Alaska Mental Health Trust
Board of Trustee Meeting
Monday, April 12, 2004
Permanent Fund Board Room -
Goldbelt Building - 801 W. 10th Street Suite 302, Juneau

Full Board Meeting
Call Meeting to Order (Phil Younker Sr., Chair) **10:30 - 10:40 a.m.**
Roll Call
Announcements - Ethics Disclosure
Approve Agenda

Executive Directors Report **10:40 - 11:00 a.m.**
Performance Measure/Logic Model presentation
Bill Herman - presentation on request of Trustees

Commissioner Gilbertson **11:00 - 11:30 a.m.**

Review of Focus Area Proposals **11:30 - 12:00 p.m.**

Lunch **12:00 - 12:30 p.m.**

Change of Intent - ABADA & AMHB Planner **12:30 - 1:00 p.m.**

Public Comment **1:00 - 2:00 p.m.**
Public comment will be taken on funding focus area proposals only.
Break **2:00 p.m**
Funding Focus Area Approval **2:15 - 4:15 p.m.**
Discussion and approval of the FY 06/07 funding focus areas.

Trustee Comments **4:15 - 4:30 p.m.**

Adjourn **4:30 p.m.**

Video Conferenced in Anchorage and Fairbanks and Teleconference Available outside of Anchorage, Juneau and Fairbanks - see below

The entire day will be videoconferenced to the following sites:

- Atwood Building (550 W. 7th Ave) Suite 1860- Anchorage
- Governors Office, Fairbanks Regional Office Building, 675 7th Ave, 2nd floor - Fairbanks

Teleconference will be available outside of Anchorage, Juneau, and Fairbanks upon request to The Trust at 269-7960 or marilyn@mhtrust.org by 4:00 p.m. on April 9th.

Chapter 1

Introduction to Logic Models

Chapter One defines logic models and explains their usefulness to program stakeholders. You will learn the relevance of this state-of-the-art tool to program planning, evaluation, and improvement.

Effective program evaluation does more than collect, analyze, and provide data. It makes it possible for you – program stakeholders – to gather and use information, to learn continually about and improve programs that you operate in or fund.. The W.K. Kellogg Foundation believes evaluation – especially program logic model approaches – is a learning and management tool that can be used throughout a program's life – no matter what your stake in the program. Using evaluation and the logic model results in effective programming and offers greater learning opportunities, better documentation of outcomes, and shared knowledge about *what works* and *why*. The logic model is a beneficial evaluation tool that facilitates effective program planning, implementation, and evaluation.

A program logic model is a picture of how your program works – the theory and assumptions underlying the program. ... This model provides a roadmap of your program, highlighting how it is expected to work, what activities need to come before others, and how desired outcomes are achieved (p. 35).

W.K. Kellogg Foundation Evaluation Handbook (1998)

The *What* and *Why* of the Logic Model

The *WHAT*: Logic Model Definition

Basically, a logic model is a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate your program, the activities you plan to do, and the changes or results you hope to achieve.

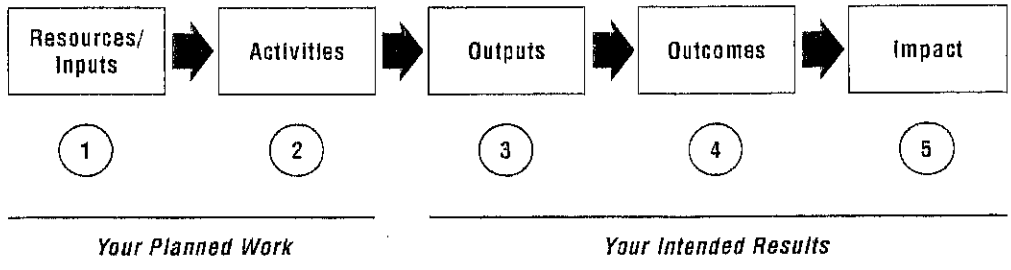


Figure 1. The Basic Logic Model.

The most basic logic model is a picture of how you believe your program will work. It uses words and/or pictures to describe the sequence of activities thought to bring about change and how these activities are linked to the results the program is expected to achieve.

(Logic model - pg.1)

Chapter 1

The Basic Logic Model components shown in Figure 1 above are defined below. These components illustrate the connection between *your planned work* and *your intended results*. They are depicted numerically by steps 1 through 5.

YOUR PLANNED WORK describes what resources you think you need to implement your program and what you intend to do.

Most of the value in a logic model is in the process of creating, validating, and modifying the model.... The Clarity of thinking that occurs from building the model is critical to the overall success of the program (p. 43).

W.K. Kellogg Foundation Handbook (1998)

1. **Resources** include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Sometimes this component is referred to as ***Inputs.***

2. **Program Activities** are what the program does with the resources. **Activities** are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or results.

YOUR INTENDED RESULTS include all of the program's desired results (outputs, outcomes, and impact).

3. **Outputs** are the direct products of program activities and may include types, levels and targets of services to be delivered by the program.

4. **Outcomes** are the specific changes in program participants' behavior, knowledge, skills, status and level of functioning. Short-term outcomes should be attainable within 1-3 years, while longer-term outcomes should be achievable within a 4-6 year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7-10 years.

5. **Impact** is the fundamental intended or unintended change occurring in organizations, communities or systems as a result of program activities within 7-10 years. In the current model of WKKF grantmaking and evaluation, impact often occurs after the conclusion of project funding.

The term *logic model* is frequently used interchangeably with the term *program theory* in the evaluation field. Logic models can alternatively be referred to as *theory* because they describe how a program works and to what end (definitions for each employed by leading evaluation experts are included in the Resources Appendix).

(Logic model- pg. 2)

The *What*: How to "Read" a Logic Model

When "read" from left to right, logic models describe program basics over time from planning through results. Reading a logic model means following the chain of reasoning or "*If...then...*" statements which connect the program's parts. The figure below shows how the basic logic model is read.

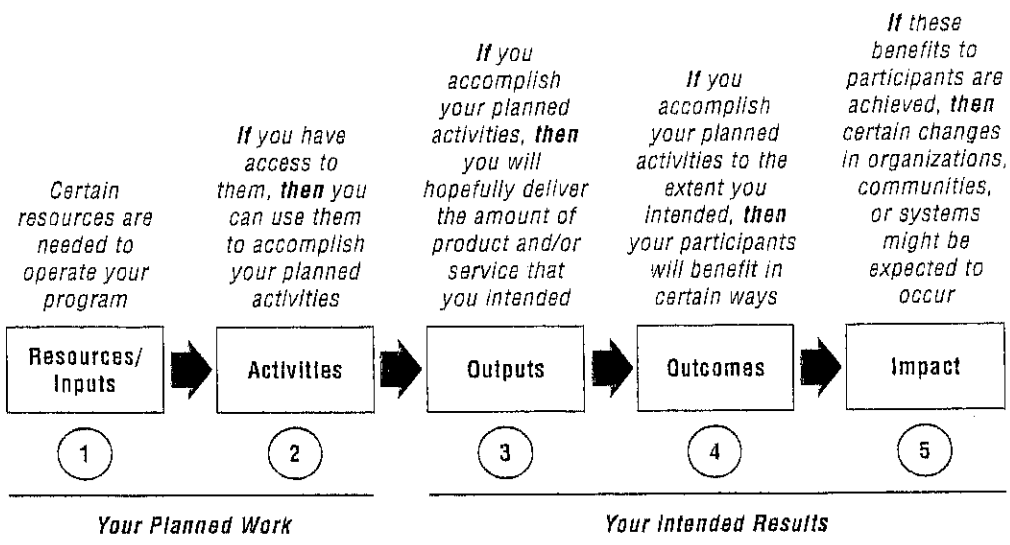
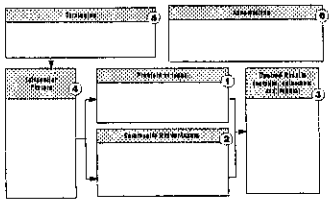


Figure 2. How to Read a Logic Model.

(Logic model pg. 3)

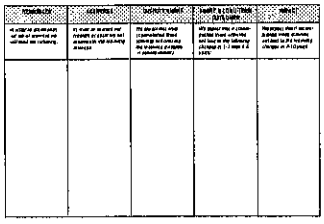
How to use a Logic Model Through the Life of Your Program:

1. Program Planning



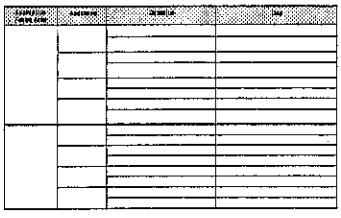
For more detail, see the Program Planning Template on p. 57.

2. Program Implementation

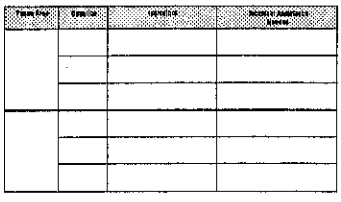


For more detail, see the Program Implementation Template on p. 54.

3. Program Evaluation



For more detail, see the Evaluation Planning Template on p. 59.



For more detail, see the Indicators Development Template on p. 61.

