:00 am	Call to order (Mary Jane Michael, Chair) <ul style="list-style-type: none">• Announcements• Approve agenda• Approve minutes<ul style="list-style-type: none">• August 6, 2015	3
9:10	National Home and Community Based Conference Debrief and Planning Discussion	
10:50	Health Information Exchange to Support Data Analytics – Kate Burkhart	21
11:15	Adjourn	
Informational Handouts		
	<ul style="list-style-type: none">• FY14 Authority Grant Summary	24

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance (updated 09/21/15)

FY16/17 – Planning Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 2-3, **2016** (Tue, Wed)
- October 20, **2016** (Thu)

FY16/17 – Resource Management Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 4, **2016** (Thu)
- October 20, **2016** (Thu)

FY16/17 - Finance Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- April 14, **2016** (Thu)
- August 4, **2016** (Thu)
- October 20, **2016** (Thu)

FY 16/17 – Full Board of Trustee Meeting Dates:

- November 18, 2015 (Wed) – Anchorage – TAB
- January 27-28, **2016** (Wed, Thu) – JUNEAU
- May 5, **2016** (Thu) – TBD
- August 24-26, **2016** (Wed, Thu, Fri)
- November 17, **2016** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE

August 6, 2015

9:00 a.m.

Taken at:

Alaska Mental Health Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

OFFICIAL MINUTES

Trustees present:

Paula Easley, Chair
Mary Jane Michael
Russ Webb
Carlton Smith
Laraine Derr
Larry Norene

Trust staff present:

Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Kevin Buckland
Nancy Burke
Valette Keller
Carrie Predeger
Carley Lawrence
Amanda Lofgren
Natasha Pineda
Mike Baldwin
Luke Lind
Katie Baldwin-Johnson
Kat Roch

Also participating:

Heidi Wailand; Kathy Craft; Donna Mong; Tawny Buck; Dave Morgan; Lisa Cauble; Nelson Page; Rich Sanders; Al Wall.

PROCEEDINGS

CHAIR EASLEY calls the Planning Committee meeting to order and does a roll call. She asks for any announcements. There being none, she asks for any changes or additions to the agenda. There being none, she proceeds with approval of the minutes and asks for a motion.

TRUSTEE WEBB makes a motion to approve both the agenda and the minutes from the last meeting.

There being no objections, the motion is approved.

CHAIR EASLEY states that there is a document, which was prepared in 2014 by Bill Herman, which is a history of the Planning Committee and what it looked like over the years. She continues that one of the problems is not knowing what the behavioral health system looked like across the state. She asks committee members to read over this background and states that the Trustees will be looking at some future direction for this committee. She moves to the Alaska Behavioral Health System Assessment and recognizes Mike Baldwin.

ALASKA BEHAVIORAL HEALTH SYSTEM ASSESSMENT

MR. BALDWIN states that this has been a very large project started about three-and-a-half years ago. He continues that a chunk of time was spent developing the concept and scope for a potential project. It was awarded about a year and a half ago, and it has been a lot of very intense work. He states that it is exciting to actually have some information in concrete that is going to be very usable and will be a key to some of the future planning in the next year and years to come. He recognizes Heidi Wailand.

MS. WAILAND begins with a quick overview of the goals of the assessment: The first goal was to describe the behavioral health system; second is to assess the need of Alaskans for the prevalence of behavioral health issues; third was to assess the capacity of the system to meet that need; fourth was to develop a methodology and framework for ongoing monitoring of the system; the fifth goal was to identify opportunities and barriers for system improvements. She continues that the methodology included both qualitative and quantitative parts, which she explains in greater detail. She states that many people worked on this throughout the duration of the project. She adds that DBH and their staff have been completely instrumental, as has the ANTHC behavioral health program and the Trust. The final deliverables will include a final report of which a draft has been circulated in the binder, and also a stand-alone executive summary. There will also be a data packet that will include specific data for each of the 10 reporting regions. She states that the draft was shared on July 9th and feedback on that is still being collected. She continues that August 31st is the target date to deliver to the Trust all of the final deliverables, with the feedback incorporated. She adds the hope of doing a webinar with the DBH treatment and recovery grantees to share some of the findings and to bring them along in the process, which was promised when the provider survey in November was done.

MR. BALDWIN explains that this is done because some of the provider organizations believe this is going to be used to cut their programs. This is another chance to make sure that they get some feedback into the system, as well as some ownership over the process.

CHAIR EASLEY asks Ms. Wailand to go over the 20,000 population problem.

MS. WAILAND explains that 10 reporting regions were created with the initial goal of being able to report information at the lowest level possible. She continues that the HIPAA requirements and the interpretation by the Division of Behavioral Health and the State has been that there has to be at least a population of 20,000 individuals in place in order to report information. She adds that the 20,000 population threshold is something that was worked with, and the information being produced is very valuable, but it is something that will need to be explored in the future. She continues that there are a handful of valuable reports that were created at the 10 reporting region levels that cannot be shared because of the understanding of HIPAA and interpretation by the State. She moves on and talks a bit about some of the key findings. One of the final recommendations or opportunities is speaking to the desire to have an ongoing process for monitoring and having ready access to data about the system. She goes into more detail about this. She continues that one of the recommendations is to figure out how to develop the analytical capacity to be able to conduct an assessment of the behavioral health system and produce annual data and get into the routine of having that information and using it with all the stakeholders. She concludes her presentation.

CHAIR EASLEY thanks both Mr. Baldwin and Ms. Wailand, and recognizes Trustee Webb.

TRUSTEE WEBB comments that the insights prove an opportunity to have a comprehensive plan and make continuous progress to move the system forward. He states that it is a tremendous gain, and one of the biggest and best things done to make a long-term system change. He continues that one of the key issues is how to continue using that education provided in planning for the future. He adds that this is a great project.

CHAIR EASLEY states that this will be discussed at lunchtime. She moves on to a briefing from staff. She continues that the trustees have asked staff to review the budget in light of today's fiscal, political, and budgetary environment to reevaluate some changes that could be made.

