State of Alaska
FY2009 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 DIvision of Behavioral Health is to provide an integrated behavioral health system.

Core Services

The Division of Behavioral Health was created in 2003 by combining the mental health portion of the Division of Mental Health and Developmental Disabilities, the Division of Alcoholism and Drug Abuse, and the Office of Fetal Alcohol Syndrome. Its primary function is to provide treatment and prevention services for Alaskans with substance use disorders, mental illness, or a combination of both. There are also special sections devoted to behavioral health problems caused by traumatic brain injury and fetal alcohol spectrum disorders.

This RDU provides the overall administrative and organizational structure to support treatment and prevention services for substance abuse, mental illness and those at risk for these conditions. RDU functions include service system planning and policy development, programmatic oversight of behavioral health service, general administration, budget development and fiscal management, and operation 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 on policy development, planning and implementing services and supports for people who experience mental illness, substance abuse disorders, or both.

This RDU also provides centralized support for the Alaska Psychiatric Institute (API). 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 Result	Strategies to Achieve End Result
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. 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.	**A1: 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. **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 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. **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.** 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: Treatment satisfaction data from Behavioral Health Consumer Survey (BHCS; formerly called the Mental Health Statistics Improvement Program Consumer Survey, or MHSIP).

FY2009 Resources Allocated to Achieve Results

FY2009 Results Delivery Unit Budget: $293,872,600

Personnel:	
Full time	305
Part time	15
Total	320

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 ability to determine treatment outcomes for clients of our mental health and substance abuse services is a relatively new and exceptionally useful tool. Not long ago, "is he still sober?" or "is she taking her meds?" were the only measures of success that behavioral health programs used: crude measures at best, and misleading at worst. Just as mental illness and substance abuse affects all areas of a person's life, so does recovery affect more than just a single variable. Therefore, clients of our programs are asked questions at entry, discharge, and at various points post-discharge, concerning a variety of "life domains." By comparing these responses, we are offered a picture of change in a person's life, regarding productivity (jobs, homemaking, student activity, subsistence activity, etc.), physical health, mental/emotional health, suicidality, social and family supports, safety, spirituality, finances, and housing.

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

Year	# Providing Service
FY 2004	4
FY 2005	8
FY 2006	14

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 eight. These eight were: Bristol Bay Area Health Corporation, Copper River Native Association, Kenaitze Indian Tribe, Maniilaq Association, Norton Sound Health Corporation, Southcentral Foundation, Tanana Chiefs Conference, Yukon-Kuskokwim Health Corporation.

In 2006, fourteen tribal behavioral health grantees were enrolled as either a Community Mental Health Clinic and/or a substance abuse agency, and were enrolled to bill for Medicaid services. These were: Bristol Bay Area Health Corporation, Cook Inlet Tribal Council, Copper River Native Association, Eastern Aleutian Tribes, Fairbanks Native Association, Hoonah Indian Association, Kenaitze Indian Tribe, Ketchikan Indian Corporation, Maniilaq Association, Norton Sound Health Corporation, Southcentral Foundation, Southeast Regional Health Consortium, Tanana Chiefs Conference, and Yukon-Kuskokwim Health Corporation. Two other tribal entities, Aleutian Pribilof Island Association and Illiuliuk Family and Health, are enrolled, but have not yet billed.

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: Treatment satisfaction data from Behavioral Health Consumer Survey (BHCS; formerly called the Mental Health Statistics Improvement Program Consumer Survey, or MHSIP).

Percentage of BHCS Respondents Satisfied with Services

Table 1.

Adults

DOMAIN	FY04	FY05	FY06	FY07	% increased between FY2004 and FY 2007
Participation in Treatment Planning	67%	71%	70%	70%	2%
Quality and Appropriateness	69%	77%	82%	80%	16%
Positive Outcomes of Services	55%	61%	73%	69%	26%
Access to Services	68%	70%	74%	75%	10%
General Satisfaction	77%	82%	82%	82%	6%

FY06 and FY07: Both Substance abuse and mental health consumers submitted surveys.
Percentage increase column calculated as follows: (FY07-FY04)/FY04.

Table 2.