CLARIFYING PROGRAM THEORY:

1. **PROBLEM OR ISSUE STATEMENT:** Describe the problem(s) your program is attempting to solve or the issue(s) your program will address.
2. **COMMUNITY NEEDS/ASSETS:** Specify the needs and/or assets of your community that led your organization to design a program that addresses the problem.
3. **DESIRED RESULTS (OUTPUTS, OUTCOMES AND IMPACTS):** Identify desired results, or vision of the future, by describing what you expect to achieve near and long-term.
4. **INFLUENTIAL FACTORS:** List the factors you believe will influence change in your community.
5. **STRATEGIES:** List general successful strategies or "best practices" that have helped communities like yours achieve the kinds of results your program promises.
6. **ASSUMPTIONS:** State the assumptions behind *how* and *why* the change strategies will work in your community.

DEMONSTRATING YOUR PROGRAM'S PROGRESS:

1. **OUTPUTS:** For each program activity, identify what outputs (service delivery/implementation targets) you aim to produce.
2. **OUTCOMES:** Identify the short-term and long-term outcomes you expect to achieve for each activity.
3. **IMPACT:** Describe the impact you anticipate in your community in 7-10 years with each activity as a result of your program.
4. **ACTIVITIES:** Describe each of the activities you plan to conduct in your program.
5. **RESOURCES:** Describe the resources or influential factors available to support your program activities.

PROGRAM EVALUATION QUESTIONS AND INDICATORS:

1. **FOCUS AREA:** From your program theory logic model, list the components of the most important aspects of your program.
2. **AUDIENCE:** Identify the key audiences for each focus area. Who has an interest in your program?
3. **QUESTIONS:** For each focus area and audience, list the questions they may have about your program.
4. **INFORMATION USE:** For each audience and question you have identified, identify the ways you will use the evaluation information.
5. **INDICATORS:** Describe what information could be collected that would indicate the status of your program and its participants for each question.
6. **TECHNICAL ASSISTANCE:** Indicate the extent to which your organization has the evaluation and data management expertise to collect and analyze the data that relates to this indicator.

(Logic model - pg. 4)

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

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TO: Phil Younker, Sr.
Chair, Alaska Mental Health Trust Authority

FROM: Paula Recchia
Planner II, Alaska Commission on Aging

DATE: 31 March 2004

RE: FY05 Projects – ADRD Support Services and Innovative Respite

The ADRD Support Services and Innovative Respite projects were recommended for FY05 with a match of MHTAAR and GF/MH funding. If the GF/MH funding is not included in the final budget, ACoA proposes the following strategies to provide services utilizing only the MHTAAR funding:

1) **ADRD Support Services** funded through MHTAAR can continue services currently offered through the Alzheimer's Demonstration project in FY04 and possibly leverage additional FY05 funding.

2) **Innovative Respite and Chore** funded through MHTAAR can continue services at a reduced level through current grantees and possibly leverage additional FY05 funding through the Alzheimer's Demonstration project.

Home and Community Based Services experienced a **reduction of $334,000** in FY04 in Care Coordination and Adult Day Services. With decreased General Funds in the Home and Community Based Services, the availability of MHTAAR funds will enhance the likelihood that Alaska can leverage additional federal funding.

Thank you for your consideration on behalf of beneficiaries with Alzheimer's Disease and Related Disorders.

Alaska Mental Health Trust

Focus Area Comparison Grid

		Beneficiary Groups					Supporters					Attributes						
	Focus Area	Mental Illness	Chronic Alcoholism	Dev. Disabled	Alzheimers	Brain Injury	Boards	State Agencies	Private/Public	Native Entities	zoomerang	Cost Effective	Avoids Future Costs	Leverages	Sustainable	Includes Rural	De-institutionalization	Defined Outcomes
1	Bring the Kids Home	xx	x			x	AM, AB	HSS		health corps	43%	x	xx	xx	x	x	x	x
2	Tribal Agenda	xx		xx	xx			HSS		health corps	40%			xx		x		x
3	Dental	x	x	x	x	x		HSS			na	xx	x	xx	x	x		x
4	Prevention/Early Intervention	x	x				AM, AB				65%	xx	xx			x	x	x
5	Workforce Development	x	x	x	x	x	4				43%			x		x		x
6	Waitlist Reduction	x	x	x	x	x	4				55%		x			x	x	x
7	Consumer Directed Services	xx	x	x	x	x	AM, AB, GC				36%	xx	xx	x			xx	x
8	Housing	x	x	x	x	x	4	DOC			na	x	x	x		x	xx	x
9	Disabilities Justice	xx	x				AM,AB	DOC			38%	xx	xx				x	x

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Budget Recommendation Planning Process
Focus Area Issue Summary

Bring the Kids Home – Children's Mental Health System Reform

Statement of the Problem to be Addressed:
Over the last six years the children's mental health system has become increasingly reliant on institutional care – especially out-of-state care - for treatment of severely emotionally disturbed children and youth. Acute care admissions increased by one-third. Residential Psychiatric Treatment Center (RPTC) care has increased dramatically. The number of youth treated in out-of-state RPTC care grew by nearly 700% and in-state RPTC care grew by 145% from FY98-FY03. There are over 400 Alaskan children receiving care in RPTC facilities outside of Alaska at any point in time and 650 served out of state over the last year. Financial resources for children's mental health, primarily Medicaid expenditures, have proportionately shifted even more dramatically toward institutional care. Medicaid expenditures for in-state RPTC care increased 400% from $3 to $12 million from FY98-FY03. Medicaid expenditures for out-of-state RPTC care increased more than ten-fold (from $3 million to $31 million) during that same period.

The growth in reliance on RPTC care generally and out-of-state care in particular reflects both a previously unmet need for care and a children's mental health system overbalanced toward institutional care. Expanded coverage through Alaska's Denali Kidcare program made it possible for many parents to seek care for their children. However, there was a lack of adequate in-state home and community-based care capacity and lack of reimbursement mechanisms to support non-institutional out-of-home treatment alternatives. This has fueled an increased use of institutional and out-of-state care. Many other factors have also contributed to the

GOALS:
- Reform the children's mental health system to provide a complete and balanced continuum of in-state care needed to reduce institutionalization and out-of-state care to a minimal level.
- Re-focus State resources from institutional care (especially RPTC care) toward home and community-based services and additional institutional treatment capacity within Alaska.
- Develop reimbursement mechanisms required to sustain the in-state continuum of care and increase the capacity of Native tribal health organizations to serve Native children - maximizing federal support for children's mental health care.

Beneficiary Outcomes:
- Fewer Alaskan children will be placed in out-of-state facilities to receive necessary care.
- Fewer Alaskan children with serious emotional problems will be served in institutional care settings.

- Length of stay for children in institutional settings will be decreased. Readmission rates to RPTC and inpatient psychiatric care will be reduced.
- Fewer families will be disrupted due to lack of needed care.
- Families will be more able to fully participate in treatment planning and in the treatment process.
- Alaskan children and youth suffering from serious emotional disturbance will have improved access to timely care at the in the least restrictive setting as close to their home and community as appropriate to their needs.

POSSIBLE STRATEGIES:

1. Establish prior authorization and utilization review processes, including standardized tools and procedures for assessing treatment needs, to assure that appropriate services are provided in-state, within the community, and at home whenever possible.
2. Establish Medicaid reimbursement for in-state community-based out-of-home care alternatives such as family treatment homes, therapeutic group homes, residential care, and monitored community support for independent living to make these alternative services accessible to non-custody youth.
3. Pursue development of system of care alternatives, including RPTC care, by Alaska Native tribal health entities to serve Alaska Native children to obtain 100% federal reimbursement for Medicaid-claimable services – freeing State funds to accomplish other initiative goals.

Resources:

1. Medicaid expenditures of $43 million for RPTC care, including $31 million for out-of-state RPTC care can be reconfigured.
2. 100% Federal Medicaid reimbursement available for care provided by tribal organizations to Native children (who comprise 33% of out-of-state and 43% of in-state RPTC care generate up to $6.4 million in federal resources to supplant State Medicaid match for care of Native children.
3. Denali Commission, Rasmuson, AHFC, other organizations could provide

Potential Role for the Trust:

1. Trust will act as catalyst to work jointly with the Governor, Commissioner and Department personnel as funding mechanism for changes that need to be made to accomplish the goal.
2. Trust will act as coordinator for funding partners to leverage resources to accomplish the goal.

Potential Role for the Trust:

1. Providing leadership and advocacy for appropriate policy and program development to accomplish the objectives.
2. Providing financial support needed to make structural changes in the system of care through State agencies or private organizations.
3. Assisting in identifying and obtaining financing to support the focus area initiative from private and governmental organizations.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Budget Recommendation Planning Process
Focus Area Issue Summary

Develop Tribal Service Capacity & Increase Federal Financial Support

Statement of the Problem to be Addressed:
For a myriad of socio-economic reasons Alaska Natives suffer higher rates of many health and social problems than other Alaskans and are over-represented in virtually every governmental system serving Mental Health Trust beneficiaries. Historically they were served in dual systems – the Indian Health Service provided many health and social services as did Alaska's state government. Substantial changes have occurred with development of compacting between the IHS and tribal health organizations. Tribal service infrastructure has developed substantial capacity, expertise and experience in providing services to tribal beneficiaries.

Severe reductions in State General Fund appropriations within the last two years and planned future reductions of even greater magnitude will severely cripple the ability of State government to provide health and social services to Alaskans. To mitigate those reductions the Department of Health and Social Services is pursuing a "tribal agenda" – an effort to shift as many Medicaid-reimbursable services as possible to tribal health organizations in order to receive 100% federal reimbursement for services to IHS beneficiaries and potentially to reduce administrative costs by establishing tribal entities as the sole or primary provider of a spectrum of health and social services – eliminating other providers and related administrative overhead.

