

MEETING AGENDA

Meeting: Planning Committee
Date: June 15, 2016
Time: 1:00 pm
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (866)-469-3239 / Session Number: 809 541 662 # / Attendee Number: #
Trustees: Mary Jane Michael (Chair), Laraine Derr, Paula Easley, Larry Norene, Jerome Selby, Carlton Smith, Russ Webb

Wednesday, June 15, 2016

		<u>Page No.</u>
1:00 pm	Call to order (Mary Jane Michael, Chair)	
	Announcements	
	Approve agenda	
	Approval of Minutes	
	• March 16, 2016	4
	• April 14, 2016	12
1:05 pm	Comprehensive Mental Health Program Update	
	• Heidi Wailand	
	• Presentation	18
1:50 pm	Workforce Development Focus Area Check-in	
	• Jeff Jessee, Katie Baldwin	
	• Presentation Slides	44
2:50 pm	Break	
3:00 pm	Pre-Development Program Update	
	• Jeff Jessee, Katie Baldwin	
	• Presentation Slides	62
3:30 pm	Capital Projects – Check In	
	• Staff	
	• Spreadsheet of FY16 Capital Project related partnerships and small projects	74
3:45 pm	Adjourn	

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2016 / 2017 / 2018

(Updated – May 5, 2016)

Planning Committee Dates:

- June 15, **2016** (Wed)
- August 9-10, **2016** (Tue, Wed)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 1-2, 2017** (Tue, Wed)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Jul 31- Aug 1, 2018** (Tue, Wed)
- **October 17, 2018** (Wed)

Resource Management Committee Dates:

- August 11, **2016** (Thu)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 3, 2017** (Thu)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Aug 2, 2018** (Thu)
- **October 17, 2018** (Wed)

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2016 / 2017 / 2018

(Updated – May 5, 2016)

Finance Committee Dates:

- August 11, **2016** (Thu)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 3, 2017** (Thu)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **August 2, 2018** (Thu)
- **October 17, 2018** (Wed)

Full Board of Trustee Meeting Dates:

- September 7-8, **2016** (Wed, Thu) – Anchorage – TAB
- November 17, **2016** (Thu) – Anchorage – TAB

- **January 25-26, 2017** (Wed, Thu) – JUNEAU
- **May 4, 2017** (Thu) – TBD
- **September 6-7, 2017** (Wed, Thu) – Anchorage – TAB
- **November 16, 2017** (Thu) – Anchorage – TAB

- **January 24-25, 2018** (Wed, Thu) – JUNEAU
- **May 9, 2018** (Wed) – TBD
- **September 5-6, 2018** (Wed, Thu) – Anchorage – TAB
- **November 15, 2018** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

March 16, 2016
1:30 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Steve Williams
Jeff Jessee
Miri Smith-Coolidge
Kevin Buckland
Katie Baldwin-Johnson
Amanda Lofgren
Carrie Predeger
Heidi Wailand
Valette Keller
Carley Lawrence
Luke Lind
Kat Roch

Others participating:

Kathy Craft; Duane Mayes; Randall Burns; Monique Martin.

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and begins with the roll call. She moves to the agenda and asks for a motion to approve.

TRUSTEE NORENE makes a motion to approve the agenda.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL asks for any announcements. There being none, she moves to the minutes of January 26, 2016.

TRUSTEE EASLEY makes a motion to approve the minutes of January 26, 2016.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves on and begins with a CEO update. She recognizes Jeff Jessee.

MR. JESSEE states that he ran into Representative Neuman who was advocating his \$30 million substance use disorder initiative. His commitment to this is encouraging. He continues that funding possibilities are being looked at, and a key person in that endeavor will be Senator Kelly. He adds that Fairbanks is in desperate need of a sobering center, and Kathy Craft has been involved with developing a tentative arrangement on how this would work. He explains this more fully. He adds that the Conference Committee has been postponed until the end of the process. He reports that Senate Bill 91 has made it out of State Affairs and is in Judiciary. He explains this more fully. He states that a big part of this process is to try and drive down the cost of Corrections. He continues that the idea of prison closure this year will not be pursued. He states that staff continues to meet to think through the FY18-19 budget process, given the new lens of priorities that the trustees set: Medicaid reform and criminal justice reform.

TRUSTEE WEBB comments that, in going further in the discussion using justice reinvestment to fund Representative Neuman's initiative, to bring up that it is focused on recidivism, the backdoor of the prison system, as well as the front door in terms of prevention and avoidance.

MR. JESSEE states that is a good point, and he will modify his talking points.

CHAIR MICHAEL asks for any further questions.

TRUSTEE SMITH asks if there are any major changes seen in that committee.

MR. JESSEE replies that he does not expect wholesale changes, but does expect to see some rolling back of what happened in Labor and Commerce.

CHAIR MICHAEL moves to the next item which is an update on the Comprehensive Integrated Mental Health Plan and behavioral health systems assessment follow-up. She recognizes Heidi Wailand.

MS. WAILAND marks her one-month anniversary at the Trust and thanks all for the opportunity to provide an update on some of the work that has been collaborated on. She continues that one of her main responsibilities is to serve as the point person for the integrated comprehensive mental health planning which the Trust wishes to undertake. She explains that it will be a journey with no clear road map at the moment which presents an opportunity to develop this road map with the partners. This is an exciting challenge. She states that she recommended in the behavioral systems assessment pursuit of a comprehensive mental health plan. She continues that what she has come to understand is that the plan encompasses all of the Trust beneficiary groups, which is really powerful. She shares some of the activities that she started off with. She started with the statute that states that the purpose of the Alaska Mental Health Trust Authority is to ensure a comprehensive mental health department. Through this lens there is seen a better understanding of the relationships that are intended around the comprehensive mental health program and ensuring that it is comprehensive and integrative. She states that part of this journey is to ensure that this process be directed and efficient; to envision where it is going and what is wanted. She continues that one of the goals is to produce a useful, actionable plan which should guide all of the partners, including the Trust. She adds that it is going to be very important to clearly delineate what the comprehensive publicly funded mental health plan is, and establish program-level priorities. She states that there are three core functions: first is defining the program; second is assessing; and the third is monitoring. She explains these in greater detail. She adds that this is a group expedition with the partners. She asks for any questions.

TRUSTEE SMITH asks if that could be available in writing.

CHAIR MICHAEL agrees, and moves on to Medicaid reform potential implementation involvement and Trust funding.

MR. JESSEE states that there are three ways to assist the Department mechanically with funding: one is to provide MHTAAR, which will go directly to the Department to spend which would be done with an amendment to a fiscal note. Second, there are a variety of things that could be done from the Trust as Authority Grants to put out the contracts and administer them. The third option would be to RSA the money to the Department. The critical pieces are those that need to go into the fiscal notes and become part of the bill. He adds that most of these proposals are less developed at this point, but we will come back with a more developed plan. He states confidences on the Department's proposals because of working with them on the scope, sequence and the cost.

MS. MARTIN states that she is a health-care policy adviser in the Office of the Commissioner. She explains the process that was gone through to get to the fiscal notes.

MR. JESSEE walks through the items proposed that the Trust supplant general funds. No. 1 is the DBH capacity assessment and development. He states that this is a huge change for the Division, which he describes in detail.

A short discussion ensues.

MR. BURNS explains that currently the Division of Behavioral Health is mostly API in terms of staff. The other 100 staff spend a great deal of time in three different areas: prevention, treatment, and recovery. He explains this more fully.

CHAIR MICHAEL asks if the Division's role would become more of managing the contract for the ASO.

MR. BURNS replies that is correct and adds that staff needs to learn how to use the data coming in from all the providers, to actually manage the system of care with attention paid to the services areas, making sure that the ASO is ensuring access.

The discussion continues.

TRUSTEE WEBB states that one of his main concerns in the Department's development of the fiscal note was not to low-ball the fiscal notes. The huge concern to the Trust is setting up a system of care that is operated by an administrative services organization without the capacity to define the system of care that ensures that system of care is actually implemented on an ongoing basis. He continues that the only protection the Trust has for the beneficiaries is what the State is capable of applying to the implementation of an administrative services organization.

MR. BURNS adds that the other important part of this is the 1115 waiver. The creation, writing, and implementation development of that waiver will also guide in writing the contract for the ASO.

The discussion continues.

MS. LOFGREN states that the Department will put out a request for letters of interest; essentially, a scope of what the ASO would do.

TRUSTEE EASLEY asks what changes in staff at DBH are being talked about.

MR. BURNS replies that there have already been a lot of cuts taken to the Department staff and his Division without the ability to hire because of the hiring freeze. He states that by the time the ASO is up and running, staff will be lean.

The discussion continues.

MR. JESSEE explains that staff has been scrubbing prior fiscal years to look at what could lapse, that could be pulled forward and then looking at the FY16 and the FY17. He states that about

\$3.5 million has been identified and pulled through prior fiscal years up through '16. He continues that another million has been identified in '17.

TRUSTEE DERR states that might not drastically affect this year, but will affect what is available down the road.

MR. JESSEE agrees, but the hope was to make decisions today about where and how much could be spent without going to the reserve.

CHAIR MICHAEL asks to look at the program content.

MR. JESSEE begins, going through leading the discussion as he goes along.

TRUSTEE WEBB states the need to do whatever is needed to make sure the data is there to manage the changes and make this successful. He continues that if the Trust is going to provide the money to do this, then there is a need to have some formalized access to the data so that when the information is needed it can be analyzed without being dependent on some other entity telling us what is needed to be known. He adds that he does not want future trustees and staff flying blind as this comprehensive plan is developed.

MR. JESSEE states that that sounds like something for the statement of intent.

MR. BURNS states that one of the values of connecting into the health information exchange is that, at some point, the reports for the data can be designed.

TRUSTEE WEBB states that he wants more than designing reports; he wants running reports.

MR. JESSEE continues going through the program content and leading the discussion.

MR. MAYES states that a contract with Health Management Associates was signed at the end of October and started moving forward with investing on the deliverables in November. He continues that the first two deliverables are to go out and do stakeholder engagement. That is a requirement in moving forward with the implementation of the 1915(k) option. CMS requires the creation of a council to gather input from the recipients that actually receive services. He adds that something needs to be done about the existing tools.

MS. LOFGREN states that in the last ten years all the advocates, families, parents, providers, and individuals have been advocating for this. It is a better way to get the right service to beneficiaries and is also a better way to effectively manage what is trying to be accomplished with the systems reform in terms of the systems management that has to be done in terms of just in-house operations. She continues that there are two major components about an assessment tool that need to be put in place: inter-relator reliability and resource allocation. She explains both more fully. She adds that those are the two critical pieces to be able to address some of the concerns that the legislators have had about 1915(i) and (k).

A short question-and-answer period ensues.

TRUSTEE DERR asks about the \$150,000 requested for national best practice site visits.

MR. JESSEE explains that travel is very difficult for the State at this point, which makes the ability to assist in this regard even more critical. He states that a suggestion was made to come back to the board and state the importance of visiting these sites and how many people would go. That would make sure that staff is being extremely conservative in doing these things when only really necessary.

TRUSTEE DERR asks about another place for five people, and it was \$10,000 per person for each trip.

MS. LOFGREN clarifies that in the Department list there are two areas where there are site visits; one to go out around the 1115, the behavioral health access initiative, in No. 9, \$150,000 is listed in there. She states that the thought was for three types of trips: One for the Alzheimer's disease and related dementia service delivery system, which is not in place right now; second was looking at the intellectual developmental system; and third was included to look at assistive technology across the lifespan across all beneficiary groups. This is a critical component to independence, and systems around home- and community-based services. She continues that the \$10,000 was actually in the recommendation that came forward from AADD. They put a placeholder there for their team.