Families with Children

DOMAIN		FY05	FY06	FY07	% change between FY2004 and FY 2007
Access to Services		71%	72%	72%	1%
Satisfaction with Services		68%	74%	69%	2%
Participation in Treatment		84%	81%	82%	-2%
Cultural Sensitivity		87%	86%	85%	-2%
Positive Outcomes of Services		58%	64%	65%	12%

FY06 and FY07: Both Substance abuse and mental health consumers submitted surveys.
Percentage increase column calculated as follows: (FY07-FY05)/FY05.
Family with Children surveys do not have sufficient response rates for FY04 to use as the base year.

Table 3.

Youth

DOMAIN		FY05	FY06	FY07	% change between FY2004 and FY 2007
Access to Services		70%	65%	55%	-21%
Satisfaction with Services		77%	74%	69%	-10%
Participation in Treatment		68%	67%	65%	- 4%
Cultural Sensitivity		84%	86%	74%	-12%
Positive Outcomes of Services		73%	64%	70%	- 4%

FY06 and FY07: Both Substance abuse and mental health consumers submitted surveys.
Percentage increase column calculated as follows: (FY07-FY05)/FY05.
Youth surveys do not have sufficient response rates for FY04 to use as the base year.

Analysis of results and challenges: The Behavioral Health Consumer Survey (BHCS) is one of several instruments used by the division to measure clients' level of satisfaction with behavioral health services. The survey is mailed or given to consumers and returned by them directly to the Division of Behavioral Health for processing.

This Performance Improvement Process improves survey validity each year. Early in the implementation of the BHCS, several factors greatly impacted the project: implementation was disrupted during the integration of the two divisions (Mental Health and Alcoholism and Drug Abuse); and there was inconsistent incorporation into business practices of behavioral health service providers. As a result the validity of measures in FY04 and FY05 is questionable due to the poor response rates.

For FY08, the following changes have been implemented as part of the improvement process: the division has improved oversight of the implementation of the consumer survey and developed a formal procedure to establish consistent implementation (timelines and methods) of the survey. These changes in the consumer survey process will result in a continued improvement in the sampling size and validity of survey findings.

Clearly, adult clients of our programs have become more satisfied over the last several years, while children and

their families are less satisfied with certain aspects of treatment. The division is exploring these results with our providers and consumers in order to increase their levels of satisfaction and the positive outcomes of treatment.

Key RDU Challenges

- Bring the Kids Home

The Division of Behavioral Health received $4,178.5 million in general funds in the FY08 Governor's budget to continue the Bring the Kids Home (BTKH) initiative to return children with severe emotional disturbances from behavioral health care in out-of-state residential facilities to in-state facilities or community-based care and to prevent out-of-state placement for all children with severe emotional disturbances who reside in Alaska.

Key partners in the BTKH initiative include staff from the Alaska Mental Health Trust Authority (AMHTA), Division of Behavioral Health, 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, as well as stakeholders from the behavioral health provider community. The scope of this project is immense and requires significant time commitments from the partners as we reshape the entire system of care for SED children in Alaska. As this project matures, we are experiencing greater demands of project management and the perception of limited resources amongst our behavioral health providers. The task of changing the system of care while continuing to provide services continues to challenge the current service delivery system.

- Alaska Automated Information Management System (AKAIMS)

The contract with Westat ended in 2006 with the State making the decision to move ongoing AKAIMS development, maintenance, and support in-house. The State acquired the AKAIMS source code base in early 2007. AKAIMS is now at a "critical crossroad". Without immediate attention to growing development, maintenance, and support issues the project runs a high risk of falling short of its potential and project goals.

The Department of Health and Social Services (DHSS), Division of Behavioral Health is committed to implement and administer a behavioral health management information system. It will provide Alaska health care providers with modern, streamlined business and clinical tools.

Since the inception of the AKAIMS project there has been a 100% turnover in AKAIMS staff. Presently the AKAIMS team is significantly understaffed to meet ongoing development and maintenance requirements. The AKAIMS project is at a "critical crossroad" requiring immediate focus and investment on staffing requirements.

Outcomes related to adequately supporting AKAIMS will include:

- Improvement in practice driven by outcomes. Determining outcomes must be accomplished within a timeframe that provides meaningful feedback to clinicians;
- Creation of tangible performance management strategies that administrators and clinicians can employ. Using the data collected, performance management reports can be produced and examined with an eye toward improving service delivery;
- Well-organized quantitative and qualitative data that is easily accessible to authorized persons, allowing continuous quality improvement processes to be conducted from State offices; and,
- Ability to evaluate client records for compliance purposes and to determine if a site visit is needed to help correct problems identified in the review.

