

State of Alaska FY2012 Governor's Operating Budget

Department of Health and Social Services Services to the Seriously Mentally Ill Component Budget Summary

Component: Services to the Seriously Mentally Ill

Contribution to Department's Mission

Increase the number of at-risk adults with serious mental illness who are able to live safely in their homes.

Core Services

- To provide psychiatric and rehabilitative services to adults with serious mental illness, through grants to community mental health agencies. Core services are assessment, psychotherapy, case management, and skill building services. Specialized services include residential services and supported employment programs.

Key Component Challenges

- Seriously mentally ill adults continue to experience hospitalization and incarceration, especially in Anchorage and the Southcentral regions which are the most underserved according to prevalence data. Service gaps exist for individuals with SMI and complex cognitive and behavioral disorders resulting in hospitalization, incarceration and out-of-state placement .
- 28% of consumers have no or few resources, including no Medicaid. Mental health services are financed primarily through grants and Medicaid. Unresourced consumers cause financial strain for providers.
- Consumers exiting correctional facilities, or involved with the Court System, lack supportive housing to prevent repeated episodes of homelessness and institutionalization.
- There are not enough direct service mental health workers because wages are low and work is hard.
- Supported Employment is an Evidence Based Practice and key element in recovery for many individuals and needs continued support in the state.
- Assisted Living Home providers serve hundreds of consumers around the state and need better preparation to work with increasingly complex resident mental health issues.

Significant Changes in Results to be Delivered in FY2012

- Alaska Complex Behavior Collaborative
Increasing numbers of individuals with mental illness now also present with cognitive disabilities and such complex, challenging behaviors that they are at risk for psychiatric hospitalization, incarceration, or costly out-of-state placement in Intermediate Care Facilities for the Mentally Retarded(ICF/MR). In FY12, Behavioral Health will develop the Alaska Complex Behavior Collaborative, a specialized continuum of care for this sub-population, consisting of on-going community based services, a Brief Stabilization Service, and a Longer Term Residential Intervention program, all with the intent of helping the individual stay safely in the community.
- Polaris House Supported Employment
The Polaris House is a community rehabilitation program in Juneau for adults with a history of mental illness focused on providing meaningful daily activity for consumers, assisting individuals to get back into the world of work, and developing housing options. In FY12, the division intends to target additional resources to this program to increase its ability to place individuals in jobs, to continue the development of supported housing options in Juneau, and to provide technical assistance to other psychosocial clubhouse model programs in the state.

Updated Status for Results to be Delivered in FY2011

The focus of care continued to be a reduction of use of the Alaska Psychiatric Institute (API) and Department of Corrections (DOC) facilities with a concurrent increase in housing stability. The Bridge-Home Pilot program and the DOC Discharge Incentives program continue to deliver results consistent with their missions. In FY 11, there was a shift in focus in that the DOC program is attempting to serve mentally and behaviorally complex adults who formerly were sent out of state for residential care and the Bridge Home program is working with clients having more severe issues than previously. The reporting requirements for the programs have been revamped to be more outcome and results-oriented rather than purely quantitative. The Adult Individualized Services (ISA) program was established and began funding services for the hard to serve population of SMI adults with no benefits or other resources.

Major Component Accomplishments in 2010

- 58 Bridge Home clients with histories of high utilization of the Alaska Psychiatric Institute (API) and Department of Corrections (DOC) resources and history of housing instability were served by the program. Days of incarceration for this cohort dropped from 1,777 days in the year prior to 338 days for the first year in service, a decrease of 525%.
- 25 clients released from DOC with the Discharge Incentive grant were housed, most of whom predictably would have been otherwise homeless on release.
- 400 persons were served by the Mental Health Web, a peer operated program serving a population with high representation of Alaska Natives. An independent survey indicated 87% saw an improvement in the quality of their life.
- Peer support specialists have been hired to meet with harder-to-engage API patients prior to discharge.
- Developed Adult Individualized Services Agreements with 12 agencies distributing over \$400,000 in reimbursement for services to unresourced clients.
- Provided services to 10,674 seriously mentally ill adults.