CHAIR MICHAEL asks for any other questions or comments.

MR. MAYES states that he just got done with Channel 2, and we are reaching out to different advocacy groups. He has been very clear that with all of this there is a need to step back and look at the mechanics of the IDD waiver. He continues that a good job of getting some controls and some fences around the other three waivers and the PCA program has been done, but the IDD waiver needs to be looked at. He adds the need to look at all the different services within that IDD waiver. Something needs to be done because it is unsustainable in its growth.

CHAIR MICHAEL asks for any comments.

MR. JESSEE states that the other components are expanding the ADRCs, which is a major systems change advancement. Also proposed are time-limited funding for long-term nonperm FTEs. He continues that this comes back to that they are absolutely necessary for the Department to be able to do this work. He adds that the Legislature insisted and pulled these out. He adds that it was negotiated with the Department to commit to fund these for three years. The work has to get done in that time frame. He states that this gives the Legislature assurance that these are not permanent positions, are funded by the Trust, and will end at the end of the project.

MS. MARTIN adds that Mr. Jessee stated that these positions are time-limited, but the new positions under No. 10 are permanent.

MR. JESSEE suggests dealing with this package before going on to other things. He states that one item on that list is necessary to deal with today, the ABLE Act. He continues that the ABLE Act is pursuant to a federal law that was passed in the last couple of years that allows states to set

up a system where individuals with a disabilities can create a health savings account only for other types of expenses, and shelter those savings from being counted as a resource for public benefits. He adds that the huge advantage to beneficiaries is that ability to actually become more self-sufficient because of the ability to accumulate some assets that can be used to increase their independence and participation. He states that this is in the State's interest because there is also a clawback provision which, when they pass away, the State is able to reclaim some of the money that was spent on public benefits. He continues that this bill is, so far, moving in the Legislature and has received a general fund fiscal note. He adds that there are startup costs to get the project in place and eventually the ABLE programs will be self-sustaining. The Trust will need to fund the startup if it wants the ABLE Act to pass.

CHAIR MICHAEL asks to talk about the ADD recommendations.

MR. JESSEE comments on the board recommendations, the ABHA recommendations and the ADD recommendations. He states that some of the recommendations are more defined than others. He adds the need to get providers technical assistance to come up to speed, and that order of magnitude is appropriate. He continues that the data analytics for outcomes and utilization is down the road and not necessary to decide in advance of the May meeting. He states that he would like to put the \$300,000 for technical assistance and the ABLE Act on the table and, for the rest, come back with something more well developed.

CHAIR MICHAEL asks Mr. Jessee to talk about where the potential funding could come from.

MR. JESSEE explains that the way the budget works is when focus area allocations are made they have a four-year life span. Those dollars are spent on strategies that were identified in those areas for those fiscal years. He continues that, over time, amounts start to lapse as those years end and the authority for the money to be spent disappears. That money then comes forward as the lapsed funds, which is a couple million dollars a year. Based upon trustees' direction to prioritize this effort, staff has gone back and swept all of the loose allocations and brought them forward; through FY16, that is \$3-and-a-half million.

CHAIR MICHAEL states that using the lapsed funding will prevent using the reserve.

A short discussion ensues.

MR. BUCKLAND explains the lapsed funding in greater detail.

The discussion continues.

TRUSTEE WEBB suggests setting aside a special time to meet and figure out exactly what is wanted, define it, and then figure out where best to get it.

The discussion continues.

TRUSTEE WEBB suggests setting up a special Finance Committee meeting for the definition and then work to get it.

MR. JESSEE states that can be set up on very short order and does not have to wait until the April Finance Committee meeting.

TRUSTEE SMITH states that this review needs to be a routine exercise and there is a need to find the right people to involve.

MR. JESSEE asks how much do the Trustees want to spend.

CHAIR MICHAEL recommends a five-minute break and asks for a motion to adjourn.

TRUSTEE NORENE makes a motion to adjourn.

TRUSTEE SMITH seconds.

CHAIR MICHAEL adjourns the meeting.

(Planning Committee meeting adjourned at 3:35 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
PLANNING COMMITTEE MEETING

April 14, 2016
9:00 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

Mary Jane Michael, Chair
Russ Webb
Carlton Smith
Laraine Derr (via Speakerphone)
Larry Norene
Paula Easley

Trust staff present:

Steve Williams
Jeff Jessee
Miri Smith-Coolidge
Kevin Buckland
Katie Baldwin-Johnson
Amanda Lofgren
Carrie Predeger
Heidi Wailand
Valette Keller
Carley Lawrence
Luke Lind
Kat Roch
Michael Baldwin

Others participating:

Kathy Craft; Donna Mong

PROCEEDINGS

CHAIR MICHAEL calls the Planning Committee meeting to order and begins with the roll call. She moves to the agenda and asks for a motion to approve.

TRUSTEE EASLEY makes a motion to approve the agenda.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves to the minutes of February 23, 2016.

TRUSTEE EASLEY makes a motion to approve the minutes of February 23, 2016.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR MICHAEL moves on and begins with a CEO update. She recognizes Jeff Jessee.

MR. JESSEE states that the Medicaid bill is up on the House floor today and it is still unclear on whether it is going to end up going to a conference committee.

TRUSTEE NORENE asks for an explanation of who is objecting.

MR. JESSEE replies that the lead objector is Representative Neuman, and the concern is privacy. He states that if this database tells physicians and pharmacists what drugs have been prescribed, there is a possibility that it could be hacked into and then someone would know who has these valuable drugs and they could be found. He continues that none of these databases have proven to be inviolate. On the flip side, it is seen as a pretty key tool to not only trying to help manage the opioid epidemic, but also as a cost containment issue to try to get a handle on who is prescribing how much of what. He adds that both positions are pretty firmly held. He moves to the criminal justice bill which is actually being heard right now in House Judiciary, which is Representative LeDoux's committee. He states that it is the most far-reaching reform and saves the most money. He explains in greater detail. He adds that it looks like the Criminal Justice Commission is going to be designated as the watchdog of this effort. He continues that he and Judge Rhoades are going to co-chair a behavioral health committee for the Criminal Justice Commissioner and really look at getting the most impact for the beneficiaries out of this reform effort. He explains this more fully. He moves to Title IV, stating that in the end the choice was to either give up one of the seats on the board or take it out of the bill altogether. He explains that the choice is to either go with something or pull it out of the bill, get the minor consuming, have no changes to the board, and come back and fight them next year. He states that Senator MacKinnon introduced a Permanent Fund redesign bill, which is sort of a hybrid of the Governor's bill and Leslie McGuire's bill. He continues that the charts and graphs look pretty

doable. He adds that she got the Senate to introduce it and got the House to agree to introduce the same bill, which is a huge step forward. He asks for any questions.

CHAIR MICHAEL comments that the Rasmuson Foundation report recommended how to do the tax versus the Permanent Fund was interesting comment given the discussion.

A short discussion ensued.

TRUSTEE EASLEY asks if there are any projections from income on the marijuana tax.

MR. JESSEE replies that the projection is about \$6 million in the first year, FY17, and up to \$9 million the next year.

TRUSTEE EASLEY asks if 50 percent of that goes into the Trust fund.

MR. JESSEE replies that half of it is designated as part of this fund, but it is all part of the pot. There cannot be a designated fund.

TRUSTEE WEBB states the key issue is when each of these provisions takes effect. He continues that the reinvestment money will take effect the first part of July. He asks if the changes in making class B misdemeanor citations are also effective the 1st of July.

MR. JESSEE replies that he did not know. He asks for any further questions.

CHAIR MICHAEL moves on to the FY18-19 budget framework process and recognizes Katie Baldwin-Johnson and Steve Williams.

MS. BALDWIN-JOHNSON begins with a brief overview on what the budget process has historically been. It is a two-year cycle: the first year has fairly solid strategies and budget recommendations; the second year has a good idea of those projects that are likely to carry forward. Often times there are placeholders until those recommendations are looked at and talked about. She talks about the stakeholders and why they are engaged. She then moves to the key priorities that need to be accomplished and explains in greater detail. She states that the intent is to engage the stakeholders in a way that is intentional and valuable to establish a communication framework. She continues her presentation. She states that the mission for the Medicaid reform and redesign is for a sustainable system of integrated care for beneficiaries to achieve optimal health, wellness and independence in the community.

MR. WILLIAMS continues the presentation and talks in detail about criminal justice reform and reinvestment. He states that if there is a healthy community-based system on the top side there will be healthier beneficiaries out in the communities and that system and structure will be healthy. He continues that if there is a healthy community system and structure, the impact of beneficiaries on the criminal justice system should be less. He explains in greater detail.

CHAIR MICHAEL states that it is important to recognize that the things accomplished in the focus areas have been significant.

MS. BALDWIN-JOHNSON states that the wheel represents how everything is integrated and that is the approach for this planning process. She continues that the broader webinar is planned for May 6th and will probably be an hour. It will introduce people to where we are and what staff is planning to do. She explains this more fully. She states that the intention of that is to prepare everyone for a work session that will happen in early June. She continues, that is an overview of the work that is being done and welcomes any feedback and thoughts.

MR. WILLIAMS adds that several stakeholders who are policy-level commissioner, deputy commissioner, leaders of their tribal organizations and so on, whose schedules are getting booked. He states that this is being put out there to make sure that everyone will have every opportunity to participate. He continues that there is a detailed in-depth discussion on June 9 and 10 with the hope of their input to consider when moving forward.

CHAIR MICHAEL asks for any questions or comments.

TRUSTEE NORENE states that is a lot of good work. He continues that the workload will increase as the economy shrinks, which may be the most difficult part of the task.

A short discussion ensues.

TRUSTEE WEBB states the need for a serious discussion on how to get the information packaged up so it can be of value in setting the context for these discussions.

TRUSTEE EASLEY comments on the economy and the presentation North Rim Bank made on doing this type of work.

TRUSTEE DERR states that she attended their presentation and they did an excellent job with the economic forecast and what they are predicting for Alaska. She continues that their economist is Mark Edwards, who does a really good job.

TRUSTEE SMITH states that this is terrific work.

The discussion continues.

CHAIR MICHAEL asks if the Finance Committee would work on putting together some information necessary for the basis of the planning process.

TRUSTEE SMITH replies that for this purpose it should be just addressing the revenue side.

MR. BUCKLAND states that something can be put together that will be able to convey what the revenue projections are for the Permanent fund, Treasury, and involve the TLO.

The discussion continues.

CHAIR MICHAEL asks for any other questions or comments.

TRUSTEE WEBB echoes the great job done on this. He continues that it is going to be very helpful for the Trust and the stakeholders in the future. He does ask for some fine-tuning and gives examples.

A discussion ensues.

MR. WILLIAMS assures the trustees when working with these entities and when the opportunity presents itself, staff is trying to get them to figure out a way to partner together with different agencies that serve similar populations in a similar way.

MS. BALDWIN-JOHNSON comments on the importance of regional planning and states that it is part of the reform efforts that needs to be thought about and focused on.

CHAIR MICHAEL asks for anything further. There being none, she states that all seem to be headed in a terrific direction and looks forward to what is next. She moves on to the FY17 Medicaid reform funding recommendation and recognizes Jeff Jessee and Kevin Buckland.