MR. JESSEE moves to the packet, explaining that staff was tasked to look at projects that were already approved for FY16 and FY17 and to try to identify where reallocations might be made if the trustees decided on strategies that were necessary to mitigate some of the impacts of the fiscal crisis and other things that are involving expansion and re-entry. He states that on pages 17 through 22, there are some additional descriptions of where opportunities may be found to reallocate funds or fund items that would address current issues, as well as fiscal gap issues. He continues that on page 17, the top category is unfunded Trust projects and initiatives. These currently do not have Trust funds associated with them. He begins with the first category which is Mental Health Trust Authority authorized receipts, which are funds passed through to State government agencies that will not transition to GF/MH. The four primary items are: the Autism Resource Center; the Juneau Mental Health Court, ASPIC, and the Justice Information Center. Funding those four items would be in the neighborhood of \$600,000. This would be the beginning of a package that could be funded from unallocated funds or these reallocations. He moves on, stating that the next set identifies new opportunities and are listed by priority. He explains that these items have not yet been formally approved or ideas that have come up as to

where further investments may be made. He goes through these, stating that this is a big overview and will be discussed fully later.

A short discussion on the requirement of DBH that the transition be made and on whether the Medicaid administration is required to match this expense. It is explained in greater detail.

TRUSTEE WEBB asks about building in the rate.

MS. LOFGREN replies that staff has been working closely with the Office of Rate Review on calculating rates. She continues that after two years, the plan is to shift to a 15-minute increment billing unit, which is a significant change. She adds that there is a significant concern that unless there is some kind of acuity component to the reimbursement mechanism, the folks with more complex conditions are not going to be served.

TRUSTEE WEBB states that his issue has nothing to do with the value of the effort. He asks how more federal dollars can be captured.

MR. JESSEE replies that he will double-check and make sure that it is possible to get some Medicaid added to community capacity-building. He moves on to the behavioral health system's assessment follow-up and external data analysis of capacity-building. He asks for any comments.

TRUSTEE DERR comments that you are looking for a PCN, and PCNs are undefined.

MR. BALDWIN states that it is listed as a possibility to get a scan of the total range of mental capacity issues, and it would be one piece. He adds that in order to do a good plan, all possibilities need to be considered.

A short discussion ensues, with staff explaining more fully.

CHAIR EASLEY states that when the planning for this assessment started it was always that goal that it would be continued, updated, and constantly used as a foundation for decisions by the trustees and for other organizations that can use this tremendous amount of data.

MR. WILLIAMS states that getting data on a regular, consistent basis is challenging, but not impossible. He continues that the infrastructure is not set up to be able to do the work in a quality, efficient way that is required for policymakers and directors at various levels. He adds that it is a huge issue for the State.

MR. JESSEE states that staff has taken the direction from the board that this data collection and analysis capacity issue must get solved. He continues that now seems to be the time to do it -- perhaps made more exigent because of the fiscal crisis -- and good decisions need to be made. He adds that one of the things that the Trust does really well is convening, bringing the data and policymakers together and asking how to do this systematically to work across departments with a capacity to go long-term. He states that the different agencies need to have some ownership in owning, wanting and doing what the data tells them.

MS. WAILAND states that Director Wall would like to make a comment.

CHAIR EASLEY recognizes Director Wall.

MR. WALL states that he greatly appreciates the assessment done by the Trust, and addresses the issue of research and data within DBH. One of the areas of concern is that it is difficult to address the variety of data systems that track information in and produce information in a timely, accurate and efficient manner for all that need it during session. He adds that he wanted the Trust to know that the Division has identified this as an issue and has taken steps to address the issue. He states that he is open to any ideas or help in addressing this.

CHAIR EASLEY thanks Director Wall, and asks Mr. Jessee to continue.

MR. JESSEE moves to the initial estimate for looking at a Comprehensive Integrated Mental Health Plan process. He states that this may be an opportune time to reengage on that. He asks for any questions or comments on that.

TRUSTEE SMITH asks for a little history on previous efforts in this regard.

MR. JESSEE replies that there have been a number of plans over the years developed, and the most valuable aspect has been the Scorecard. Armed with some of the new information, a new plan could be developed today that would actually be utilitarian and valuable in directing where the program goes, rather than simply documenting where it has been.

TRUSTEE WEBB states that the Trust has a responsibility to do good planning and to make recommendations to the Legislature and the Governor that make sense in terms of strategies that will make a difference for the beneficiaries. He continues that this document that the Trust Land Office has done guides their daily work; gives them a policy direction and a focus and clarity about where, what, and how every aspect fits the overall plan.

TRUSTEE MICHAEL states that the other need is a document that outlives administrations.

MR. JESSEE moves on and talks about the nonprofit technical assistance and low-interest loans.

A discussion ensues.

MR. JESSEE states that the last item information that was requested was about the mini-grant programs. He asks Carrie Predeger to continue with the overview.

MS. PREDEGER states that this is FY12 to FY14. She continues that the FY15 information comes in next month, and the plan is to update this every year.

TRUSTEE MICHAEL asks what the significant findings are and just, in general, the results of the research.

MS. PREDEGER states that she had previously reported on unfunded requests and the types of categories they were and was asked for regional information. She continues that a regional

breakdown is included in this. She adds that the State of Alaska uses different regions than the Department of Health and Social Services, and that information could not be combined. She states that within each section there is a breakdown of each of the three mini-grant programs. The first two pages are an overview.

TRUSTEE WEBB states that Ms. Predeger did an excellent job putting this information together. It is very informative and helpful.

A short discussion ensues on the numbers for Anchorage and Southcentral.

CHAIR EASLEY thanks all for their contributions to this discussion and calls a break.

(Break.)

CHAIR EASLEY calls the Planning Committee meeting back to order. She states that a couple of years ago some research was done into how other organizations fund different types of projects. One of the approaches was looking at how to have a policy that would help do program-related investments. She continues that there will be an explanation of the type of project that would qualify for this kind of investment. She recognizes Nancy Burke.

MS. BURKE states that the exercise requested of staff was to take a look at the things being done and how the work is progressing, but also have an eye toward doing things in a different way because of the changing fiscal and economic environment. She begins on page 32 looking at the different ways to invest in programs utilizing loans, land, or facilities with a potential for market investments. There are two program ideas that seem to resonate with trustees, and those two information items have been provided. One was looking at housing, which is a critical need for beneficiaries and is the platform for stability for all the social service programs that the Trust thinks about and worries about. The second is that there are two or three providers specifically working in the market of the Trust beneficiaries who have the most need. Those projects are the ones with the deepest subsidies with a need to maintain those subsidies, and they seem to be an area where the Trust might leverage other funds and target nonprofit developers into the market area. There is that specific slice of housing that is a deeper definition of how the Trust might invest in housing. She continues, explaining as she goes along. She requests that the committee consider another meeting or a subcommittee that could focus on the five projects listed on page 38. There are three that might be considered market-type investments, and there are two that are more program-related investments. The first project is the Fairbanks Community Mental Health Services, an affiliate of Anchorage Community Mental Health Services. The request is for a \$3.4 million PRI loan to purchase the building out of bankruptcy, with the idea that this would be a long-term loan. The Trust would own the facility.

