

State of Alaska FY2007 Governor's Operating Budget

Department of Health and Social Services Behavioral Health Results Delivery Unit Budget Summary

Behavioral Health Results Delivery Unit

Contribution to Department's Mission

The mission of the Behavioral Health division is to provide an integrated behavioral health system.

Core Services

This division works closely with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Trust Authority to determine policy governing the planning and implementation of services and supports for people who experience mental illness, substance abuse disorders, or both, to provide an integrated behavioral health system.

This RDU provides the overall administrative and organizational structure for the Division. The more than 200 million dollars granted, contracted, or otherwise utilized by the Division are managed through this RDU towards the identified mission. Funds are awarded, disbursed and monitored by this RDU. Senior Management of DBH, and administrative support staff who are not employed by the Alaska Psychiatric Institute (API) are located and funded in this RDU. This RDU provides centralized support for the Alaska Psychiatric Institute and grant-funded community-based behavioral health services/programs. RDU services include service system planning and policy development, programmatic oversight of behavioral health grantees' service provision, general administration, budget development and fiscal management, and development and program staff support of grantees in training and implementation of the Alaska Automated Information Management System (AKAIMS). The leadership in this RDU works closely with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Trust Authority to determine policy governing the planning and implementation of services and supports for people who experience mental illness, substance abuse disorders, or both. Direct services include quality assurance, technical assistance, and consultation.

API is located in Anchorage, and is the only publicly funded facility providing high level inpatient psychiatric care to the people of Alaska. These services are available when no other service is adequate to meet the needs of a severely ill individual or individual in crisis. It is a seven-day-a-week, 24-hour-a-day treatment facility. Clients are admitted either voluntarily or involuntarily through a Peace Officer Application or Ex Parte Commitment. API provides diagnosis, evaluation and treatment services in accordance with its statutory mandates and the strict health care industry standards and requirements set by the Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare and Medicaid Services, and the State of Alaska's Certification and Licensing section. API provides outreach, consultation, and training to mental health service providers, community mental health centers, and Pioneer Homes. In addition, API serves the entire Alaska community mental health system, including coordinating the transition of patients between inpatient and outpatient care, when appropriate.

End Results	Strategies to Achieve Results
<p>A: Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.</p> <p><u>Target #1:</u> 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.</p> <p><u>Measure #1:</u> Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.</p>	<p>A1: Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.</p> <p><u>Target #1:</u> Reduce the number of kids in out-of-state placement by 25% annually over the next four years.</p> <p><u>Measure #1:</u> Change in percent of children reported in out-of-state care from Medicaid MMIS.</p> <p>A2: Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the</p>

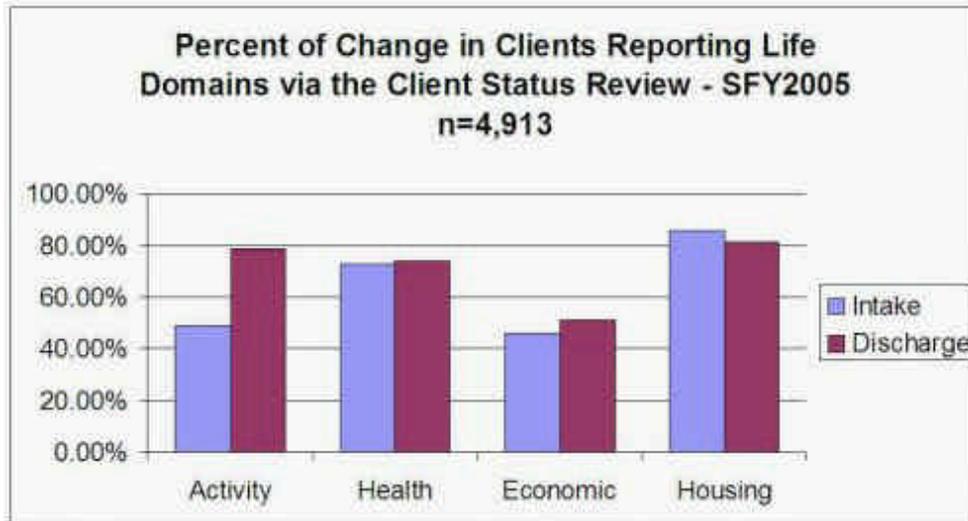
	<p>DH&SS Tribal Agenda.</p> <p><u>Target #1:</u> Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10% annually for each of the next four years.</p> <p><u>Measure #1:</u> Number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services</p> <p>A3: Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.</p> <p><u>Target #1:</u> A fully integrated Behavioral Health Service system will occur over the next four years as evidenced by a 25% improvement in service outcomes and consumer satisfaction.</p> <p><u>Measure #1:</u> Outcome data from Adult Mental Health Statistics Improvement Program (MHSIP) Consumer Survey.</p>
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FY2007 Resources Allocated to Achieve Results								
<p>FY2007 Results Delivery Unit Budget: \$252,665,100</p>	<p>Personnel:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">Full time</td> <td style="text-align: right;">300</td> </tr> <tr> <td style="padding-left: 20px;">Part time</td> <td style="text-align: right;">15</td> </tr> <tr> <td style="padding-left: 20px;">Total</td> <td style="text-align: right; border-top: 1px solid black;">315</td> </tr> </table>	Full time	300	Part time	15	Total	315
Full time	300							
Part time	15							
Total	315							