Statutory and Regulatory Authority

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 78	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services

Contact Information

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**Services to the Seriously Mentally III
Component Financial Summary**

All dollars shown in thousands

	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	36.4	45.9	195.9
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	15,460.2	16,588.4	16,638.4
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	15,496.6	16,634.3	16,834.3
Funding Sources:			
1002 Federal Receipts	927.2	989.5	989.5
1004 General Fund Receipts	1,045.2	1,194.5	1,194.5
1037 General Fund / Mental Health	12,424.2	13,350.3	13,500.3
1092 Mental Health Trust Authority Authorized Receipts	1,100.0	1,100.0	1,150.0
Funding Totals	15,496.6	16,634.3	16,834.3

Estimated Revenue Collections

Description	Master Revenue Account	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
Unrestricted Revenues				
None.		0.0	0.0	0.0
Unrestricted Total		0.0	0.0	0.0
Restricted Revenues				
Federal Receipts	51010	927.2	989.5	989.5
Restricted Total		927.2	989.5	989.5
Total Estimated Revenues		927.2	989.5	989.5

**Summary of Component Budget Changes
From FY2011 Management Plan to FY2012 Governor**

All dollars shown in thousands

	<u>Unrestricted Gen (UGF)</u>	<u>Designated Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal Funds</u>	<u>Total Funds</u>
FY2011 Management Plan	14,544.8	0.0	1,100.0	989.5	16,634.3
Adjustments which will continue current level of service:					
-Reverse FY2011 MH Trust Recommendation	0.0	0.0	-1,100.0	0.0	-1,100.0
Proposed budget increases:					
-MH Trust: AK Alc Bd - Alaska Complex Behavior Collaborative	0.0	0.0	75.0	0.0	75.0
-MH Trust: AK MH Bd - Alaska Complex Behavior Collaborative	0.0	0.0	75.0	0.0	75.0
-MH Trust: Housing - Grant 575.06 Bridge Home Program & Expansion	0.0	0.0	750.0	0.0	750.0
-MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants	150.0	0.0	0.0	0.0	150.0
-MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants	0.0	0.0	250.0	0.0	250.0
FY2012 Governor	14,694.8	0.0	1,150.0	989.5	16,834.3

Component Detail All Funds
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Behavioral Health (483)

	FY2010 Actuals	FY2011 Conference Committee (Final)	FY2011 Authorized	FY2011 Management Plan	FY2012 Governor	FY2011 Management Plan vs FY2012 Governor	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	36.4	135.9	135.9	45.9	195.9	150.0	326.8%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	15,460.2	15,572.3	15,572.3	16,588.4	16,638.4	50.0	0.3%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	15,496.6	15,708.2	15,708.2	16,634.3	16,834.3	200.0	1.2%
Fund Sources:							
1002 Fed Rcpts	927.2	989.5	989.5	989.5	989.5	0.0	0.0%
1004 Gen Fund	1,045.2	1,194.5	1,194.5	1,194.5	1,194.5	0.0	0.0%
1037 GF/MH	12,424.2	12,424.2	12,424.2	13,350.3	13,500.3	150.0	1.1%
1092 MHTAAR	1,100.0	1,100.0	1,100.0	1,100.0	1,150.0	50.0	4.5%
Unrestricted General (UGF)	13,469.4	13,618.7	13,618.7	14,544.8	14,694.8	150.0	1.0%
Designated General (DGF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Other Funds	1,100.0	1,100.0	1,100.0	1,100.0	1,150.0	50.0	4.5%
Federal Funds	927.2	989.5	989.5	989.5	989.5	0.0	0.0%
Positions:							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services to the Seriously Mentally III (800)

RDU: Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2011 Conference Committee (Final) To FY2011 Authorized *****												
FY2011 Conference Committee												
	ConfCom	15,708.2	0.0	0.0	135.9	0.0	0.0	15,572.3	0.0	0	0	0
1002 Fed Rcpts		989.5										
1004 Gen Fund		1,194.5										
1037 GF/MH		12,424.2										
1092 MHTAAR		1,100.0										
Subtotal		15,708.2	0.0	0.0	135.9	0.0	0.0	15,572.3	0.0	0	0	0
***** Changes From FY2011 Authorized To FY2011 Management Plan *****												
ADN 06-1-0186 Transfer authority from Designated Evaluation & Treatment to meet service priorities, approved 8/26/10												
	Trin	654.4	0.0	0.0	0.0	0.0	0.0	654.4	0.0	0	0	0
1037 GF/MH		654.4										
Transfer grant authorization from the Designated Evaluation & Treatment (DET) component to the Seriously Mentally III (SMI) component. DET funds are used for hospitalizations of people under court-ordered commitment. This realignment of authority will allow the division to allocate more resources to agencies that provide community based services to keep people with serious mental illness in their home as independent as possible in the least restrictive environment to divert them from psychiatric hospitalization. The lack of services at the community level has contributed to the rise in psychiatric hospitalizations and API admissions. The division believes that cost efficiencies can be achieved when services are provided at the community level.												
ADN 06-1-0186, approved 8/26/10												
ADN 06-1-0186 Transfer authority to align funding with service priorities approved 8/26/10												
	LIT	0.0	0.0	0.0	-90.0	0.0	0.0	90.0	0.0	0	0	0
Transfer funds from contractual to grants. This will distribute more funding to agencies providing community based services.												
ADN 06-1-0186, approved 8/26/10												
ADN 06-1-0186 Transfer authority from BH Grants to meet service priorities, approved 8/26/10												
	Trin	271.7	0.0	0.0	0.0	0.0	0.0	271.7	0.0	0	0	0
1037 GF/MH		271.7										
Transfer grant authorization from BH Grant component to the Services to the Seriously Mentally III component. This realignment of authority will allow the division to allocate more resources to agencies that provide community based services to keep people with serious mental illness in their home as independent as possible in the least restrictive environment. The division believes that a lack of services at the community level for the seriously mentally ill has led to a rise in psychiatric hospitalizations and API admissions.												
ADN 06-1-0186, approved 8/26/10												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)