MR. JENKINS states that they would propose a capital lease through the Trust. He continues that they have been negotiating with the bankruptcy court to come up with the \$3.4 million in order to keep it off the public market. He adds that the courts were told that the plan was to come to the Trust, ask for a program-related investment and be the holder of ownership until the capital lease would be fulfilled. That would be a lease purchase.

A discussion and explanation ensues. The trustees conceptually agree on this.

MS. BURKE states that the next project is RurAL CAP, and meets the housing criteria. These are new units in the housing market and are targeted to augment what RurAL CAP is doing with Safe Harbor right now. This is 23 new units on the property. It has gap financing for the projects and some startup resources that are needed to launch this.

TRUSTEE WEBB states the need for a committee of trustees to work with staff to move this forward, both in terms of the process and in terms of the specific review and depth of each of these projects. He asks for volunteers for this committee. Carlton Smith, Larry Norene and Mary Jane Michael are appointed to a special committee to work on PRI projects process development, and to specifically review recommendations for particular projects.

A discussion ensues on prioritizing the projects. The committee agrees to taking on the projects.

CHAIR EASLEY thanks all and calls a break.

(Break.)

CHAIR EASLEY calls the meeting back to order, and states that all trustees are present and having a nice lunch. She continues that Mr. Jessee is going to lead the discussion regarding Medicaid expansion and the issue of the Trust's recidivism program.

MR. JESSEE states that this session will be discussed in three pieces. The first will be about Medicaid expansion, criminal justice reform, and workforce capacity issues. He adds that Michael Baldwin and Heidi Wailand will continue.

MR. BALDWIN follows up the morning's discussion in terms of data-driven decision-making and planning, which was a foundational piece. He states that a lot of time at their activities at the Trust is talking about systems change, and data is kind of the foundational systems change piece that is being looked at right now. This report has not been finished and finalized and is already very useful in several processes. It is helping support some grant applications with the Division within the big initiatives going with Medicaid reform and expansion and the criminal justice efforts for reform, and addressing recidivism.

MS. WAILAND states that demand for services was one of the big questions. The first part of understanding demand is understanding how many people are served today, current demand, reflected in the service utilization. The second part of understanding demand for services is looking at future need, future demand and that the question of Medicaid expansion, Medicaid reform, and criminal justice reform come in to play. One of the things looked at was the overall need of Alaskans for behavioral health services; the total estimated need. Then that was compared to the number of individuals served in each of those categories. She states that there was a larger gap in the moderate and mild mental illness and in the substance use disorder than what was seen in the serious mental illness. This shows a potential need out there that is not being met. She describes some of what is being seen in the system as a whole with regard to both current and future usage of services. She states that the big question is where the system is in regard to its capacity to meet the need that is being seen. She continues that there is a tremendous amount of potential to increase billing and revenues in the community behavioral

health/Medicaid infrastructure. She explains this more fully. She states the other piece is the workforce. The need is to look at the existing workforce and the issues and challenges that are facing that workforce. She goes into greater detail. She states that the provider's survey was also conducted with the DBH treatment and recovery grantees at the November Change Agent Conference. They were asked to rank the problems in order. The No. 1 reason that clients were likely to experience long waits was not enough staff; second was too few time slots. She continues that another question asked was the three most important challenging things facing their organization in the next five years: The first was changes in funding streams; reduction in public funds; maximizing service capacity; and fourth was workforce development issues. She moves on and talks about the results of a survey done with the behavioral health aides. They need organizational support and supervision. They need the recognition that they are professionals and a part of the service delivery arm. They need sufficient training, and also need to be connected to other behavioral health aides. These are some of the directives received from providers and behavioral health aides, and they reflect some of the challenges that relate to workforce in thinking about Medicaid expansion and reform.

CHAIR EASLEY thanks Heidi, and recognizes Kathy Craft.

MS. CRAFT states that the needs assessment speaks volumes to the workforce focus area and the emphasis and support resources that the Trust has put into recruitment, retention and training. She continues that the aging of the population is going to increase the need for workforce. The system with the new integrated behavioral health Medicaid regulations has not caught up. In the old system, a clinical license was needed to be able to bill Medicaid. That was the way the agency got paid. Those things have changed, and the system has now shifted to the lower degree, bachelor's level and peer-support level that can be billed for. She adds that there is an opportunity to make some changes in what is being done within the workforce development area. She states that there are nine occupations that will benefit from Medicaid expansion -- people that are relied on every day. They are food service; office and administrative support; construction; production; cleaning and maintenance; sales; transportation; personal care and support; farming; fishing; and forestry. There is a dire need of case managers, the lower level behavioral health clinicians, and peer support workers. She continues her presentation, going through the vacancy study and the analysis of it.

A discussion ensues on the subject.

MS. CRAFT highlights some of the opportunities, beginning with SHARP, which is the support for healthcare practitioners and the loan repayment and incentives programs. She states that it is important to share resources with regard to recruitment and retention, which needs to get better. The core competencies are being used across the state, and a marketing packet is almost ready to be done. A draft of credentialing documents has been put together if credentialing direct-care workers is wanted. She states that there is a lot of work to be done with the licensing boards.

CHAIR EASLEY asks for any questions.

TRUSTEE WEBB states that is the best outline of workforce and potential strategies, and thanks Ms. Craft.

TRUSTEE SMITH asks if any benchmarking has been done with other states that have a better alignment in their workforce profile.

MS. CRAFT replies not yet.

A short discussion ensues.

CHAIR EASLEY asks for someone to talk a bit on the recidivism, future needs for advancing the prisoner re-entry program.

MS. PINEDA states that in May the Trust funded the re-entry coalition coordinators and their primary role in conducting a community assessment of service needs. In addition to the mental health and substance abuse service needs, there will be 14 other domains that the community will be identifying, either excess or deficits in the amount of service available. She continues to reasons why those gaps exist, which will be related to workforce, employment, housing, healthcare services and a variety of other areas that are very specific to returning citizens in those communities that will get funded. She continues that building upon what is known from the behavioral health assessment will add more information about the critical needs of the beneficiaries. The plan is to have that done in the next 12 months. She states that it is the intention of the Alaska prisoner re-entry effort to ensure that all folks returning to the community have case management supports to be able to access all the services needed to be successful in the community. She states that over the next six to eight months there will be a good idea of how much support is needed in the four to five large communities with re-entry coalitions. That will be used as a foundation to better understand the needs over the next few years.

