

State of Alaska FY2003 Governor's Operating Budget

Department of Health and Social Services

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Department Mission

To promote and protect the health and well being of Alaskans.

Department Goals and Strategies

FOCUS ON HELPING CHILDREN AND FAMILIES STAY HEALTHY AND SAFE.

Continue to improve the State's response to child abuse and neglect by responding to more reports

- of harm; ensuring that children in State care are placed in safe, quality homes; and moving children in foster care to placement homes more quickly.

Expand the system for surveillance, screening and diagnosis of FAS/FAE; prevent occurrence of

- FAS/FAE; develop services needed by persons affected by FAS/FAE and their families; and link clients to those services.

Refine strategies to advance welfare reform by modifying or repealing the number of exemptions

- under state law and developing criteria to identify persons who should be exempted from the 60-month time limit for receiving temporary assistance.

Work with Department of Education and Early Development to improve access to childcare.

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HELP ALASKANS LIVE HEALTHIER LIVES AND HAVE ACCESS TO BASIC HEALTH CARE, RESULTING IN REDUCED INCIDENCE OF CHRONIC AND PREVENTABLE DISEASE.

Continue to provide basic health care for Alaskans by maintaining full funding of the Medicaid

- program.
- Strengthen public health infrastructure by increasing core capacity in laboratory, epidemiology and public health nursing services.

Strive for full immunization of 90% of two-year-olds.

- Develop Alaska's rural health infrastructure to improve access to health care.
- Eliminate waitlists for adult and juvenile alcohol treatment and expand the underage drinking initiative.

Work with community partners and state agencies to expand and improve the tobacco control

- program.
- Bring the State into compliance with federal "Synar" requirements, which are federal targets for State enforcement of laws prohibiting sales of tobacco to minors.

Continue the Healthy Alaskans 2010 health status assessment effort.

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ASSIST ALASKANS WHO EXPERIENCE DEVELOPMENTAL DISABILITIES AND/OR MENTAL ILLNESS TO ATTAIN THEIR HIGHEST LEVEL OF INDEPENDENCE.

Streamline the Medicaid Waivers process to simplify the process for clients to receive in-home or

- community care.
- Replace the worn-out Alaska Psychiatric Institute facility and strengthen community services to prevent inappropriate hospitalization.

- Improve licensing and investigation of adult facilities and enhance community services for vulnerable adults.
- Work with the statewide suicide prevention council to develop a suicide prevention plan.
- Assess the treatment needs of youth who must currently be cared for in out-of-state residential facilities and develop a plan for building in-state service capacity to allow them to be cared for in Alaska.
- Improve the Alaska Youth Initiative (AYI) program and other community mental health services.
- Develop mechanisms to better integrate delivery of mental health and substance abuse services.
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INCREASE INCENTIVES AND OPPORTUNITIES FOR COMMUNITIES TO COLLABORATE WITH THE DEPARTMENT TO IMPROVE RESULTS FOR CHILDREN AND FAMILIES.

- Review and revise statutory and regulatory framework and processes for awarding grants.
- Institutionalize and expand the State's capacity to address environmental health issues.
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IMPROVE DHSS STAFF KNOWLEDGE AND SKILLS AND MAINTAIN HIGH MORALE TO CONTINUALLY IMPROVE PERFORMANCE AND SERVICES FOR ALASKANS.

- Identify and develop effective strategies to assure continuity of effective management and service delivery by improving employee recruitment and retention.
- Identify and remedy deficiencies in basic infrastructure by completing outstanding leasing and building projects, and implementing the computer maintenance management system.

Key Department Issues for FY2002 – 2003

Families receiving Temporary Assistance benefits since the welfare reform program began in July 1997 will reach their 60-month lifetime limit in 2002. The more vulnerable families will receive an extension of benefits, while others will lose their Temporary Assistance benefits. Loss of cash assistance could force more families to move out of current housing into less stable shelter options.

The Department's recent projections of the number of Medicaid beneficiaries expected to need medical services and the projected costs related to those services indicate an average growth rate of 17%. The department is proposing a budget request that is dependent on refinancing programs, a Congressional fix to the federal match participation rates (FMAP), and restoration of state general funds to replace public Hospital ProShare payments.

Prevention and intervention in the transmission of communicable diseases statewide are top public health issues, as is reducing the tragic toll taken by high rates of unintentional injury fatalities, suicides, and post neonatal deaths. To retain effectiveness in the coming decade, DHSS is developing plans and strategies, including *Healthy Alaskans 2010* and the *Comprehensive Integrated Mental Health Plan*.

The State has been developing strategies for a bioterrorist event for several years under a grant from the Centers for Disease Control. But events following September 11, including anthrax cases on the East Coast and anthrax scares here in Alaska, made it evident that we need to increase our level of

preparedness to respond to incidents related to weapons of mass destruction, including the use of bioterrorism.

The Information Age presents myriad challenges for the State of Alaska, one of which is the accurate and appropriate management of data. DHSS is continuing to implement a Computerized Maintenance Management System. DHSS is also developing case management information systems for its family and youth services and juvenile justice programs, and needs to procure a Medicaid Management Information System for its Medical Assistance programs.

It is becoming harder to recruit and retain qualified employees as State jobs become less competitive with private sector wages and benefits. Maintaining adequate facilities in the tough climates of Alaska is also a challenge.

The abuse of alcohol and other drugs continues to take a toll on Alaskans, including a high rate of domestic violence, child abuse, and suicide. Waitlists for treatment beds exist for all levels of service. Reducing the waitlist through prevention and treatment is an important goal. The Department will also continue to advance tobacco prevention and control efforts statewide to lessen the impact of tobacco use on all Alaskans. Additionally, the Department will participate in the newly established Suicide Prevention Council.

Alaska has one of the highest known incidences of fetal alcohol syndrome (FAS) in the world, ranks first in the nation for alcohol-related deaths, and suffers from a rate of alcohol dependence and alcohol abuse -- 14 percent of the population -- that is twice the national average. To prevent FAS and provide improved services and support to those with fetal alcohol spectrum disorders and their caregivers, the Office of FAS is working to improve data collection, educate the public about FASD, and link people with services that can improve their quality of life.

Foster parents are currently receiving reimbursement for the basic ongoing costs of raising a child, but this reimbursement, based on the 1993 federal poverty guidelines, does not reflect the overall cost of living increase of 23.54% that has occurred since 1993. The Department is requesting a base rate increase to 1997 guidelines. This increase brings payments to foster care providers to just 90.7% of the 2001 federal poverty guidelines.

Children and families under stress are requiring more intensive intervention to preserve or support the family unit. Alaska's child welfare law, along with new federal laws, requires services to be delivered in a time-limited manner. This increases the intensity of services required. Other factors, such as parental substance abuse, also greatly impact the success of intervention. Responding to these issues with a professional workforce of social workers who are fairly and adequately compensated for their services remains a challenge.