Performance Measure Detail

A: Result - Outcome #1: Improve and enhance the quality of life for Alaskans with a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder.

- Target #1:** 75% of individuals will report improvement in one or more of the following life domains: productive activity/employment, housing situation, health status, economic security, education attained.
- Measure #1:** Outcomes data as reported through the use of the Client Status Review Form as part of the Federal Government Performance and Results Act.



Analysis of results and challenges: The following data is provided as a baseline for use as comparison information in the years to follow. The Client Status Review (CSR) provides a status of the client in relationship to the life domain questions at different intervals during their treatment process- intake, interim, discharge, and post discharge. Five questions within the CSR are used to evaluate the effectiveness of treatment. These five life domains are: level of productive activity, health status, economic status, and housing situation, and education attained.

The CSR does not contain a question which enables reporting around education attained as indicated in the performance measure. The CSR was developed with the National Outcomes Measures (NOMS) in mind, and has not changed with the numerous changes at the federal level. In fact, many of the NOMS are still developmental and subject to change at the federal level.

During SFY 2006, the Division will build protocol around how to use the CSR and disseminate this to providers to build consistency in how the instrument is administered. The Division has also contracted with Western Interstate Commission on Higher Education (WICHE) to assist with development of reporting methodology. Currently the Division and WICHE are working with the CSR to improve it as an instrument, realign the CSR with the currently defined NOMS, move from a population based analysis to a client by client analysis which looks at the change in a client from intake to discharge, as well as reduce the number of non-responses. Additionally, around February 2006, 11 of the Divisions largest providers are expected to begin using the Electronic Data Interface to transmit CSR data from their information systems to AKAIMS, which will exponentially compound the number of CSR submissions, improving the sample size and providing a data set which will represent the population as a whole.

A1: Strategy - Strategy #1A: Improve and enhance the quality of life of children with a SED by implementing the Bring the Kids Home Program.

Target #1: Reduce the number of kids in out-of-state placement by 25% annually over the next four years.

Measure #1: Change in percent of children reported in out-of-state care from Medicaid MMIS.

Analysis of results and challenges: This measure is reported at the Department level.

A2: Strategy - Strategy #1B: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder by implementing the DH&SS Tribal Agenda.

Target #1: Increase the number of Tribal entities providing behavioral health services to Alaska Natives by 10% annually for each of the next four years.

Measure #1: Number of Tribal entities providing behavioral health services directly or contracting with non-Tribal providers for those services

of Tribal Entities

Fiscal Year	# Providing Service
FY 2004	4
FY 2005	8 +100.00%

Analysis of results and challenges: During SFY 2004, there were four Tribal entities providing and billing for behavioral health services. During SFY 2005 the number of Tribal entities providing and billing for behavioral health services increased to 8.

These include Bristol Bay Area Health Corp., Copper River Native Assoc., Kenaitze Indian Tribe, Maniilaq Assoc., Norton Sound Health Corp., Southcentral Foundation, Tanana Chiefs Conference, Yukon Kuskokwim Health Corp.