- Blueprint for New Business Practices

The Division of Behavioral Health has initiated a policy change to overhaul its business practice and management philosophy. This will involve a shift away from its historical focus on oversight and compliance and move forward to develop business and management practices that focus on delivery of high quality service and improving treatment outcomes. The expectation is that the grantee/provider's administrative burden associated with periodic reporting and operational oversight will be reduced and the expectation of accountability and a results-orientation will be enhanced. Goals of this effort include:

1. Reduce the administrative burden for the division while ensuring adequate fiduciary oversight and management;
2. Increase customer/grantee satisfaction; and,
3. Reduce administrative burden for grantees.

The policy change of Behavioral Health business practices will significantly impact the providers and the division. This change in how we do business together to improve the quality of services will require that Behavioral Health and providers

work together to identify barriers and create solutions. The related planning activities for changes will be transparent, and be inclusive of all impacted stakeholders. The following areas of change have been identified:

- Functions/Roles/Responsibilities: The Division of Behavioral Health will shift away from its historical monitoring and compliance orientation toward a system of promoting quality services and better treatment outcomes. As new policy is developed there will be ongoing definition and change in the division's activities in operations and system integrity.
- Regulation: The development of integrated regulations has been a long-standing goal of the Behavioral Health Integration Project. Significant progress has been made drafting regulations prior to public hearing.
- Program Approval: A mechanism will be developed to allow Division of Behavioral Health to authorize or approve behavioral health providers to obtain Medicaid enrollment and eligibility to receive grant funds. The intent is to develop an objective standardized method of decision-making to approve a provider for a specific geographical area based on matching identified need, history of level of effort, and available resources that matches the level of services that can be supported by state funds.
- National Accreditation: The grantee's administrative burden associated with periodic reporting and operational oversight will be reduced and an expectation of accountability and a results-orientation will be established. Ultimately, program standards will be embodied in national accreditation which will be required for all providers. Reaching this goal will take several years of preparation involving a partnership with Division of Behavioral Health, provider organizations, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Trust Authority.
- Performance Management System: The division continues the development of a Performance Management System (PMS). The goal of this performance based system is to develop a continuous quality improvement process to guide policy development and decision making in improving the behavioral health of Alaskans. A key component of the PMS is distributing treatment funding based on provider performance and outcomes. The development of performance based funding has several phases. The initial phase will focus on reporting in FY08 and the second phase will focus on a methodology of allocating funding for FY09. A stakeholder workgroup meets monthly to participate in this planning effort.

- Performance Based Funding

A component of the new business practices that warrants specific focus is the emerging performance based funding (PBF) effort, a national model that designates targets, outcomes and identified results to determine annual grantee funding. The underlying strategy is to ensure greater quality, productivity and effectiveness. Performance measures will be implemented to hold providers in the state behavioral health system accountable, and will reflect an assessment of program and agency performance, utilization, and client and community outcomes.

- Alaska Epidemiological Outcomes Workgroup

In March 2006, the Division of Behavioral Health received a two year contract with Synectics to develop a statewide Epidemiological Outcomes Workgroup with the goal of producing an Epidemiological Profile of Substance Use in Alaska. The Epi Workgroup is part of a larger initiative of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention called the Strategic Prevention Framework (SPF), a 5-step systems change and planning process being implemented across the country for all state prevention efforts. The first step of this process is a review of state data that will then drive the development of a state plan to prevent substance use and dependency across disciplines, ages, and regions of the state.

The Epi Workgroup, a 21-member committee with broad public and private membership has completed the first draft of a state profile on substance use in Alaska. The focus of the report is a review of consumption and consequences data. The next steps will be to add influences and indicators to provide a holistic picture of alcohol, tobacco and other drug use statistics, and their impact on the health of Alaska. Once completed, this compilation and analysis of statewide data will be used to identify areas of critical need and strategies to better address the identified needs, developing a data-driven plan for preventing substance use and dependency in Alaska.

Significant Changes in Results to be Delivered in FY2009

- Underage Drinking Legislation

During the next fiscal year, the Governor's office will be introducing legislation aimed at improving Alaska's Minor Consuming Offenses Tracking system and standardizing retailer penalties for the sale of alcohol to minors (to mirror the tobacco sales to minors penalties). If passed, this legislation will be an enormous step forward in reducing underage drinking among our youth.