Aggressive efforts are called for to address the backlog of children in state protective custody. Additional adoptive homes or other permanent placements are needed for children who cannot be safely returned to their own homes. Continuation of resources for programs such as Adoption Placement (Balloon Project) and Project SUCCEED are needed to achieve speedy legal resolution of

child protection cases, increase the number of adoptive homes available, and implement permanent placements.

Major Department Accomplishments in 2001

- ✓ To provide better service to the public and meet emerging needs in public health, opened the new Alaska Public Health Laboratory and Office of the State Medical Examiner in Anchorage in January, 2001. Tested scores of samples for anthrax at Alaska Public Health Laboratory, rather than sending them Outside for testing as would previously have been necessary.
- ✓ Worked with federal, state, and private funders to fund Phase 1 of the Code Blue project, which will provide emergency medical services equipment and training in rural Alaska.
- ✓ Continued an aggressive immunization campaign to vaccinate all school children and those in day care to meet new requirements.
- ✓ Increased the documented Early Periodic Screening Diagnosis and Treatment screening rate from 36% of eligible children to 68% in the current report year.
- ✓ Obtained changes to Temporary Assistance Program with federal law exempting Alaska Native villages with high unemployment from the five-year limit; exempting two-parent families with severely disabled children from seasonal benefit cuts; and allowing for uniform application of seasonal two-parent benefits cuts in response to a court decision.
- ✓ Alaska ranked 8th in the nation for the percentage of adults in unsubsidized employment and in the average number of hours for adults in unsubsidized employment. Only one state ranked higher in both of these critical measures of welfare reform success.
- ✓ The Temporary Assistance for Needy Families caseload declined to 7,421 families in 2001. The average Temporary Assistance caseload was 39% below FY1997, the year before welfare reform was implemented.
- ✓ Provided Medicaid coverage through FY2003 for treatment of eligible women who have been diagnosed with breast or cervical cancer.
- ✓ Increased efficiencies and streamlined programs and services by consolidating several DHSS offices into the Frontier Building in Anchorage.
- ✓ Established a Suicide Prevention Council in statute, with responsibility to develop a statewide suicide prevention plan.
- ✓ Began the design-build process to replace the worn-out Alaska Psychiatric Institute facility.

- ✓ Through 60+ grantee agencies and an array of for-profit services, provided mental health services to over 20,000 people suffering from mental illness or severe emotional dysfunction.
- ✓ Eliminated the Infant Learning Program waiting list.
- ✓ The Subsidized Adoption and Guardianship program, which provides permanent homes for children who have been placed in the State's permanent custody, has been very successful. From FY1992 to FY2001, the number of children removed from the foster care system and placed in a permanent home increased 348%, from 338 to 1,515.
- ✓ Through the Balloon Project (which provides funding for DFYS and partner legal agencies to focus on moving children on the "transition list" from the foster care system into permanent homes), reduced the growth of the foster parent caseload. In FY1999, the caseload increased by 16.4%; in FY2001, it decreased only 6.2%.
- ✓ Provided more thorough training to new child protection social workers through a joint project with the University of Alaska called the Family and Youth Services Training Academy. Approximately 73 new workers completed the primary two-week training course in FY2001.
- ✓ Worked with incarcerated kids to provide thousands of community service hours to various agencies and organizations.
- ✓ Collected about \$20,000 for the Alaska Children's Trust fund through the sale of heirloom birth certificates. Heirloom marriage certificates went on sale in the fall.
- ✓ Through the Office of FAS, participated in the development of community diagnostic teams, provided community grants for programs to prevent FAS and support people with FAS and their families, improved data collection, provided information and technical support.
- ✓ Together with state and local partners, supported legislation to establish the Tobacco Use Education and Cessation Fund under AS 37.05.580, which provides for 20% of the Master Settlement to be set aside for tobacco education.
- ✓ Established Juvenile Alcohol Safety Action Programs around the state and increased outpatient alcoholism treatment capacity in some locations in Alaska.

Governor's Key Department-wide Performance Measures for FY2003

Measure:

The percentage of the Alaska Temporary Assistance Program (ATAP) (AS 47.27) families meeting federal work participation rates.

Sec 77(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

In September 2001, 43% of all Temporary Assistance families were in countable work activities and had sufficient hours to meet the federal participation rate requirements. At that time, almost 52% of Temporary Assistance families

were in countable work activities but not all had enough hours of participation to count in the federal participation rate.

Benchmark Comparisons:

According to the U.S. Department of Health and Human Services Third Annual Report to Congress on the TANF program, Alaska ranks 8th nationwide for adults in employment and 7th in the average number of hours for adults in employment. No state ranked higher in both measures of success. The Fourth Annual Report to Congress will be released by Spring 2002.

Federal law requires that states meet work participation requirements:

	Federal Rate All Families	Caseload Reduction Credit	Adjusted Target Rate	Alaska Rate Achieved
FFY 1998	30%	3%	27%	42%
FFY 1999	35%	18%	17%	46%
FFY 2000	40%	29%	11%	39%
FFY 2001	45%	37%	8%	42%
FFY 2002	50%	40%	10%	

FFY 01 Rate Achieved not yet federally verified as of 10/23/01.

FFY 02 Caseload reduction credit and adjustment target rate are estimated.

Every state's federal work participation rate is adjusted by a caseload reduction credit that reflects the state's success in moving families off of assistance and into employment. In FFY 2001, Alaska's caseload reduction credit was 37%. Based on the caseload reduction credit, Alaska's work participation target was 8%. Thus Alaska more than met the adjusted federal participation requirement.

Background and Strategies:

Temporary Assistance is a work-focused program designed to help Alaskans plan for self-sufficiency and to make a successful transition from welfare to work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

As Alaska's TA caseload declines, a growing portion of the families require more intensive services just to meet minimal participation requirements. Enhancement of TA Work Services will serve to identify and address client challenges to participation.

Measure:

The percentage of providers who are participating in the Medical Assistance program by region.
Sec 78(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Provider Type	Providers Licensed by State of Alaska		Providers Paid at Least Once Medicaid Claim		Percent of Participating Providers	
	FY00	FY01	FY00	FY01	FY00	FY01
Physicians**	1,287	1,282	662	650	51%	51%
Dentists	412	431	221	216	53%	50%
Pharmacies	97	115	74	81	76%	70%
Hospitals	16	16	16	16	100%	100%
Nursing Facilities	15	15	15	15	100%	100%

** The total number of unduplicated physicians who had at least one paid claim during FY01 was 815. The discrepancy between the total of 815 and the 662 licensed physicians charted above can, at least in part, be attributed to the exclusion of Indian Health Services (IHS) physicians in the Occupational Licensing database. IHS physicians are not required to be licensed by the State of Alaska.