Both DHSS and tribal organizations have sought assistance from the Trust for financial support of the development of infrastructures to allow the shift to tribally provided services and for transitional costs of making the shift.

DHSS will pursue this strategy regardless of Trust support or involvement and will utilize the GF savings generated in doing so to reduce the need for GF appropriations in future budgets. No commitment has been made by DHSS or the Administration to reinvest any of the savings in improving services for Trust beneficiaries.

GOALS:
- Increase capacity of tribal organizations to provide culturally appropriate services for IHS and Trust beneficiaries.
- Increase federal support for services to IHS beneficiaries and free State GF to support improvements in services for other Trust beneficiaries **without an increase in the State GF budget.**
- Mitigate impacts of State GF reductions.

Beneficiary Outcomes:

- Improvement in services for Native HIS/Trust beneficiaries through development of culturally appropriate services to meet unique needs of Native beneficiaries.
- Potential improvement in various service systems through re-investment of at least a portion of GF savings realized from shift of costs to federal resources.

STRATEGIES:

1. Invest Trust funds in supporting infrastructure and program development by tribal organizations.
2. Invest in DHSS strategies involving "business center" to assist tribal organizations in developing Medicaid billing expertise, processes, and management capability.

Resources:

1. 100% Federal Medicaid reimbursement available for care provided by tribal organizations to Medicaid-eligible Native clients.
2. State GF savings realized by shifting costs to federal sources.
3. DHSS cooperation in forwarding their goal.
4. Tribal health organizations.

Potential Role for the Trust:

1. Trust could take initiative to support shift of costs to federal sources **but** advocate for re-investment of at least portion of GF savings into maintaining and improving services for Trust beneficiaries.
2. Trust could provide financial and policy support to assist in development of tribal service capacity and in making transition from existing providers to tribal providers.
3. Trust can assist in obtaining financing to support this effort from private and governmental sources (e.g. advocacy with Sen. Stevens, private foundations.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: DENTAL

Statement of the Problem to be Addressed:
Currently, adult dental services are limited to the minimum treatment for the immediate relief of pain and acute infection. This limited coverage is a problem for a wide variety of clients including disabled, mentally ill and senior clients.

GOAL:
Expand Adult Dental Services under the Medicaid Program.

Beneficiary Outcomes:
- Increase in quality of life through preventing costly, painful dental emergencies.
- Free up mini-grant funds for other beneficiary needs – currently a large percentage of each mini-grant program is spent on dental emergencies (mini-grants would still be available for dental for those that do not qualify for Medicaid)

POSSIBLE STRATEGIES:
To expand adult dental coverage, but to place an annual "cap" on how much would be covered. Other State Medicaid programs have implemented this type of capped benefit with an approved state plan amendment. An annual cap based on a dollar amount would provide much more certainty as to how much the expansion would cost, but would still allow Medicaid beneficiaries to plan for the annual service. A financial cap is similar to private insurance programs. For example a capped benefit of $1,000.00 per year would allow 15,000 individuals to take part in the program. Programmatic issues still need to be considered to establish an appropriate cap (for example, may need to consider having a large enough cap to cover dentures for Seniors).

Resources/Potential Role for the Trust:
- Trust funding as start up to leverage federal Medicaid contribution with phase out (suggested: $15 million MHTAAR over 4 years)
- Could begin in FY05 ($50.0 MHTAAR) to start implementation of the program for the State Plan Amendment for Medicaid, regulations, and program manuals etc
-

Other Issues to Consider
1. A State Plan Amendment would have to be approved.
2. A legislative change is needed to change the current definition of adult dental services in AS 47.07.900.
3. Regulations will have to be changed.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: Prevention/Early Intervention Programs

Statement of the Problem to be Addressed:
Prevention and early intervention programs are important strategies to keep youth and adults from becoming beneficiaries of The Trust at more advanced levels of treatment and services. During tight budget environments state funding priorities often focus on higher levels of care at the expense of less costly, but less urgent in the short term, prevention and early intervention services and programs.

GOAL:
To create prevention and early intervention capacity in the state for Trust beneficiary-related issues.

Beneficiary Outcomes:
- Decrease in necessity for higher level services.
- Increase in community based prevention and early intervention capacity.

POSSIBLE STRATEGIES:
Public service campaigns
Asset Building capacity
Other Risk and Resiliency projects

Resources:

Potential Role for the Trust:
1. Trust will act as catalyst to work jointly with children, youth and young adult advocacy/prevention groups to outline potential capacity building strategies to create a strategic plan.
2. Trust will act as coordinator for funding partners to leverage resources to accomplish the goal.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: WORK FORCE DEVELOPMENT

Statement of the Problem to be Addressed:
It is an on-going need for a strong beneficiary-related service system that provider staff be trained adequately and have access to an adequate career track so they enter and remain in the service delivery system. It is also an on-going need to assist beneficiaries in developing skills to enter the work world within their ability to do so.

GOAL:
- Ensure adequate access to education to train new workers into beneficiary-related service careers.
- Ensure capacity for training so that current service providers can maintain and enhance their skill levels.
- Ensure that there is an adequate career track in beneficiary services to recruit and retain experienced employees.
- Maximize beneficiary access to education, training and employment opportunities within their functional abilities.

Beneficiary Outcomes:
- Education and training is accessible, affordable and effective in developing, maintaining, and increasing the skill level of service providers resulting in improved service quality and beneficiary outcomes.
- Improved wages and benefits and career ladder for service providers.
- Improved employment opportunities for Trust beneficiaries.

POSSIBLE STRATEGIES:
1. Increase adequate education for providers within the academic systems of Alaska.
2. Increase training opportunities through conferences and other venues that are accessible and affordable for currently employed providers.
3. Create partnerships that will enhance the wages and benefits of providers thus improving recruitment and retention.
4. Encourage education, training and sustainable employment opportunities available to beneficiaries.

Resources:
1. Current education and training systems in Alaska
2. State managed licensing and certification
3. Private and public employers of service providers and beneficiaries

Potential Role for the Trust:
1. Pilot education and training opportunities to enhance skills of providers.
2. Use Trust funds to leverage other partners in enhancing employment opportunities for providers and beneficiaries.

- Increase opportunities for elder Trust beneficiaries on the Pioneers' Homes waitlist to access home and community based services.
- Increase options available for elder Trust beneficiaries to receive appropriate care in their own homes.

STRATEGIES:

1. Identify and systematically address the barriers and benefits for 638s to become DD providers, including the effect of changes on existing providers, implications of moving individuals to different providers, impact on consumer choice, etc.
2. Develop technical assistance to address barriers, such as billing, provider training, recruitment and retention of providers, development/acquisition of housing, and service delivery strategies.
3. Investigate the benefits and shortcomings of a tiered system. If appropriate, investigate strategies to change current grant structures to allow for a tiered system.
4. Develop and implement a system to provide people waiting for services with the knowledge, skills, support, and information to access other services that may meet their needs or reduce the amount of services needed.
5. Seniors on the Pioneers' Homes waitlist would be screened for Dementia, Substance Abuse, Traumatic Brain Injury, Developmental Disabilities and Mental Illness.
6. One group would be offered services through this project and another group would serve as the control and would access services independently.
7. Seniors in the two groups would be compared to determine the level of services and funds required to keep people in their homes or at a lower level of care.

Resources:

1. 100% Federal Medicaid reimbursement available for care provided by tribal organizations to Medicaid-eligible Native clients.
2. State grant funded Home and Community Based Services
3. Potential Alzheimer's Demonstration funding through the Administration on Aging

Potential Role for the Trust:

1. Trust will act as catalyst to work jointly with the Governor, Commissioner and Department personnel as funding mechanism for changes that need to be made to accomplish the goal.
2. Trust will act as coordinator for funding partners to leverage resources to accomplish the goal.

Potential Role for the Trust:

1. Providing leadership and advocacy.
2. Providing financial support needed to make structural changes in the system of care; provide initial funding for services and/or matching funds to leverage potential grant funding.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Budget Recommendation Planning Process
Focus Area Issue Summary

Focus Area Proposed: Waitlist Reduction

Statement of the Problem to be Addressed:
As of June 2003 there were 1430 individuals on the wait list for DD services – the largest number of persons ever waiting for DD services in Alaska and fifth largest in the nation. Individuals wait an average of *five years* before being removed from the DD wait list. Currently there are 116 persons seeking placement in a Pioneer home within 30 days and over 2666 who have expressed a desire to use the Pioneer Home assisted living system in the future.

Individuals on the DD waitlist receive either no or minimal services to prevent emergencies. However while waiting to receive a full complement of needed services the needs of developmentally disabled persons often intensify necessitating a more costly and higher level of services thatn would have been required if services were provided earlier.

Approximately 65% or 75 of the seniors on the active Pioneer Home waitlist are estimated to be suffering from Alzheimer's Disease or Related Dementia (ADRD). Others are likely suffering from TBI, Developmental Disabilities or substance use disorders. Seniors on the waitlist are often not being served at a level sufficient to delay institutional placement because services are not uniformly available and often not adequate. Many of these seniors also do not qualify for the Medicaid waiver program because of assets or because they do not meet medical qualifications for nursing home care – a diagnosis of dementia, TBI, substance abuse, or mentl illness will not qualify someone for nursing home care as required by the waiver program. Costs of care for these persons is GF only. The Report of the Task Force on the Integration of Senior and Disabilities Services identified a need for funding to seniors similar to core services and the STAR grants provided to persons with Developmental Disabilities on the waitlist.