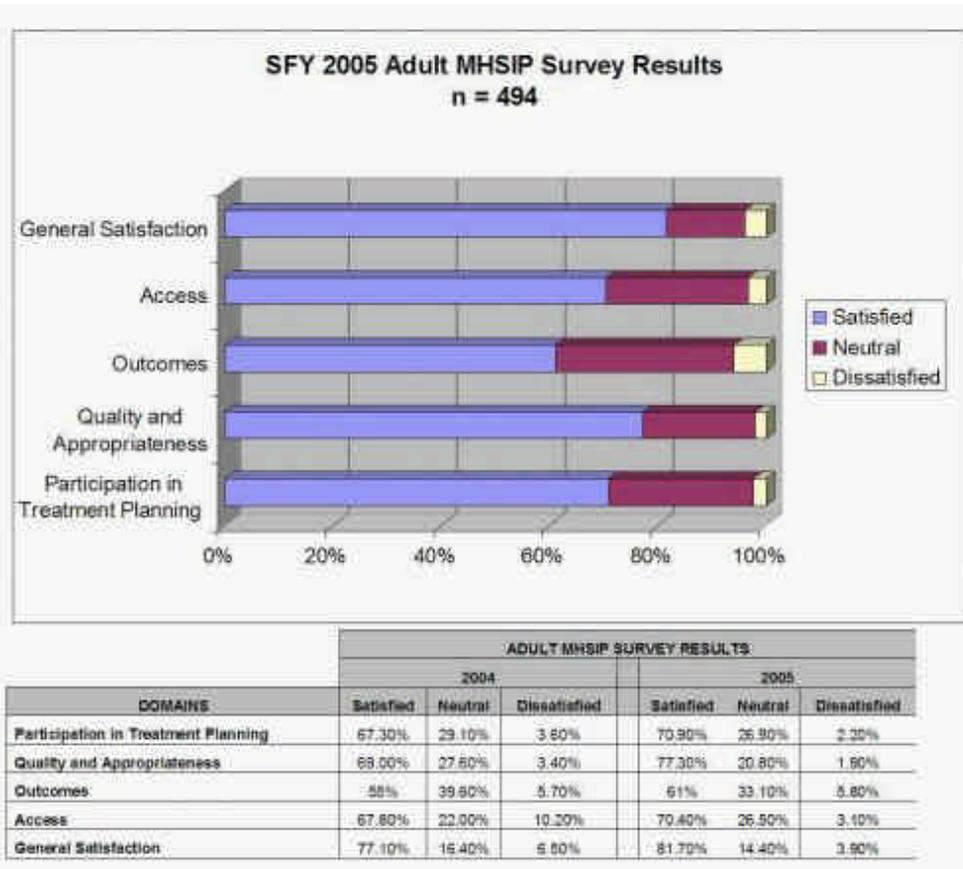
This new measure is proposed for FY05, with data collection to begin in the first quarter. The DBH Policy & Planning section has successfully worked in aligning planning processes with the Alaska Mental Health Trust Authority (AMHTA) and planning boards, creating a master planning document, and supported multiple workgroups that address capacity building for the Alaska system of care. These work groups are on the DBH website for public review and comment. To visit these workgroups online go to: <https://dbhssweb.state.ak.us/sites/SSA/default.aspx>

As of fall 2004, there were approximately 445 children in out-of-state inpatient psychiatric care. As we await Medicaid claims payments to process for the final months of SFY 2005, the Division is anticipating a decrease in the number of children receiving OOS RPTC services from efforts related to the Bring the Kids Home Initiative.

A3: Strategy - Strategy #1C: Improve and enhance the quality of life of Alaskans with a SED, SMI and/or a substance abuse disorder through the development of a comprehensive, integrated Behavioral Health Service System.

Target #1: A fully integrated Behavioral Health Service system will occur over the next four years as evidenced by a 25% improvement in service outcomes and consumer satisfaction.

Measure #1: Outcome data from Adult Mental Health Statistics Improvement Program (MHSIP) Consumer Survey.