We feel we are making progress in our goal of increasing provider participation, but are still unable to measure any success effectively.

Benchmark Comparisons:

There are no comparisons to other states.

Background and Strategies:

This is a measure of Alaska's medical assistance clients' access to medical services through the same network of medical providers available to the balance of the State's population.

The Division continues to work towards complying with this Performance Measure requirement. However, we have had some difficulties.

To provide geographical information on providers, each provider must be matched by city. Therefore, the definition of each region needs to be defined clearly and each city pointed to a region to establish a total.

In addition, provider enrollment data in MMIS has not been purged since 1979. The number of enrolled providers exceeds 8,000. A data purge would be a lengthy and expensive undertaking, and for that reason, has not been done. This means MMIS fiscal year claim payment data must be compared to Occupational Licensing data - two separate databases without comparable data parameters. For instance, a provider may have several Medicaid provider ID's, one for each rendering address, each in a different region, but only one address within the Occupational Licensing file. A further complication arises because physicians practicing in the Medicaid program through the Indian Health Services need not be licensed with the State of Alaska and will not be included in the Occupational Licensing database.

It is also extremely difficult to identify unduplicated providers within a region and match them with comparable claims paid data. For example, a physician licensed to practice in the State of Alaska may do so through several different facilities in several different regions.

The division will continue to define and refine its methodology to respond to this measure in the most effective way possible.

Measure:

The percentage of legitimate reports of harm that are investigated.
Sec 79(b)(8) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The target for this measure is 100 percent of all legitimate reports of harm will be investigated.

FY1997	73.6 percent
FY1998	77.3 percent
FY1999	78.1 percent
FY2000	88.8 percent
FY2001	90.7 percent

Benchmark Comparisons:

There is no national standard.

Background and Strategies:

Background

Reports of harm are prioritized according to the immediate or potential risk of harm to the child. A priority 1 rating is

the most serious and must be responded to within 24 hours from the time the Division receives the report. Priority 2 reports of harm must be responded to within 72 hours of receipt of the report. Priority 3 reports are considered low risk and must be responded to within one week of receiving the report.

Not enough staff seriously affects the Division's ability to respond to all legitimate reports of harm. More staff is needed to reduce caseloads.

Strategies

- *More efficient work processes are needed.* The division is working on a new MIS system.
- *Increase the use of non-profit providers to respond to reports of harm.* The Division will continue the Early Intervention for Family Support or Dual Track grant program. The program provides funding to a partner agency to perform intervention and follow-up work for cases that DFYS has assessed as low risk. This program will enable social workers more time to investigate higher priority reports of harm.
- *Improvements in worker and supervisor training continue.* Workers receive training prior to being assigned cases, and then receive specialized and advanced training annually. In FY2001 the Family Services Training Academy delivered 44 training session, representing 252 days of in-service training to DFYS workers. Trained workers are necessary to respond to reports of harm.
- *Implementation of Transcription Services.* Transcription Services, a telephone dictation service, allows social workers to maintain current, accurate case files without increasing the need for internal clerical support. The Division anticipates that workers using the service spend on average 7.5 hours per week less completing paperwork.

Measure:

The rate of recidivism of youth in the juvenile justice system by region and by race.
 Sec 80(b)(4) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The following table reflects the rate of recidivism of youth in the juvenile justice system by region and by race.

Division of Juvenile Justice Institutional Recidivism By Region FY2001			
Facility	Baseline*	%	#
Bethel Youth Facility	70%	75%	8
Fairbanks Youth Facility	65%	32%	19
Johnson Youth Center**	NA	NA	NA
McLaughlin Youth Facility	47%	59%	106
Total	65%	56%	133

*The baseline for youth facilities was established by averaging the rates of recidivism for each facility. For McLaughlin Youth Center there is more than ten years of data available. For all of the other facilities there is less data and comparisons should be viewed with caution. Additionally there are wide variations from year to year with McLaughlin data and the overall trend is more significant than any one year of data.

The target for the facilities is to maintain or decrease recidivism from the established baseline which was established at a re-offense rate of 65% in FY 2000 for all DJJ facilities.

**The treatment unit at Johnson Youth Center opened April 1999 and did not release youth until FY2000.

Division of Juvenile Justice Institutional Recidivism By Race	

FY2001		
Race	%	#
Caucasian	50%	78
African American	69%	13
Native American	66%	32
Asian/Pacific Islander	40%	5
Unknown	80%	5
Total	56%	133

These percentages should be interpreted with caution as they are based on a small number of occurrences. No statistically significant differences exists in the rate of recidivism by race.

The benchmark for this measure is a re-offense rate of 65%. This was the Alaska statewide average re-offense rate in FY2000.

The Division of Juvenile Justice engaged in a series of involved internal discussions on re-offense measures before establishing the criteria used to produce this performance measure. Setting the benchmark to trigger the re-offense count at the point of conviction or subsequent adjudication eliminated those contacts with law enforcement which were dismissed or never pursued by the prosecutor. The established benchmark also excluded minor violations such as fish and game and traffic offenses which are not necessarily always indicative of criminal behavior. The two-year time frame set a stringent standard for the Division, but with this time frame as the benchmark, the Division felt the measure was a reliable indicator as to the effectiveness of the Division's efforts to positively impact the non-re-offense rates by those who went through our programs. There is no single, nationally accepted re-offense standard or definition. Jurisdictions around the country vary widely in the way they measure re-offense data. Alaska's definition and re-offense outcome measure was structured in a fashion which the Division believes strikes a balance between what we believe can be reasonably measured while assessing criteria which give the Division, the Legislature and the public a meaningful measure to assess the effectiveness of the Division's programs and services.

Background and Strategies:

This measure consists of the re-offense rates of youth who have been released from a Juvenile Justice long-term treatment facility. A recidivist is a youth who, within 24 months of release from a long-term treatment facility, has obtained either: a new juvenile institutional order or, a new juvenile adjudication or an adult conviction.

Measure:

The percentage of two-year-old children in the state who are fully immunized.
Sec 81(b)(1) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The percentage of fully immunized 2-year-olds for calendar year 2000 was 77%. 69% were immunized by the end of 1996.

Background and Strategies:

In 1997, the Department launched a major initiative to increase the rate of fully immunized two-year-olds. In three years, we have jumped up 20 positions, going from 48th to 28th in national rankings. Now, over 75% of our two-year-old children have received their recommended vaccines. Alaska's comprehensive public-private initiative to increase childhood immunization rates will be extended through 2002 to achieve the highest possible immunization rates and to assure that Alaska children in school and daycare will have all required immunizations by the fall of 2002. The Department successfully implemented the new daycare and school immunization requirements in the fall of 2001, vaccinating all school children against hepatitis A and hepatitis B and all daycare attendees against hemophilus influenza type b and chickenpox.