A short discussion ensues.

TRUSTEE WEBB states that there are both the needs and opportunities for the trustees to continue doing some work in this area without spending a lot of money. He continues that the issues of workforce will have to be dealt with well into the future.

TRUSTEE SMITH asks, in the Tribal Health Consortium universe, how many of those organizations, regional organizations, are really demonstrating the leadership in this area, and how can the Trust partner with them.

MS. WAILAND replies that this behavioral health system assessment has been a really important vehicle for the tribal behavioral health system to come together and assess as a collective how they are meeting the needs of their organizations and their beneficiaries. She states pride in the job done to engage them in a dialogue throughout the course of the project. She explains more fully.

MR. BALDWIN states that through the course of this project the directors have made a shift in their conception of the focus of this system. He continues that each of the 30 different individual organizations are all focused on their own bottom lines and services. They have made a conceptual shift to where they are actually wanting to seek outside collaboration with the State and with other partners to help improve their services to the beneficiaries. That is a giant step.

MR. JESSEE states that he would like to get more feedback from the trustees on what they want staff to do. He asks if they want staff to start and continue to ramp down this focus area. He basically asks for a consensus.

TRUSTEE NORENE states that market forces are very important and their job is to inform the educators of the shortages, expanding the awareness to a larger field. He cautions that the Trust should supplement it, not supplant it.

TRUSTEE WEBB states that workforce is going to be a long-term issue. He perceives identifying some very specific focus things that the Trust can accomplish that others cannot. Those should be attacked and brought forward as projects that get vetted, considered, and funded on their merits.

TRUSTEE DERR states that moving the Trust Training into the continuation projects would fall into what Trustee Webb was saying.

MR. JESSEE states that what he is hearing is that a generalized workforce effort is not wanted. This focus area should be targeted at some specific outcomes around these emergent areas.

CHAIR EASLEY calls a five-minute break.

(Break.)

CHAIR EASLEY calls the meeting back to order and begins with staff briefing. She states that the first one is on nonfocus areas, and recognizes Steve Williams.

MR. WILLIAMS states that there are two documents, the budget spreadsheet and the landscape document, that are cross-referenced for easy orientation. He continues that things were pulled from the focus and nonfocus areas that staff thought important to communicate to the trustees in preparation for the end of the month. He begins with the nonfocus area allocations. He states that these are projects, programs, which do not fall under the focus areas that the trustees and Trust have funded for periods of time. Many of them are related to the advisory boards or to programs that provide funding that directly benefit the individual beneficiaries. He continues that the partnership program, designated grants program, the small projects programs, as well as some of the TA and consultant services are in these line items. He states that he will turn the presentation over to the program staff that are most familiar with and are tracking these projects as part of their routine job responsibilities for an overview. He continues that the first one is in regards to the DD mini-grants. He recognizes Amanda Lofgren.

MS. LOFGREN begins with Senior and Disability Services, SDS, which is one of the divisions that primarily serves the beneficiaries with traumatic brain injuries, disabilities and Alzheimer's disease. Of the three mini-grant programs, this is the only one that flows through the Department. She states that Senior and Disability Services has provided matched funds to cover 50 percent of the administrative costs of providing this service. The majority of Trust funds continue to go directly to the Beneficiaries. She continues that with the decline in general funds, Senior and Disability Services does not believe that it will be able to provide that admin match. She adds that the second component is by not having it flow through internally makes it harder to

track actual data and have it consistent with the other two mini-grant projects. She states that her preference is to put it out as a contract, giving us the ability to manage it in-house. She adds that instead of having it as MHTAAR funds, it would be Authority funds.

MR. WILLIAMS states that \$300,000 was approved last September; bringing this forward to the trustees for consideration for the DD mini-grant program would be \$350,000. He continues that this would be pulled out of the State and then be delivered through an entity outside the State system. He adds, that would be an additional administrative cost of \$50,000. He states that the next one is also Ms. Lofgren's.

MS. LOFGREN states that the next project has been focused on the acquired and traumatic brain injury project. The funding for this project has gone to Senior and Disability Services, historically, for the last four years to focus on a statute that was approved four years ago to develop and implement a registry similar to many of the trauma registries in the public health system, but specific to traumatic brain injury. In that position it focused on the development of the registry in addition to Medicaid systems and service enhancement because there is no specific Medicaid funding programs for beneficiaries with traumatic brain injury; services are very limited. She states that the contract coming on board is to develop and design the implementation plan for those services, and it needs a project manager. This position is within the intent of the original funding purposes and will be focused on the Department's effort on that 1915(i) and (k) project.

MR. WILLIAMS states that the next item is the consultant services, and recognizes Mike Baldwin.

MR. BALDWIN states that the budget line No. 48 on page 4 is consultant services for strategic planning. It is being offered up to the trustees to choose to focus into the behavioral health follow-up and some comp planning. This would be an area from which the funds can be pulled.

TRUSTEE MICHAEL comments that she would like some consulting dollars available for the PRI committee. There may be the need to hire a consultant.

A short discussion ensues.

MR. BALDWIN states that this was an informational item for possible reallocation.

MR. WILLIAMS states that will be done at the board meeting August 26 and 27. He states that the next item is the pooled predevelopment project, and recognizes Nancy Burke.

MS. BURKE states that this is the project partnered with Rasmuson Foundation, Denali Commission, Mat-Su Health Foundation and others. This is the pooled resource for predevelopment. She continues that there had been a bit of a decline in the number of projects coming in looking for capital dollars in the current economic environment. This idea of a small reduction to that program in FY17 has been offered.

MR. WILLIAMS states that next is primary care behavioral health integration strategies, and recognizes Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON states that this allocation has been a carryover from some of the work done around integration of behavioral health interventions in primary-care settings. She continues that the projects are of value and can be handled through the regular grant process.

MR. WILLIAMS states that those are the nonfocus area allocations and moves into the updates on the existing focus areas. He begins with substance abuse prevention and treatment.