Analysis of results and challenges: The Mental Health Statistics Improvement Project (MHSIP) Survey is an instrument completed by mental health consumers post treatment. The survey is sent directly to consumers and returned to the Division of Behavioral Health for processing. DBH struggled with low historical response rates at the beginning of fiscal year 2004 and through improved efforts have increased the response rate eightfold over fiscal year 2005. During SFY 2006 the DBH has expanded the MHSIP survey to include substance abuse consumers and through improved communication with Providers expects a much higher survey return rate, providing a higher quality data set for analysis which will cover both mental health and substance abuse consumers. There was a 47% increase in the percentage of respondents reporting satisfaction with outcomes. Additionally there was a 6% increase in consumers reporting "satisfied" with general satisfaction between 2004 and 2005 on the Adult MHSIP. A formal MHSIP report is scheduled for release April 2006.

Key RDU Challenges

Alaska Automated Information Management System (AKAIMS)

The development, testing and implementation of the new system is critical to the success of the integration of former mental health, substance abuse and fetal alcohol syndrome programs. AKAIMS offers, by design, one standard and consolidated behavioral health information collection and delivery system serving approximately 90 behavioral health provider agencies and many hundreds of users. Managed by the Division, the system will generate reports per federal and state regulation, including full HIPAA compliance. This system will improve patient service through the design of the screens and the system information requirements. However, as a new and complex system, AKAIMS has required significant training – of both in-house and service provision staff – and considerable adjustment as implementation problems have become known. AKAIMS also requires ongoing staff support for software maintenance and enhancements, training provision to providers, and operation of an application help desk – the funding of which directly competes with dollars for service provision.

-Integrated BH Delivery System

Planning and implementing an integrated behavioral health service delivery system is challenging with a landscape that includes diminishing resources, increased costs, and an ever-demanding public need. One example of this challenge is in the area of cost containment for the Designated Evaluation and Treatment program. This is a program that has assisted in reducing the admissions to Alaska Psychiatric Institute. The Division has attempted to lower the Designated Evaluation and Treatment program costs: (a) rates for inpatient care, (b) cost of transportation, and (c) utilization rates. However, the end result is that those costs listed are increasing. This is due in part to the cost of doing business going up, the cost of fuel increasing, and the passionate support of providers.

-Certification

The integration of Mental Health and Substance Abuse services requires a revision of the program standards that define the requirements to be an approved (certified) provider. Standards for service delivery to individuals with a substance abuse, mental health or co-occurring disorder need to be developed, reviewed and/or approved. There is no current requirement for a Mental Health Program to be approved to provide care, while Substance Abuse treatment agencies are required to meet the standards as defined in regulation. It is the responsibility of the Division to ensure that clients are served only by trained and qualified staff working in organizations that deliver a high quality of care. One of the major challenges of the integration process is to ensure that clients, regardless of diagnosis, receive quality treatment.

-Bring the Kids Home

The Bring the Kids Home Project (BTKH) is a collaboration between the Division of Behavioral Health (DBH) and the Alaska Mental Health Trust Authority (AMHTA). This is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care and focuses on keeping in Alaska the children with severe emotional disturbances who are already in the State. It will reinvest funding that currently provides expensive distant care to in-state services and capacity development to serve children closer to home, keep families more involved and intact, and more effectively carry out transitions and discharges. Funding for existing services has often been inadequate and has led to the lack of a fully implemented continuum of care in Alaska and continues to be a challenge. With financial support, this initiative will focus on successfully building upon the existing infrastructure.

The related workgroups of the BTKH project involve staff from the AMHTA, DBH, Division of Juvenile Justice, Office of Children's Services, the Alaska Behavioral Health Association (ABHA), and the Governor's Council on Disabilities and Special Education. The scope of this project ranges across the community, regional, state, and out of state levels, and involves significant program and policy collaboration between the Office of Children Services, Division of Juvenile Justice, and the Division of Behavioral Health. With the maturity of this project, greater demands of project management, limited resources, and changing the system of care while continuing to provide services have challenged the current delivery system.

