

# Alaska's Behavioral Health System

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# Alaska's Behavioral Health System

- In 2003, Alaska reorganized its Department of Health and Social Services through Executive Order
- The previously separate Divisions of Mental Health and Alcoholism and Drug Abuse were merged to create a new Division of Behavioral Health (and Responsibility for “Managing” Behavioral Health Medicaid was given to this Division)



# Alaska's Behavioral Health System

- Financial Assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) Co-occurring Disorders State Incentive Grant (Co-Sig)
- Created an “Integrated” Behavioral Health Division - using Vision, Mission and Values development and creation of a “Functional” Organizational Structure with Input from all Staff



# Alaska's Behavioral Health System

- Created a Planning Structure to Develop an “Integrated” Behavioral Health Services Delivery System
- Our Vision for this System – “All Alaskans with Behavioral Health needs will be provided Services that are – Welcoming, Accessible, Integrated, Continuous and Comprehensive” .....



# Alaska' Behavioral Health System

- ..... regardless if they have Mental Health needs, Substance Use Disorders, or both
- ..... and the System .... shall be Cost Effective, Administratively Efficient, Sensitive to Local Needs, Maximizes Consumer, Family and Provider Participation, has the capacity to Continuously Improve Quality and Track Outcomes



# Alaska's Behavioral Health System

- System “Transformation” overseen by “Executive Steering Committee” comprised of:
  - Governor’s Office Representative
  - Department of Health and Social Services Commissioner’s Office Representative
  - Director of the Division of Behavioral Health
  - Chief Executive Officer of the Alaska Mental Health Trust Authority
  - Executive Directors of the Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse



# Alaska's Behavioral Health System

- Structure included an “External Implementation Task Force”
- Responsibility to work collaboratively as “Agents of Change”
- Membership included:
  - Consumers
  - Families
  - Advocates
  - Providers
  - Hospitals and Community Health Centers
  - University
- Representatives from Child Welfare, Juvenile Justice, Senior Services, Developmental Disabilities, Long Term Care Programs, Alaska Native Health Community, Corrections, the Court System, etc.



# Alaska's Behavioral Health System

- Continuum of Care from Prevention and Early Intervention through Treatment and Recovery
- From our Smallest Villages to our “Hub” Communities to our largest Cities
- Levels of Care vis a vis Size of Community



# Alaska's Behavioral Health System

- Model Behavioral Health Statute
- Integrated Behavioral Health Regulations and Standards
- Define the Target Population and Design the System
- Workforce – Competencies and Credentialing
- Financing
- Information Exchange
- Outcomes Identification and System Performance – Consumer, Program, Community and State Levels



# Alaska's Behavioral Health System

- Clinical Integration
- “No Wrong Door”
- Standardized Screening – 57% of those screened in FY '06 have a “Co-occurring Disorder” ..... 34% have a Brain Injury!
- Comprehensive Treatment Plan – receiving services for both problems simultaneously
- Services provided by the same agency where practical and feasible



# Alaska's Behavioral Health System

- Administrative Integration
- Assist Communities/Agencies in Designing the Administrative Infrastructure needed to support Clinical Integration
- Eliminate Administrative Inefficiencies
- Consolidate Administrative Functions where Feasible
- Merge agencies where appropriate



# Alaska's Behavioral Health System

## What's Worked:

- Governor's Office Involvement
- Broad Stakeholder Involvement – both in Policy Making and Advisory Roles
- Clearly defining what Integration Means for the Consumer and Family
- Leadership and Perseverance
- Outcome Focus
- Change Agent Training



# Alaska's Behavioral Health System

## What Have Been the Challenges:

- Managing Expectations – “When will we be done with this Initiative”
- Fiscal Environment – Limited Resources / Budget Reductions in the first Two Years
- Scope too Large / too Broad / too Much
- Maintaining Momentum
- Other Major Initiatives i.e. Bring the Kids Home



# Alaska's Behavioral Health System

## What's Next:

- Primary Care / Behavioral Health Integration
- Continued Support for Workforce Development
- Substance Abuse Medicaid Waiver (?)
- Alaska Native “Managed Care” Initiative
- Complete / Finalize Bring the Kids Home Initiative
- Performance Based Contracting / Funding



# Alaska's Behavioral Health System

Questions, Comments, Clarification?

Thank You