MS. PINEDA states that there is a project called Coalition Capacity Development and Advocacy. She continues that the recommendation is to reallocate those funds to the disability justice focus area so that they can continue the funding for the coordinators in FY17.

MS. BALDWIN-JOHNSON states that line items 9, 10, and 25 are all activities related to the partnership activities with Recover Alaska. Positive Social Norms project operated by United Way of Mat-Su has also had contributions. She continues that as Recover Alaska has been moving forward, they have identified a fiscal agent. The intention is to eventually pool those funds and place them with the fiscal agent that will oversee the funding for Recover Alaska strategies. She states that the proposal is to reflect those funds in the budget as directed towards the Recover Alaska partnership. She adds that the process that will be set up is that Trust staff will still be actively engaged in the oversight and directions of those projects, and the monitoring of the outcomes.

MS. PINEDA states that line 25 is the polling line. The initial baseline project, which was funded in '15 and '16, is underway. Those dollars are being used. The baseline report was completed and is a combination of funds from the Trust, Division of Behavioral Health, which put in \$100,000, and Recover Alaska received requested for funds from Robert Johnson Foundation. It is a large project and makes sense to pool it for coordination.

MS. BALDWIN-JOHNSON moves to budget line 27. These funds were reserved in the budget for the defense alcohol policy partnership. There was money in the budget to contribute to the director's salary that was never hired. There are no plans for that money at this time for FY17.

MR. WILLIAMS moves on to beneficiary employment and engagement.

MS. LOFGREN gives a little background and update on the beneficiary employment initiative. She moves on to the budget and talks about the increased employment outcomes through access to community services and supports for beneficiaries. The budgetary item is \$450,000. She states that she would like to reallocate \$100,000 of this money into another line which focuses on social enterprise. She adds that this area will continue to do systems work and partner with the re-entry and recidivism project. She moves on to business engagement and talks about an increase that is coming from another line which is the funding that was going to the Governor's Council. She states that social enterprise addresses not only a social justice issue, but also advances and improves the mission of the organization. She continues that a lot of nonprofits are starting to diversify their funding sources, and this is an important strategy to look at and continue. She adds that her plan this fiscal year is to get the guidelines and maybe have a committee that reviews the business plans that come in similar to the microenterprise grant for beneficiaries. She moves on to provider training infrastructure and capacity. She states that this,

again, is just reallocating some of the funds that were going to the Governor's Council. Next is the policy and data development, which is really important. The data work group has been working really hard to pull together all of the different divisions and with the Department of Health and Social Services, Department of Labor, Department of Corrections, the different courts to put together a data matrix and identify the common indicators across all the divisions. This will help identify if progress based on the strategy is being made.

MS. BALDWIN-JOHNSON states that there is a recommendation in FY17 to reduce and reallocate \$75,000. The main reason is that the trustees have already approved it. It is scheduled to occur in November of this year. It was the intention to request to do the conference every other year.

MS. LOFGREN moves to the Beneficiary Employment Technical Assistance and Program Coordination. She states that the Governor's Council helped move this initiative forward to where it is today. This reflects those changes and reallocating the actual purpose and intent of those funds leaving funds for the Governor's Council to assist in project management of the workforce development, as well as some of the policy data projects.

MS. BURKE states that next is the housing and long-term services and supports area. She gives an overview of this area. She continues that long-term services and supports has a lot of life with the work under Medicaid expansion and reform, and the behavioral health components have taken off with the implementation in this fiscal year. Looking at the current scenario in the Municipality of Anchorage and with a call from the mayor for a homeless services coordinator, the idea of the Trust making a significant policy impact came to mind. This proposal is for the Trust to embed herself, Nancy Burke, into the mayor's office in Anchorage to coordinate that work for a period of time.

MR. JESSEE states that this is not something that the Trust has done before, but we are not unfamiliar with this concept. An example is that Joel Neimeyer was at the Rasmuson Foundation and was embedded for an extended period of time at the Denali Commission. He continues that Nancy would be able to continue to work on the focus area while at the Municipality. Staff would have to cover internally and reprioritize and assign tasks. He adds that this would be manageable. He states that a memorandum of agreement has been worked on and thought it would be best to bring it to the committee, look at the MOA, and get a sense of support or not.

CHAIR EASLEY asks if action is needed.

MR. JESSEE replies that if the board is supportive, a motion may not be necessary.

TRUSTEE MICHAEL states that she supports this concept because the highest priority of the Trust should be to change the policy of the state and local communities through action. She continues that having a staff member at the mayoral level with the skills to make some of these things happen seems very desirable. She adds that allocating a budget item is not necessary, and we are actually providing expertise.

TRUSTEE SMITH states support for this idea. This may be a model that may see some benefit for Juneau as well.

TRUSTEE NORENE states that he is generally supportive, but states concern about an ability to work with some kind of autonomy. He continues that it is important for the Trust to always have a say in the issue and get her back if it is not working out.

TRUSTEE DERR states concern on how to continue doing a \$4 million focus area and another full-time job. The term is 18 months.

MR. JESSEE states that Ms. Burke will not continue running the entire focus area. There is staff here that will continue to do the balance of the state. He thinks that it might be helpful to have a program officer that is really focused on the balance of the state in the focus area. He is not worried about Anchorage.

TRUSTEE DERR asks what the cost will be with Nancy gone.

MR. JESSEE replies that actual cash costs are not being anticipated. He states that, in August, staff will be able to tell how the workload with the staff has been reallocated and who is working on what. He adds that there may be some things that cannot be done because this resource is being allocated this way.

A discussion ensues.

CHAIR EASLEY states that the sense of the board is all in favor.

MR. JESSEE states that his plan is to go ahead and will be mindful of the concerns and questions raised in this discussion.

CHAIR EASLEY calls a short break.

(Break.)

CHAIR EASLEY calls the Planning Committee back to order and begins with the workforce development presentation by Kathy Craft.