GOALS:
- Decrease the delay from application to receipt of services for persons with developmental disabilities.
- Provide services to seniors in home and community settings to reduce need for Pioneer Home care.
- Identify factors that lead to higher use of more extensive services.
- Examine alternative models for the senior grant program to reduce more expensive services funded with GF only.

Beneficiary Outcomes:
- Maintain skills and functioning level of persons with developmental disabilities, prevent development of secondary sequelae such as escalating behavioral problems.
- Prevent disruption of families and continuity of care resulting from family burnout.

- Increase opportunities for elder Trust beneficiaries on the Pioneers' Homes waitlist to access home and community based services.
- Increase options available for elder Trust beneficiaries to receive appropriate care in their own homes.

STRATEGIES:

1. Identify and systematically address the barriers and benefits for 638s to become DD providers, including the effect of changes on existing providers, implications of moving individuals to different providers, impact on consumer choice, etc.
2. Develop technical assistance to address barriers, such as billing, provider training, recruitment and retention of providers, development/acquisition of housing, and service delivery strategies.
3. Investigate the benefits and shortcomings of a tiered system. If appropriate, investigate strategies to change current grant structures to allow for a tiered system.
4. Develop and implement a system to provide people waiting for services with the knowledge, skills, support, and information to access other services that may meet their needs or reduce the amount of services needed.
5. Seniors on the Pioneers' Homes waitlist would be screened for Dementia, Substance Abuse, Traumatic Brain Injury, Developmental Disabilities and Mental Illness.
6. One group would be offered services through this project and another group would serve as the control and would access services independently.
7. Seniors in the two groups would be compared to determine the level of services and funds required to keep people in their homes or at a lower level of care.

Resources:

1. 100% Federal Medicaid reimbursement available for care provided by tribal organizations to Medicaid-eligible Native clients.
2. State grant funded Home and Community Based Services
3. Potential Alzheimer's Demonstration funding through the Administration on Aging

Potential Role for the Trust:

1. Trust will act as catalyst to work jointly with the Governor, Commissioner and Department personnel as funding mechanism for changes that need to be made to accomplish the goal.
2. Trust will act as coordinator for funding partners to leverage resources to accomplish the goal.

Potential Role for the Trust:

1. Providing leadership and advocacy.
2. Providing financial support needed to make structural changes in the system of care; provide initial funding for services and/or matching funds to leverage potential grant funding.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: CONSUMER DIRECTED SERVICES

Statement of the Problem to be Addressed:

There is a growing interest at the national level and among Trust beneficiaries and their family members to access services that are directed by the consumer or family member or are provided by fellow consumers/clients and family members. Such services create a sense of empowerment and choice which often assists in enabling good, sustainable recovery. Consumer directed services can also be very cost effective during the current period of severe budget constraint.

GOAL:

- Increase the availability of consumer directed or consumer provided services.
- Ensure that consumer directed services are safe, effective and sustainable.

Beneficiary Outcomes:

- Increase in consumer directed or provided services at a lower cost to the state.
- Improved recovery outcomes for consumers involved in consumer directed services.
- Implemented programs are monitored for adequate safety, efficiency and effectiveness.

POSSIBLE STRATEGIES:

1. Increase in peer-run housing, employment and other support programs.
2. Increase in provider-managed programs that have consumer provided services with a strong choice component for consumers and family members.
3. Existing consumer directed programs that are found to be effective are sustained with a reliable funding base.
4. Pursue on-going funding for consumer directed services within existing funding streams such as Medicaid, IHS funding, state general fund, etc.

Resources:

1. Existing peer support programs through out Alaska
2. State managed MH and SA block grant funding carve out
3. Entitlement funding & private foundations

Potential Role for the Trust:

1. Pilot and evaluate evidenced-based models that are new to Alaska.
2. Leverage ongoing funding for proven effective consumer directed programs.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: Affordable Housing for Beneficiaries

Problem Statement:
There is a shortage of affordable housing in Alaska, statewide. This shortage affects all low income Alaskans but is particularly hard on people with disabilities. Safe, decent, affordable housing is often the key for consumers in maintaining a healthy lifestyle. Housing is one area that equally benefits all Trust groups.

GOAL:
To increase the availability of several different housing options that are best suited to consumers' needs and desires in a way that improves their quality of life.

Beneficiary Outcomes:

- Relapse reduction
- Increased self sufficiency
- Increased number of beneficiaries who own their home
- Reduction in the number of beneficiaries in institutions
- Better access to supportive services

POSSIBLE STRATEGIES:
Continue partnership development by the current housing development team in the Division of Behavioral Health in Anchorage, AHFC, and the other affordable housing partners from around the State, federal government and private charitable foundations.

Resources:
AHFC, HUD, Municipality of Anchorage- Anchor Program, Native Housing Authorities, United Way, Anchorage Neighborhood Housing Services, State DBH Housing Office, Federal Home Loan Bank, Private Foundations and Faith Based Organizations.

Potential Role for the Trust:

Coordination and Training for potential funding partners
Furnishings for new housing units
Continued support for the Special Needs Housing Office (currently at DBH)
Down payment loans/grants
Pre-Development Funds
Meeting the federal housing grant match requirements of a number of different programs
Special housing programs to that target offenders that are not eligible for any federal housing assistance

Disability Justice Initiative

Statement of the Problem to be Addressed:
Individuals with mental disabilities are at increased risk of involvement with in the criminal justice system both as defendants and as victims. Alaskans with mental disabilities who have committed no crime are incarcerated nearly three thousand times each year because no appropriate alternative is available to provide for their safety. Thousands more are arrested, prosecuted and incarcerated for minor "nuisance" or "status" offenses that result from their mental disability rather than criminal intent. Limitations and deficiencies in the community treatment and emergency response systems make criminal justice intervention the default emergency response to many actions of persons with mental disabilities. Deficiencies in the criminal justice system mean that most of these persons are neither identified as suffering from a mental disability nor appropriately treated while incarcerated. Court processes and dispositions do not accommodate for their disabilities resulting in a cycle of repeat arrests, and incarceration and a spiraling decline in their functioning and safety.

A 1997 study indicated that up to 37% of persons in custody or under supervision of the Department of Corrections suffers from a mental illness – 12% with major psychiatric disorders. Most also suffer from a co-occurring substance use disorder. Approximately 15% of persons on probation or parole have mental disabilities. Because of their mental disabilities and the lack of adequate services and supports these persons have a far greater likelihood of being re-incarcerated for technical violations of their conditions of release – non-compliance that does not constitute a crime. They are also at increased risk of re-incarceration for criminal behavior because they too often do not receive the treatment and supports they need to succeed.

Because they are more vulnerable to victimization and exploitation by others an unknown number of persons with mental disabilities are victims of crime each year. They must navigate a justice system inadequately prepared to accommodate or support them and are often unable to obtain justice and protection because of a lack of understanding, supports and accommodations throughout the criminal justice system.

GOALS:
- Eliminate use of jails and prisons for providing protective custody under Title 47.
- Prevent and reduce inappropriate or avoidable arrest, prosecution, and incarceration of persons with mental disabilities to a de minimus level.
- Reduce recidivism of offenders with mental disabilities.
- Increase the ability of the criminal justice system to accommodate, support, protect, and obtain justice for victims with mental disabilities.

- Improve outcomes for individuals with mental disabilities and increase public safety.

Beneficiary Outcomes:

- Fewer Alaskans with mental disabilities will be incarcerated under protective custody to provide for their safety in emergency circumstances.
- Fewer Alaskans with mental disorders will be arrested, prosecuted and incarcerated for minor offenses that result from their disabilities.
- Persons with mental disabilities will be identified and receive appropriate treatment when they are incarcerated.
- Mentally disabled offenders will experience reduced recidivism.
- Persons with mental disabilities will have improved access, accommodation, protection, and support throughout all aspects of justice system processes.
- Fewer persons with mental disabilities will be victimized.

POSSIBLE STRATEGIES:

1. Support community development of alternatives to jail-based protective custody focusing especially on highest occurrence communities: Fairbanks, Bethel, Anchorage and Juneau.
2. Quantify and analyze the population of persons with mental disabilities involved in Alaska's criminal justice system; identify target populations and location of effective service models to avoid inappropriate incarceration, reduce recidivism and improve support and protection of mentally disabled victims.
3. Formalize through interagency agreements policies and practices that improve continuity of care between corrections and community treatment systems, maintain and re-instate benefit eligibility and support care.
4. Develop and support training for criminal justice personnel to improve their ability to identify, respond to, and accommodate persons suffering from mental disabilities.
5. Implement an initiative to sustain and expand application of therapeutic justice principles and practices throughout Alaska's court system.

Resources:

1. NIC/CSG Technical Assistance Grant to DOC/DHSS
2. Federal categorical grants.
3.
4. Denali Commission, Rasmuson, AHFC, etc.

Potential Role for the Trust:

1. Leadership and advocacy for policy and program development.
2. Providing financial and staff support needed to implement planning, policy and program development.
3. Assisting in identifying and obtaining financing from private, and governmental organizations at all levels to implement needed change.