MR. JESSEE states that in the Finance Committee package is a memo regarding the Medicaid funding options, and we wanted to put it on this agenda because it has programmatic impacts. He briefly recaps the plan to make a significant investment in Medicaid reform. The goal was to try to exceed the maximum amount of resource that was likely to be made available for Medicaid reform. He continues that \$3.8 million was fleshed out, and the total cobbled together, including the unobligated, is about \$5.2 million. He adds that the recommendation from staff is to climb this ladder from the bottom up starting with the '13 through '15 Authority funds, which has no impact on any current strategy. He explains this in greater detail.

CHAIR MICHAEL asks if this is based on withdrawing from that fund one time.

MR. JESSEE replies that it is a one-time sweep of those past years.

A short discussion ensues.

TRUSTEE WEBB states that almost \$4 million has been allocated for FY17. He asks if this will be transferred fully on July 1 or incrementally throughout the year.

MR. BUCKLAND explains that if it is MHTAAR, those appropriations are approved by the Legislature and enacted in the law and the budget by the Governor signing the budget bill and are available immediately. He continues that the FY17 portion would be for Authority funds. He explains that those would end up being set up through a reimbursable services agreement; periodic billings will be received and approved, and essentially reimbursing the fund for those expenditures.

MR. JESSEE adds that it is available to the Department, even the MHTAAR funding pieces, but is not immediately cashed out. They will bill against it over the course of the year.

The discussion continues.

MR. JESSEE states that he made it very clear the amount of money the trustees have committed to and that supplying whatever the cost is has not been agreed to.

TRUSTEE DERR states that some legislators seem to understand that the Trust is going to be funding it.

MR. JESSEE states that there has been nothing put on the record and has been very clear that this is as far as the Trust commitment goes. He moves on and adds that staff is looking for guidance on whether to wait or take this to Finance.

CHAIR MICHAEL suggests to do it in Finance, and asks if all are fine with that. She asks for any other comments.

TRUSTEE EASLEY states that she wanted to pay attention to the workforce area report and mentions that the Office of Health Programs at the University are really streamlining a lot of the health workforce activities. She continues that the new name is the Alaska Center for Rural Health and Health Workforce, and the area health education centers are going out and recruiting people into the health workforce field. She adds that there are going to be three behavioral health camps in the summer, and about five students have already signed up. She states that it has taken a long time and the staff has done a really good job of bringing that about.

CHAIR MICHAEL thanks her. She asks for any other comments. There being none, she asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

TRUSTEE EASLEY seconds.

There being no objection, the meeting is adjourned.

(Planning Committee meeting adjourned at 10:55 a.m.)

Re-Envisioning Planning for the Comprehensive Mental Health Program

Trust

Alaska Mental Health
Trust Authority



June 15, 2016

18

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Presentation Outline

- Statutory Responsibilities
- Meaning, Prior Efforts, and Benefits of Planning
- Re-Envisioning the “Comp Plan”



Statutory Responsibilities: DHSS and the Trust

- **AS 47.30.660. Powers and Duties of the Department of Health and Social Services:** “The department shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services...”
- **AS 47.30.011. Alaska Mental Health Trust Authority:** “The purpose of the authority is to ensure an integrated comprehensive mental health program.”

Statutory Responsibilities: Advisory Boards

- **Duties and Responsibilities of Commission, Council, and Boards:**
 - **AS 47.45.240. Alaska Commission on Aging Powers**
 - **AS 47.80.090 Governor’s Council on Disabilities and Special Education**
 - **AS 44.29.140. Advisory Board on Alcoholism and Drug Abuse**
 - **AS 47.30.666. Alaska Mental Health Board**

The commission/council/boards shall...

“Provide to the Alaska Mental Health Trust Authority for its review and consideration recommendations concerning the integrated comprehensive mental health program.”

What does **Integrated Comprehensive Mental Health Program** mean?

- Integrated (excerpted from dictionary.com)
 1. combining or coordinating separate elements so as to provide a harmonious, interrelated whole
 2. organized or structured so that constituent units function cooperatively
 3. having, including, or serving members of different groups as equals
- Comprehensive (excerpted from merriam-webster.com)
 1. Including many, most, or all things
 2. Covering complexly or broadly; inclusive



"It's the only treatment option he has under his current health plan."

GN
COLLECTION

The Meaning Has Evolved Over Time

Desired Characteristics of a Modern Program

Prevention-Driven (rather than Treatment and/or Crisis-Driven)

Seamlessly Serves Beneficiaries across Settings and Ages

Promotes Community Awareness and Inclusion

Person-Centered, Culturally Appropriate

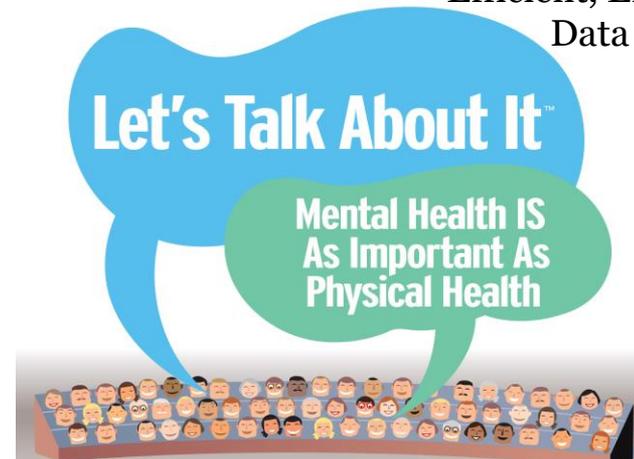
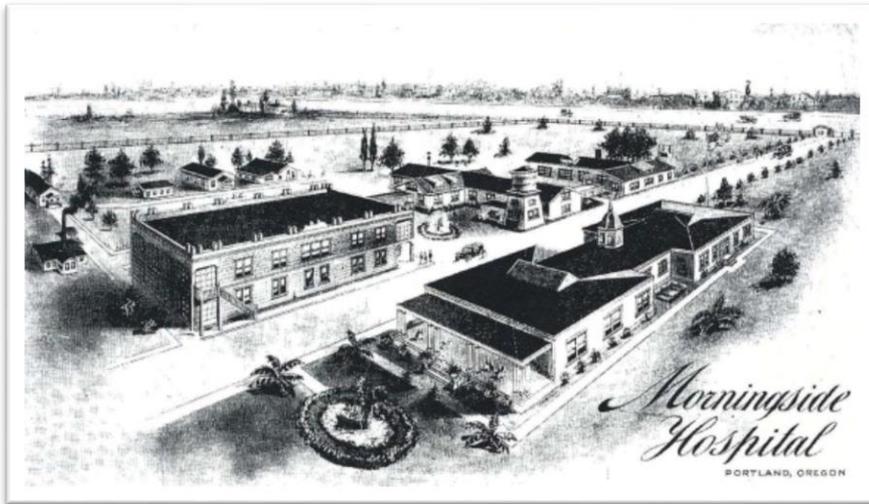
Balanced, Rational, and Resource Wise

Home and Community-Based

Accessible, Coordinated

Efficient, Effective

Data Driven



Prior Planning Efforts

- Past plans spanned five years with annual updates
 - *Alaska Scorecard*, annually since 2008
 - *Moving Forward 2006-2011*, with annual updates
 - *In Step – The Plan 2001-2006*, with annual updates
 - *In Unison 1996-2000*, with annual updates
- Starting in 2008, plans were supplemented with the Alaska Scorecard
- The last comprehensive program plan update occurred in 2011



Critiques About the Prior Approach

- “Minimal stakeholder engagement”
- “Plans sat on the shelf”
- “Failed to live up to its potential”
- “Legislators regularly ask why we have a mental health bill”
- “Leadership not sufficiently engaged”
- “Not worth the effort”



How Has the Trust Planned for a Comprehensive Program?

Trust Alaska Mental Health Trust Authority

BENEFICIARIES

Beneficiaries of the Trust include the following:

- mental illness
- developmental disabilities
- chronic alcoholism and other substance use disorders
- Alzheimer's disease and related dementias
- traumatic brain injuries

The Trust also works in prevention to help individuals at risk of becoming beneficiaries of these conditions, when mandated.

FOCUS AREAS

The Trust established focus areas to address issues with significant impact on Trust beneficiaries. The objective is to concentrate the Trust's funds, projects and other resources on several key issues that will substantially improve services across the state and better the lives of Trust beneficiaries. We work with a diverse group of agencies and organizations within each focus area to help bring change and create improved and more available services for beneficiaries.

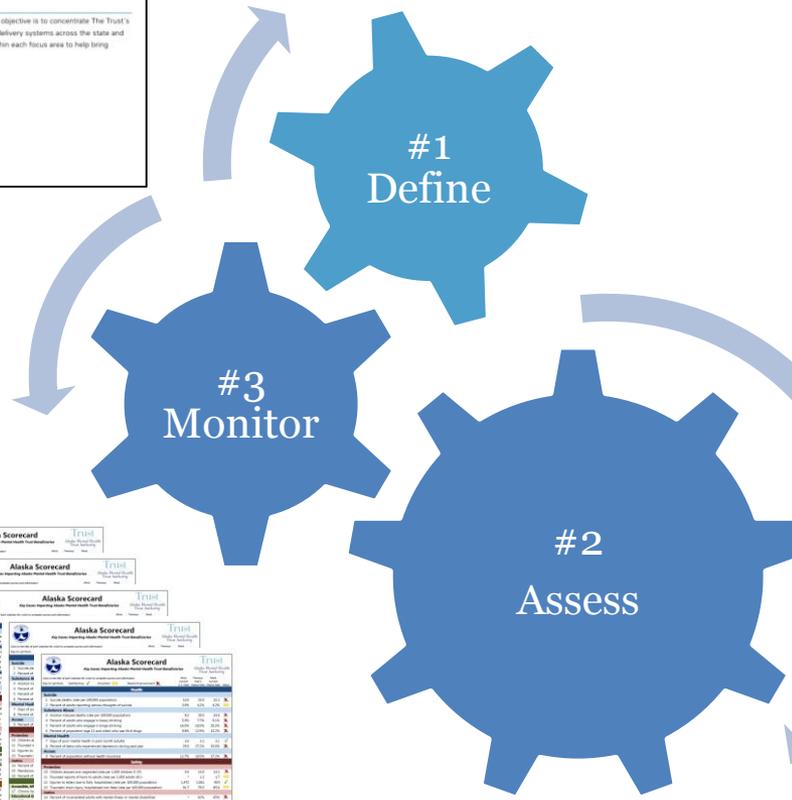
Housing and Long-term Services & Supports
 Workforce Development
 Disability Justice
 Substance Abuse Prevention & Treatment
 Beneficiary Employment & Engagement

Alaska's Roadmap to Address Alzheimer's Disease and Related Dementias

November 20, 2014

2016 Recidivism Reduction Implementation Plan

January 2016



REVIEW OF ALASKA MENTAL HEALTH STATUTES

RECOMMENDED MEDICAID REVISION + EXPANSION STRATEGIES FOR ALASKA

The 2009 Legislative Budget Center Report #2009-01

Alaska Performance Measure	2009-10	2010-11	2011-12	2012-13
Alaska's Unemployment Rate	7.5%	7.2%	7.0%	6.8%
Alaska's Median Household Income	\$10,100	\$10,200	\$10,300	\$10,400
Alaska's Median Home Value	\$120,000	\$125,000	\$130,000	\$135,000

The Economic Costs of Alcohol and Other Drug Abuse in Alaska, 2012 Update

Alaska Scorecard

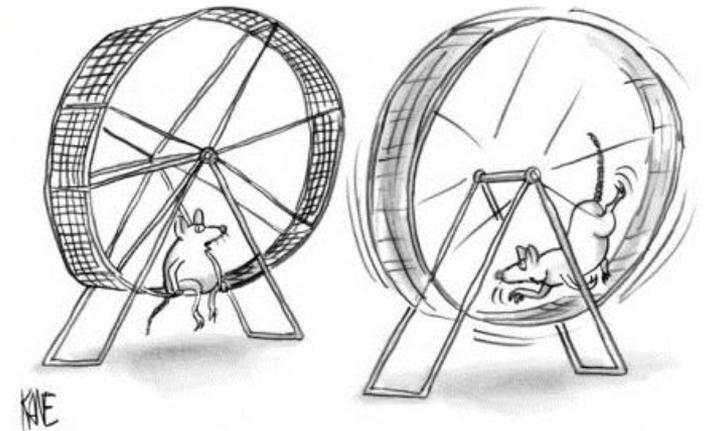
Category	Score	Target	Notes
Health	85	90	Improving
Economic	75	80	Stable
Education	65	70	Improving
Environment	90	95	Stable

Alaska Behavioral Health Systems Assessment Final Report

Behavioral Health Assessment Report 2009-2013

Costs of Planning in Silos

- Perpetuates divides across programs and systems
- Lack of interoperability of technology and data
- Stymies innovation; missed opportunities
- Collaboration is more time-consuming
- Poor access to available services
- Difficult to prioritize funding
- Varied quality and capacity
- Reinforces uniqueness
- Service duplication
- Other costs?