- Blueprint for New Business

1. Grantees will operate according to new standards of Medicaid regulation and certification.

2. Service providers will use best, promising, and/or Alaska-value-based practices in their program designs.

3. The Alaska Mental Health Trust Authority (the Trust) is funding a comprehensive independent management review, including statutory and regulatory responsibilities, of the Division of Behavioral Health.

4. The Division of Behavioral Health will move away from a compliance driven approach toward a technical assistance partnership with the non-profit service provider system in Alaska. That will likely include having providers seek some form of national accreditation.

5. The division has achieved significant improvement in integration and will continue to refine the integration of services. Focus areas include screening and assessment, financing the delivery system, information sharing, provider collaboration and an improved licensing and credentialing system.

6. Community based services must increase to keep kids home and maintain adults outside of locked psychiatric or detention facilities.

7. Services in rural and frontier communities (e.g., the Rural Human Services and Behavioral Health Aide systems) will be increased through coordination and collaboration with tribal programs.

8. The division will have more accurate data on the services through an enhanced management information system.

9. Better data will allow the division to continue to refine Performance Based Funding and resources will be reallocated from less effective programs to more effective programs.

- Bring the Kids Home (BTKH) Initiatives

The state is beginning to see tangible improvements in the system of care for children as a result of the BTKH Initiative. Results are already measured by a reduction of children in out-of-state placements. In April of 2006 there were 429 children in out-of-state care and in October of 2007 there were 260 children in out-of-state care (a 39% decrease). Through this initiative, federal, state and Alaska Mental Health Trust Authority funding is being used to start new programs and to develop new processes. Funding that in the past covered the cost of out-of-state care is being reinvested into the in-state service delivery system, allowing it to expand to meet the needs of children in Alaska.

- Individualized Service Funds

During FY07 the Division of Behavioral Health implemented Individualized Service Agreements within Community Mental Health Centers. During FY08, implementation will expand to Behavioral Rehabilitation Providers through the Office of Children's Services. Funded in partnership with the Mental Health Trust Authority, the purpose of Individualized Service Agreements (ISA) is to ensure that severely emotionally disturbed (SED) youth are being served as close to their community as possible, and are provided clinically necessary services to prevent institutional care. ISA's provide services to youth that cannot be reimbursed through Medicaid fee-for-service or Behavioral Rehabilitation Services (BRS) financing.

Anticipated outcomes include successful diversion of children and youth from higher levels of care, greater flexibility of services to provide individualized wrap-around services in the home and community of origin, and successful diversion of children from inappropriate out-of-state placements. Initial data show that from October 2006 to December 2006 twelve children were diverted from out-of-state care through use of individualized service agreements to support community based plans.

- Anchorage Crisis Stabilization

This funding is continued from FY08. The funding will provide for a single 15-bed facility (or two smaller ones) to start-up and become operational. Through these services, youth-in-crisis will be stabilized in as low a level of care as clinically appropriate. These beds would be appropriate for custody and non-custody youth either referred from acute care, or for referrals for children who might be assessed and stabilized in a community setting, rather than moving directly into acute care. This project is a partnership between the Division of Behavioral Health, Office of Children Services and the Division of Juvenile Justice. Anticipated outcomes include diversion from unnecessary acute care, and a decrease in use of higher-level, costlier, and out-of-state facilities. In addition, the division anticipates that this program will increase referral

into lower levels of residential care in-state, and increase requests for Individualized Service Agreements. As noted above, the Division of Behavioral Health has successfully utilized start-up funding to leverage development of needed in-state capacity and to increase community-based service delivery.

- Expansion of School-Based Services via grant
This project started in FY08 and will expand during FY09. Through grants, this funding will support use of Evidence-Based Practices (EBP) in schools and collaborations between Community Behavioral Health Centers (CBHC) and schools. Grants will be available to schools wishing to implement EBP (from a list provided by the division) or to CBHCs and schools in partnership to expand school behavioral health services. EBP could be targeted towards children at risk of a Serious Emotional Disturbance (SED Youth).

Program outcomes include an increase in school/CMHC partnerships and increased attention to developing supports in the school. Child and family outcomes include successful diversion from higher levels of care and a decrease in transition failures for children returning to school from residential care (less recidivism). For the FY2004-2006, the greatest risk of readmission to an RPTC occurred within 31-180 days from discharge (44.2%), followed by 1-30 days (30.9%). (First Health Data: Division of Behavioral Health Policy & Procedure Unit).

