Challenges:
During a Time of Change

A PRESENTATION TO THE ALASKA MENTAL HEALTH TRUST AUTHORITY
BOARD OF TRUSTEES

SEPTEMBER 2017

Advisory Board on Alcoholism and Drug Abuse

Alavini Lata, Juneau
Cathy Bishop, Wasilla
Enlow Walker, North Pole
Eric Holland, Fairbanks
Gunnar Ebbeson, Fairbanks
James Duncan, Anchorage
Joshua Mathlaw, Mountain Village
Lee Breinig, Anchorage
Megyn Greider, Anchorage
Michael Kerosky, Anchorage
Philip Licht, Palmer
Renee Schofield, Ketchikan
Robert Coghill, Juneau
Randall Burns, Ex Officio

Board Representation
Four Consumer
Five Public
Three Provider
One Physician
One Ex Officio
Alaska Mental Health Board

Bree Swanson, Kotzebue
Brenda Moore, Anchorage
Charlene Tautfest, Soldotna
Chris Gunderson, Anchorage
Elizabeth Schultz, Anchorage
Francine Harbour, Anchorage
Joanna Cahoon, Anchorage
Marieke Heatwole, Anchorage
Michael Horton, Anchorage
Rachel Stockman, Anchorage
Renee Hoffard, Juneau
Sharon Clark, Nenana
Stephen Sundby, Cordova

Board Representation
Seven Consumer
Two Public
Three Provider
One Attorney
Six Ex Officio

Adam Rutherford, Corrections
Cathy Stone, AK Housing Finance
Cindy Murphy-Fox, Vocational Rehabilitation
Randall Burns, Behavioral Health
Sharon Fishel, Education
Vacant, Office of Children's Services

ALASKANS EXPERIENCING MENTAL HEALTH AND SUBSTANCE USE DISORDERS
Prevalence

According to the National Survey on Drug Use and Health (2013-2014):

- 6.7% of Alaskan age 12 and older are estimated to be dependent upon or abusing alcohol in the past year
- 3.2% of Alaskan age 12 and older are estimated to be dependent upon or abusing illicit drugs in the past year
- 3.9% of Alaskan age 18 and older are estimated to have a serious mental illness in the past year
- 35.8% of Alaskan adults who had any mental illness received counseling in the previous year
- 65.7% of Alaskan adults who received service in the public mental health system reported improved functioning
- 58.4% of Alaskan youth who received service in the public mental health system reported improved functioning

Substance Misuse - Youth

Data from the Youth Risk Behavior Survey, Alaska Division of Public Health
Childhood Trauma

Trauma occurs to children and adults, regardless of ethnicity, income, or gender. Adverse Childhood Experiences, rape and sexual assault, historical trauma, combat-related stress and trauma, interpersonal violence, community violence – all these contribute to poor health outcomes throughout life. Serving this population often results in secondary trauma to the provider.

Infographics from National Council for Behavioral Health

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That’s 223.4 million people.

Childhood Trauma

Ten State and DC - ACE Results

The prevalence estimates reported are from Washington, DC and ten states (HAWAII, MAINE, NEBRASKA, NEVADA, OHIO, PENNSYLVANIA, UTAH, VERMONT, WASHINGTON, and WISCONSIN) who included the ACE module on the 2010 BRFSS (n=53,784)
In the category of Emotional Abuse the Ten State & DC Study used all positive answers (once and more than once) as a measure of indicating the presence of that ACE. This hasn’t been done in other BRFSS ACE studies but in this comparison it was used with the Alaska data to provide a comparable rate between the two populations.

Access to Care

ALASKANS BEING SERVED

Substance Misuse Treatment

<table>
<thead>
<tr>
<th>FY2017</th>
<th>All Substance Use</th>
<th>All Marijuana/Hashish/Cannabis</th>
<th>All Opiates</th>
<th>All Alcohol</th>
<th>All Non Alcohol</th>
<th>Other/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Persons had at Least One Service (Activity) During the Reporting Period</td>
<td># of Persons Served with Selected Substance(s) of Abuse</td>
<td># of Persons Served with Selected Substance(s) of Abuse</td>
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</tr>
<tr>
<td>Total</td>
<td>8533</td>
<td>4179</td>
<td>2135</td>
<td>6353</td>
<td>6681</td>
<td>348</td>
</tr>
</tbody>
</table>
FY2018 Budget Changes Over Time

Sources: FY18 and FY13 Enacted Budgets Documents, Office of Management and Budget, Analysis by AMHB & ABADA Staff
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**Juvenile Justice Programs, Difference FY13 to FY18 by Category**

- Facilities: 5.2% decrease of $2,178.3
- Probation & Delinquency Prevention: 4.5% increase of $762.0

**Behavioral Health Programs, Difference FY13 to FY18 by Category**

- TX and Recovery Grants: 14.1% decrease of $10,499.6
- ASP: -261 Mediact
- ASAP: $925.6
- 766.0 BH A/B: $223.0
- Prevention Grants: -$223.0
- DET: $638.4
- API: $1,023.0
- 764.2 AMHB & ABADA: -$745.2
- SPC: $65.6

Sources: FY18 and FY13 Enacted Budgets Documents, Office of Management and Budget, Analysis by AMHB & ABADA Staff
## Shifting to Federal Funds

### Total Behavioral Health Budget

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>FY2018</th>
<th>FY2013</th>
<th>Change</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>$153,964.7</td>
<td>$188,461.4</td>
<td>-$34,496.7</td>
<td>-18.3%</td>
</tr>
<tr>
<td>Other Funds</td>
<td>$33,757.7</td>
<td>$34,783.7</td>
<td>-$1,026.0</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$151,190.0</td>
<td>$130,062.6</td>
<td>$21,127.4</td>
<td>16.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$338,912.4</td>
<td>$353,307.7</td>
<td>-$14,395.3</td>
<td>-4.1%</td>
</tr>
</tbody>
</table>

Sources: FY18 and FY13 Enacted Budgets Documents, Office of Management and Budget, Analysis by AMHB & ABADA Staff

### Shifting to Federal Funds

#### Total Behavioral Health Budget

**Without One Time 9.0 in GF Funding**

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<tr>
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<td>~$25,496.7</td>
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Sources: FY18 and FY13 Enacted Budgets Documents, Office of Management and Budget, Analysis by AMHB & ABADA Staff
Behavioral Health
Medicaid Reimbursement Rates

- Community behavioral health services are one of two code sets in Alaska’s entire Medicaid system that lack any type of reimbursement methodology.
- Reimbursement rates for behavioral health services established in the 90’s have only been updated once in the past decade.

Behavioral Health
Medicaid Reimbursement Rates (cont)

- Over the past two years, DHSS, ORR, DBH, and ABHA have been methodically developing a Medicaid rate methodology for community behavioral health services.
- The methodology has been developed, the next phase of the project involves regulation change, coordination with CMS, and legislative authorization.
Behavioral Health
Medicaid Reimbursement Rates (cont)

The Hope:
– Reimbursing the actual cost of care.
– Regular rebasing prevents
– The State benefits from the federal match.

• The Concern:
– Our service delivery system will be heavily dependent on Medicaid.
– We have to safeguard the grant system

Many Questions Still
Alaska’s Strategy

Fiscal Plan

• In October 2015 the Boards endorsed the idea that there needs to be a comprehensive fiscal plan.
Challenges: During a Time of Change

QUESTIONS OR COMMENTS

PATRICK SIDMORE