ADDENDUM

Original Documents as Submitted
to THE TRUST

Advisory Board on Alcoholism and Drug Abuse
FY06-FY07 Trust Budget Recommendation Planning Process

#1 Priority Focus Area: Housing to Support Recovery Sustainability

Problem Statement:
All over Alaska there is a shortage of safe and sober housing for persons attempting to make a successful transition from substance abuse treatment to self sufficiency. A period in safe, sober, affordable housing is often the key element in a successful recovery journey. Without it, relapse and the associated negative consequences continue to burden many individuals, families and communities.

GOAL:
To increase the capacity for transitional housing in a variety of formats so that persons returning to their home communities after treatment may continue to grow their recovery skills.

Beneficiary Outcomes:

- Relapse reduction
- Reduction in the negative consequences associated with relapse
- Increased self sufficiency

STRATEGIES:
Continue partnership development by the current housing development team in the Division of Behavioral Health in Anchorage, Mat-Su and Fairbanks
Seek additional development in Juneau and hub communities

Resources:
AHFC, HUD, Native Housing Authorities, United Way, Local and Regional housing agencies

Potential Role for the Trust:

Coordination and Training for potential funding partners
Furnishings for new housing units
Continued support for housing development staff in the Division of Behavioral Health

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Alaska Commission on Aging

Focus Area: Pioneers' Homes Waitlist Reduction

Statement of Problem to be Addressed:
The Pioneers' Homes inactive waitlist has 2,666 Alaskans who have expressed a willingness to use the Assisted Living system at some point in their future. In addition, there is an active waitlist to enter the six pioneers' homes throughout the state. Currently this list has 116 people willing to accept a placement in their Pioneers' Home of choice within thirty days. Assuming a rate of dementia at 65% for these individuals, 75 people on the active waitlist list experience Alzheimer's Disease or Related Dementia (ADRD). Furthermore, seniors with Traumatic Brain Injury, Substance Abuse, Developmental Disabilities and Mental Health issues are being served by the Pioneers' Homes. While there are national statistics about seniors with these issues we do not have a good idea of the numbers for Alaska.

The Senior Home and Community Based grants are not uniform throughout the state and many services are only offered in larger communities. Often the seniors on the waitlist are not being served at a level sufficient to delay institutional placement by the present grant system. In addition, many of these seniors do not qualify for the Medicaid wavier as they have too much income or assets and/or do not meet the medical qualifications for nursing home level of care. A diagnosis of Dementia, Traumatic Brain Injury, Substance Abuse and Mental Illness will not qualify someone for nursing home level of care as required by the waiver program. The cost of care in Pioneers' Homes is based on a sliding scale with the majority of the cost borne by state General Funds. The Report of the Task Force on the Integration of Senior and Disabilities Services identified a need for funding to seniors similar to core services and the STAR grants provided to persons with Developmental Disabilities on the waitlist.

Goals:
- Address the needs of seniors on the Pioneer's Homes waitlist to reduce activation and acceptance of placement.
- Identify the factors that may lead to a higher use of more extensive services.
- Examine alternative models for the implementation of the senior grant program to reduce more expensive state supported services.
- Identify other groups that potentially could be considered for these types of services.

Beneficiary Outcomes:
- Increase opportunities for elder Trust beneficiaries on the Pioneers' Homes waitlist to access home and community based services.
- Increase options available for elder Trust beneficiaries to receive appropriate care in their own homes.

Strategies:

1. Seniors on the Pioneers' Homes waitlist would be screened for Dementia, Substance Abuse, Traumatic Brain Injury, Developmental Disabilities and Mental Illness.
2. One group would be offered services through this project and another group would serve as the control and would access services independently.
3. Seniors in the two groups would be compared to determine the level of services and funds required to keep people in their homes or at a lower level of care.

Resources:

- State grant funded Home and Community Based Services
- Potential Alzheimer's Demonstration funding through the Administration on Aging

Potential Role for the Trust:

Trust will provide initial funding for services and/or matching funds to leverage potential grant funding.

Additional Proposed Focus Areas of High Priority for ABADA

The following focus areas are also of high priority for ABADA. They are also priority areas for at least one of the other beneficiary advocacy boards and commissions.

1. Workforce development initiatives that will contribute to the speedy increase in the number of behavioral health professionals who provide high quality services in the desired "no wrong door" treatment environment.

2. Treatment capacity expansion to match the need for waitlist reduction, including priority for youth, both in and outside the juvenile justice system.

Two additional priorities will continue to be critical to the service delivery continuum.

3. Immediate restoration of treatment services for incarcerated Alaskans who require them, prior to release from custody.

4. Long term sustainability for the Alcohol Safety Action Program throughout Alaska.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Alaska Commission on Aging

Focus Area: Workforce Development to Provide Community Group Respite

Statement of Problem to be Addressed:
Many smaller rural communities cannot provide adult day services for persons who need supervision with Alzheimer's Disease and Related Disorders and/or substantial medical conditions or day habilitation for persons with Developmental Disabilities. The availability of technical staff to provide training and monitor adult day and day habilitation programs is one reason these programs have not been developed. In addition, the lack of a consistent workforce prevents the viability of the programs. In some communities the population may not provide enough consistent participation to support a more structured adult day or day habilitation program. However, short term (less than 5 hours/day and 3 days/ week) community group respite programs can provide relief for family caregivers as well as begin a process that may result in staff trained to eventually offer more structured programs.

A new model of community group respite could provide services in small groups without the programming requirements that are needed for either adult day or day habilitation programs. Potential workforce could be trained to provide services in their community through the Title V program for persons over 55 years with low income.

Goals:
- Offer training to qualified persons to develop the workforce in rural communities.
- Address the need for services to persons on the waitlists.
- Develop an alternative model for providing respite services in rural communities.
- Provide options to personal care attendant services in the home.
- Prepare communities to offer adult day and day habilitation programs eligible for reimbursement by the Medicaid Home and Community Based Waiver.

Beneficiary Outcomes:
- Increase continuity of care through workforce training opportunities within communities.
- Increase choices of community care options for persons in need of supervision due to ADRD and/or medical conditions or Developmental Disabilities.

Strategies:
1. Determine needs and interest of rural communities to provide alternative community respite services.
2. Survey workforce available to provide alternative community respite in rural communities.
3. Develop most effective methods for training qualified persons.
4. Identify facilities available to provide community group respite.
5. Provide culturally relevant care for persons with ADRD and/or DD.

Alaska Mental Health Board

Proposed Focus Areas
Alaska Mental Health Trust Authority Budget Recommendation Planning Process

Overview
The overarching priority of the Alaska Mental Health Board (AMHB) is to improve the quality of life for Alaskans with mental disorders by providing prompt access to (a) mental health services leading to recovery; (b) adequate housing and; (c) employment and other forms of economic security as well as the ability able to be safe and healthy and have meaningful lives. It is the AMHB position that the principles noted above should be an integral part of any and all focus areas adopted by the AMHTA.

The AMHB's long-term effort to achieve its goal of improving quality of life for Alaskans with mental disorders has led it to focus for several years on four key priorities for improving Alaska's mental health system. Limited progress on those priorities to date leads the Board to propose those as focus areas in the AMHTA Budget Recommendation Planning Process. The Board also proposes a focus on consumer-directed projects. Independent of whether the AMHTA adopts a discrete focus area for consumer-directed services, the AMHB recommends that the fundamental goals outlined in our proposal should be inextricably woven into any and all proposals the AMHTA adopts as focus areas.

Proposed BRPP Focus Areas
One-page summaries attached. These are not priority ranked.

- Disability Justice
- Rural Services
- Children's Services (Keep the Kids Home)
- System Accountability
- Consumer-Directed (Peer and Family) Services

Resources:

- Grant funded Home and Community Based Services
- Title V program
- Medicaid Home and Community Based Waivers
- Brookdale Foundation
- University of Alaska training programs

Potential Role for the Trust:

Trust will provide initial start-up costs and/or matching funds to leverage potential grant funding.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: Rural Services Capacity

Statement of the Problem to be Addressed:
The rural behavioral health services continuum is limited in many respects. One obvious result of this is the over-representation of Alaska Natives at all levels of the behavioral health system: API and out of state RPTC demographics are two prominent examples. Expanding and enhancing innovative, integrated services into rural Alaska and increasing the number of providers in rural areas is vital to providing effective local prevention and emergency services resources. Lack of resources and difficulties in recruiting, training and retaining qualified personnel are also constant challenges in rural Alaska. Finally, many rural providers work in obsolete, dilapidated, or therapeutically inappropriate settings and consumers have no housing options.

GOAL:
- Increase local and culturally appropriate services, including housing.
- Enhance recruitment and retention of local residents.
- Expand the use of technology, such as telepsychiatry, and other alternative service delivery methods, such as mobile treatment teams.
- Repair and replace rural behavioral health facilities.

Beneficiary Outcomes:
- Increase in appropriate community alternatives at a lower cost to the state.
- Decrease in out of community placements of rural residents.