- Tool Kit Development and Expansion of School Based Services via contract
This project started in FY08 and will expand in FY09. Funding will support a contract to develop a tool kit to disseminate best practices, which will include teaching schools to access Medicaid for school based mental health service delivery. This will increase supports for children with an Individual Education Plan (IEP) and behavioral health problems that interfere with their school performance. Other best or evidence based practices that have been found effective nationally or in Alaskan schools may also be disseminated via this contract.

- Behavioral Health Treatment and Wrap Around Services for Clients with SMI, ED and Co-occurring Disorders
This project provides case management and wraparound services for individuals experiencing long-term chronic behavioral illnesses who have been unsuccessful in the current system. It will target people with severe mental illness and dual diagnoses, such as chronic mentally ill substance abusers, seriously mentally ill people discharged from Department of Corrections with multiple problems, and clients with low cognitive functioning or traumatic brain injury who also have a second behavioral health diagnosis. Assuring that a person is safely housed; fed; involved in gainful activity through connection with their family, friends and community; and receiving appropriate medical and behavioral treatment will prepare them for increasing independence.

Major RDU Accomplishments in 2007

- The Behavioral Health Integration Project (BHIP):

In 2003, the newly formed Division of Behavioral Health was awarded a Co-Occurring State Inventive Grant (COSIG) to enhance services for clients with co-occurring mental health and substance abuse disorders. The Behavioral Health Integration Project has challenged all aspects of the service system, and in the past 4 years, significant progress has been made in the development of capacity to serve clients with co-occurring disorders. The most recent evaluation report highlights this progress, including:

- Increased Dual Diagnosis Capability of staff
- Improvements in integrated screening and assessments
- Integrating mental health and substance abuse staff
- Improved staff competency
- Collaboration with other provider agencies
- Integrated treatment planning
- Identifying individuals with Co-occurring Disorders.

The culmination of the BHIP project will result in new integrated regulations, with an anticipated date of implementation in FY09.

- Suicide Follow-Back Study
In March 2007, the Department of Health and Social Services, in partnership with the Suicide Prevention Council and the Alaska Mental Health Trust Authority released a new study on suicide in Alaska. The three-year study, completed by the Alaska Injury Prevention Center, documents the circumstances and family perceptions surrounding the 426 suicides that occurred in Alaska from 2003-2006. Of the 426 suicides during this time period, follow-back interviews were

conducted for 56 cases.

This study, the first of its kind in Alaska, is a critical step to better understand the underlying behavioral risk factors leading to suicide. With this information, the issues facing Alaskans that lead to suicidal thoughts as well as completed suicides can be analyzed. It will guide the development of better interventions, strategies, and services to both prevent suicide and to intervene earlier in the lives of individuals feeling that suicide is their only choice.

Study results show an average annual suicide rate for the three year study period was 21.4 per 100,000. Males out-numbered females 4 to 1 and the age group 20-29 had the greatest number of suicides. The leading mechanism of death was firearms (63%) and alcohol or drug use was a factor in a majority of cases.

- FASD/SED Medicaid Waiver Demonstration Project

In December 2006, Alaska became one of 10 states to be awarded a 5-year Medicaid Waiver Demonstration Project to serve youth ages 14-21 with a dual diagnosis of a fetal alcohol spectrum disorder and a serious emotional disturbance. The FASD/SED Demonstration Project will focus on a 3-M model—modeling desired behaviors, mentoring children to learn their roles in a larger culture, and monitoring the youth as the treatment is delivered.

This project is funded by the Centers for Medicare and Medicaid Services in the amount of $15.4 million dollars; but this does not represent new money to the state. Rather, this project allows Alaska to use Medicaid money formerly spent on residential psychiatric treatment on new home and community based services. The projected outcomes of the project are:

- Accurate diagnoses and effective interventions that will reduce the number of FASD/SED youth returning to out-of-state RPTC care and reduce the overall length of stay for the target population.
- FASD trained specialists will develop case plans specific to each child in the demonstration, based on a method of modeling, mentoring and monitoring.
- Effective treatment plans based on accurate diagnoses will reduce the service delivery costs; the target group will show functional improvement in life; and the majority of clients will receive services to their satisfaction.

For too long this population of youth has been underserved and inappropriately served. These youth are often misdiagnosed and are subsequently provided with treatment that is often ineffective. This project will become a model for other states working to better serve youth with a FASD and a SED—developing a service to science model for future replication.