"I had an epiphany."

Benefits of Maintaining an Integrated Comprehensive Program Plan

- Encompasses all beneficiary groups
- Bridges departments and divisions
- Endures administrations and legislatures
- Clearly delineates the Alaska's publicly-funded mental health program
- Establishes program-level vision and priorities
- Serves as the glue that connects reform efforts
- Evolves as the program evolves



COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Ten Page Summary

2. Alaska Scorecard

3. Regional Profiles/Needs

4. State Budget Bills

5. Fiscal Analysis

6. System of Care Plan

7. Technology & Data Plan

8. Quality Improvement

9. Outreach & Engagement

- **Re-Envisioning Program Planning**
 - Not a single document, but a series of discrete “packages” of work phased in over time
 - Teams and timelines vary by work package
 - Guided by continuous outreach and engagement
 - Directed and overseen by a Steering Committee composed of key leaders

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

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- **What:** Short, Highly Readable Summary
- **Why:**
 - Define the program
 - Set shared vision
 - Communicate legislative and other priorities
- **When:** Annually, timed strategically to inform budget/legislative cycles

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

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- **What:** One Page Scorecard
- **Why:**
 - Establish key indicators
 - Monitor relevant population-level trends
- **When:** Annually

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Ten Page
Summary

2. Alaska
Scorecard

3. Regional
Profiles/Needs

4. State
Budget Bills

5. Fiscal
Analysis

6. System of
Care Plan

7. Technology
& Data Plan

8. Quality
Improvement

9. Outreach &
Engagement

- **What:** Regional Profiles and Needs Assessments
- **Why:**
 - Provide ready access to prevalence, utilization, outcomes, and funding data
 - Support regional continuum of care assessments and planning
- **When:** Annual updates to online profiles, ongoing regional assessment activities

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Ten Page
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Scorecard

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Profiles/Needs

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Budget Bills

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Analysis

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Care Plan

7. Technology
& Data Plan

8. Quality
Improvement

9. Outreach &
Engagement

- **What:** Mental Health, Operating, and Capital Budget Bills
- **Why:**
 - Allocate operating and capital funds to the comprehensive mental health program
- **When:** Annually

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

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- **What:** Analysis of Program Revenues and Spending
- **Why:**
 - Understand current spending and revenue patterns across continuum of care, including federally- or state-mandated services
 - Understand impact of funding reductions and increases on the comprehensive program
 - Identify any necessary shifts in strategy
- **When:** Annually, after passage of bills

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

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9. Outreach & Engagement

- **What:** System of Care Plan
- **Why:**
 - Define the desired system of care
 - Create a strategic plan with measurable targets to move the system to that vision
- **When:** Annual plan update with regular assessment and monitoring activities

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

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8. Quality Improvement

9. Outreach & Engagement

- **What:** Technology and Data Plan
- **Why:**
 - Establish a technology and data vision
 - Create a strategic plan with measurable milestones to improve infrastructure and data capacity
- **When:** Annual plan update with regular assessment and monitoring activities

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Ten Page
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& Data Plan

8. Quality
Improvement

9. Outreach &
Engagement

- **What:** Quality Improvement Planning and Implementation
- **Why:**
 - Provide mechanisms for the system to evolve and stay current with the needs of beneficiaries
 - Address need for processes that prioritize and coordinate improvement efforts across the system
 - Address need for data analytics to support program evaluation and monitoring and population health strategies
- **When:** Continuous

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN

1. Ten Page Summary

2. Alaska Scorecard

3. Regional Profiles/Needs

4. State Budget Bills

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8. Quality Improvement

9. Outreach & Engagement

- **What:** Outreach and Engagement
- **Why:**
 - Foster ownership and investment in “the plan”
 - Build a common understanding of the comprehensive mental health program: vision, framework, priorities, importance of data, etc.
 - Promote use of resources and align advocacy
- **When:** Continuous

Not the only planning, but the potential to serve as a compass

Trust

Alaska Mental Health Trust Authority



Helping Our Communities Heal
Alaska Suicide Postvention



Alaska Native Health Board

www.alaska.spfsig.org



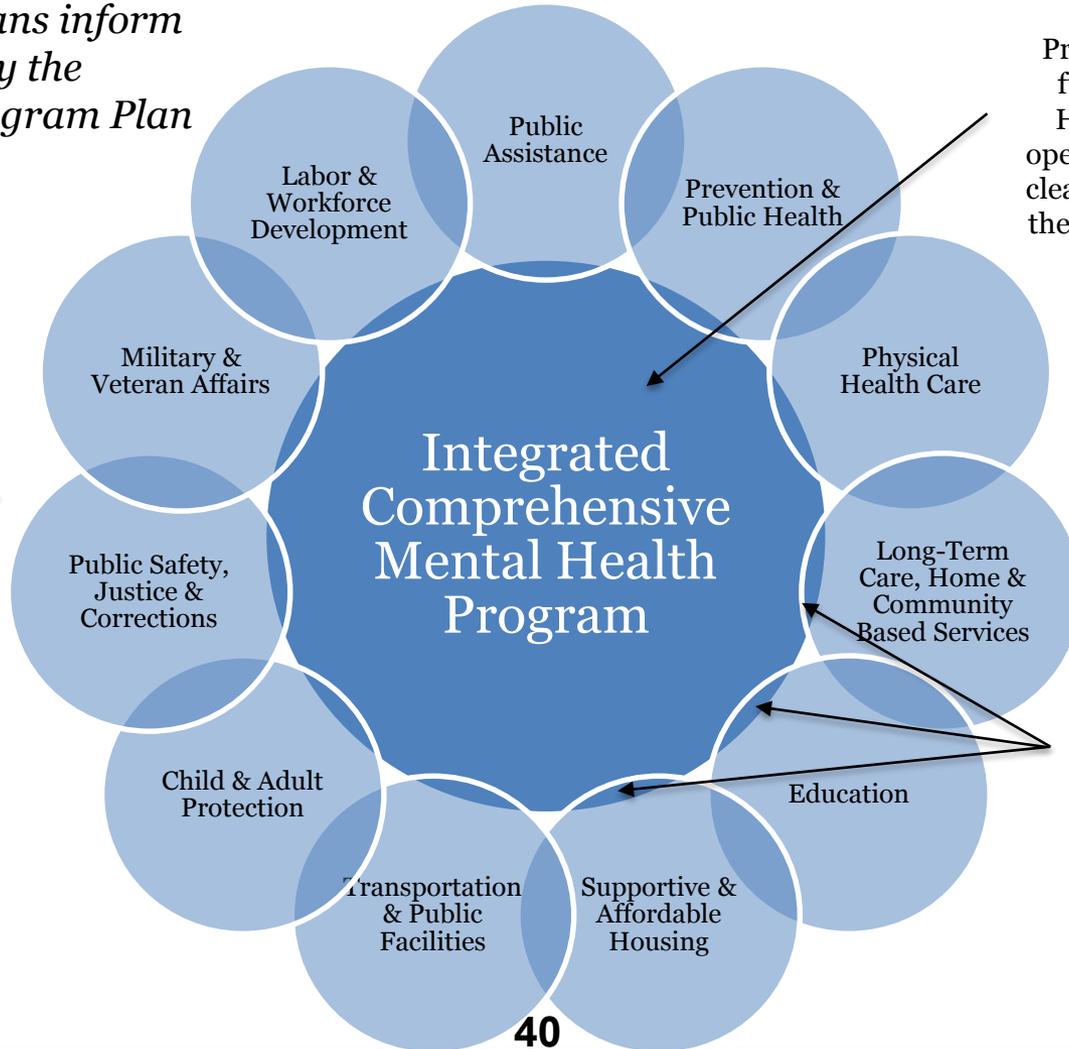
HEALTHY ALASKA PLAN

A CATALYST FOR REFORM

Integrated Comprehensive Mental Health Program

State and Tribal plans inform and are informed by the Comprehensive Program Plan

COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN



“Core”:
Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

Integrated:
Areas of Mission Overlap & Shared Responsibility

Trust-Specific Planning

A Comprehensive Program Plan will not meet all of the Trust's planning needs, but it will set system-level priorities and provide direction

COMPREHENSIVE
MENTAL HEALTH
PROGRAM PLAN



Trust

Alaska Mental Health
Trust Authority



In summary: the Comprehensive Mental Health Program Plan can...