STRATEGIES:
1. Coordinate Rural Human Services program and Behavioral Health Aide program to ensure coverage of unserved areas and to increase Medicaid reimbursement.
2. Utilize rural mental health consultation project to enhance rural emergency services; expand telepsychiatry (and associated funding mechanisms) in rural service delivery; promote continuity of care between API and community mental health programs.
3. Enhance work force development strategies that providing training and support for rural behavioral health workers.
4. Enhance Denali Commission and Trust collaboration to improve rural infrastructure

Resources:
1. DHSS development of the Tribal Agenda
2. Alaska Native Tribal Health Consortium Behavioral Health Aide program
3. Denali Commission
4. SAMHSA grants; AMHTA Rural Mental Health Consultation Project

Potential Role for the Trust:
1. Catalyst for joint efforts with the Planning Boards, DHSS, ANTHC, and community stakeholders to achieve the goal.
2. Coordinator for funding partners to leverage resources to accomplish goal.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: Peer and Family Services

Statement of the Problem to be Addressed:
Peer and family-directed services are minimal in Alaska, accounting for less than .5% of total funding (no State or Medicaid funding) although the AMHB has identified these as a priority for years. The mission and principles of the AMHB/ABADA Integrated Behavioral Health Plan posits a strong consumer role in behavioral health delivery. A number of states support coherent, effective, and cost-effective consumer-directed and delivered service components. Several models are recognized nationally and the New Freedom Commission has found that a significant role for consumers in service direction and delivery is necessary in order to build a recovery-oriented mental health system.

GOAL:
- Increase local and culturally appropriate consumer-directed services, peer and family operated programs, supports, co-occurring disorders services (including substance use, developmental disabilities, and dementias) and housing.
- Provide appropriate training and education for consumers and family members.
- Enhance consumer and family role in planning, developing, and evaluating a recovery-oriented behavioral health system.
- Designate a minimum percentage of State behavioral health services funding for consumer/family directed services.

Beneficiary Outcomes:
- Increased number of consumers and family members involved in direct service delivery, reducing reliance on higher cost levels of care.
- Increase in the availability of consumer/family directed and provided housing, clubhouses, and drop-in center, and other programs.

STRATEGIES:
1. Coordinate AMHTA-funded consumer projects and SAMHSA Mental Health Block Grant funding.
2. Evaluate national best or promising practices and other states' programs to help identify options in Alaska.
3. Enhance work force development strategies that providing training and support for peer and family providers.

Resources:
1. Various consumer/family organizations and individual consumers and families.
2. SAMHSA Mental Health Block Grant and other grants.
3. AMHTA Consumer-run operating and capital projects.

Potential Role for the Trust:
1. Catalyst for joint efforts of the Boards, DHSS, and consumers to achieve the goal.
2. Coordinator for funding partners to leverage resources to accomplish goal.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process

Proposed Name of Focus Area: Keep the Kids Home/Children's Services

Statement of the Problem to be Addressed:

Alaska sends over 600 children to Residential Psychiatric Treatment Center (RPTC) facilities outside of Alaska, a huge increase over the last five years. This phenomenon is the most prominent symptom of a system out of balance. For a variety of reasons, Alaska's community-based resources for children with emotional disorders and substance use problems lacks the mechanisms, capacity, and components to serve children in Alaska and in their communities. Population trends indicate that this problem will worsen without action: within 10-15 years children and youth will surpass adults as the largest age cohort needing behavioral health services.

GOAL:

- Increase appropriate Home and Community Based services to prevent residential placements and to provide alternatives for youth located in such placements.
- Decrease out-of-state placements and enhance community-based treatment options and service delivery collaboration in Alaska.

Beneficiary Outcomes:

- Increase in community based alternatives at a lower cost to the state.
- Decreased institutional placements and increased appropriate care level placements.

STRATEGIES:

1. Gate keeping mechanisms increased.
2. Increase housing options: foster (including therapeutic), group home and monitored community support for transition to independent living.
3. Increase service access, treatment capacity, and training in rural Alaska.
4. Increase in support services/independent living skills training (crisis respite, case management, etc.), including programs for families and parents.
5. Create Medicaid step down funding mechanism and examine application of waiver programs.
6. Increase in-state RPTC beds.
7. Develop services for individuals moving from the children's system of care to the adult system.
8. Enhance efforts to prevent juvenile justice interventions in youth lives.

Resources:

1. DHSS development of the Tribal Agenda: 638 FMAP
2. Denali Commission, Rasmuson, AHFC, etc.
3. SAMHSA Child and Adolescent MH and SA State Infrastructure Grants

Potential Role for the Trust:

1. Catalyst for joint efforts with the Governor, Planning Boards, DHSS, and community stakeholders for changes that need to be made to accomplish the goal.
2. Coordinator for funding partners to leverage resources to accomplish goal.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Governor's Council on Disabilities and Special Education

Proposed Name of Focus Area: Criminal Justice/Safety of Beneficiaries

Statement of the Problem to be Addressed:
There is a basic lack of civil justice for individuals with developmental disabilities who are accused of crimes. In general, there is insufficient awareness of the criminal justice issues for beneficiary groups. People with developmental disabilities as well as other beneficiary groups require specialized approaches to treatment, education and counseling, especially for sexual offenses. Individuals who are victims or potential victims need sensitive intervention to learn strategies to protect themselves and remain safe. Likewise, individuals who commit sexual offenses require intensive support and treatment to avoid recommitting. Highly specialized care by persons trained in counseling individuals with developmental disabilities is not readily available. Currently there are over 50 people on a wait list to receive these services.

Individuals with developmental disabilities are sometimes charged with crimes and incarcerated as a result of behaviors related to their disability leading to inappropriate and ineffective treatment. Navigating the criminal justice system is particularly problematic for Trust beneficiaries.

GOAL:
- To protect individuals vulnerable to crime.
- To enhance public safety.
- To increase capacity of the criminal justice system to offer appropriate treatment for offenders.

Beneficiary Outcomes:
- Increased public safety
- Increased awareness and sensitivity

STRATEGIES:
1. Develop and implement a broad information and training program to provide professionals, families, and individuals the tools and resources to appropriately recognize and address criminal justice issues with beneficiaries.
2. Increase the availability of appropriate treatment so that no sexual offender or victim of sexual offense who is a beneficiary has to be on a wait list for therapy.
3. Increase the availability of prevention and intervention services so that beneficiaries learn to recognize and protect themselves from sexual abuse.

Resources:
Medicaid reimbursement for direct therapeutic services

Potential Role for the Trust:
Catalyst for system change, and provision of funding.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Governor's Council on Disabilities and Special Education

Proposed Name of Focus Area: Decrease Waitlists

Statement of the Problem to be Addressed:
As of June 30, 2003 there were 1430 individuals on the wait list for DD services and this number continues to grow. This is the largest wait list Alaska has had-- the fifth worst in the nation according to the National ARC. Individuals wait an average of *more than five years* before being removed from the DD wait list. While waiting, needs frequently intensify necessitating a more costly and higher level of service than might have been needed if services had been provided in a timely manner. With tightening budgets there is little to no opportunity for individuals to come off the wait list. The State can expect more individual and family crises to surface as a result.

GOAL:
- Decrease in the timeframe for receiving services, especially lower-cost services, with a reduced waiting time between application and services.

Beneficiary Outcomes:
- Maintenance of skills and higher functioning levels, prevention of secondary sequelae, such as escalating behavioral problems.
- Reduced burnout in families.

STRATEGIES:
1. Regionally, and in conjunction with providers and beneficiaries, identify and systematically address the barriers and benefits for 638s to become DD providers, including the effect of changes on existing providers, implications of moving individuals to different providers, impact on consumer choice, etc.
2. Develop technical assistance to address barriers, such as billing, provider training, recruitment and retention of providers, development/acquisition of housing, and service delivery strategies.
3. Investigate the benefits and shortcomings of a tiered system. If appropriate, investigate strategies to change current grant structures to allow for a tiered system.
4. Develop and implement a system to provide people waiting for services with the knowledge, skills, support, and information to access other services that may meet their needs or reduce the amount of services needed.

Resources:
Tribal health corporations, DHSS, 638 FMAP

Potential Role for the Trust:
Catalyst for system change and provision of funding

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Governor's Council on Disabilities and Special Education

Proposed Name of Focus Area: **Bring the Kids Home**

Statement of the Problem to be Addressed:
There are currently over 600 children placed in Residential Psychiatric Treatment Center (RPTC) facilities outside of Alaska. Programs and service delivery structures aimed at addressing this problem have not been successful and have lacked quality assurance and cost containment measures (i.e. lack of coordinated screening of non-custody kids for placement, AYI project cost containment issues).

GOAL:
- To decrease the number of RPTC out-of-state placements.
- To increase appropriate Home and Community Based services to provide alternatives (de-institutionalization) for youth both located in, and at risk of RPTC placements

Beneficiary Outcomes:
- Decrease in institutional placements.
- Increase in community based alternatives at a lower cost to the state.

STRATEGIES:

1. Develop and strengthen treatment options appropriate to all beneficiary groups.
2. Gate keeping mechanisms increased
3. Increase housing options: foster (including therapeutic), group home and monitored community support for transition to independent living.
4. Increase in-state RPTC beds
5. Increase in support services/independent living skills training (crisis respite, case management, etc.)
6. Create Medicaid step down funding mechanism

Resources:
1. DHSS development of the Tribal Agenda: 638 FMAP
2. Denali Commission, Rasmuson, AHFC, etc.

Potential Role for the Trust:
1. Trust will act as catalyst to work jointly with the Governor, Commissioner and Department personnel as funding mechanism for changes that need to be made to accomplish the goal.
2. Trust will act as coordinator for funding partners to leverage resources to accomplish the goal.