MS. CRAFT begins on page 8 where the workforce development focus area starts. Under public education is a recommended reallocation to deduct \$25,000 from the budget, putting that line item at \$50,000 for FY17. She moves to the core competencies adaptations and would like to take the \$50,000 allocated for FY17 and put it into line 22, the Alaska AHEC, Area Health Education Centers, to begin a concerted effort on engaging middle and high school youth into behavioral health fields. She continues to page 9, line 26, and a relevant focus area update. She states that the plan is the Alaska Psychological Internship Consortium which has been supported administratively for several years. She moves to the workforce special projects, which is a relevant focus area update that all special projects funded out of the \$115,000 would be targeted toward Medicaid expansion and reform or the criminal justice reform, that any funds coming out of that line item would be targeted towards those two reforms. She then talks about the

administrative line items. She states that the Department of Labor and Workforce Development has the regional training centers; the Department of Community and Economic Developments has the ARDORs, which are the Alaska Regional Developmental Organizations; there are 11 of those and 10 regional training centers. She continues talking about the need to plug in the beneficiary employment and engagement group into those centers because they already exist and are across the state. She states that John Cannon recently had to vacate his health seat on the Alaska Workforce Investment Board, and it would be worth a call to Commissioner Drygas about having someone from the Trust to take that seat on behalf of the beneficiaries across the state.

CHAIR EASLEY states that some questions were raised about if the providers really use the services. She continues that she asked Kathy and Lisa to put together some information and asks Kathy to take that a little further.

MS. CRAFT states that it was hard to condense everything the Trust Training Cooperative is doing into one page, and she highlights some things. Across the state there were 3,102 unduplicated participants in FY14; FY15 is not in yet. She continues that there were 4,379 duplicated seats in direct support professional trainings. Taking the budget that the Trust Training Cooperative had at the time, it comes to \$218 per person, which is quite low, comparatively speaking.

CHAIR EASLEY asks how many different agencies have used the Trust services.

MS. CRAFT replies 469 agencies in 99 different communities across the state. She states that over the last four months or so the Trust Training Cooperative has been going through a rebranding and they have informally selected the Alaska Training Cooperative as a new name. This includes the different logo changes and Web site design. She completes her presentation.

CHAIR EASLEY thanks Ms. Craft.

MR. WILLIAMS states the he will go into the different aspects of the disability justice focus area. He continues that most of what he has are just relevant updates that have happened over the last year; updates that occurred through discussions with various members of the work group. He begins with the delivery of training for prosecutors. He states that there was a discussion about instead of isolating funding just for the prosecutors, to go to the court system to provide ongoing training with the therapeutic court stakeholders, which includes prosecutors. The court system has done a training twice, and this seems a better use of that funding resource. He moves on to the Juneau Mental Health Court, which is something that the trustees will have to consider. He states that when the focus area budget was presented last year, it was anticipated that for FY17 we would try to get this court funded in the State-based operating budget court system. The recommendation to trustees will be that these funds be shifted back to MHTAAR Trust funding for FY17. The third item, the Criminal Justice Diversion Project, is going to be renamed the Holistic Defense. There will be funds from the MHTAAR funds available in FY16 that could be reallocated because the projects did not start July 1. He moves to page 11, and asks Natasha Pineda to continue.

MS. PINEDA states that next is a relevant focus area update. The plan was for this MHTAAR project to transition to GF/MH for FY17. After consulting with the Department of Corrections, it was determined to keep that as MHTAAR for FY17 and then reevaluate going into the next fiscal year. The next item is a new budget line item and is local re-entry coalition coordinators. There will be three items that are going to be re-entry related which will be tracking and coordinating. The hope is that they will be starting in September of this year. She states that the PEC RFP has been opened and closed; the PEC will be on Monday the 10th. There are two members of the Department of Corrections that will be participating, and the boards have received those applications for their review process. It is anticipated that the recommendations for this will be brought forward on August 26th.

TRUSTEE WEBB asks for an explanation of the relationship between the APIC and the re-entry coalitions and the differences and the interconnection between the two.

MS. PINEDA replies that the APIC dollars are coordinated out of the Department of Corrections; the re-entry projects that are related to the coalitions are going to be coordinated under Diane Casto, deputy commissioner, who oversees facilities. The APIC dollars in the other house are coordinated by Marion. There are also dollars in the housing focus area that are also coordinated through Marion. She states that she and Mr. Williams met with DBA staff to map out how the money flows. It is primarily used for housing with vouchers; but is transitional housing for immediate released folks, the beneficiaries. She continues that Marion coordinates very closely with different groups, and there are opportunities to tie that into the place that is funded by the Trust so that there is closer coordination with some of the regional outer areas.

MR. WILLIAMS states that APIC started before these local re-entry coalitions got going, and it was targeting misdemeanants who did not get a lot of discharge planning. He explains this in greater detail.

A short discussion ensues.

CHAIR EASLEY states that the assignment was given to the Trust by Senator Pete Kelly for the recidivism study, and then the five-year re-entry strategy that was done with Trust money. She asks if that is being implemented along with these other things.

MR. JESSEE states that Kelly put it in the Senate side and was implemented with Representative Neuman on the House side. He continues that the intent language that was developed this last year was being developed at the same time that the Department of Corrections was developing their re-entry plan. He adds that they are trying to avoid duplicating the effort and are trying to integrate what both Representative Neuman and Senator Kelly had in mind with their intent language into what the Department is already doing. He continues that Carmen Gutierrez is under contract again and will continue to work on that.

CHAIR EASLEY thanks all, stating that some very interesting discussions were had today.

MR. WILLIAMS states that the next item is a piece of the Holistic Defense model that was funded for several years. At the end of the month this will show all the pieces of the Holistic Defense model. He moves on to Juvenile Justice Enhancement, which were funds that the

Division of Juvenile Justice thought they would be at a place where they could be used in FY17. He states that they are not at that place. He moves to the last item, which is an informational item on the Alaska Justice Information Center. Starting in FY16, we will plug in \$125,000 to match the State money and again in FY17 to continue the development of the Justice Information Center.

CHAIR EASLEY recognizes Trustee Webb.

TRUSTEE WEBB states that he would like to recognize Nelson Page. He continues that Mr. Page is the Trust counsel and former chair of the board. He adds that Mr. Page will be facilitating the budget discussions later on this month. He gives Mr. Page an opportunity to talk about how the board should proceed.

MR. PAGE states that he has no comments, and he knows that the trustees will be addressing a very different fiscal budget environment from what was thought when the two-year budget provisions were done a year ago. He continues that he will be happy to answer any questions or thoughts on how to approach it.

CHAIR EASLEY thanks Mr. Page.

MR. WILLIAMS states that the Board agenda is taking shape for the 26th and the 27th. He continues that the 26th will be regular board business; the second day will be focused on the budget deliberations, the budget process, and in the end we will have a signed document that is approved by the trustees which then can move forward to the Administration.

CHAIR EASLEY asks for anything further.