Measure:

The rate of tuberculosis cases by race and region.
Sec 81(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

The rate of tuberculosis cases by race and region.

Region	FY 2000 Rate per 100,000 Population	Cases
Anchorage/Mat-Su	11.7	37
Gulf Coast	6.8	5
Interior	7.1	7
Northern	76.3	18
Southeast	4.1	3
Southwest	98.8	38
TOTAL	17.4	108

Race for 108 cases – 11 white; 9 black; 71 Alaska Native; 17 Asian or Pacific Islander

Benchmark Comparisons:

1996 Alaska TB rate = 16.0/100,000 population

Background and Strategies:

Tuberculosis has been a long-standing problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, which included 10% of the entire state budget in 1946, led to one of the state's most visible public health successes-major reductions in TB across the state. Now this disease is reemerging and with it the threat of treatment-resistant strains of the disease. Inadequate resources to monitor and educate those most at risk have resulted in outbreaks in three geographic areas this past year. Significant new resources are needed to do the case finding, diagnostic tests and treatment follow-up required to keep the disease in check.

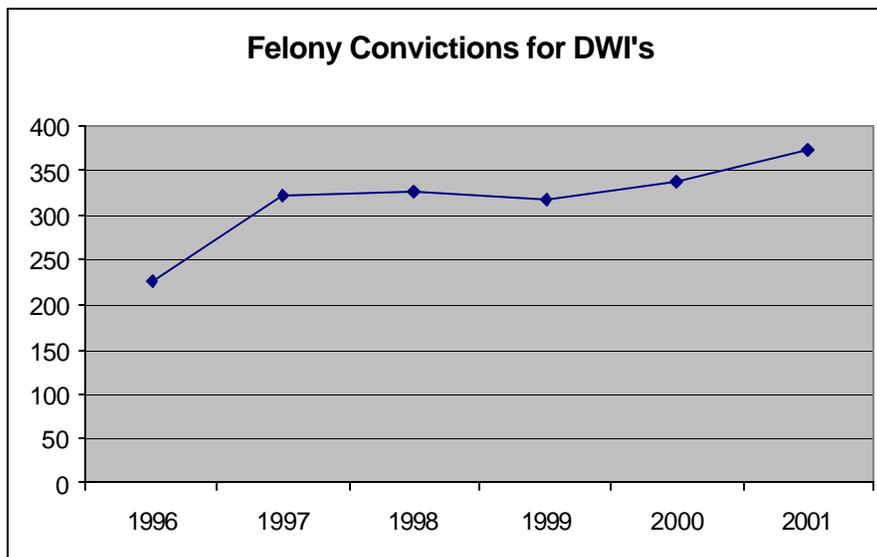
Measure:

The number of new convictions and the number of repeat convictions in state district and superior courts on charges of driving while intoxicated (DWI).

Sec 82(b)(3) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Felony DWI cases (repeat offenders) showed a slight decrease since 1997. For 1997 and 1998 convictions were 322 and 326 respectively. Convictions for 1999 were 317; for 2000, 337; and for 2001, 373.



Background and Strategies:

Driving while under the influence of alcohol (DWI) is one of the strongest indicators of the negative consequences associated with alcohol misuse. Recent DWI data for shows that approximately 45 - 48 percent of all automobile accident fatalities had alcohol or drugs as the major contributing factor. Driving while under the influence of alcohol impacts lives, not only in accidents, injuries, and deaths, but also in family suffering, employment problems, and social functioning.

DWI conviction data are collected and maintained by the State of Alaska Court System. Felony DWI data are included as a separate conviction category in regularly published reports. Misdemeanor DWI conviction data (which includes most first time offenses), however, are included with other misdemeanor traffic violations. To improve the measurement of this indicator misdemeanor DWI data should be collected as a separate category.

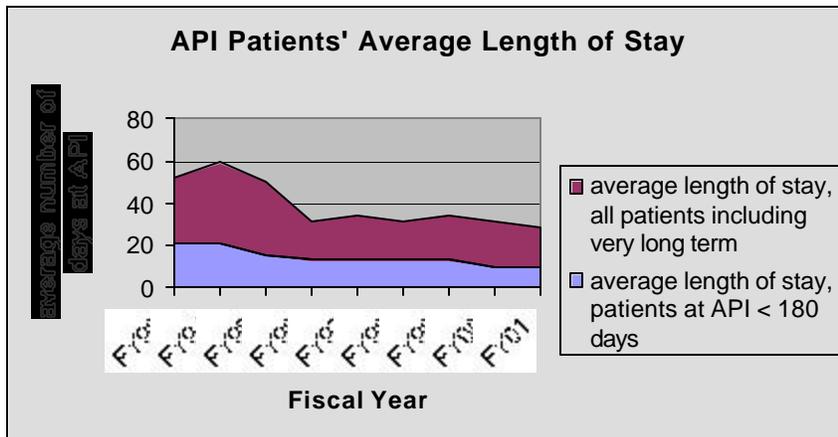
There are many variables that have an impact on a reduction in the number of DWI convictions, including enforcement efforts and prosecutor caseloads. However, we know that reductions in DWI also correlate with successful prevention efforts, particularly in terms of public awareness of the consequences of DWI. Other strategies used by the Division include but are not limited to: distribution of useful and effective information to targeted populations; identification of people with problems as early as possible and referral for appropriate services; improvement of interdisciplinary coordination and collaboration at local, regional and statewide levels.

Measure:

The average length of stay at the Alaska Psychiatric Institute.
 Sec 83(b)(5) Ch 90 SLA 2001(HB 250)

Alaska's Target & Progress:

Significant data has been compiled on API over the past few years, as a part of the evaluation of the federally funded Community Mental Health/API Replacement Project. As a result, it has become clear that community mental health providers would prefer that API be able to retain patients experiencing chronic mental illnesses for longer periods of time, so that the patients were more adequately or fully stabilized prior to their discharge back to their community and the community mental health center (CMHC) program with which they are associated. These providers would clearly prefer an average length of stay (ALOS) of more than 10 days.



API's ALOS for FY01 was 10 days for persons at API with stays of 180 days of less. When you include all persons being treated at API, including those with stays in excess of 180 days, the ALOS rises to 19 days. However, the number of persons at API with stays over 180 days totaled just 34, so it is clear that an ALOS of 10 days applies to the vast majority of the 1,544 patients admitted to API in FY01.

In FY01, API length of stay (LOS) data shows the following:

- 29% of all persons admitted were discharged from API within one day.
- 21% were discharged within two or three days
- 22% were discharged within four to 12 days
- 18% were discharged within 13 to 30 days
- 7% were discharged within 31 to 60 days

3% were discharged after 60 days.

