

TRUST FY18/19 BUDGET OVERVIEW MEETING

MAY 6 WEBINAR: SUMMARY OF Q&A DISCUSSION

Introduction

Thank you for participating in the Trust's FY18/19 Budget process. We value your interest and input. Below, please find the questions asked during our kickoff webinar on May 6th with hyperlinks to the responses. If you have additional questions, please do not hesitate to reach out to a member of our staff.

[Question 1: Is this reflective of your "normal" process? And since you budget three years out, will you potentially make adjustments to FY17 and 18 budgets through this process?](#)

[Question 2: Will the Trust plan on continuing to fund smaller pilot projects, such as for Transition Age Youth?](#)

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Webinar Q&A Summary

Question 1: Is this reflective of your "normal" process? And since you budget three years out, will you potentially make adjustments to FY17 and FY18 budgets through this process?

Answer: No, this is not our normal process. We have a two year budget cycle and although we are about to enter FY17 in July, right now, we are planning for the FY18/19 budget cycle. In the past, stakeholder input has revolved around the focus areas and recommendations from our statutory advisory boards. For the FY18/19 budget process, we are broadening our approach to stakeholder engagement. In the past, we have hosted separate stakeholder meetings specific to each focus area. Staff then pulled recommendations from each focus area together into a consolidated budget recommendation. While we still anticipate developing a budget

recommendation for each focus area, this year we are taking a much more integrated approach to soliciting input and developing that recommendation. The other way planning for this budget cycle is very different is that we are looking at the focus areas through the lens of Medicaid Reform and Redesign and Criminal Justice reform and Reinvestment. The infographic shared during this presentation (available under meeting materials) illustrates this nicely.

Question 2: Will the Trust plan on continuing to fund smaller pilot projects, such as for Transition Age Youth?

Answer: Our plan in approaching the FY18/19 budget to take a really good look at the strategies and projects that we have been funding, including projects that we are currently funding in FY17. We will be taking into consideration the analysis of those and will be discussing that in detail when we engage in the two-day in-person work session with selected participants to determine whether or not those are the strategies that we should continue, if there is something we might need to do something differently, or if there are, in fact, missing strategies that we want to recommend in the FY18/19 budget that are consistent with the reform efforts underway. So, basically, no decisions are made at this point about continuing to fund or not fund various project, but we will walk through a deliberative process in looking at existing commitments that we have made and any additional recommendations that we need to consider. We would also like to mention that while we are looking through the lens of Medicaid Reform and Redesign and Criminal Justice reform and Reinvestment that does not mean that things the Trust has been funding and supporting that are not directly related to these efforts is not going to be considered a priority. We recognize that there are many of the things we have supported are key strategies for ensuring a comprehensive mental health program that we will want to continue to support.

Question 3: Can you comment on FY 17 - is this process complete?

Answer: Generally the FY17 budget is complete. The MHTAAR projects that go through state government have all been placed into the state budget. Most of our Authority grants are on track. Is it possible that Trustees will make some adjustments to the FY17 budget? Yes, but we expect them to be extremely limited and narrow in focus.

Question 4: Can you comment on the analysis you will use?

Answer: We have been working with our grants department to review the reports and the information that we have available to us through the regular grant reporting process and though the status reporting that we receive from departments that we provide MHTAAR funds to. We'll be looking at the performance measures and objectives of those projects to see how they are doing and how they have been performing. We will be looking at the intention of the project, when we started the project, what were we trying to accomplish with the project, and generally what was the impact. We will take into consideration length of time that we have been funding it and a number of other factors. We are working to pull that analysis together now and we will be sharing that with the stakeholders that we have invited to work on the budget. We believe that will allow us to have some very focused conversations about those projects and develop recommendations. That information will be available to everyone, not just the smaller group that will participating on May 25th and July 6th and 7th.

Question 5: How exactly is the \$10 million going to help the department with Medicaid reform?