Significant Changes in Results to be Delivered in FY2007

- The division has requested several increments in the FY07 Governor's budget. Some of the major requests are:

1) AK FAS Component

Fetal Alcohol Spectrum Disorders \$500.0

These new funds will begin addressing these identified gaps in services:

- * Adult diagnostic services
- * Job-training and job-coaching for youth and adults with an FASD
- * In-state residential treatment options for children and youth with an FASD
- * Statewide prevention messaging-educating Alaska about the dangers of drinking alcohol during pregnancy.

2) Behavioral Health Medicaid Services Component

Projected FY07 Growth

\$6,578 Federal General Fund/Mental Health \$2,954.1

The Behavioral Health Medicaid Services component funds three types of services: residential psychiatric treatment centers, inpatient psychiatric care, and community mental health services. Residential Psychiatric Treatment Center Behavioral Health portion of Medicaid Services has experienced significant continued growth. This increment request is

necessary to maintain the current level of behavioral health services provided to Alaskans with effective cost containment measures in place.

3) Behavioral Health Grants Component

Substance Abuse Prevention Proposal

\$1,000.0 Interagency Receipts \$2,000.0 General Fund/Mental Health

This request for \$3 million will develop an integrated, comprehensive and community-driven program to promote healthy individuals, families and communities by focusing on the prevention of underage alcohol use. Substance abuse and particularly alcohol abuse by Alaska's youth is a critical and devastating problem.

Create 5 Social Detoxification Beds

\$300.0 General Funds/Mental Health

Funds from this increment are targeted for Anchorage and will allow us:

To safely, humanely and more cost-effectively detoxify clients from mind-altering substances by developing:

*A well-coordinated service delivery system

*Funding a new model of detoxification

4) Behavioral Health Administration Component

Expand Alaska Automated Information Management System (AKAIMS) Support

\$340.0 General Fund/Mental Health

Funding from this increment will allow the successful implementation of this project, with enhanced ability to provide timely assistance and training to providers to effectively access and utilize the AKAIMS system through "help-desk" support staff, training implementation staff and travel funds to support onsite training.

5) Community Action Prevention and Intervention Grants (CAPI) Component

Rural Human Services Systems Program - Add 10 New Counselors in Villages

\$550.0 General Fund/Mental Health

With these new dollars the RHSS program will be able to add ten (10) new positions to the existing RHSS Program and, in the process, provide 10 new villages with paraprofessional behavioral health services. Once trained these counselors are able to address and respond to a variety of daily issues such as child abuse, domestic violence, alcohol abuse, depression and other issues.

DHSS Youth Success Program

\$1,000.0 Interagency Receipts \$5,000.0 General Fund/Mental Health

This request will provide funds to employ innovative approaches to invest in the Youth of Alaska. The goals of the program are to provide mechanisms where young Alaskans can realize their full potential by offering them hope, opportunity and a safe environment. This investment is targeted to turn the curve on some of the following indicators where Alaska's rates are high:

* Substance Abuse

* Suicide Rate

6) Services for Severely Emotionally Disturbed Youth Component

Bring The Kids Home (BTKH) Expansion

\$2,120.0 General Fund/Mental Health

Bring The Kids Home (BTKH) is an initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state or community-based care. Funding from this increment will continue to support this initiative.

7) Alaska Psychiatric Institute Component

Expand Crisis Treatment Center from 8 to 16 Beds

\$662.5 General Fund/Mental Health

API has requested a \$662.5 increment in the FY07 Governor's budget to cover the cost of a Crisis Treatment Center (8 beds). This facility will support an expanded treatment program incorporating crisis and sub-acute stepdown beds. The purpose of the facility is to provide an alternative setting for 24/7 care for consumers who can manage outside of an

acute psychiatric hospital setting. The program does not include detox services.

Major RDU Accomplishments in 2005

-The Behavioral Health Integration Project (BHIP):

In the promotion of an integrated behavioral health care system, DBH designed an RFP process that integrated the previous separate mental health and substance abuse services into a single grant application. This project was to have a direct impact on 23 communities that would receive integrated behavioral health grants beginning in FY05. This achieved administrative efficiencies for the division, as well as for grantees in the oversight of these grants. Further it fueled ongoing community level discussions and planning processes in the clinical efficiencies in delivering services. Building on this progress, for FY05, DBH identified 30 service areas (SA & MH), developing uniformity of “catchment areas” to systematically clarify service delivery expectations. This formalized the expectation of the community planning process within each community planning and service area; emphasizing administrative and clinical integration. This effort will continue as part of the larger integration effort of the DBH.