TRUSTEE WEBB asks that when the Planning Committee adjourns, he would like to call the full Board of Trustees into session for the purposes of moving into executive session.

CHAIR EASLEY recognizes Trustee Smith.

TRUSTEE SMITH asks, with the recent passing of Michael Burns at the Permanent Fund, if the Trust has made provision for full recognition of Mr. Burns' contribution to the welfare of the beneficiaries. If not, he recommends proceeding with such recognition.

MR. JESSEE asks what would be the most appropriate thing to do.

TRUSTEE SMITH replies, in his opinion, it would be appropriate for the Chair to be at that service and say a few words on behalf of the beneficiaries.

TRUSTEE WEBB asks when it is.

TRUSTEE DERR replies that it is not set.

TRUSTEE WEBB states that a letter was sent to Mr. Burns thanking him on behalf of the Trust and the Trust beneficiaries for all of his efforts over the years, which he received before his passing. He states that he will follow up.

CHAIR EASLEY states that if there is no more business to be brought before the committee, she will consider a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

(Planning Committee meeting adjourned at 3:00 p.m.)



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of Health and Social Services

ALASKA MENTAL HEALTH BOARD
ADVISORY BOARD ON ALCOHOLISM
AND DRUG ABUSE

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October 9, 2015

Paula Easley, Chairman
Planning Committee
Alaska Mental Health Trust Authority
3745 Community Park Loop
Anchorage, Alaska 99508

Re: Onboarding Behavioral Health Provider to Health Information Exchange to Support Data Analytics

Dear Chairman Easley,

The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse appreciate the opportunity to expand upon our recommendation that the Alaska Mental Health Trust Authority support behavioral health participation in the health information exchange as a more sustainable means of collecting and analyzing health system data than continuing the Behavioral Health System Assessment. We believe that investing in Alaska's capacity to collect high quality data and then perform ongoing analysis of that data is better for our health care system and trust beneficiaries than continued investment in outside consulting capacity.

Recommendation

The Boards' recommendation is that trustees allocate MHTAAR in FY16 to support behavioral health providers, large and small, in joining their electronic health records (EHR) to the state health information exchange (HIE). Behavioral health (and other health care) services are provided to trust beneficiaries through a wide variety of providers – not just Medicaid and state funded providers. Bolstering the participation of behavioral health providers in the HIE and shifting focus away from silo-ed data collection systems will provide trustees, DHSS, the Boards, and providers with a more comprehensive and nuanced view of how beneficiaries receive and benefit from care.

The state HIE is authorized by statute and managed by a non-profit entity (the Alaska e-Health Network). The HIE securely connects health care providers of all types and patients through a central health information repository. Health care providers can access technical assistance to navigate the health information technology issues and adapt business practices to implement EHRs and use the HIE to improve client and practice outcomes. The HIE offers a certified EHR for practices not already using an EHR or using an uncertified EHR. It also offers access to a patient portal, allowing individuals to access their own health information and communicate with their providers.

Data Collection: The HIE has the ability to receive all of an individual's health records from all providers of care, providing a broad and deep reservoir of information about health care in Alaska. Having all health care data, other than Medicaid billing data, from all sectors in one query-able system creates the opportunity for a far more detailed and accurate picture of the health care system – and how it serves trust beneficiaries – over time. Because behavioral health providers are inputting information in the EHR already, there is no additional effort from providers, DBH, or outside agents needed to collect the data.

The vast majority of the minimum data set required by the Division of Behavioral Health (DBH) is found within clients' EHR information. Some modifications are needed to ensure that EHRs are collecting the data elements needed to meet federal and state reporting requirements, many of which are already underway. HIE data can be pulled down into the AKAIMS reporting server. This would allow DBH and its systems partners to run the same suites of reports we currently run from AKAIMS. This provides for consistency in reporting and evaluation of system performance while expanding the capacity for data analytics and creating a sustainable solution.

Data Analysis: Data is entered into the HIE and query-able in real-time (reasonably speaking). This means that data available from the HIE allows for analysis within meaningful and ongoing timeframes rather than the point-in-time view provided by a study or assessment. Data in the HIE is client/patient specific and should document all characteristics and services provided to the person. This creates the opportunity for more detailed and comprehensive analysis of issues like acuity, co-morbidities, overall health and wellness, etc. in the context of system and practice performance. While the Behavioral Health System Assessment provided corroborating analysis of population level data, there is significant concern about the value of the analysis attempted at the more granular level.

Using the HIE as the central hub for health system data will also create a more balanced perspective on provider performance and client outcomes. Limitations experienced in the Behavioral Health System Assessment due to reliance on Medicaid billing data, (such as exclusion of services and providers not reimbursed by Medicaid), would not occur if systems

research was based on data provided by all behavioral health providers (private, non-profit, and public) through the HIE.

We also see the HIE as an integral part of monitoring and evaluating the effectiveness of Medicaid reform efforts. As reform initiatives are implemented, the State of Alaska must be able to track the client outcomes and cost information that results from changes in the system. While those reforms will affect the entire health care system, behavioral health care is a key component to both the reform initiatives and the expansion of Medicaid to all income-eligible adults. Thus, having real-time access to the best behavioral health system data possible would be a huge asset to the State of Alaska and health care providers in all sectors.

Costs: The one-time cost of connecting to the HIE will range from \$13,000 to \$30,000, depending on the provider (size, current EHR system, interface needed, etc.). The time needed to onboard a provider agency or practice can range from a few weeks to a few months, also depending on the characteristics of the provider. With the MHTAAR funds anticipated to continue to the Behavioral Health System Assessment (\$265,000), trustees could support the onboarding of 8-25 provider agencies to the HIE. This is a substantial investment in creating sustainable data collection and analysis capacity at the provider, department, and statewide level.

We look forward to speaking with you more in depth about this recommendation at your October 21, 2015 Planning Committee meeting. Thank you for your time and consideration.

Sincerely,

J. Kate Burkhart
Executive Director

cc: Joe Dingman, Chairman AMHB
Robert Coghill, Chairman ABADA
Shaun Wilhelm, Chief of Risk and Research Management DBH
Beth Davidson, Data Processing Manager DHSS

To: Mary Jane Michael, Planning Committee Chair
From: Carrie Predeger, Grants Accountability Manager
Date: 10/21/2015
Re: FY14 Authority Grant Performance Summary

MEMO

FY14 AUTHORITY GRANT PERFORMANCE SUMMARY

General Overview

The Trust awards Authority Grants in the following funding categories:

- Focus Area-related Grants
- Designated Grants
- General Authority Grants
- Partnership Grants
- Conference Grants
- Small Project Grants

The Authority Grant award and project term is generally one year in length. However, there are some project periods that are longer in term. On a case by case basis, extensions of the project term are possible. Authority Grants are awarded on different funding cycles, and thus have different starting and ending dates that often cross two or more fiscal years.