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Governor's Council on Disabilities and Special Education

Proposed Name of Focus Area: Workforce Development

Statement of the Problem to be Addressed:
There is a substantial shortage of direct care providers, and inadequate incentives to remain employed as a direct service provider. Low wages, difficult working conditions, and insufficient benefits hamper efforts to recruit and retain workers.

GOAL:
- To increase the number of direct service providers.
- To increase the quality and skill level of direct service providers.
- To decrease turnover among direct service providers.
- To increase the status of direct service work.
- Achieve a competitive wage and benefits.

Beneficiary Outcomes:

- Increased stability in home, vocational, and recreational life areas leading to greater independence and satisfaction

STRATEGIES:
- Develop additional training opportunities for direct care providers.
- Develop additional incentives for direct care providers to remain in the field.
- Develop additional recruitment and retention tools for service providers, educational institutions, and job centers.
- Continue to sponsor the Full Lives Conference – which gives strategies to overcome common workplace pitfalls.
- Continue to support the Leadership Institute – providing education and mentors for workers transitioning into supervisory roles.
- Create media campaign to encourage nontraditional labor pools to look into direct service careers.
- Promote statewide low wage worker policies that encourage training and wage progression.

Resources:
- Local Providers
- Education Centers
- Alliance for Direct Service Careers
- Beneficiary Boards

Potential Role for the Trust:
Leadership in system change, funding

ALASKA MENTAL HEALTH TRUST AUTHORITY
FY06-07 Trust Budget Recommendation Planning Process
Governor's Council on Disabilities and Special Education

Proposed Name of Focus Area: Housing

Statement of the Problem to be Addressed:
Home ownership should be an option for individuals with developmental disabilities and other Trust beneficiaries. There is a shortage of affordable housing.

GOAL:
- To increase home ownership among Trust beneficiaries.
- To increase accessible housing.

Beneficiary Outcomes:

- Greater equity in opportunities for home ownership.
- Increased number of beneficiaries who own their home.

STRATEGIES:
- Develop and meet targets for the number of beneficiaries who purchase their home.
- Develop a cooperative relationship with AHFC to secure more Section 8 Vouchers for home ownership.
- Continue to promote and implement Individual Development Accounts.
- Monitor projects to ensure that home ownership opportunities are expanding and the number of beneficiaries owning their home has increased.

Resources:
AHFC, HUD, Cook Inlet Housing Authority, United Way, Anchorage Neighborhood Housing

Potential Role for the Trust:
Continued promotion of the Individual Development Accounts
Funding
Coordination of funding partners

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

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March 30, 2004

Mr. Jeff Jessee
Executive Director
Alaska Mental Health Trust Authority
550 West 7th Avenue, Suite 1820
Anchorage, Alaska 99501

Dear Mr. Jessee:

I would like to take this opportunity to restate the Alaska Department of Health and Social Services' (DHSS) commitment to work with the Alaska Mental Health Trust Authority (AMHTA) to select up to four priority projects for the coming fiscal years. By focusing our efforts and resources on shared areas of concern, I firmly believe that we can make substantial changes to improve the lives of our common beneficiaries.

To assist the effort of identifying areas of shared concern, I would like to put forward three projects that DHSS has identified as potential priority projects. Each has been discussed previously with the Trust and is deserving of more detailed consideration. I remain hopeful that AMHTA will find additional areas of commonality with DHSS and acceptable areas for investing its public resources.

DHSS' recommendations are:

BRING THE KIDS HOME

During the past several years, hundreds of young AMHTA beneficiaries with severe emotional disturbances have sought expensive behavioral health care in out-of-state residential facilities far from family and community supports. DHSS is open to suggestions from the AMHTA about ways the Trust could provide funding to assist in our multi-year efforts to develop an in-state system of care that improves the continuum of services for these children and youth (including community and/or regionally based assessment and referral services, care coordination, crisis respite care, group and therapeutic foster homes, residential psychiatric treatment programs, and post-residential services) while ensuring both integration and standardization of care, along with appropriate cost containment measures. Other funding partners involved in these efforts include the Denali Commission, Rasmuson Foundation, AHFC, federal Medicaid program, and faith and community based organizations including tribal corporations.

EXPANDED ADULT DENTAL SERVICES

Often forgotten, appropriate oral health care services can lead to demonstrative improvement to the lives of vulnerable populations. Trust beneficiaries including the elderly, disabled, and mentally ill currently receive Medicaid funded coverage for adult dental services limited to the minimum treatment necessary for the immediate relief of pain and acute infection. An annual capped benefit plan would allow beneficiaries to access dental services to ensure oral health and functionality, thus increasing overall health and quality of life. For example, 15,000 Trust beneficiaries could receive additional dental services of up to $1,000 per person per year if a cumulative total of $15 million of AMHTA funds were invested over four years, allowing DHSS to use MHTAAR funds to match federal Medicaid funds. Approximately $50,000 would also be required to implement expanded adult dental services for the Medicaid State Plan Amendment, regulation changes, and program manuals, etc.

RURAL BUSINESS RESOURCE CENTER

All Trust beneficiaries are impacted by the fragmentation and inefficiency of the health care system in Alaska, especially those living in rural areas with conditions similar to third world nations. In an environment of shrinking revenue sources coupled with escalating health care costs, DHSS is working to develop a continuum of standardized and integrated health care services. The AMHTA could improve the health of Trust beneficiaries by providing funding to support the creation of a Business Resource Center (BRC) to assist tribal health organizations with the development of systems and processes which enhance the collection and utilization of accurate health data, as well as analysis of costs and potential revenue sources for providing clinical services. Although this project requires multi-year funding to develop and implement, once it is operational it will provide a sustainable infrastructure to leverage limited revenue sources, improve access and standardization of care, and improve the quality of life for Trust beneficiaries throughout Alaska.

Thank you for your continued consideration of these recommendations from DHSS. As a department, we stand ready to review and comment on recommended focus areas by AMHTA. I remain confident that we can identify areas of shared concern, and look forward towards the development of FY 2006 budget proposals.

Sincerely,

Joel Gilbertson
Commissioner

JSG:lb

Alaska Mental Health Trust Authority
Priority Funding Area Survey Results
March 2003

The Alaska Mental Health Trust Authority conducted an online survey to obtain feedback on its priority funding areas for the FY06 and FY07 budget recommendations for expenditures of Trust income. The survey was email to the Rural List Serv mailing list. There were 219 responses. The survey listed 9 priority focus areas and asked each respondent to rank them as very important, important, somewhat important, and not important.

Below is an overview of the responses. Attached are the actual survey data and longer comments and ideas from respondents.

Priority Area	Very Important	Important	Somewhat Important	Not Important
Reducing wait lists	55%	29%	13%	4%
Diversion from jails/courts	38%	34%	24%	4%
Workforce development	43%	37%	17%	3%
Prevention/intervention	65%	23%	8%	5%
Increased rural services	35%	39%	20%	6%
Peer support	36%	35%	23%	6%
Substance abuse relapse	39%	36%	19%	6%
Bring the kids home	43%	35%	16%	6%
Medicaid reimbursement For Alaska Natives	40%	29%	18%	13%

Other responses:

More services for parents with child accommodation.

Build a database to track mental health.

Housing and beneficiary job development.

Funds for better training of mental health personnel locally.

Combining state, federal, community, and Native resources.

Pilot program funding for new ways to help.

More advocates/interpreters available for the deaf.

Caregiver education support.

Affordable, safe, livable housing.

Availability of non-medication alternatives such as recovery, housing, employment.

Increase the housing options for all beneficiaries of the Trust.

Fetal Alcohol Spectrum Disorders for eligibility of DD services.

Provide support to allow beneficiaries maximum possible control over treatment and care.

In-home counseling services to isolated elders, gatekeeper services to locate "hidden" elders with dementia, mental illness and substance abuse problems.

Development of safe, affordable and accommodating housing. Develop an array of housing that goes from monitored, secure housing to group homes, transitional housing, consumer run housing, supported housing apartments, and homeownership. There is not a possibility for recovery without a safe, affordable and appropriate place to live.

The survey also captured demographic information. Of those responding to the survey, 51 percent were from Southcentral, 9 percent from the Kenai Peninsula, 15 percent from Southeast, 7 percent from Western, 13 percent from the Interior, and 5 percent from the North Slope region.

There were quite a few additional focus areas, targeted populations, types of organizations and primary responsibility that respondents noted. The actual survey data is attached.

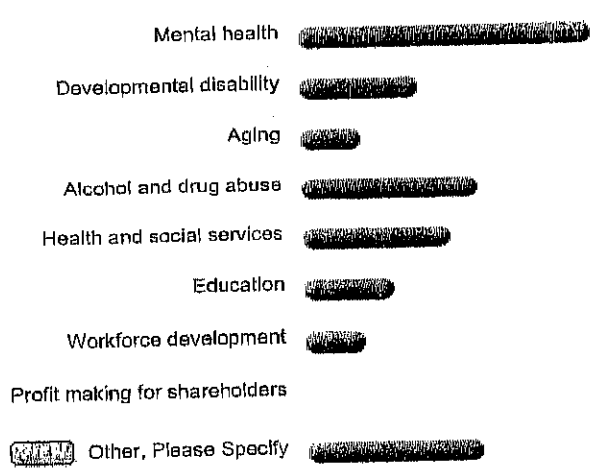
Please let me know if you have any questions.