In the early stages of a *communication plan*, BHIP has underwritten the redesign of the DBH portal website. This website has been configured to function as a primary communication tool, linking the Behavioral Health Integration Project with provider agencies and other stakeholders. This includes a *Workgroup Online* web page that informs the reader of a workgroup description, scope, membership, and planning documents related to the project. In addition, each workgroup page allows for public review and comment on the planning process.

In efforts to promote an integrated behavioral health care system, DBH has successfully completed solicitation for the development of *Integrated Medicaid Regulations* and *core competencies and credentialing* of co-occurring disorders standards. The purpose of the *Integrated Medicaid Regulations* project is to develop and recommend a service delivery and reimbursement model that will ultimately rise to the level of administrative code in the form of Medicaid regulations. The recommended model will allow behavioral health care agencies in Alaska to select from the same array of authorized services, develop flexible treatment strategies, and be reimbursed fairly and equally. The purpose of the *core competencies and credentialing* project is to develop a set of core competencies and a credentialing system that will allow behavioral health care agencies in Alaska to hire and retain the most effective workforce possible. The credentialing system will reflect the vision for behavioral health services in Alaska, as well as the prevailing geographic, cultural, demographic, logistical, administrative practicalities, and best practices in behavioral health. It is expected that the resulting recommendations will rise to the level of administrative code or statute.

- Training

DBH has underwritten a new position called the “DBH Practice Improvement/Training Coordinator”. This position will develop a DBH training plan to identify and meet current and future training needs of behavioral health care agencies statewide, that contribute to the successful implementation of an integrated behavioral health care system; match training events, develop agendas/curriculum, with DBH priorities and themes for multiple levels of training: system, agency/provider, and clinician; and assist behavioral health care providers/agencies and individuals statewide with understanding the training and licensing process, developing the core competencies which will lead to certification or licensure in the delivery of behavioral health services to individuals with co-occurring disorders.

- Bring the Kids Home

The Division of Behavioral Health (DBH) within the Dept. of Health and Social Services (DHSS) has created three Utilization Review positions (supported by funding from the Alaska Mental Health Trust Authority (MHTA)) to implement gate-keeping strategies prior to youth being sent out of state. These positions will ensure all in-state resources are used prior to a young person being placed in an out of state RPTC. These positions have been hired and are engaged in the following activities:

- Participating on the regional and out of state placement committees for custody children.
- Engaging with acute care facilities to ensure clinical appropriateness of those youth being referred to RPTC level of care.
- Developed a database to track youth referred from acute care facilities to RPTCs and other lower levels of care.
- Updated Billing, Policies and Procedure Manuals to support the BTKH Project
- Piloting the application of a Level of Care Assessment

DBH has initiated a planning initiative to define and implement *Individualized Service Agreements*. The purpose of Individualized Service Agreements (ISA) is to ensure that SED youth are being served as close to their community as possible, providing clinically necessary services to prevent institutional care. ISA's are the mechanisms through which funds will be withdrawn to provide services to youth that cannot be reimbursed through Medicaid fee-for-service or Behavioral Rehabilitation Services (BRS) financing.

DBH is collaborating with OCS and DJJ in the development of Regional Resource Placement Committees. It is the intent of this planning to expand the role of these placement committees to provide gate keeping functions for custody and non-custody children, insuring that the appropriate level of care is matched with the client's clinical needs, as close to their community and family as possible.

In collaboration with the Division of Health Care Services, DBH has contracted with McKesson Corporation in the use of a *Level of Care Assessment*, referenced as "*InterQual*". The range of application extends from outpatient services to acute care settings. The population includes adults, adolescents, and children for chemical dependency, mental health, and co-occurring disorders. Two pilot sites have been selected for initial application of the Level of Care Assessment: (1) children in acute care settings, and (2) adults in the Designated Evaluation and Treatment (DET) program.