- Tobacco Enforcement Legislation

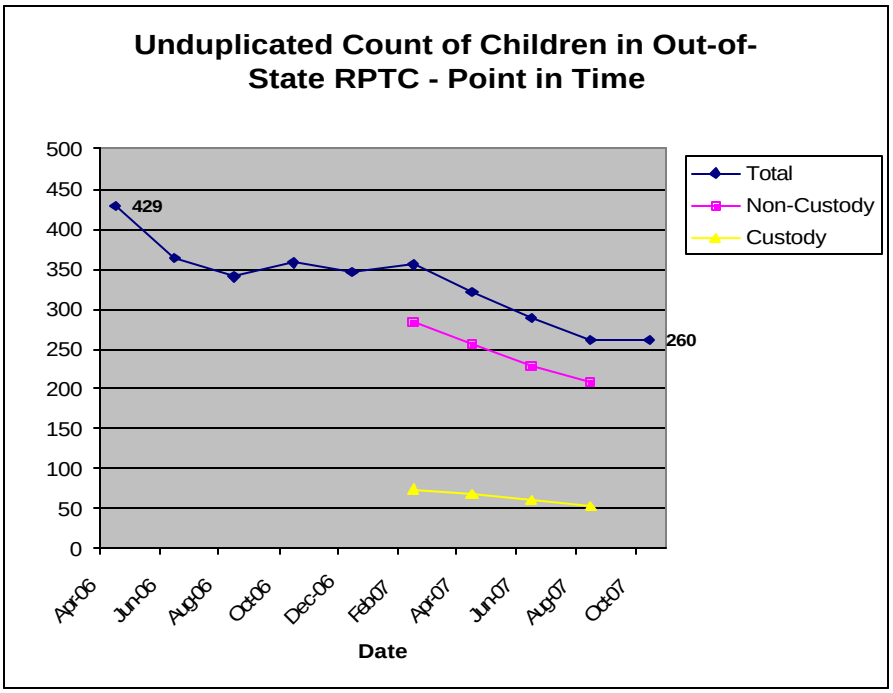
During the past legislative session, the Tobacco Sales, Cigarette Tests, and Packaging bill passed (SB84, Chapter 61, SLA07), relating to the improper sale of tobacco products. The passage of this legislation reinforces the state's commitment to keeping tobacco products out of the hands of youth under the age of 19. The legislation made critical changes to the notification, due process and penalty phase of the tobacco enforcement compliance investigations.

Changes to the hearing process and administrative penalties under AS 43.70.075 specifically include the ability for an administrative law judge, under certain circumstances, to decrease the suspension of a tobacco endorsement by up to 10 days for a first offense and up to 20 days for a second offense if the endorsement holder meets requirements for having a tobacco education, compliance, and training program. In addition, the suspension may be increased if it is shown that the endorsement holder has a history, within the past five years, of violating certain tobacco laws. These changes, while giving clearer due process to the retailers, maintain Alaska's strict laws to hold retailers accountable for selling tobacco to minors.

In addition, the legislation amends AS 11.76.100 to make it illegal for a sales person under the age of 19 to sell tobacco products. If a person under the age of 19 sells tobacco products they and the endorsement holder will receive a citation, again reinforcing our state's law against youth under 19 having access to tobacco products.

- Bring the Kids Home

During FY07, the Bring the Kids Home Initiative began to show positive results. The chart below demonstrates the decrease in numbers of children in residential psychiatric treatment centers:



This reflects a 39.4% decrease in number of children in Out-of-State Residential Psychiatric Treatment Centers at a point in time.

This decrease was between April 2006 and October 2007.

We expect the level to remain the same through the early winter and then resume the trend to decrease.

During FY06 and FY07, state Residential Psychiatric Treatment Center (RPTC) programs were established with support through Denali Commission funding: Juneau Youth Services/SEARHC and North Star in Anchorage have each opened new facilities with RPTC level beds. During FY08, Family Centered Services of Alaska will open a new RPTC in Fairbanks. Southcentral Foundation continues development of an RPTC at Eklutna oriented to meet the cultural needs of Alaska Native youth and families. By the end of FY09, the in-state RPTC capacity will have increased by approximately 224 beds and reached a stable level.