Answer: Well, here's what happened: when Senate Bill 74 got to the fiscal note stage, there was considerable concern on the part of the legislature that there not be a high number of costs associated with the process. So for example, when the department indicated that they needed some positions in order to do the work, the last thing the legislature wanted to do was add even non-permanent positions to the state workforce and so basically all of those positions were taken out. Whether they were positions in the Medicaid office, or in the Division of Behavioral Health, or Senior and Disabilities Services, all those were taken out. Well, the problem with that is that there is a lot of work to be done in addition to the day to day work and, contrary to what some people might believe, pretty much everyone at the department has a full time job now. So the idea that they were just going to work harder, faster, longer, really wasn't realistic. There are waivers and state plan amendments that have to be prepared. Yes, you can use consultants for some of that but, at the end of the day, the department has to have the resources in order to be able to do that work. So that was one area that the Trustees stepped in and agreed to fund a number of those positions so that the department had the human resources it would take to complete some of these tasks. Other areas that we assisted in – There are some of these initiatives that we think will require people to travel to do site visits to states that have done something similar that we think would be well adapted to Alaska. That is a strategy the Trust has used to great positive effect both with Housing First and the Bring the Kids Home initiative. It not only gives a cross section of providers, state workers, family members, and consumers a chance to see how some of these things work in other places but also a chance to have informal conversations as they travel and form bonds and relationships during those events. Well, the state has a huge travel freeze. The chances of anybody getting any authorization to travel out of state to do site visits is pretty much slim and no, and so the trustees agreed to put some resources into pulling together some of those groups to do site visits. Another example in the Senior and Disability Services area, a lot of plans going forward for how we are going to improve that system of care. But we are using an assessment tool, which by all accounts is not nearly as useful as it needs to be. It is a deficit-focused instrument in that it focuses on what a person can't do instead of what they can do and it has very little inter-rater reliability. So two of us could assess the same individual and come up with very different answers as to what their needs are. In an effort to keep the fiscal notes down, the department decided it wasn't going to be practical to ask the legislature to fund a new assessment tool on top of all the other needs they had to carry out this senate bill. In the view of the trustees, that was pretty much like putting bald tires on a new car and that didn't make any sense. So they allocated resources for the department and the division to purchase a new assessment tool. So again, as we have with Bring the Kids Home and the other focus areas, the \$10million over three years is really focused on the infrastructure if you will for the initiative. Enabling the department to be able to complete some of the tasks and have the personnel necessary to get the job done. It is probably true that the legislature knew that the Trust was likely to step forward with some resources. In fact, we had told them that we would. But this is part of the collaborative relationship between the Trust and the legislature and the administration and this is why the Trust exists – to assist in these kinds of systems changing initiatives.

Question 6: Will the Trust work very closely with the department in Medicaid reform and how?

Answer: Well, we've worked very closely of course with the department all through the Senate Bill 74 process. Going all the way back to the original Agnew::Beck contract that looked at the Medicaid system and where things needed to change, particularly in the behavioral health arena. We have ongoing discussions with the department and we expect that there will be some sort of steering committee or other sort of organized process to, first of all, lay out all of the steps from these various initiatives. Not only because each strategy has its own timeline and tasks, but many of them are interrelated. So it is going to be, for those of you who are familiar with Gantt charts that track strategies and tasks and timelines and how they interrelate – we expect there to be some kind of a collaborative steering committee process that will develop and monitor using that kind of a project management approach.

Question 7: Can you give us an idea of the process you are using to identify stakeholders and the process moving forward. How did you select the stakeholder group?

We essentially reached out to a very broad stakeholder group that includes most folks who have participated in our focus area meetings in the past. That group is very large. Moving forward, Trust staff identified key representatives from these stakeholders that could represent the interests and perspectives of the focus areas and these broader reform efforts in the process of doing the budget work. So we reached out to those identified individuals that could represent the broader folks in the process of doing the budget work. As the group is winnowed down to some extent to make it more practical to have an interactive discussion with folks, there shouldn't be anybody in this larger group who doesn't feel that there isn't someone who understands their perspective, has experience in their particular area, and they should feel comfortable reaching out to those representatives. If there is anyone who doesn't feel like there is someone and whom you do not feel comfortable communicating with about your ideas, then let us know. The goal here is to be as inclusive of the various perspectives as we can be while still having a process that is workable. It's always a dilemma, you want to include everybody but you have to have a group that you can have a conversation with. If you get too many people in the room and everyone takes two minutes, you have a three hour meeting and you haven't done anything. We would also like to reiterate that Trust staff are available to have phone conversations or through email to answer any questions or hear any comments you have.

Question 8: Isn't a new comprehensive integrated mental health program plan being developed and, if so, how does that relate to the FY18/19 budget process?

Answer: That's a great question, because the answer to that is absolutely. There is a process underway largely under the leadership of our chair, Russ Webb. Heidi Wailand is a new member of our staff and one of her prime charges here at the Trust is to lead the comprehensive integrated planning process going forward. We are actually pretty excited about developing this plan in this environment because there are going to be some really significant changes and we see the opportunity right now to do the plan as a way to actually get the plan ahead of the budget and other decisions, which in the past I think has not been as true. This is a really critical juncture in time and a really important opportunity that we have. The FY18/19

budget process is designed to be very strategic and very targeted but it is the Trust's budget process. It is not the comprehensive mental health program plan. It can help us understand the direction of the comprehensive mental health program. We think that that the program plan gives us the opportunity as a collective working with all of you, working with the department, and with other stakeholders to really set forward a vision for the comprehensive mental health program. We think the plan can be the glue that can connect all of the different efforts that we are working on. So that is how we are conceptualizing of it. It's going to be a longer process. The FY18/19 budget process is marching on a different timeline. Having a comprehensive program plan that may look different than it has in the past, having something that gives us a collective vision and a collective set of targets that we can work towards will be powerful. It may also have other components than it has in the past like a written technology plan that helps us understand what technology infrastructure we have and how are we going to leverage and improve it to achieve the kind of data analytics that we know we need. The plan presents an opportunity to pull together all of these different parts and pieces that we have to have moving together to accomplish what we want to accomplish with these reform efforts and with the system.