In a collaboration of project management supported by the Division of Behavioral Health, Mental Health Trust Authority and the Denali Commission, Juneau Youth Services (JYS) in partnership with the Southeast Area Regional Hospital Corporation (SEARHC) received \$90,000.00 from the Denali Commission for Planning and Design of their proposed Residential Treatment Center. JYS/SEARHC also received \$1.5 million as capital funding for the 15-bed facility located in Juneau.

DHSS/DBH has negotiated with their contractor First Health Services, to provide two (2) additional Care Coordinators to monitor length of stay and ensure timely discharge of youth from Residential Psychiatric Treatment Centers (RPTCs).

DHSS and the Dept. of Education and Early Childhood Education (DEED) are developing a Memorandum of Agreement (MOA) that will expand the established practice of reviewing custody youth with intensive behavioral health needs on regional and out-of state placement committees to include non-custody youth.

- Alaska Psychiatric Institute

Alaska Psychiatric Institute provides inpatient psychiatric care to individuals from all regions of the state. API serves adults and adolescents whose need for psychiatric services exceed the capacity of local service providers. API staff makes special efforts to transition patients with serious, persistent mental illness into community settings. The array of services provided includes comprehensive assessments, physical exams, therapy for individuals groups and/or families and medical adjustment, stabilization and treatment. FY 05 accomplishments include the following:

- API migrated into a new facility and renamed the adult program to the Alaska Recovery Center
- Implemented a full array of recovery-based clinical programs
- Developed a Co-Occurring Disorder clinical track in collaboration with consultation and training from Richard Reis, MD
- Implemented billing for Medicare Part B to increase third party revenue into hospital
- Implemented billing for TeleBehavioral Health
- Add 7 additional sites to TeleBehavioral Health network

- Regulation and Policy Development

In collaboration between the DBH, the Office of Program Review, and the Department of Education and Early Development, school-based behavioral health regulations have been developed. These services will be available for students with Individual Evaluation Plans, in which behavioral health issues are identified as impediments to their successful educational experience. These services have been constructed in such a manner that multiple layers of school staff may function as a provider, and structured in such a manner that there are not duplicative efforts between school services and existing services of the BH provider network.

The BRS Regulations are a collaboration between DBH and OCS. These regulations are the primary mechanism to begin to access unused beds in OCS/BRS residential facilities for non-custody clients. This will effectively make

available approximately 54 beds to the statewide BTKH initiative to increase treatment bed capacity. The BRS regulations have been adopted by the Department and are in final legal review.

The DBH Policy and Planning Section has been working with the Department on amending the “Out of State” Regulations. Adjustments to these regulations will change enrollment of Out-of-state providers and enhance DBH’s ability to negotiate costs. Essentially this gives the DBH regulatory authority to manage and authorize out of state providers.

The Outcomes Identification and Systems Performance Project (OISPP) has recently been initiated with the arrival of a “resident expert” on research design and implementation. The OISPP project will include two components: 1) an outcomes measurement and management capacity that will provide accountability and consistency in the evaluation and effectiveness of behavioral health services, and 2) a research capacity to address broader population-based indicators of behavioral health wellness. The goal of the OISPP project is to develop a continuous quality improvement process to guide policy development and decision making in improving the behavioral health (BH) of Alaskans.