1. Based on input from the Trust-related advisory boards and State agencies, an initial list of focus areas was developed. Please rate the focus areas for their importance to your organization.

The top percentage indicates total respondent ratio; the bottom number represents actual number of respondents selecting the option

	1 Very Important	2 Important	3 Somewhat Important	4 Not Important
1. A. Reducing wait lists for services for the disabled, behavioral health and seniors	55% 119	29% 62	13% 27	4% 8
2. B. Diversion from jail/courts, and decriminalization of the mentally ill and substance abusers	38% 82	34% 74	24% 51	4% 9
3. C. Workforce development for service providers and beneficiaries, such as training to prepare workers for employment, enhancing pay and benefits to ensure worker retention, and on-the-job training services	43% 92	37% 80	17% 36	3% 7
4. D. Prevention and early intervention services	65% 142	23% 50	8% 17	5% 10
5. E. Increasing the amount of general services in rural areas vrs more urban services	35% 73	39% 81	20% 41	6% 13
6. F. Programs that encourage consumer/client involvement in providing services and peer support	36% 79	35% 76	23% 50	6% 12
7. G. Providing services to protect substance abusers from experiencing relapse	39% 83	36% 78	19% 40	6% 12
8. H. "Bring the Kids Home" initiative advocated by the State of Alaska (getting youth with severe mental health and substance abuse problems placed in out-of-state institutions into more regional and home-based services)	43% 92	35% 75	16% 35	6% 14
9. I. Ensuring the State of Alaska sets up consolidated service delivery that maximizes 100 percent federal Medicaid reimbursement for Alaska Natives	40% 86	29% 62	18% 38	13% 27
10. J. Other: Please specify areas that are important but you didn't find on the above list	74% 58	10% 8	4% 3	9% 7

3. What is your primary focus area? (check all that apply)



	Number of Responses	Response Ratio
Mental health	115	53%
Developmental disability	51	23%
Aging	27	12%
Alcohol and drug abuse	67	31%
Health and social services	62	28%
Education	42	19%
Workforce development	31	14%
Profit making for shareholders	1	0%
Other, Please Specify	65	30%

"Other" Responses

3. What is your primary focus area? (check all that apply)

#	Response
1	All areas, Priority-Expand Medicaid Dental
2	civil rights
3	economic development
4	Rural technical assistance
5	Juvenile Justice
6	Economic Development, Housing, Transportation, etc
7	involvement of parents with sed children
8	program evaluation
9	Early Intervention/ HeadStart
10	Fetal Alcohol Spectrum Disorder
11	Weatherization
12	Development of rural clinics
13	Assisted Living
14	Funding Agency
15	law enforcement - small municipality
16	Juvenile justice
17	Child protective services for Southcentral Region
18	,wisdom from elders ,focusing on strength
19	Suicide Prevention & Crisis Hotline
20	Prevention
21	public transportation for all PWD's.
22	Community Foundation - broad spectrum
23	Traumatic Brain Injury
24	Advocacy
25	I am part of a family, part of a community.
26	Juvenile Services and Tribal Court Development
27	Physical disability
28	Housing
29	children in emergency placement and ttreatment
30	FASD
31	Assisted Living
32	Native Village of Barrow
33	Tribal Membership
34	General Assistance
35	childhood development, child abuse and neglect
36	Mental health court

37	Services for Homeless & Immigration Services
38	Affordable housing
39	Housing for beneficiaries is an important area
40	Department of Corrections
41	School based social workers
42	http://www.zoomerang.com/recipient/survey.zgi?ID=L
43	Early Intervention
44	support and advocacy for mental health clients
45	Homeless Shelter
46	AFFORDABLE HOUSING
47	all above
48	Native media
49	Independent Living;Natural Resources
50	Assisted Living
51	Provider Education on Co-Occurring Disorders
52	prevention of underage drinking
53	Use service dogs to connect in above settings
54	Housing
55	Quality of life for all Alaska's people
56	Tribal Court
57	Family Violence
58	Environmental issues and oil and gas activities
59	adolescent behavioral health
60	Domestic Violence, ILP, Prevention, Fam Sup, FEMA
61	Prevention Services
62	Peer Support Services, All of the above
63	Juvenile Justice Diversion
64	Primary Health Care
65	Housing Development Organization

4.	4. Who is your target population for services? (check all that apply)	Number of Responses	Response Ratio
	Adults	141	65%
	Children	112	52%
	Families	119	55%
	Adolescents	108	50%
	Elderly	77	36%
	Other, Please Specify	30	14%

"Other" Responses

4. 4. Who is your target population for services? (check all that apply)

#	Response
1	Transition age
2	Native Americans
3	rural community organizations
4	Alaska Natives
5	0-3, Infants
6	Elderly, disabled nad families with young children
7	the community
8	All
9	Alaska Natives
10	Agencies; Staff
11	All; we've had 7 year-olds and 90 year-olds call
12	see above
13	All of the above
14	Nowhere to Answer J. above,care for Alzheimer's
15	1 ADHD child, 2. Adult child, prison to home.
16	Community Wellness
17	All
18	low-mod income residents of all ages
19	all of the above
20	Offenders in the criminal justice system
21	all citizens
22	communities
23	Education for Providers of the above
24	DD full spectrum
25	Disabled
26	men
27	Young Adults
28	all of the up of
29	Co-occurring disorders and alternative treatment m
30	service providers

5. What best describes the type of organization you represent:

	Number of Responses	Response Ratio
Nonprofit	120	55%
For profit	6	3%
Native nonprofit	14	6%
Native health corporation	7	3%
Native for profit corporation	0	0%
State government	34	16%
Local government	5	2%
Federal government	2	1%
Tribal government	6	3%
Other, Please Specify	6	3%
Total	218	100%

"Other" Responses

5. What best describes the type of organization you represent:

#	Response
1	secondary consumer
2	Consultant to Native Non profits
3	Advocacy
4	Denali Commission
5	Consulting Firm
6	university
7	MSW student working with the Divison of Behavioria
8	I am a Mother
9	Tribal Health Consortium, Nonprofit
10	native agency/state government
11	Adoptive home for 5 drug and alcohol effected kids
12	Assisted Living Home Provider
13	Alaska Court System
14	attorney
15	mother of child in mental health court
16	private family
17	Student
18	Pvt practice & consultant to community agencies
19	Lower Kuskokwim School District
20	university
21	education
22	Family
23	AK
24	Parent
25	Family Support Group
26	NAMI and statewide consumer network

6. What is the primary responsibility for your organization?

	Number of Responses	Response Ratio
Provider	85	40%
Management	51	24%
Grant writing	5	2%
Board member	17	8%
Volunteer	6	3%
Other, Please Specify	18	8%
Total	213	100%

"Other" Responses

6. What is the primary responsibility for your organization?

#	Response
1	project coordinator
2	Consultant
3	organization and training
4	child advocate
5	organizational development/planning consultant
6	resident
7	resident
8	resident
9	Training and family support
10	Housing rehab-my division
11	Advocacy and Planning
12	Funder of infrastructure projects
13	Development Administrator
14	Consultant
15	Criminal Justice
16	Fundraising
17	law enforcement
18	Funder
19	client
20	Ist - I am a Mother.
21	Project Manager
22	Government
23	Tribal Members
24	Diversion AMHTA beneficiaries from jails to Tx
25	legal services
26	guardian
27	education
28	Protection and Advocacy
29	Court system
30	mental health in corrections
31	student
32	Providing HOUSING- Not listed on this survey
33	Care and custody of offenders
34	consumer
35	Other Education K-12

36	Education and research
37	advocacy
38	Regional Association, consortium of tribes
39	Providing Education on Research (old & new)
40	Youth group coordinator
41	Training
42	training and education
43	Advpcacu
44	Education
45	child advocate
46	Funder
47	Parent
48	community union/board member
49	health services and public health advocacy
50	Housing development organization

Additional Responses from Survey Participants

Susan Fison

I completed your survey. However, I believe it was very unfortunate that the survey did not even mention the word HOUSING! We know that safe, affordable housing is one of the most critical needs for the beneficiaries of the Mental Health Trust. As Anchorage's largest provider to affordable housing, we hope you will not overlook this as a funding priority. We strongly recommend that questions related to housing needs be included in future surveys.

Dick Wilson

Separately I've submitted my comments on priorities. However, when I took the online survey, I marked "not important" for the state's plan to bring back to the state children now in out-of-state RPTCs. I need to explain that.

I marked that question as not important, because I consider their plan to enlarge the number of instate RPTC beds as a violation of the 1999 Supreme Court Olmstead decision, and a violation of the individual's civil rights. The state needs to apply for the Medicaid waiver for home and community-based services for children with emotional and behavioral disorders. They also need to develop pilot programs of intensive community based treatments, such as MultiSystemic Therapy. If they had such programs they would still need a few RPTC beds, but Alaska already has more instate beds than they would need, if they had the community-based programs

The University of Washington, Eric Trupin, PhD, has offered to help. The state should take him up on that offer. For fifteen years the University of Alaska has refused to join with the major multidisciplinary research centers to bring modern services to Alaska. They are out-of-date in many areas and unlikely to give the help that providers need. The University of Washington is our NIH designated region university research center, let's use them!!!

Alaska needs to follow the law, and to use evidence-based programs with outcome measures.