Thus, 50% of all persons admitted to API were discharged within 3 days, many of whom were first time admits with substance abuse as well as acute psychiatric concerns at the time of admission.

Another 22% were discharged within 12 days. Hospitalizations of under two weeks are viewed as inadequate for some patients with chronic mental illnesses. From a CMHC's perspective, short stays not only fail to provide sufficient treatment time but also do not allow for adequate discharge planning between API, the patient, and the community provider.

At this time, while local capacity for hospitalization of persons experiencing a mental health crisis is in fact increasing in certain parts of the State (specifically in Juneau and Fairbanks), without similar local capacity in private, community hospitals in Anchorage (the major source of API admissions - 72% in FY01), we believe API's length of stay will continue near what it was in FY01.

Benchmark Comparisons:

There is not good data on lengths of stay at other public psychiatric hospitals across the country. While a national database containing such data is presently under development, through the auspices of the National Association of State Mental Health Program Director's Research Institute (or NRI), NRI has yet to produce ALOS data for State psychiatric hospitals. The vast majority of public psychiatric hospitals in the nation are reporting a variety of performance measurement data to NRI, but lengths of stay is not yet one of the performance areas that the NRI is measuring. It may be possible over the next year to seek this information from NRI, but determinations as to data reports are controlled by the mental health commissioners/directors of the 50 states, so it does take some time to get agreement on new initiatives. However, we know the NRI databank already has the necessary data points to calculate individual hospital average lengths of stay, so it might not be too difficult to get such information in the near future.

Finally, we are also well aware that API's very short ALOS is *highly unusual* for a state psychiatric hospital. The majority of public psychiatric hospitals do not accept emergency admissions, as API does 24/7. Most state hospitals only accept admissions during the day and during the normal business week.

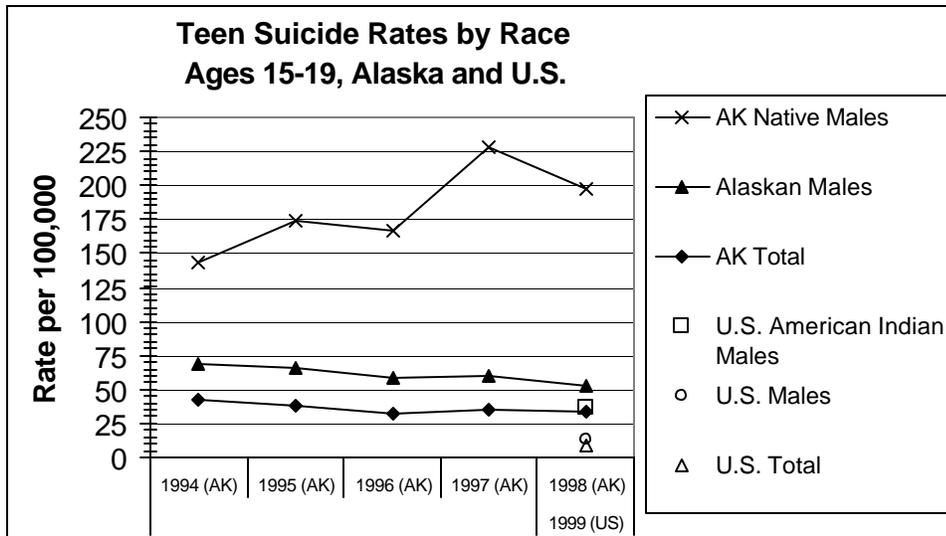
Background and Strategies:

The Community Mental Health/API Replacement Project was specifically designed to meet the long-term goal of converting API to a secondary or tertiary care facility. The project is presently entering its third year. Its strategy is to create or enhance existing community mental health services in the Anchorage area, thereby reducing admission pressure at API. This approach over time should reduce the use of API for mental health crises. Reducing the number of emergency admissions provides opportunities for more individualized patient care while creating the ability to work more closely with community mental health centers and their/our patients in a treatment program that maximizes a recovery approach to treatment.

Measure:

Decrease teen suicide rate (per 100,000 aged 15-19 years).

Alaska's Target & Progress:



Source: Alaska Bureau of Vital Statistics and National Center for Health Statistics.
Data for Alaska is based on a 3-year average with the years indicated at the bottom of the chart representing the middle year of each three-year period.

- ❖ The overall teen suicide rate declined in Alaska by over 23%, from a three-year average of 43.1 per 100,000 in 1993-1995 to 33.0 per 100,000 in 1997-1999. Nevertheless, Alaska's teen suicide rate for 1997-1999 was four times the national teen suicide rate for 1999.
- ❖ The male teen suicide rate in Alaska declined by 23.4%, from 68.7 in 1993-1995 to 52.6 in 1997-1999.
- ❖ Alaska's average suicide rate for male teens for the three-year period 1997-1999 was nearly four times the national rate of 13.9 (for 1999).
- ❖ The suicide rate of male Alaska Native teens for the period 1997-1999 was 197.5, which was 5.4 times that of the group with the highest suicide rate reported nationally in 1999 (male American Indian teens).
- ❖ The suicide rate of male Alaska Native teens climbed by 38.8% from 1993-1995 to 1997-1999. There were at least 43 suicides by Alaska Native teens in any consecutive three-year period between 1993 and 1999, resulting in suicide rates ranging from 142.6 per 100,000 (1993-1995) to 227.8 per 100,000 (1996-1998).

Benchmark Comparisons:

For 1996 the Alaska total teen (age 15-19) suicide rate was 38.3 per 100,000 teen population.

Background and Strategies:

Teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000 (the level for Alaskans of all ages is 23.7 in 1998, about twice the U.S. rate of 10.3). Numerous activities at the state and local level over the past several years have been directed specifically to identifying youth at risk and providing the individual and group education and intervention needed to help prevent/reduce teen suicides. The Department will participate in the newly established Suicide Prevention Council which is charged with developing a strategy to address suicide in Alaska.