RDU: Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
	Subtotal	16,634.3	0.0	0.0	45.9	0.0	0.0	16,588.4	0.0	0	0	0
***** Changes From FY2011 Management Plan To FY2012 Governor *****												
MH Trust: AK Alc Bd - Alaska Complex Behavior Collaborative												
	IncOTI	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		75.0										

Alaska's current system of care does not include appropriate services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by API, where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out of the state for care, where in many cases they remain indefinitely. Risk for out-of-state placement typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, or the available treatment options in the state have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is a cost to the individuals and their families. In addition, there are key risks and costs to the State of Alaska, including but not limited to:

Potential exists for Americans with Disabilities Act (ADA) violations, specifically regarding Olmstead versus LC. The Department of Justice expects states to demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive, integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked. It appears that while limitations in state budgets may affect the state's rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the state of its obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them.

Continued un-budgeted, non-Medicaid general fund expenses related to things such as the need to provide additional staff to manage and contain some individuals, cover out-of-State travel and related expenses.

Continued escalating costs associated with providing an inadequate continuum of care, which currently adds additional expenses by bringing in extra staff to 'manage and contain' complex behaviors, instead of investing up-front in the workforce and programs to provide appropriate interventions and services.

The proposed Alaska Complex Behavior Collaborative consists of three primary components: the Alaska Complex Behavior Collaborative: the Hub, Brief Stabilization Services, and Intensive Intermediate Intervention Services. Below the Hub and Intensive Intermediate Intervention Services are discussed. The recommended model would have services available through three sites.

The Hub is conceptualized as a point of entry into the Alaska Complex Behavior Collaborative (Collaborative). Individuals may be brought to the attention of the Hub when their behaviors are complex; presenting a high risk of danger to self or others and the interventions required to ensure the safety of those involved are outside the skill-set of the current program staff. The services provided by the Hub will be available for individuals who are already receiving services supported by the Department of Health and Social Services, and will not be considered a means of achieving eligibility for services. The Hub will offer comprehensive assessment and diagnostic services by drawing on a pool of identified experts. These experts will be local or from outside of the state when a particular expertise is not available locally. Short-term contracts with expert consultants may be utilized to fill this workforce need. Individualized triage services will be available, in order to direct each individual to the appropriate level of care within the Collaborative or outside of it. In some cases, individuals may require brief stabilization or longer-term support through one of the two intervention arms of the Collaborative, which, based on the needs of each individual, could occur within their current

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)

RDU: Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	

placement or may require transfer to specialized services. It is estimated that implementation of this component would cost approximately \$650.0 GF/MH.

The Intensive Intermediate Intervention Services (FY12 \$300.0 GF/MH) component of the Collaborative will provide a residential option to individuals who require longer-term services prior to returning to previous or lower-acuity placements. This Service will be community-based and will provide a high level of structure and active behavioral intervention. The Intensive Intermediate Intervention Services will consist of approximately five beds. The unit will be staffed by highly trained specialists capable of providing intensive behavioral interventions. The unit will also be secure (either by staff, delayed egress or door locks) in order to provide maximum safety for the individual, staff, and public when it is clinically indicated. The anticipated length of stay will be between one and eighteen months, with comprehensive discharge planning and consultation with receiving providers/caregivers initiated at admission and continuing throughout the specialized interventions. Transition back to community services will include continued active consultation with receiving providers/caregivers and planned, well-coordinated, collaborative transfers of individuals back to their original residence and services. Ongoing follow-up services to the community will occur, in order to provide ongoing support and consultation with a goal of mitigating the need for return to more intensive placements. It is estimated that implementation of this component would cost approximately \$300.0 GF/MH.