- Establish a vision for the Mental Health Program and the systems that interface with it
- Serve as the glue connecting reform efforts
- Help us better understand and manage the transformation of the program
- Reduce silos
- Propel data sharing and analytics
- Improve quality
- Coordinate outreach around strategic issues
- Enhance access to needed services



Thank You

Trust

Alaska Mental Health
Trust Authority



Retooling the Workforce Development Focus Area

Trust

Alaska Mental Health
Trust Authority



New Strategies to Support Reform

June 15, 2016

Outline

- Focus Area Overview
- Direction from Trustees
- Proposed Changes
- Impact of Reform on Workforce
- New Strategies to Support Reform
- Summary of Recommendations

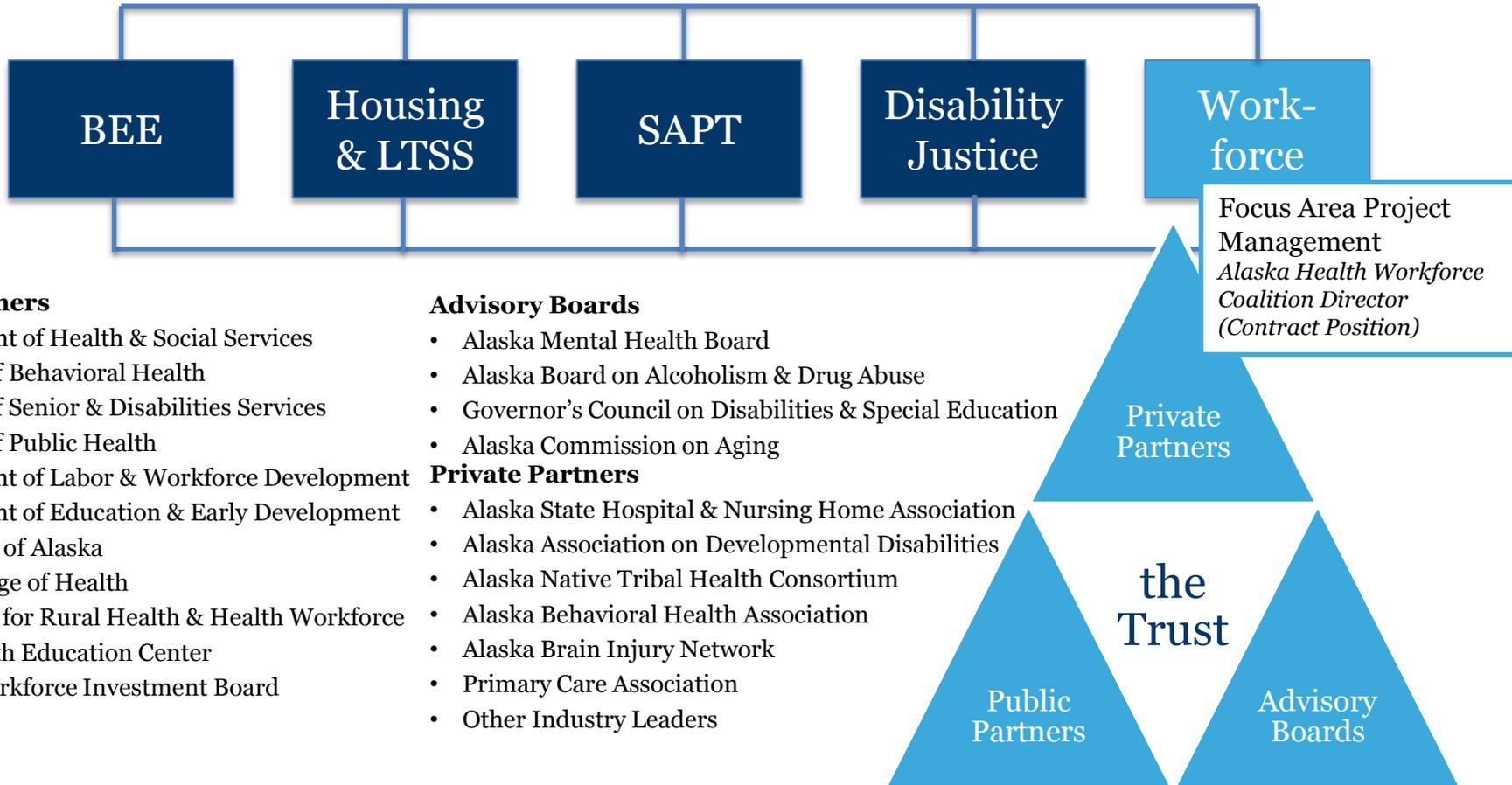


Workforce Focus Area Mission

In 2008, trustees established the Workforce Focus Area to help ensure a stable, capable, culturally competent workforce to serve Trust beneficiaries, their families and communities.



Current Focus Area Structure



Public Partners

- Department of Health & Social Services
- Division of Behavioral Health
- Division of Senior & Disabilities Services
- Division of Public Health
- Department of Labor & Workforce Development
- Department of Education & Early Development
- University of Alaska
- UAA College of Health
- AK Center for Rural Health & Health Workforce
- Area Health Education Center
- Alaska Workforce Investment Board

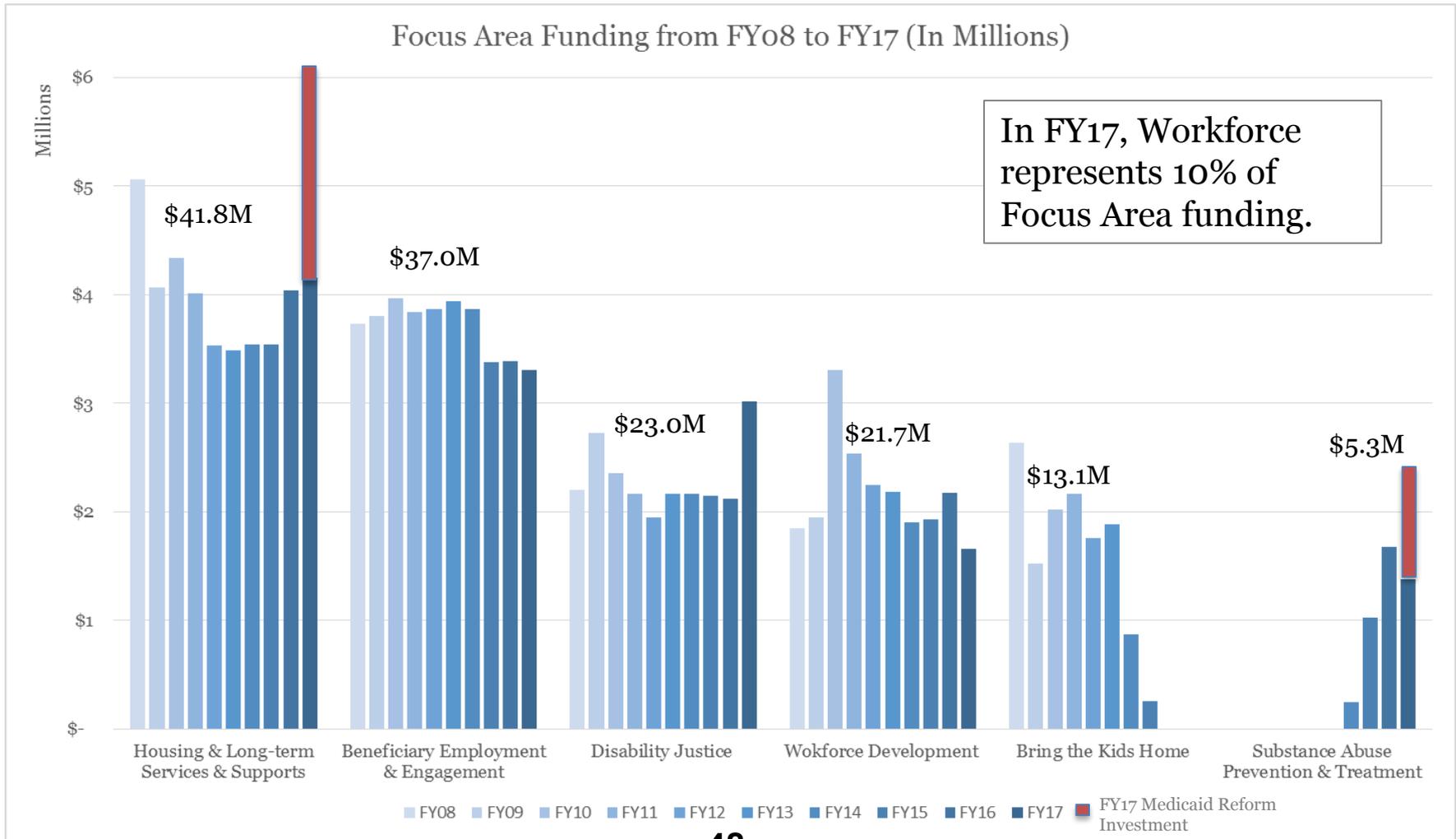
Advisory Boards

- Alaska Mental Health Board
- Alaska Board on Alcoholism & Drug Abuse
- Governor’s Council on Disabilities & Special Education
- Alaska Commission on Aging

Private Partners

- Alaska State Hospital & Nursing Home Association
- Alaska Association on Developmental Disabilities
- Alaska Native Tribal Health Consortium
- Alaska Behavioral Health Association
- Alaska Brain Injury Network
- Primary Care Association
- Other Industry Leaders

Focus Area Funding Over Time



Direction from the Trustees

“We intend to phase [Workforce] out as a focus area. In FY16, we intend to begin figuring out what can be either slowed down or terminated without causing great harm to programs that are already underway. But the major portion is figuring out what we need to do: what new strategies, what different approaches we need to do to retool our efforts towards workforce development to focus on developing the workforce needed to serve our Beneficiaries under Medicaid expansion and associated with the recidivism and re-entry initiatives.”

“You will, during that process, come back to us and tell us if you need changes in the budget and, for FY17, you will tell us what you think your staffing needs are, and you will make a proposal for how staffing needs would be met.”

Chairman Russ Webb, Fall 2016

FY17 Funding and Recommended Reductions

WORKFORCE FOCUS AREA FUNDING, FY17

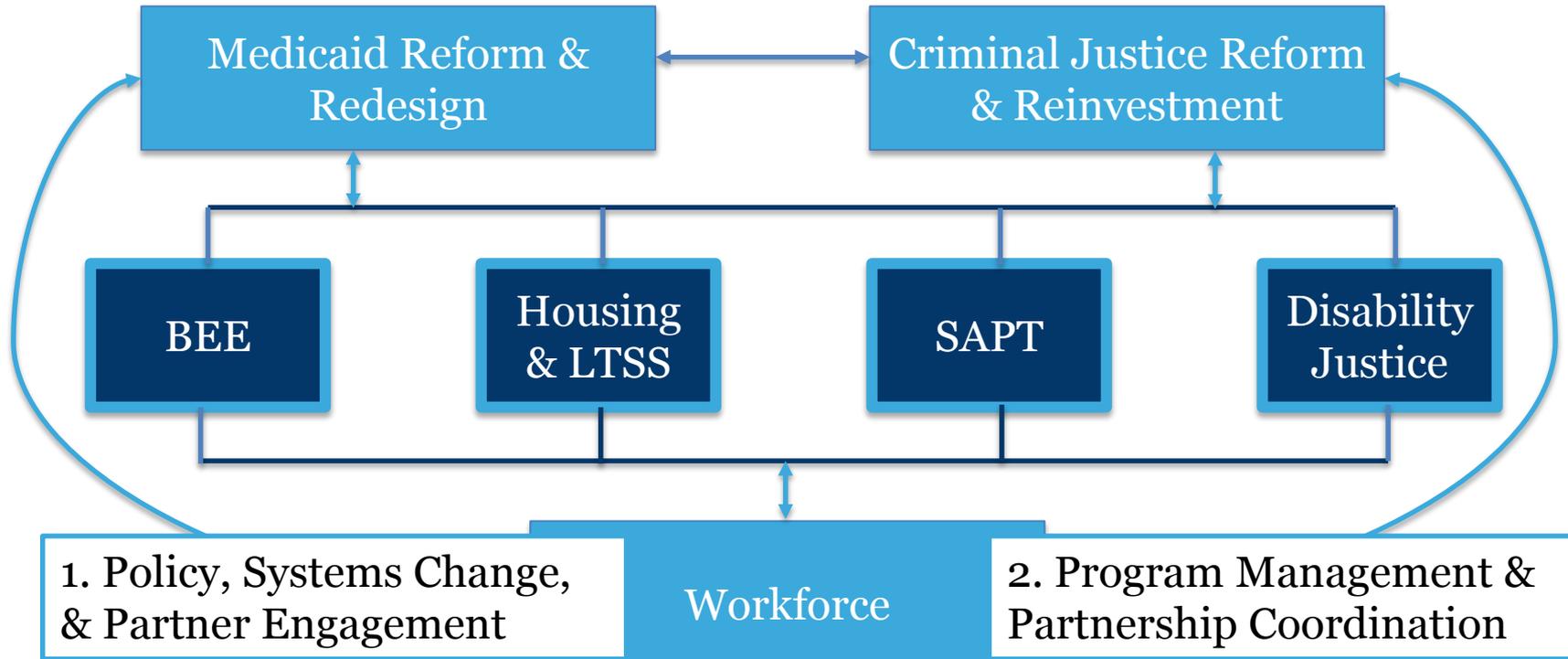
Key Infrastructure	Approved FY17 Funds	Recommended Reductions	Leveraged Funds
Coordinated Leadership	\$ 191,100	\$ 60,000	\$ 60,000
Alaska Training Cooperative*	\$ 984,000		\$ 406,875
SHARP I Loan Repayment & Incentive Program	\$ 200,000		\$ 1,000,000
Medicaid and Criminal Justice Reform Special Projects	\$ 115,000	\$ 115,000	
Workforce Marketing	\$ 50,000	\$ 50,000	
Alaska Psychology Internship Consortium	\$ 15,000		\$ 408,000
Health and Behavioral Health Registered Apprenticeships**	\$ -		\$ 1,780,000
Area Health Education Centers Grow Your Own	\$ 55,000		\$ 150,000
Workforce Data and Monitoring	\$ 40,000		\$ -
Workforce Focus Area Administrative Costs	\$ 10,000		
Total	\$1,660,100	\$ 225,000	\$ 3,804,875

* Does not include UAA GF. FY17 budget still pending confirmation.