Department Budget Summary by BRU

All dollars in thousands

Formula	FY2001 Actuals				FY2002 Authorized				FY2003 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
Expenditures												
Public Assistance	89,891.4	13,195.2	23,824.3	126,910.9	86,144.8	18,870.7	25,015.1	130,030.6	88,676.4	17,468.4	20,763.9	126,908.7
Medical Assistance	152,791.1	387,431.9	43,670.6	583,893.6	155,907.0	382,667.7	23,022.2	561,596.9	182,302.0	583,672.1	73,136.4	839,110.5
Catastrophic & Chronic Illness	4,304.4	0.0	0.0	4,304.4	4,000.0	0.0	0.0	4,000.0	4,000.0	0.0	0.0	4,000.0
Public Assistance Admin	3,000.0	26,245.6	0.0	29,245.6	3,000.0	30,102.0	0.0	33,102.0	3,000.0	30,102.0	0.0	33,102.0
Medical Assistance Admin	538.7	1,338.7	405.0	2,282.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Children's Health Eligibility	0.0	0.0	0.0	0.0	889.1	1,338.7	405.0	2,632.8	889.1	1,338.7	405.0	2,632.8
Purchased Services	21,773.6	6,868.8	464.0	29,106.4	21,459.5	8,325.1	1,129.4	30,914.0	26,073.1	9,270.2	1,629.4	36,972.7
Non-Formula Expenditures												
Public Assistance	0.0	11,312.7	0.0	11,312.7	0.0	12,000.0	0.0	12,000.0	0.0	12,011.4	0.0	12,011.4
Public Assistance Admin	19,366.7	27,190.8	3,650.9	50,208.4	18,957.8	32,007.2	2,619.2	53,584.2	19,960.0	33,056.3	2,818.5	55,834.8
Medical Assistance Admin	8,837.7	27,009.0	47.9	35,894.6	9,914.0	29,372.8	101.4	39,388.2	9,831.4	29,733.9	102.5	39,667.8
Fraud Investigations	0.0	0.0	0.0	0.0	583.5	652.1	0.0	1,235.6	0.0	0.0	0.0	0.0
Purchased Services	13,372.0	3,143.6	2,267.5	18,783.1	14,978.8	5,566.2	1,625.0	22,170.0	15,288.4	6,566.2	8,112.8	29,967.4
Front Line Social Workers	9,445.8	9,603.0	1,846.7	20,895.5	10,602.6	8,693.8	1,628.7	20,925.1	0.0	0.0	0.0	0.0
Family and Youth Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	15,682.6	12,566.4	2,881.8	31,130.8

	FY2001 Actuals				FY2002 Authorized				FY2003 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
Family and Youth Services Mngmt	1,426.2	2,467.3	430.9	4,324.4	1,443.7	2,459.4	455.6	4,358.7	0.0	0.0	0.0	0.0
Family and Youth Services Staff	436.5	654.7	4.8	1,096.0	436.5	797.0	0.0	1,233.5	0.0	0.0	0.0	0.0
Balloon Project	0.0	0.0	0.0	0.0	0.0	1,546.6	0.0	1,546.6	0.0	0.0	0.0	0.0
Juvenile Justice	27,699.7	3,127.3	1,102.4	31,929.4	29,105.4	3,782.8	1,024.7	33,912.9	30,515.3	3,810.4	1,033.3	35,359.0
Child Protection Legal Assist.	440.0	0.0	0.0	440.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Children's Trust Programs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	30.0	544.9	574.9
Human Svcs Comm Matching Grant	410.9	0.0	1,306.0	1,716.9	410.9	0.0	1,306.0	1,716.9	410.9	0.0	1,306.0	1,716.9
Maniilaq	3,022.8	0.0	33.0	3,055.8	0.0	0.0	0.0	0.0	3,045.3	0.0	0.0	3,045.3
Norton Sound	2,442.6	0.0	17.6	2,460.2	0.0	0.0	0.0	0.0	2,357.2	0.0	0.0	2,357.2
SEARHC	556.8	0.0	11.0	567.8	0.0	0.0	0.0	0.0	565.7	0.0	0.0	565.7
Kawerak Social Services	372.7	0.0	0.0	372.7	0.0	0.0	0.0	0.0	372.7	0.0	0.0	372.7
Tanana Chiefs Conference	1,227.5	0.0	16.5	1,244.0	0.0	0.0	0.0	0.0	1,255.1	0.0	0.0	1,255.1
Tlingit-Haida	198.4	0.0	0.0	198.4	0.0	0.0	0.0	0.0	198.5	0.0	0.0	198.5
Yukon-Kuskokwim Health Corp	2,742.2	0.0	31.9	2,774.1	0.0	0.0	0.0	0.0	2,742.2	0.0	0.0	2,742.2
State Health Services	26,307.4	37,919.1	17,576.7	81,803.2	32,534.7	54,114.5	22,721.1	109,370.3	30,212.2	55,492.7	28,797.3	114,502.2
Alcohol & Drug Abuse Svcs	17,928.8	10,736.8	1,450.9	30,116.5	22,999.9	16,880.7	2,032.4	41,913.0	29,457.7	15,821.9	1,878.0	47,157.6
Community Mental Health Grants	25,565.9	1,353.0	2,901.3	29,820.2	29,262.0	4,373.9	4,375.5	38,011.4	28,438.4	3,873.9	2,896.3	35,208.6
Community DD Grants	18,462.5	0.0	1,481.3	19,943.8	18,674.5	185.1	1,222.4	20,082.0	18,746.7	185.1	1,027.4	19,959.2
Institutions & Administration	7,163.3	2,264.6	15,048.9	24,476.8	9,212.3	1,612.4	13,259.4	24,084.1	11,692.4	2,224.5	12,951.3	26,868.2
Mental Health Trust Boards	632.8	974.3	837.7	2,444.8	648.6	1,635.3	880.7	3,164.6	663.7	1,646.4	1,068.4	3,378.5
Administrative Services	3,445.8	1,863.5	2,146.9	7,456.2	3,788.6	2,031.4	1,963.7	7,783.7	3,761.8	2,306.9	2,018.4	8,087.1
Facilities	449.3	175.7	0.0	625.0	452.2	237.2	2,584.9	3,274.3	452.2	290.9	2,584.9	3,328.0

	FY2001 Actuals				FY2002 Authorized				FY2003 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
Maintenance												
Totals	464,253.5	574,875.6	120,574.7	1,159,703.8	475,406.4	619,252.6	107,372.4	1,202,031.4	530,591.0	821,468.3	165,956.5	1,518,015.8

Funding Source Summary

All dollars in thousands

Funding Sources	FY2001 Actuals	FY2002 Authorized	FY2003 Governor
1002 Federal Receipts	574,873.6	619,250.6	821,466.3
1003 General Fund Match	168,836.1	193,545.8	220,793.8
1004 General Fund Receipts	164,278.0	168,004.5	188,414.9
1005 General Fund/Program Receipts	2,005.0	2,021.7	2,134.7
1007 Inter-Agency Receipts	50,005.0	50,598.3	57,821.3
1013 Alcoholism & Drug Abuse Revolving Loan	2.0	2.0	2.0
1037 General Fund / Mental Health	108,211.3	111,346.5	119,247.6
1050 Permanent Fund Dividend Fund	15,536.0	16,147.3	13,007.9
1053 Investment Loss Trust Fund	703.8		
1061 Capital Improvement Project Receipts	542.2	1,079.5	1,110.4
1092 Mental Health Trust Authority Authorized Receipts	7,190.1	6,502.2	4,824.0
1098 Children's Trust Fund Earnings			473.0
1108 Statutory Designated Program Receipts	45,574.1	29,447.9	80,368.5
1119 Tobacco Settlement	20,923.1	487.9	
1156 Receipt Supported Services	1,023.5	1,085.1	1,223.8
1168 Tobacco Use Education and Cessation Fund		2,512.1	7,127.6
Totals	1,159,703.8	1,202,031.4	1,518,015.8