It is anticipated that there will be one time start-up costs (\$150.0 MHTAAR) which could include but are not limited to training, facility modifications, and staff recruitment.

MH Trust: AK MH Bd - Alaska Complex Behavior Collaborative

	IncOTI	75.0	0.0	0.0	75.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		75.0										

Alaska's current system of care does not include appropriate services for individuals with cognitive disabilities and complex behaviors. Because of this, many of these individuals are served by API, where they languish in an unnecessarily restrictive environment for extended periods of time, or they are inappropriately held in places such as jails and emergency rooms. Many are ultimately sent out of the state for care, where in many cases they remain indefinitely. Risk for out-of-state placement typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, or the available treatment options in the state have been exhausted without resultant success for the individual. The result of the lack of appropriate services in Alaska is a cost to the individuals and their families. In addition, there are key risks and costs to the State of Alaska, including but not limited to:

Potential exists for Americans with Disabilities Act (ADA) violations, specifically regarding Olmstead versus LC. The Department of Justice expects states to demonstrate progress on their waiting lists to move individuals with disabilities to less restrictive, integrated community-based settings, to have a clearly defined method to manage movement on the waiting lists, and to demonstrate their methodology regarding how their lists are developed and tracked. It appears that while limitations in state budgets may affect states rate and scope of compliance with the ADA's integration mandate, budget limitations do not relieve the states of their obligation to take effective steps to end inappropriate institutionalization. Such lawsuits are quite costly to states due to imposed court mandates and while such lawsuits may result in the development of needed services, they are not the most effective or cost efficient way to develop them.

Continued un-budgeted, non-Medicaid general fund expenses related to things such as the need to provide additional staff to manage and contain some individuals, cover out-of-State travel and related expenses.

Continued escalating costs associated with providing an inadequate continuum of care, which currently adds additional expenses by bringing in extra staff to 'manage and contain' complex behaviors, instead of investing up-front in the workforce and programs to provide appropriate interventions and services.

The proposed Alaska Complex Behavior Collaborative consists of three primary components: the Alaska Complex Behavior Collaborative: the Hub, Brief Stabilization Services, and Intensive Intermediate Intervention Services. Below the Hub and Intensive Intermediate Intervention Services are discussed. The

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)

RDU: Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	

recommended model would have services available through three sites.

The Hub is conceptualized as a point of entry into the Alaska Complex Behavior Collaborative (Collaborative). Individuals may be brought to the attention of the Hub when their behaviors are complex; presenting a high risk of danger to self or others and the interventions required to ensure the safety of those involved are outside the skill-set of the current program staff. The services provided by the Hub will be available for individuals who are already receiving services supported by the Department of Health and Social Services, and will not be considered a means of achieving eligibility for services. The Hub will offer comprehensive assessment and diagnostic services by drawing on a pool of identified experts. These experts will be local as well as from out-of-State, when a particular expertise is not available locally. Short-term contracts with expert consultants may be utilized to fill this workforce need. Individualized triage services will be available, in order to direct each individual to the appropriate level of care within the Collaborative or outside of it. In some cases, individuals may require brief stabilization or longer-term support through one of the two intervention arms of the Collaborative, which, based on the needs of each individual, could occur within their current placement or may require transfer to specialized services. It is estimated that implementation of this component would cost approximately \$650.0 GF/MH.

The Intensive Intermediate Intervention Services (FY12 \$300.0 GF/MH) component of the Collaborative will provide a residential option to individuals who require longer-term services prior to returning to previous or lower-acuity placements. This Service will be community-based and will provide a high level of structure and active behavioral intervention. The Intensive Intermediate Intervention Services will consist of approximately five beds. The unit will be staffed by highly trained specialists capable of providing intensive behavioral interventions. The unit will also be secure (either by staff, delayed egress or door locks) in order to provide maximum safety for the individual, staff, and public when it is clinically indicated. The anticipated length of stay will be between one and eighteen months, with comprehensive discharge planning and consultation with receiving providers/caregivers initiated at admission and continuing throughout the specialized interventions. Transition back to community services will include continued active consultation with receiving providers/caregivers and planned, well-coordinated, collaborative transfers of individuals back to their original residence and services. Ongoing follow-up services to the community will occur, in order to provide ongoing support and consultation with a goal of mitigating the need for return to more intensive placements. It is estimated that implementation of this component would cost approximately \$300.0 GF/MH.