** Average annual funding based on total project budget.

Total Focus Area
Funding FY17:
\$1,435,100

Recommended New Structure & Staffing Approach



Who: Program Officers
Responsible for: Ensuring workforce policy change and fiscal restructuring are incorporated into reform efforts

3. Data & Evaluation
Who: Data, Evaluation and Planning Officers
Responsible for: Ensuring data is used in planning and monitoring impact of efforts

Who: Alaska Health Workforce Coalition Director (Contract Position)
Responsible for: Guiding programs and partners to successfully support reform

Reform Necessitates Workforce Investment

“Individuals with mental and/or substance use disorders in prisons or in the community have multi-faceted needs that require specialized, comprehensive, and coordinated treatment and supervision interventions.”

*Recidivism Reduction Plan
Recidivism Reduction Workgroup, 2015*

“Across the nation there is a high degree of concern about the state of the behavioral health workforce... Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the diverse behavioral health field.”

*An Action Plan for Behavioral Health
Workforce Development, SAMHSA*

“The Alaska Association on Developmental Disabilities (AADD) represents the voices of over thirty agencies offering services in Alaska to Trust beneficiaries who experience intellectual and developmental disabilities. The AADD Board, conscious of the fiscal reality of Alaska’s budget, recognizes the importance of supporting agencies to stay in business with increased demands and decreasing revenue. A primary strategic goal for the association over the next three years is workforce development.”

AADD Executive Director Lizette Stiehr, 2016

A competent workforce serves as the backbone to reform. Workforce demands will increase, not decrease, as we work to transform the system of care.

Anticipated Systems Changes

Medicaid Expansion

- ✓ Increased enrollment and demand for services: 16,770 new enrollees to date
- ✓ Transition from grant to Medicaid funds

Behavioral Health Access Initiative

- ✓ New and expanded services
- ✓ Increased demand for qualified addiction providers
- ✓ Call for evidence-based practice fidelity
- ✓ Rigorous assessment and evaluation
- ✓ Use of Administrative Service Organization

Criminal Justice Reform & Reinvestment

- ✓ Demand for new treatment practices and models
- ✓ Creation of pre-trial diversion system
- ✓ Expansion of re-entry supports
- ✓ Creation of Alaska Justice Information Center

Home & Community Based Services Reform

- ✓ Person-centered care
- ✓ Mandated trainings through Conflict Free Case Management and 1915 c/i/k
- ✓ Assisted Living Home Acuity Rate project

Care Improvement Initiatives

- ✓ Transitions to paying for value not volume
- ✓ Removal of grantee requirement
- ✓ Primary Care Case Management & Health Homes
- ✓ Coordinated Care Demonstration Project
- ✓ Emergency Care Initiative

Data Analytics & Information Technology

- ✓ Sharing of clinical data to improve care
- ✓ Use of population health data analytics

IMPROVED LINKAGES

Anticipated Workforce Needs

Medicaid Expansion

Expected to generate \$1.1B in federal revenue and lead to 4,000 new jobs. Ability to recruit and retain a qualified workforce will be essential.

Behavioral Health Access Initiative

Will require different workforce competencies as new services areas and team-based approaches are developed and care is expanded in addictions, primary care, and other settings.

Criminal Justice Reform & Reinvestment

Will require a paradigm shift among current workers, as well as development of a new workforce with competency in behavioral health, team-based care, and use of data to reduce incarceration and recidivism.

Home & Community Based Services Reform

Will require a workforce capable of delivering quality person-centered services and supports in the community.

Care Improvement Initiatives

Will require new skills and team-based approaches to integrate behavioral health services into primary care and emergency services and leverage data to improve population health and reduce cost of care.

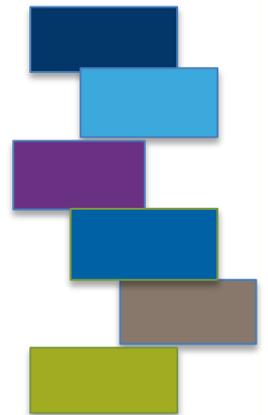
Data Analytics & Information Technology

Will require new skills to implement information technology, integrate into workflows, and leverage data to improve quality of care at all levels.

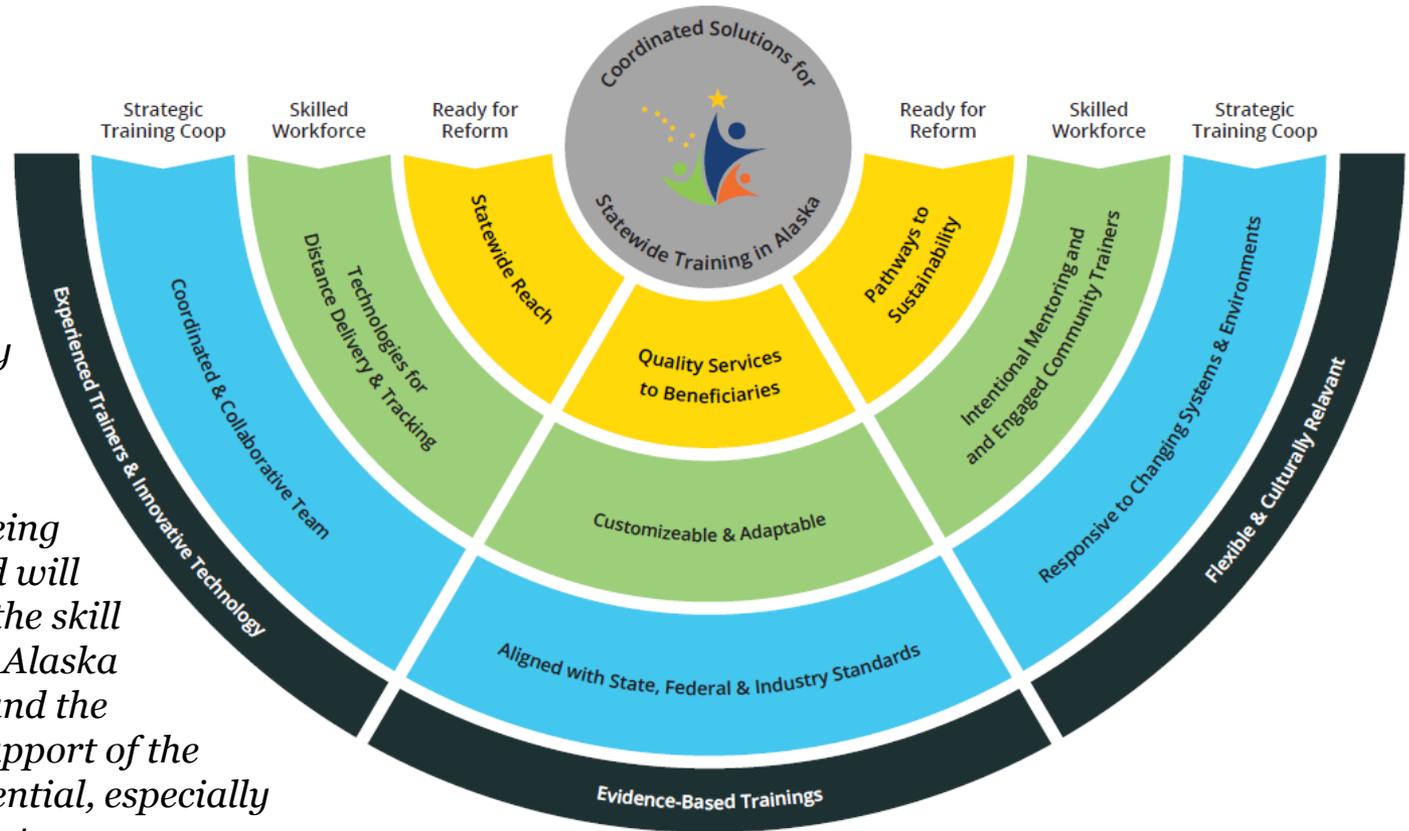
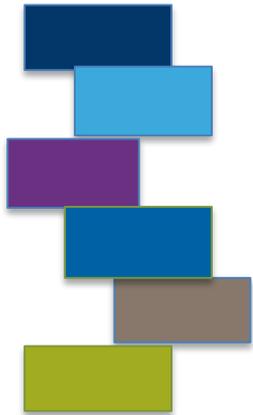
Systems Reform Will Fall Short without Workforce Development

New Strategies are Needed to Support Reform

1. Incorporate workforce competency building directly into reform policy
2. Actively pursue strategies to restructure the financing of workforce development
3. Retool existing workforce infrastructure to meet the needs of the new system of care
4. Harness established data capacity to direct strategies and investments and measure impact



Reform Creates Opportunity

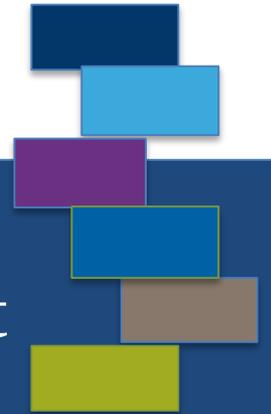


“The Alaska Training Cooperative plays a key role in training and re-training service providers. Many of the system level changes being discussed and proposed will require a re-tooling of the skill set providers use... The Alaska Training Cooperative and the services they offer in support of the field are absolutely essential, especially during this period of system transformation.”

Alaska Behavioral Health Association
May 2016

IN FY15, THE ALASKA TRAINING COOPERATIVE TRAINED 3,625 INDIVIDUALS FROM 516 PROVIDER AGENCIES AND 106 COMMUNITIES.

Tides are Turning



Broad recognition that the health care is the fastest growing industry in Alaska and current systems are inadequate to support reform.

- System is moving toward paying for outcomes
- Advisory boards and associations are calling for workforce support
- UA plans to convene key behavioral health stakeholders to address system and provider needs
- DOLWD forming Advisory Committee to guide efforts
- Cross-industry, private sector collaboration to build soft skills through the Business Education Compact
- Increase in private partnerships with behavioral health programs
- Continued leadership is needed to anticipate and move the workforce strategies to support reform

Foundational Capacity for Reform

The Trust's investment has resulted in foundational capacity – with changes in strategy, we can tap the infrastructure developed to date to meet the needs of reform.