Position Summary

Funding Sources	FY2002 Authorized	FY2003 Governor
Permanent Full Time	2,341	2,453
Permanent Part Time	59	58
Non Permanent	26	30
Totals	2,426	2,541

FY2003 Capital Budget Request

Project Title	General Funds	Federal Funds	Other Funds	Total Funds
Child Protection Information System - Phase 2	0	2,522,300	2,522,300	5,044,600
Federal Health Insurance Portability and Accountability Act Compliance	1,316,250	438,750	0	1,755,000
Deferred Maintenance, Renewal, Replacement and Equipment	800,000	800,000	0	1,600,000
Safety and Support Equipment for Public Health Nurses, Probation Officers, Social Workers and Front Line Staff	600,310	714,244	0	1,314,554
Implementation of Child Protection Risk Assessment Process	95,000	25,000	0	120,000
Emergency Medical Services Equipment Grants - Match for Code Blue Project	425,000	0	0	425,000
Brother Francis Shelter Replacement	0	0	500,000	500,000
Substance Abuse Treatment Facilities for Women and Children	22,300	0	727,700	750,000
Alaska Psychiatric Institute Stop-Gap Repairs	379,500	0	0	379,500
Crisis Respite Facility Replacement - Phase 1	350,000	0	0	350,000
Essential Program Equipment Grants to Service Providers for Trust Beneficiaries	50,000	0	250,000	300,000
Rural Facility Renovation and Deferred Maintenance	400,000	0	400,000	800,000
Deferred Maintenance of Rural Facilities for Substance Abuse or Substance Abuse/Mental Health Programs	400,000	0	400,000	800,000
Housing Modifications for Trust Beneficiaries and People with Disabilities	0	0	250,000	250,000
Mental Health Provider Resource Sharing and Coordination	0	0	150,000	150,000
Department Total	4,838,360	4,500,294	5,200,000	14,538,654

This is an appropriation level summary only. For allocations and the full project details see the capital budget.

Overview of Departmental Budget Changes

The FY2003 Operating Budget for the Department of Health and Social Services is based on the following initiatives:

- 1) Smart Start/Strong Future: Health, Safety and Success for Alaska's Children,
- 2) Maintain Services-finish what we have started,
- 3) Prevent Alcohol Abuse,
- 4) Provide essential Mental Health Services,
- 5) Support the Safety Net/Formula programs, and
- 6) Special appropriations for Homeland Security.

Smart Start/Strong Future: Health, Safety and Success for Alaska's Children has been developed by the Children's Cabinet as a second phase to Governor Knowles Smart Start initiative. The DHSS portion of Smart Start/Strong Future includes almost \$7 million of new GF and over \$7 million of non-GF funds for a total effort of over \$14 million. The initiative encompasses three primary goals:

- ◆ *Improve Child Health*-includes \$4.1 million of tobacco cessation funds, \$1.2 million GF to provide alcohol treatment for women with children, \$839.1 to expand the Juvenile Alcohol Intervention and treatment program, \$470.0 for Inhalant Abuse Prevention and Intervention, \$200.0 for environmental contaminants, \$90.0 for Child Health Indicators, \$1,278.4 for Federal Farmers Market and WIC program, \$86.0 for Mental Health clinicians to help foster parents with special needs children; \$200.0 for the Infant Learning program to enhance services for difficult to serve children; and \$500.0 to expand suicide prevention grants to additional communities.
- ◆ *Provide Child Safety*-includes \$1,000.0 federal funds to expand child advocacy centers to new communities, \$50.0 GF and \$600.0 in other funds to continue mental health stabilization homes for children returning to Alaska or in need of stable environment; \$750.0 GF in grants to establish family visitation centers so that parents are able to visit children in custody in a neutral safe setting; \$500.0 to expand the number of juvenile probation officers in Kenai, Valdez, Kodiak, Dillingham, Barrow, and Anchorage; \$975.0 to expand the Family Assessment Response (Dual Track) program beyond the pilot site of Mat-Su; \$145.1 GF to establish a Health Passport project statewide so that all children in custody will have standard health information and assessment available; \$909.5 GF to increase the Foster Care Base rate by \$3.00 per day to bring it up to the 1997 poverty level; and \$50.0 GF to begin a pilot project to establish one relative navigator who can assist finding relatives of children in custody for appropriate placement.
- ◆ *Promote Successful Children*-primarily through the Department of Education and Early Development.

Maintain Services-Finish what we have Started includes \$2.4 million GF to continue services started in FY02:

- ◆ \$369.3 in GF to open new facilities including the Ketchikan Regional Youth Facility and the Bethel Public Health Nurse Center;
- ◆ An annualization amount of \$295.7 GF for fiscal notes for Alcohol programs that were partially funded in FY02;
- ◆ A fund source shift of \$1.0 million to maintain Anchorage Detox beds and Dual Diagnosis capacity.
- ◆ Fuel cost increases of \$24.9 for institutions;
- ◆ \$50.0 to pay for 40% increase in charge back costs for EMS communications;
- ◆ \$440.0 in GF to pay for new DFYS leases in Mat-Su and Anchorage;
- ◆ \$100.0 for GF/Program receipts to support specialty clinics for Maternal, Child, & Family Health.

Prevent Alcohol Abuse includes \$4.5 million GF for the Governor's Alcohol Initiative including:

- ◆ \$470.0 to Stabilize Alcohol Safety Action Programs in Anchorage, Fairbanks, Juneau, Mat-Su, Kenai, Dillingham, Homer, Ketchikan, Kotzebue, Bethel, and Nome;
- ◆ \$1.4 million to provide treatment services to Dual Diagnosis (substance abuse/mental health) persons who are on the waitlist or are discharged from Corrections;
- ◆ Eliminate the waitlist for adult residential substance abuse treatment by providing \$471.8 in grants;

- ◆ \$1.1 million to provide a minimum level of funding (\$150.0) for small rural substance abuse programs in Galena, McGrath, Craig, Valdez, Cordova, East Aleutians, Aleutian Pribilof, Copper Center, Wrangell, Petersburg, Nenana, Aniak and Fort Yukon;
- ◆ \$250.0 GF and \$300.0 from the Mental Health Trust for up to 8 beds for transitional housing for substance abusers;
- ◆ Add 20 additional village counselors with \$867.7 funded in the Rural Human Services program.