It is anticipated that there will be one time start-up costs (\$150.0 MHTAAR) which could include but are not limited to training, facility modifications, and staff recruitment.

MH Trust: Housing - Grant 575.06 Bridge Home Program & Expansion

	IncOTI	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
1092 MHTAAR		750.0										

This project replicates successful transition programs in other states for individuals 'cycling' through emergency and institutional settings. The focus locations for the project will ultimately expand to include Anchorage, Juneau and possibly other locations where Alaska Housing Finance Corporation administers rental subsidies. Institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections' facilities, hospital emergency services and other high-cost social service and health programs. The project allows for up to 100 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on charging the tenant 30% of income) in order to 'bridge' from institutional discharge onto the HUD Housing Choice voucher program (formerly known as the Section 8 housing voucher program) paired with intensive in-home support services. This pairing of resources for beneficiaries has proven successful in other states in reducing recidivism and impacts on service systems. Alaska's success rates have been demonstrated in reduction of return to Corrections and in use of emergency level services in the initial years of the project. This program was funded in FY11 with \$750.0 MHTAAR.

MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants

	IncM	150.0	0.0	0.0	0.0	0.0	0.0	150.0	0.0	0	0	0
1037 GF/MH		150.0										

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)

RDU: Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
<p>This project is a strategy in the Trust's Affordable Housing initiative and the Disability Justice workgroups. It is consistent with the Housing workgroup's focus on 'community re-entry'. It targets beneficiaries exiting Department of Corrections' settings who are challenging to serve, and who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population. This program was funded in FY11 with \$350.0 MHTAAR. This increment will provide \$150.0 GF baseline funding.</p>												
MH Trust: Housing - Grant 604.06 Department of Corrections discharge incentive grants												
1092 MHTAAR	IncOTI	250.0	0.0	0.0	0.0	0.0	0.0	250.0	0.0	0	0	0
<p>This project is a strategy in the Trust's Affordable Housing Initiative and the Disability Justice workgroups. It is consistent with the Housing focus on 'community re-entry' by targeting beneficiaries exiting Department of Corrections settings who are challenging to serve and who require extended supervision and support services to prevent repeat incarceration and becoming a public safety concern. These funds will be administered by the Division of Behavioral Health as Assisted Living Home vouchers or support service resources. Resources will also be targeted to increase the skill level and capacity for assisted living providers to successfully house this population. This program was funded in FY11 with \$350.0 MHTAAR.</p>												
Reverse FY2011 MH Trust Recommendation												
1092 MHTAAR	OTI	-1,100.0	0.0	0.0	0.0	0.0	0.0	-1,100.0	0.0	0	0	0
<p>This zero based adjustment includes all MHTAAR funding for FY2011 for this component.</p> <p>-750.0 Bridge Home Pilot Project -350.0 Department of Corrections discharge incentive grants</p>												
Totals		16,834.3	0.0	0.0	195.9	0.0	0.0	16,638.4	0.0	0	0	0

Line Item Detail
Department of Health and Social Services
Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Behavioral Health (483)

Line Number	Line Name		FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
73000	Services		36.4	45.9	195.9
Expenditure Account	Servicing Agency	Explanation	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
73000 Services Detail Totals			36.4	45.9	195.9
73050	Financial Services	Alaska Complex Behavior Collaborative start up contract - Trust funded	0.0	0.0	150.0
73750	Other Services (Non IA Svcs)	RSA with AMHB for planning requirements of the CMHS Block Grant.	36.4	45.9	45.9

Line Item Detail
Department of Health and Social Services
Grants, Benefits

Component: Services to the Seriously Mentally Ill (800)
RDU: Behavioral Health (483)