Workforce Focus Area

FY17 Strategy Changes in Four Key Areas

Coordinated Leadership

- Implement new staffing model to share responsibility for workforce efforts and outcomes.
- Pursue policy and financial opportunities that arise through reform to ensure Alaska workforce needs are proactively addressed.
- Assist UAA in retooling their programs to offer courses and training that directly support Medicaid and Criminal Justice reform needs.
- Serve as member of DOLWD advisory committee.
- Revise the state health workforce action agenda.

Alaska Training Cooperative

- Direct the cooperative to support reform competency mandates and required evaluation.
- Implement competencies and trainings for Medicaid reform and criminal justice reform.
- Pursue additional evidence-based trainings, such as moral reconnection therapy, cognitive behavioral therapy, and SBIRT.
- Pursue partnerships with DHSS to expand access to trainings on Medicaid.

SHARP Loan Repayment and Incentive Program

- Implement a special behavioral health solicitation for an additional 7 psychiatrists and 7 behavioral health clinicians. Service date: September 1, 2016.
- Redesign program to allow industry employers and associated contributors to direct funds toward specific positions and take advantage of tax exemption status allowed by Affordable Care Act.

DOLWD Registered Apprenticeships

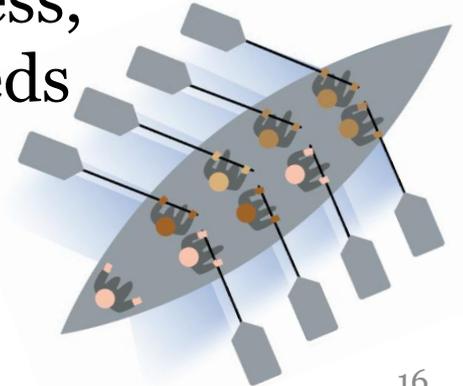
- DOLWD has secured nearly \$9M to develop registered apprenticeships in the health care field. Currently in year 1 of 5 year; the plan includes apprenticeships for Community Health Workers and Behavioral Health Aides and Technicians.
- Assist DOLWD with implementation of apprenticeships that target areas critical to reform; build DOLWD's capacity to positively impact health care workforce development.

Comprehensive Mental Health Program Plan

Progress on Workforce is Essential to Achieving a Healthy System of Care

Systems Changes

- *Coordinated, concerted action* to ensure an integrated, comprehensive mental health program
- Innovative measures to anticipate, address, and sustain the program's workforce needs
- Ongoing evaluation and monitoring to ensure beneficiary access to a quality workforce



Summary of Recommended Path Forward

- Discontinue Workforce as a standalone focus area and embed strategies across the Trust's work
- Maintain contract support and implement recommended FY17 funding reductions
- Fully harness the Trust's investments in workforce to support Medicaid and Criminal Justice Reform
- Leverage Reform efforts and the Comprehensive Mental Health Program Plan to realize results



Thank You

Trust

Alaska Mental Health
Trust Authority



Pre-Development

June 15, 2016

Trust

Alaska Mental Health
Trust Authority



Pre-Development

- Pre D overview
- Accomplishments/Trust funding
- What changes are needed?
- FY17 forward

History

“to present the Partners with capital projects that have been professionally and thoroughly reviewed for organizational capacity, program worthiness, appropriateness of size and site, sustainability, reasonable cost, and achievable funding plan. The Partners will be provided with the information needed for their respective determinations that a project is “ready to fund” and “worthy of funding”

- Established at a time when organizations had better access to capital funding
- Funders only wanted to support construction of what was needed or could be sustainably operated
- Organizations were approaching each funding entity separately with capital requests – resulting in multiple funders having to vet the same projects
- The question facing Pre-D partners is whether there is still a need for the Program and, if there is, whether changes are needed to better respond to the current environment.

Funding - 2006-2016

• Rasmuson Foundation	\$3,240,000
• Trust	\$2,752,769
• Denali Commission	\$2,357,969
• Mat-Su Health Foundation	\$1,500,000
• State of Alaska	<u>\$250,000</u>
Total:	\$10,100,738

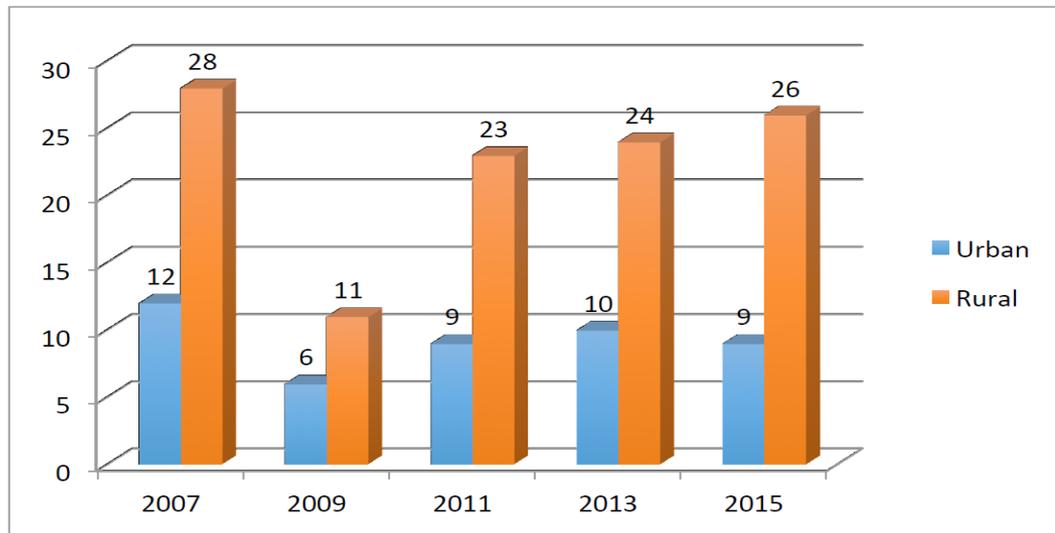
*A total of \$2,657,536 of Pre-Development funding was utilized to support Trust-related projects over the 10 years of operation

Accomplishments

- 10 years of operation (2006-2016)
- Over 160 organizations assisted with planning for sustainable capital projects
- A majority of projects were in rural communities

Urban Vs. Rural Distribution

Chart 1: Urban Vs. Rural Distribution of Projects



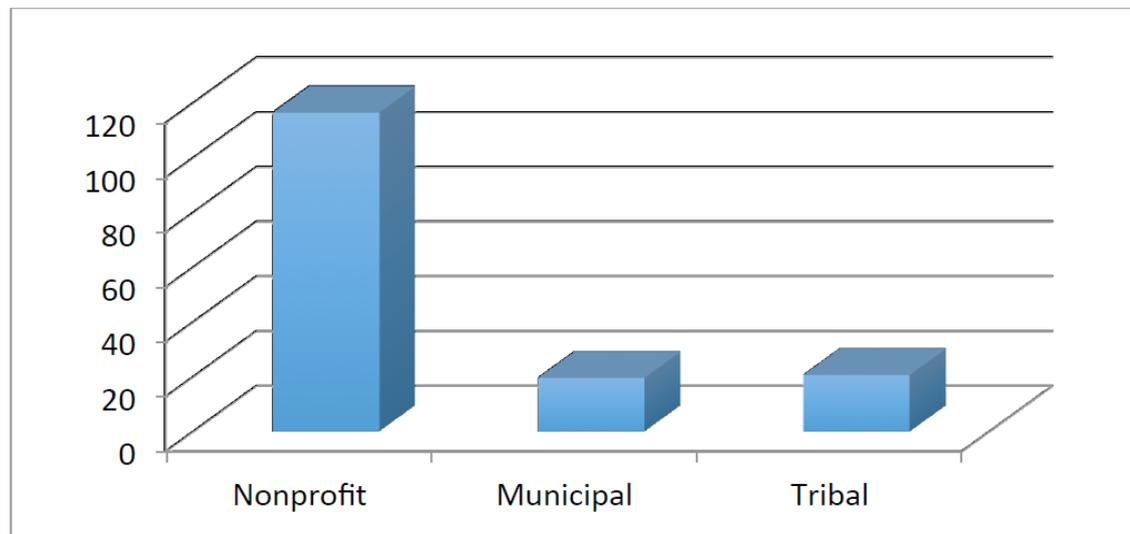
The region with the largest number of projects was Southeast, with Anchorage a close second. Projects were distributed in all regions of the state, though not necessarily equitably.

Chart 2: Regional Distribution of Projects

Types of organizations served

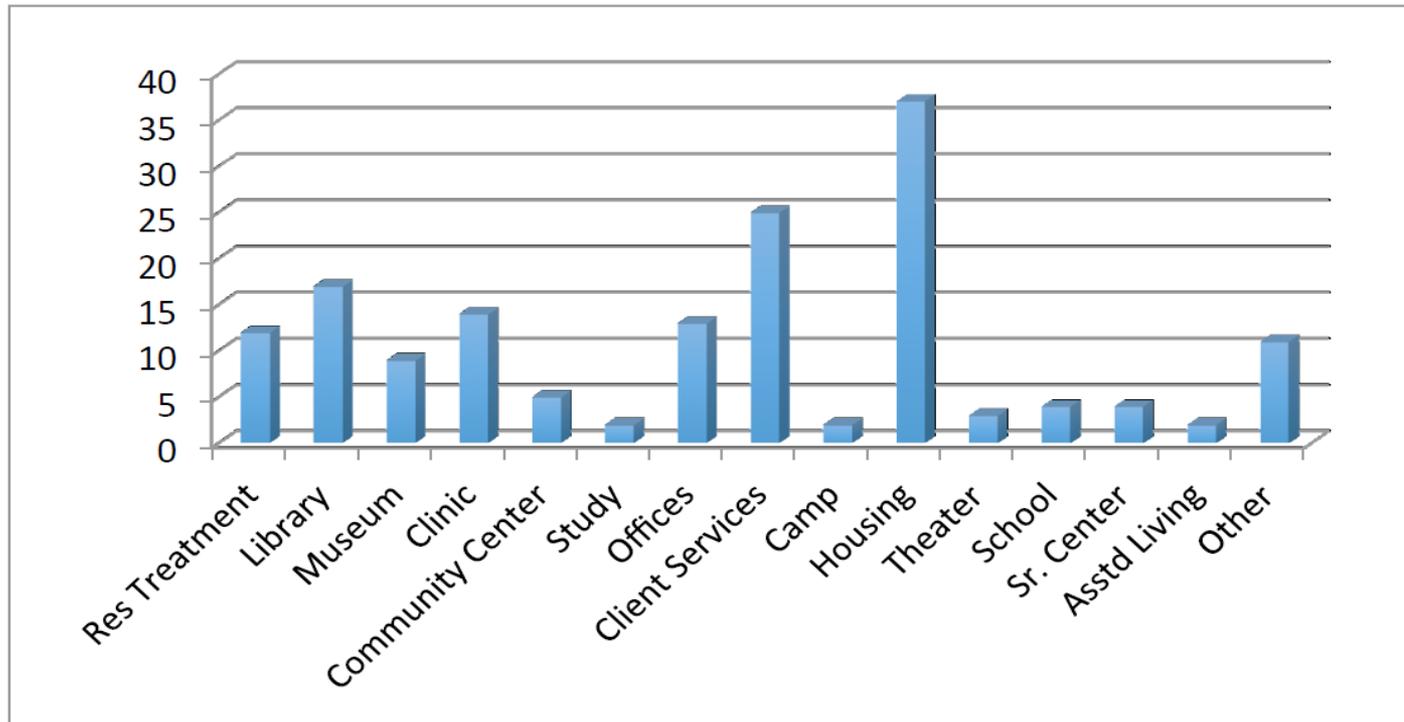
The large majority of the organizations assisted were nonprofits, with municipalities and tribes consistently receiving fewer services over the years.