Provide Essential Mental Health Services includes over \$3.8 million in GF/MH to continue vital mental health services with general funds where either federal or Mental Health Trust funds are being phased out. The general fund projects are:

- ◆ Continuing the Alaska Birth Defects Registry with \$150.0 GF because federal funds are not available anymore;
- ◆ Continuing the Substance Abuse Women and Children collaboration project with \$50.0 GF and reducing \$50.0 in MHTAAR;
- ◆ Switch the Substance Abuse program for Rural Women with Children from \$250.0 MHTAAR to \$250.0 GF;
- ◆ Continue the Enhanced Crisis Respite program in Anchorage for \$495.6 GF/MH as federal SAMHSA funds are being reduced;
- ◆ Use \$952.8 GF/MH for the third and final year of the Assisted Living Rate Increase up to \$70.00 per day;
- ◆ Switch funding of \$120.0 to GF/MH from MHTAAR for Developmental Disabilities infrastructure grants;
- ◆ Improve safety and quality assurance for consumers of mental health and developmental disability services with \$360.5 GF/MH;
- ◆ Switch funding from loss of Mental Health Trust funds and federal DSH for API in the amount of \$1.2 million GF/MH to continue services at the state psychiatric hospital;
- ◆ Switch funding of \$125.0 from MHTAAR to GF/MH for the Suicide Prevention Council.

Support for Safety Net/Formula Programs provides funds for entitlement programs, which include caseload driven increases for basic cash supports and health coverage for poor Alaskans. Increases in this category include:

- ◆ Provide \$2.5 million GF for the Adult Public Assistance program, which provides a cash supplement for those on SSI who are poor, elderly, blind or disabled. The APA caseload is projected to grow at 4.2% in FY03;
- ◆ Provide modest increases for Foster Care programs in FY03 of approximately \$1.0 million GF;
- ◆ Increase in the Subsidized Adoption and Guardianship program of over \$3.0 million GF which reflects caseload growth of 14% in FY03;
- ◆ In the Medicaid program replace \$18.7 million designated program receipts with general funds due to federal changes which limit Alaska's (and other states) ability to generate revenue from the current Pro-Share program; Medicaid growth in expenditures is expected to grow on average of 17% during this time period, which would have produced a GF formula growth, not including FMAP and Proshare need, of \$64 million in FY03. However, the department has reduced the request to \$8 million assuming that the Medicaid program will be able to refinance \$56 million in general funds through the Medicaid Fair-Share Program and private hospital refinancing. Conceptually the re-financing programs should be acceptable, but the State does not yet have federal approval and will continue to evaluate the feasibility during the legislative session. Additionally, the state FMAP is budgeted at 59.8% based on the expectation that Alaska's Congressional delegation will secure this rate or higher through congressional action. If this does not occur, the FMAP will fall to 58.27% (estimate for October 2002), causing an additional Medicaid need of approximately \$10.8 million in general funds.

Homeland Security funds are requested in a separate appropriation bill, but are particularly essential to support the State's Public Health infrastructure and protect citizens from bioterrorism. Over \$4 million is requested for the Division of Public Health to support the lab, epidemiology and public health nursing as they contend with impacts on their ability to manage disease outbreaks as well as threats from bioterrorism.

Summary of Department Budget Changes by BRU

From FY2002 Authorized to FY2003 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2002 Authorized	475,406.4	619,252.6	107,372.4	1,202,031.4
Adjustments which will continue current level of service:				
-Public Assistance	0.0	11.4	0.0	11.4
-Medical Assistance	18,518.6	413.4	-18,733.7	198.3
-Public Assistance Admin	418.7	397.0	59.3	875.0
-Medical Assistance Admin	-82.6	-295.9	1.1	-377.4
-Purchased Services	-1,465.4	0.0	0.0	-1,465.4
-Family and Youth Services	1,732.0	496.2	49.6	2,277.8
-Balloon Project	0.0	-1,546.6	0.0	-1,546.6
-Juvenile Justice	782.2	27.6	8.6	818.4
-Children's Trust Programs	0.0	-70.0	71.9	1.9
-Maniilaq	3,045.3	0.0	0.0	3,045.3
-Norton Sound	2,357.2	0.0	0.0	2,357.2
-SEARHC	565.7	0.0	0.0	565.7
-Kawerak Social Services	372.7	0.0	0.0	372.7
-Tanana Chiefs Conference	1,255.1	0.0	0.0	1,255.1
-Tlingit-Haida	198.5	0.0	0.0	198.5
-Yukon-Kuskokwim Health Corp	2,742.2	0.0	0.0	2,742.2
-State Health Services	-3,445.2	178.2	780.8	-2,486.2
-Alcohol & Drug Abuse Svcs	-1,452.1	-1,058.8	-454.4	-2,965.3
-Community Mental Health Grants	-2,272.0	-500.0	-50.0	-2,822.0
-Community DD Grants	72.2	0.0	-120.0	-47.8
-Institutions & Administration	863.1	512.1	110.9	1,486.1
-Mental Health Trust Boards	15.1	11.1	-54.6	-28.4
-Administrative Services	-26.8	57.4	-66.0	-35.4
Proposed budget decreases:				
-Public Assistance	0.0	-1,402.3	-4,341.2	-5,743.5
-Purchased Services	0.0	0.0	-200.0	-200.0
-Community Mental Health Grants	0.0	0.0	-1,008.7	-1,008.7
-Community DD Grants	0.0	0.0	-100.0	-100.0
-Mental Health Trust Boards	0.0	0.0	-52.4	-52.4
-Administrative Services	0.0	0.0	-21.5	-21.5
Proposed budget increases:				
-Public Assistance	2,531.6	0.0	90.0	2,621.6
-Medical Assistance	7,876.4	200,591.0	68,847.9	277,315.3
-Public Assistance Admin	0.0	0.0	140.0	140.0
-Medical Assistance Admin	0.0	657.0	0.0	657.0
-Purchased Services	6,388.6	1,945.1	7,187.8	15,521.5
-Family and Youth Services	1,467.8	120.0	747.9	2,335.7
-Juvenile Justice	627.7	0.0	0.0	627.7
-State Health Services	1,122.7	1,200.0	5,295.4	7,618.1
-Alcohol & Drug Abuse Svcs	7,909.9	0.0	300.0	8,209.9
-Community Mental Health Grants	1,448.4	0.0	-420.5	1,027.9
-Community DD Grants	0.0	0.0	25.0	25.0
-Institutions & Administration	1,617.0	100.0	-419.0	1,298.0
-Mental Health Trust Boards	0.0	0.0	294.7	294.7
-Administrative Services	0.0	218.1	142.2	360.3

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
-Facilities Maintenance	0.0	53.7	0.0	53.7
FY2003 Governor	530,591.0	821,468.3	165,956.5	1,518,015.8