Contact Information
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**Behavioral Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2005 Actuals				FY2006 Management Plan				FY2007 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
Behavioral Hlth Medicaid Svcs	50,235.1	77,569.9	1,500.0	129,305.0	57,172.1	85,400.4	1,500.0	144,072.5	61,287.4	92,417.2	1,500.0	155,204.6
Non-Formula Expenditures												
AK Fetal Alcohol Syndrome Pgm	0.0	4,950.0	0.0	4,950.0	596.0	5,828.4	0.0	6,424.4	1,096.0	1,700.0	0.0	2,796.0
Alcohol Safety Action Program	264.0	116.7	352.9	733.6	0.0	241.9	380.9	622.8	0.0	310.1	385.9	696.0
Behavioral Health Grants	738.7	4,879.6	14,673.9	20,292.2	1,691.4	4,746.3	15,382.0	21,819.7	3,991.4	3,107.6	16,479.5	23,578.5
Behavioral Health Administration	3,691.5	2,795.9	893.3	7,380.7	1,727.7	5,149.4	2,402.5	9,279.6	2,615.9	4,126.6	2,077.3	8,819.8
CAPI Grants	696.8	1,137.6	0.0	1,834.4	1,229.7	1,172.0	56.5	2,458.2	6,779.7	935.3	1,000.0	8,715.0
Rural Services/Suicide Prevent'n	391.3	0.0	1,963.2	2,354.5	414.3	500.0	1,986.8	2,901.1	414.3	0.0	1,986.8	2,401.1
Psychiatric Emergency Svcs	5,628.2	373.7	358.5	6,360.4	6,103.4	670.8	50.0	6,824.2	6,103.4	0.0	50.0	6,153.4
Svcs/Seriously Mentally Ill	7,969.6	1,368.8	746.3	10,084.7	8,345.1	1,498.6	1,077.9	10,921.6	8,345.1	989.5	1,350.0	10,684.6
Designated Eval & Treatment	1,751.7	0.0	0.0	1,751.7	1,211.9	0.0	0.0	1,211.9	1,211.9	0.0	0.0	1,211.9
Svcs/Severely Emotion Dst Yth	3,357.3	354.8	28.6	3,740.7	4,483.2	219.2	2,255.5	6,957.9	6,603.2	317.7	1,995.0	8,915.9
Alaska Psychiatric Institute	5,450.5	0.0	13,883.5	19,334.0	6,283.3	0.0	14,597.1	20,880.4	8,150.9	0.0	15,337.4	23,488.3
Totals	80,174.7	93,547.0	34,400.2	208,121.9	89,258.1	105,427.0	39,689.2	234,374.3	106,599.2	103,904.0	42,161.9	252,665.1

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2006 Management Plan to FY2007 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2006 Management Plan	89,258.1	105,427.0	39,689.2	234,374.3
Adjustments which will continue current level of service:				
-Alcohol Safety Action Program	0.0	68.2	20.0	88.2
-Behavioral Hlth Medicaid Svcs	1,161.2	438.8	0.0	1,600.0
-Behavioral Health Grants	0.0	0.0	-20.0	-20.0
-Behavioral Health Administration	296.3	-68.2	108.1	336.2
-Psychiatric Emergency Svcs	0.0	-98.5	0.0	-98.5
-Svcs/Seriously Mentally Ill	0.0	0.0	-177.9	-177.9
-Svcs/Severely Emotion Dst Yth	0.0	98.5	0.0	98.5
-Alaska Psychiatric Institute	441.3	0.0	462.6	903.9
Proposed budget decreases:				
-AK Fetal Alcohol Syndrome Pgm	0.0	-4,128.4	0.0	-4,128.4
-Alcohol Safety Action Program	0.0	0.0	-15.0	-15.0
-Behavioral Health Grants	0.0	-1,638.7	-157.5	-1,796.2
-Behavioral Health Administration	0.0	-1,055.6	-437.7	-1,493.3
-CAPI Grants	0.0	-236.7	-56.5	-293.2
-Rural Services/Suicide Prevent'n	0.0	-500.0	0.0	-500.0
-Psychiatric Emergency Svcs	0.0	-572.3	0.0	-572.3
-Svcs/Seriously Mentally Ill	0.0	-509.1	-100.0	-609.1
-Svcs/Severely Emotion Dst Yth	0.0	0.0	-310.5	-310.5
-Alaska Psychiatric Institute	0.0	0.0	-500.0	-500.0
Proposed budget increases:				
-AK Fetal Alcohol Syndrome Pgm	500.0	0.0	0.0	500.0
-Behavioral Hlth Medicaid Svcs	2,954.1	6,578.0	0.0	9,532.1
-Behavioral Health Grants	2,300.0	0.0	1,275.0	3,575.0
-Behavioral Health Administration	591.9	101.0	4.4	697.3
-CAPI Grants	5,550.0	0.0	1,000.0	6,550.0
-Svcs/Seriously Mentally Ill	0.0	0.0	550.0	550.0
-Svcs/Severely Emotion Dst Yth	2,120.0	0.0	50.0	2,170.0
-Alaska Psychiatric Institute	1,426.3	0.0	777.7	2,204.0
FY2007 Governor	106,599.2	103,904.0	42,161.9	252,665.1