Chart 3: Types of Organizations Receiving Services



Types of Projects

Chart 4: Types of Projects

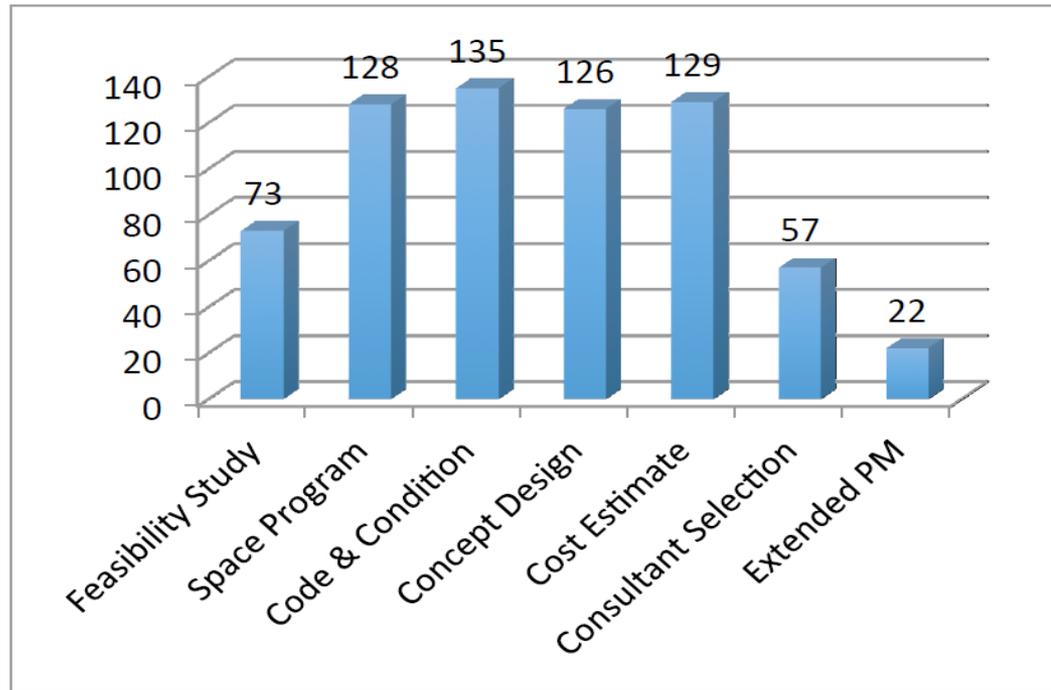


Services Provided

- Project management
- Project feasibility review
- Architectural programming
- Code and condition surveys
- Site evaluations
- Engineering studies
- Concept design
- Cost estimates (construction, project & operational)
- Feasibility studies (business plans, market analysis, funding explorations)

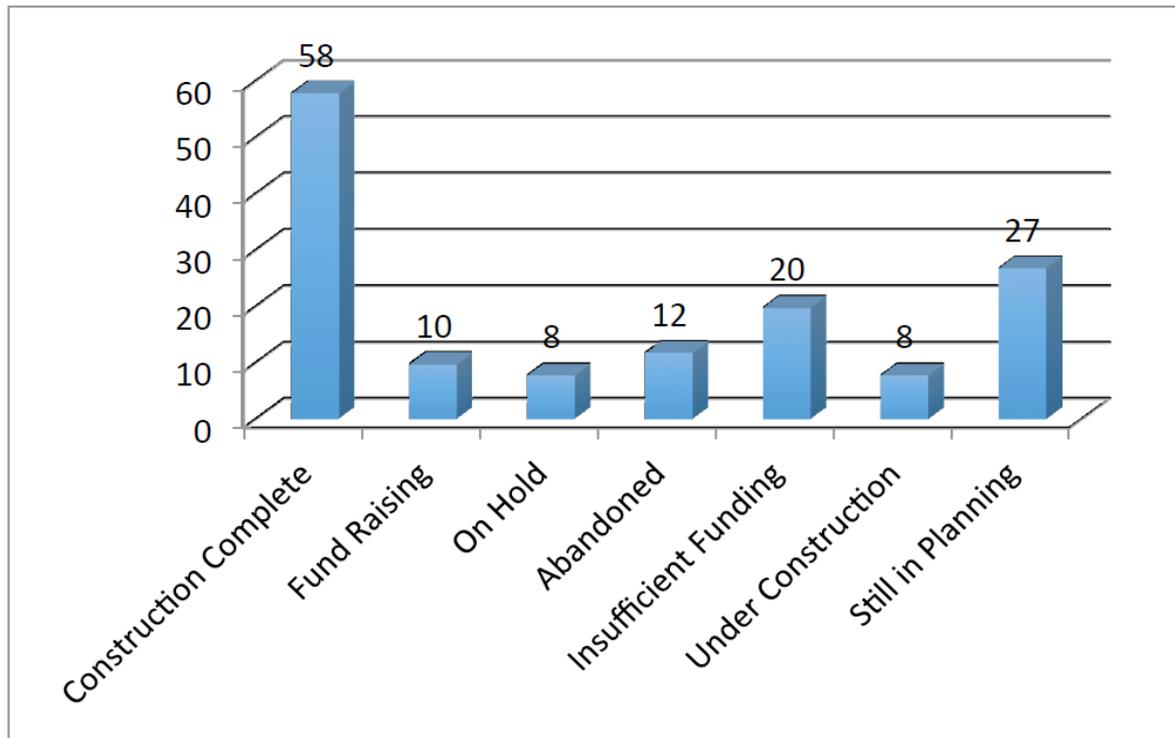
Types of Services

Chart 5: Types of Services Provided



Current Status of Projects

Chart 6: Current Status of Projects



FY17 Proposal

Trustee's approved \$300.0 in Pre-D funding in September 2015 for FY17. The revised FY17 funding recommendation includes:

- \$75.0 for core operating and basic education and training
- \$225.0 hold in reserve for Trustee approved individual pre-development projects

FY16 Capital Partnerships Grants

ID	Project Title	Grantee	Grant Amount	Grant Type	Description
6930	Sidewalk Upgrade	Downtown Soup Kitchen	\$10,000	Capital - Construction	Assists the Downtown Soup Kitchen with upgrading their sidewalk to ensure code compliance.
7172	Repairs at the Dillingham Health Center	City of Dillingham	\$25,000	Capital - Construction	Renovation funds for the Dillingham Health Center.
7229	Savoonga Health Clinic	Norton Sound Health Corporation	\$50,000	Capital - Construction	Construction funds for behavioral health space in the new Savoonga Health Clinic.
7108	Gambell Health Clinic	Norton Sound Health Corporation	\$50,000	Capital - Construction	Construction funds for behavioral health space in the new Gambell Health Clinic.
6673	Diamond Willow Sober Living	Central Peninsula General Hospital, Inc.	\$75,000	Capital - Construction	Remodel of a 14-bed transitional living center in Soldotna.
6675	SAIL in the Haines Wellness Center	Southeast Alaska Independent Living (SAIL), Inc.	\$75,000	Capital - Construction	Construction funds for the SAIL offices in the Haines Wellness Center.
6860	Life House Community Health Center Construction Project	Southcentral Foundation	\$75,000	Capital - Construction	Construction funds for a new facility specifically designed for Chickaloon Traditional Council's integrated health and behavioral health programs.
7170	Hydaburg "Naa Iwaans" (Big Cedar House)	Hydaburg Cooperative Association	\$75,000	Capital - Construction	Construction funds for a traditional rendition of a Haida Long House that will serve as a cultural gathering place in the Native village of Hydaburg.
6677	Bean's Café Administrative Office/TCL Kitchen and Warehouse	Bean's Café, Inc.	\$100,000	Capital - Construction	Construction funds for a combined facility for Beans Café's administrative office, the Children's Lunchbox kitchen and warehouse.
6782	Domestic Violence Shelter Improvements Deferred Maintenance	Alaska Community Foundation	\$100,000	Capital - Construction	Supports improvements and deferred maintenance issues for domestic violence shelters in communities across Alaska.
6978	Acquisition of the John Thomas Building	RurALCAP	\$125,000	Capital - Construction	Acquisition and construction funding for 20 units of permanent supported housing in Anchorage.
Subtotal (Capital - Construction)			\$760,000		
7106	Tundra Women's Coalition Equipment Grant	Tundra Women's Coalition	\$1,500	Capital - Equipment	Renovation funds to improve the conditions of the Bethel sexual assault response room.
7031	Stebbins Gathering Place —Yuuyaraqvik	Norton Sound Health Corporation	\$5,000	Capital - Equipment	Provides office and other equipment for counseling activities at the Stebbins Teen Center.
6684	Facilities Equipment Upgrades - Kitchen	Beans Café, Inc.	\$10,000	Capital - Equipment	Equipment grant to purchase grills and associated supplies for Beans Café.
6998	Enhanced Access to Care via Telehealth Services	Sitka Community Hospital	\$27,300	Capital - Equipment	Equipment and installation costs for telehealth services at the Sitka Community Hospital.
6674	Two 15-Passenger Vans	Alaska Christian College	\$45,000	Capital - Equipment	Purchase two 15-passenger vans for student transportation at the Alaska Christian College.
Subtotal (Capital - Equipment)			\$88,800		
TOTAL			\$848,800		

FY16 Capital Small Project Grants

ID	Project Title	Grantee	Grant Amount	Grant Type	Description
6954	Brookside Supported Housing Furniture Replacement	South Peninsula Behavioral Health Services, Inc.	\$5,500	Capital - Equipment	Purchase furniture for the Brookside Supported Housing facility in Homer.
6681	Fire System Upgrade	SeaView Community Services	\$6,900	Capital - Equipment	Upgrade the fire system at the SeaView facility in Seward.
6679	Elder's Nutrition Program Food Safety Compliance	Native Village of Unalakleet	\$10,000	Capital - Equipment	Purchase three commercial grade sinks to allow the continuation of the Elders Nutrition Program.
6686	Early Intervention Parent/Provider Education Materials	Programs for Infants and Children, Inc.	\$10,000	Capital - Equipment	Purchase equipment for the creation of a video series to educate parents of infants and toddlers who experience developmental delays.
6952	JP Jones Vocational and Employment Resource Center Upgrade	J P Jones Community Development Center, Inc.	\$10,000	Capital - Equipment	Provides office equipment for the Vocational and Employment Resource Center in Fairbanks.
6958	South Side Reentry Center - Reentry Supportive Housing	No Limits, Inc.	\$10,000	Capital - Equipment	Provides appliances and office equipment for the South Side Reentry Center-Reentry Supportive Housing facility in Anchorage.
6959	Roosevelt Renovation Unit #6	Lutheran Social Services Of Alaska, Inc.	\$10,000	Capital - Equipment	Major renovations in a residential unit for individuals with long-term behavioral health issues.
6960	Community Connections Resource Library	Community Connections, Inc.	\$10,000	Capital - Equipment	Purchase educational resource materials for lending library for family members and caregivers of individuals with developmental disabilities in Ketchikan.
7167	Replace Unsanitary Carpet	Genesis Recovery Services, Inc.	\$10,000	Capital - Equipment	Replacement carpet for an inpatient and outpatient substance abuse treatment facility in Anchorage.
TOTAL			\$82,400		