Line Number	Line Name		FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
77000	Grants, Benefits		15,460.2	16,588.4	16,638.4
Expenditure Account	Servicing Agency	Explanation	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
77000 Grants, Benefits Detail Totals			15,460.2	16,588.4	16,638.4
77110	Grants	Excess spending authorization for federal revenue.	0.0	14.1	14.1
77110	Grants	Individual Case Management	0.0	0.3	0.3
77110	Grants	Bridge Home Program and Expansion - Trust funded	0.0	1,050.0	750.0
77110	Grants	Services for critical adults funded from the CMHS Block Grant	0.0	159.2	159.2
77110	Grants	DOC discharge housing incentive grants (\$150.0 Gf/MH and \$250.0 MHTAAR)	0.0	350.0	400.0
77110	Grants	Supported Employment grants funded from the CMHS Block Grant	0.0	414.4	414.4
77110	Grants	Evidence Based Grants including Peer Operated Support Services	0.0	335.0	335.0
77110	Grants	PATH Homelessness grant	0.0	300.0	300.0
77110	Grants	Behavioral Health Provider Association	0.0	50.9	50.9
77111	Prevention		390.9	0.0	0.0
77116	Residential Care	Assisted Living Homes.	2,918.9	2,719.5	2,719.5
77118	Nonres Treatment	In FY11 General Funds for Comprehensive Treatment & Recovery grants for seriously mentally ill adults were awarded, but not limited to, the following agencies	11,268.6	10,195.0	10,495.0
		Access Alaska, Inc.			
		Akeela - KTN			
		Alaska Island Community Services			
		Alaska Mental Health Consumer Web			
		Aleutian/Pribilof Islands Association			
		Anchorage Community Mental Health Services, Inc.			
		Arc of Anchorage			
		Assets, Inc.			

Line Item Detail
Department of Health and Social Services
Grants, Benefits

Component: Services to the Seriously Mentally Ill (800)

RDU: Behavioral Health (483)

Expenditure Account	Servicing Agency	Explanation	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
77000 Grants, Benefits Detail Totals			15,460.2	16,588.4	16,638.4
		Assisted Living Provider Agreements			
		Behavioral Health Provider Association			
		Bristol Bay Area Health Corporation			
		Choices, Inc.			
		Copper River Native Association			
		Cordova Community Med Ctr			
		Daybreak, Inc.			
		Eastern Aleutian Tribes			
		Fairbanks Community Mental Health Center			
		Frontier Community Service			
		Frontier Community Service			
		Gastineau Human Services			
		Juneau Alliance for Mental Health, Inc.			
		Kenaitze Indian Tribe			
		Lynn Canal Human Resources, Inc.			
		Maniilaq			
		Mat-Su Health Services			
		North Slope Borough			
		NSHC			
		Peninsula Community Health Services of Alaska			
		Petersburg Mental Health Services, Inc.			
		Polaris House			
		Providence Kodiak Island Counseling Center			
		Providence Valdez Counseling Center			
		SeaView Community Services			
		Sitka Counseling & Prevention Services, Inc.			
		South Peninsula Behavioral Health Services, Inc.			
		Southcentral Foundation			
		TCC			
		YKHC			
77121	Client Services (Grants)	SMI Individual Service Agreements	879.7	1,000.0	1,000.0
77290	Medical Svcs (Tax)		2.1	0.0	0.0

Restricted Revenue Detail
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Behavioral Health (483)

Master Account	Revenue Description				FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
51010	Federal Receipts				927.2	989.5	989.5
Detail Information							
Revenue Amount	Revenue Description	Component	Collocation Code	AKSAS Fund	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
51010	Federal Receipts SAMHSA Projects for Assistance in Transition from Homelessness (PATH) Federal CFDA 93.150.		06338607	11100	0.0	300.0	300.0
	Public Health Service Act, Title V, Part C, Section 521, as amended, 42 U.S.C. 290cc-21 et. seq.; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645.						
	To provide financial assistance to States to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless.						
51010	Federal Receipts SAMHSA Community Mental Health Service Block Grant Federal CFDA 93.958.		06338704, 05, 06, 07	11100	0.0	675.4	675.4
	Public Health Service Act, Title XIX, Part B, Subpart I						
	To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.						
51010	Federal Receipts Excess federal receipt authority for potential grants or grant increases.		06338xxx	11100	0.0	14.1	14.1
57200	Alc/Da/Mh Sv Blk Grt				627.2	0.0	0.0
57590	Fed Projects- Health				300.0	0.0	0.0

Inter-Agency Services
Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Behavioral Health (483)

Expenditure Account	Service Description	Service Type	Servicing Agency	FY2010 Actuals	FY2011 Management Plan	FY2012 Governor
73750	Other Services (Non IA Svcs)	RSA with AMHB for planning requirements of the CMHS Block Grant.	Intra-dept	0.0	45.9	45.9
73750 Other Services (Non IA Svcs) subtotal:				0.0	45.9	45.9
Services to the Seriously Mentally Ill total:				0.0	45.9	45.9
Grand Total:				0.0	45.9	45.9