This summary addresses the Authority Grant projects that were closed in FY14.

Authority Grants Reviewed by Funding Type

There were 89 Authority Grant projects that were closed in FY14, for a total of \$3,436,761. The breakdown of projects is as follows:

Authority Grant Type	# of Grants	Funding Amount (\$)	% of Total Funding
Focus Area	31	\$2,433,813	71%
Designated Grant	17	\$354,930	10%
General Authority	3	\$120,000	3%
Partnership	11	\$336,730	10%
Conference	14	\$71,040	2%
Small Project	13	\$120,248	4%
FY14 Total	89	\$3,436,761	100%

Authority Grants Reviewed by Focus Area

There were 31 focus area-related Authority Grants, comprising 35% of all Authority Grant projects that were closed in FY14. The breakdown is as follows:

Focus Area	# of Grants	Funding Amount (\$)	% of Total Focus Area Authority Grant Funding
Beneficiary Projects Initiative	18	\$1,810,468	74%
Housing	10	\$529,000	22%
Disability Justice	3	\$94,345	4%
FY14 Total	31	\$2,433,813	100%

In FY14, the Disability Justice and Workforce Development focus areas were funded primarily with Mental Health Trust Authority Authorized Receipts (MHTAAR) funding. Although not included in this report, several changes were made to the Trust focus areas in FY15: the Housing focus area was broadened and renamed to Housing and Long Term Services & Supports; the Beneficiary Projects Initiative expanded to include employment and, thus, was renamed to Beneficiary Employment & Engagement; and lastly, a new focus area was adopted by Trustees, Substance Abuse Prevention & Treatment.

Numbers Served – How Much Did We Do?

When applicable, grantees are asked to report the number of beneficiaries served or impacted by their project, the number of individuals served through project outreach and education efforts, as well as the number of professionals who were trained as a result of the project. The total number of individuals served is broken down into the following categories:

Primary Beneficiaries – the traditional Trust beneficiaries (i.e. individuals with mental illness, individuals with chronic alcoholism and other substance related disorders, individuals with traumatic brain injury resulting in permanent brain damage, individuals with Alzheimer’s disease and related dementia, and individuals with developmental disabilities).

Secondary Beneficiaries – family members or caregivers providing support to Primary Beneficiaries.

Outreach & Education – members of the general public who were the focus of outreach, prevention or education activities (i.e. health fairs, screenings, media campaigns, etc.).

Professionals Trained – individuals with professional training and various educational backgrounds who are paid to provide care and/or services to Primary Beneficiaries.

The following table provides an estimate of the number of individuals served by Authority Grant type for projects that were closed in FY14. The totals from FY10 – FY13 are included for comparison; however, keep in mind that these vary widely and are dependent on the nature of the projects that are funded and/or closed each year.

Authority Grant Type	# of Primary Beneficiaries	# of Secondary Beneficiaries	Total # of Beneficiaries	# of Outreach & Education	# of Professionals Trained	Total # Served
Focus Area	8,173	2,922	11,095	1,009	1,065	13,169
Designated Grant	117	188	305	952	149	1,406
General Authority	389	773	1,162	0	0	1,162
Partnership	1,502	1,331	2,833	1,049	33	3,915
Conference	80	63	143	270	803	1,216
Small Project	475	208	683	0	3	686
FY14 Total	10,736	5,485	16,221	3,280	2,053	21,554
FY13 Total	16,593	2,380	18,973	12,858	8,277	40,108
FY12 Total	6,832	2,217	9,049	17,202	4,886	31,137
FY11 Total	10,070	2,145	12,215	17,264	3,623	33,102
FY10 Total	8,522	4	8,526	3,287	9,214	21,027

Project Performance – How Well Did the Grantees Do?

Focus Area, Designated Grant, General Authority, and Partnership Authority Grants were rated in two performance-related categories: Impact on Communities and/or Systems and Grant Compliance. Conference and Small Project Authority Grants were rated on Grant Compliance only. For each category, grants were rated with a score between 1 and 5; with 1 being the lowest and 5 being the highest. Focus Area, Designated Grant, General Authority, and Partnership Authority Grants had the possibility of scoring a maximum of 10, whereas Conference and Small Project Authority Grants had the possibility of scoring a maximum of 5. After each project was rated, the scores were averaged across the type of grant award. Note: In FY14, the categories and scoring processes were simplified, making previous year's results not comparable to this year. Therefore, only the fiscal year for which this report is representing (FY14) is shown. Next year, we look forward to comparing year-to-year averages.

Authority Grant Type	Average Score for Impact on Communities and/or Systems (1-5)	Average Score for Grant Compliance (1-5)	Average Total Score (Impact + Compliance = maximum score of 10)
Focus Area	3.9	4.3	8.2
Designated Grant	3.4	3.8	7.2
General Authority	4.7	4	8.7
Partnership	3.9	3.5	7.4
Conference	n/a	4.7	n/a
Small Project	n/a	4.3	n/a
FY14 Average Score	4.0	4.1	7.9

Project Impact – Is Anyone Better Off?

For the 35 Authority Grants closed in FY14 that were categorized as direct service projects, 29, or **83%**, of the projects reported beneficiary improvements in quality of life, such as obtaining employment, stable housing, or sobriety. Shown below is the percentage of direct service projects within each Authority Grant type that reported a *better off* measure. For comparison, previous fiscal years (FY10-FY13) are included to show that work done over the years to encourage our grantees to report specific outcome data is paying off.

Authority Grant Type	Total # of Direct Service Projects	# of Direct Service Projects Reporting Beneficiary Improvements in Quality of Life	% of Direct Service Projects Reporting Beneficiary Improvements in Quality of Life
Focus Area	18	17	94%
Designated Grant	8	4	50%
General Authority	2	2	100%
Partnership	5	4	80%
Conference	n/a	n/a	n/a
Small Project	2	2	100%
FY14 Total	35	29	83%
FY13 Total			60.5%
FY12 Total			52.1%
FY11 Total			58.9%
FY10 Total			60.4%