During FY07 BTKH operating grants served approximately 387 children; 39 of these children were stepped down from out-of-state RPTC care, 109 were stepped down from more restrictive in-state care, and 123 were diverted from moving into higher levels of care. In addition this effort created approximately 23 new beds targeting difficult sub-populations of children experiencing Severe Emotional Disturbance. An emphasis was placed on implementing best and promising practices.

During FY07, the Division of Behavioral Health began utilizing the new Individualized Service Agreements (ISA) to divert children from residential care and to step down children down successfully from residential care. Funded through the Alaska Mental Health Trust Authority, the purpose of Individualized Service Agreements is to cover the cost of clinically necessary services and prevent institutional care. ISA's are the mechanisms through which funds are allocated to provide services to youth that cannot be reimbursed through Medicaid fee-for-service or Behavioral Rehabilitation Services (BRS) financing. Nineteen Community Mental Health Centers (CMHC) signed on as ISA providers. In FY08, the use of ISA will be expanded to behavioral rehabilitation service providers and additional CMHC's will be trained in their use to divert children and support families.

During FY07, DHSS engaged in aggressive review of policies, procedures and regulations around the children's behavioral health system to support Bring the Kids Home goals.

During FY07, workforce development activities were expanded. Development of a skilled workforce is the foundation of the BTKH initiative. As new programs and new facilities are developed, staff must be available to work with children with challenging behaviors and complex needs. Three small groups were formed to address training and education, competencies, and stakeholder input and funding. The Training and Education Group focused on the implementation of the Residential Services Certificate Program. Members of the Stakeholder Input and Funding Group were actively involved with the Alaska Mental Health Trust Authority's new focus area on workforce development.

Contact Information

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Behavioral Health
RDU Financial Summary by Component

All dollars shown in thousands

	FY2007 Actuals				FY2008 Management Plan				FY2009 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	60,240.7	84,433.8	63.6	144,738.1	65,179.5	102,961.8	2,400.0	170,541.3	72,790.0	100,552.9	2,400.0	175,742.9
Non-Formula Expenditures												
AK Fetal Alcohol Syndrome Pgm	588.5	870.2	0.0	1,458.7	1,292.8	803.2	0.0	2,096.0	1,292.8	0.0	0.0	1,292.8
Alcohol Safety Action Program	612.0	310.1	1,211.1	2,133.2	290.8	330.1	2,097.7	2,718.6	1,114.2	330.1	2,195.3	3,639.6
Behavioral Health Grants	0.0	3,107.5	15,305.8	18,413.3	2,544.9	3,107.6	16,216.3	21,868.8	12,089.0	3,107.6	16,171.3	31,367.9
Behavioral Health Administration	1,962.5	2,430.7	972.1	5,365.3	2,248.1	4,147.4	1,447.8	7,843.3	6,784.9	5,528.2	1,596.9	13,910.0
CAPI Grants	1,367.6	926.4	0.0	2,294.0	1,938.0	935.3	0.0	2,873.3	1,938.0	935.3	0.0	2,873.3
Rural Services/Suicide Prevent'n	76.3	145.0	1,960.7	2,182.0	414.3	0.0	1,986.8	2,401.1	414.3	0.0	1,986.8	2,401.1
Psychiatric Emergency Svcs	5,825.5	0.0	43.3	5,868.8	6,103.4	0.0	0.0	6,103.4	8,507.4	0.0	0.0	8,507.4
Svcs/Seriously Mentally Ill	8,028.6	542.2	890.5	9,461.3	8,395.1	989.5	1,400.0	10,784.6	12,668.7	989.5	1,300.0	14,958.2
Designated Eval & Treatment	1,866.9	0.0	0.0	1,866.9	1,211.9	0.0	0.0	1,211.9	2,111.9	0.0	0.0	2,111.9
Svcs/Severely Emotion Dst Yth	5,231.1	199.9	1,352.1	6,783.1	7,437.2	517.7	1,850.0	9,804.9	9,000.2	517.7	1,050.0	10,567.9
Alaska Psychiatric Institute	6,007.7	186.8	18,361.8	24,556.3	7,798.4	61.3	15,433.4	23,293.1	8,159.6	65.4	18,149.0	26,374.0
Suicide	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	125.6	0.0	0.0	125.6

Behavioral Health
RDU Financial Summary by Component

All dollars shown in thousands

	FY2007 Actuals				FY2008 Management Plan				FY2009 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
Prevention Council												
Totals	**91,807.4**	**93,152.6**	**40,161.0**	**225,121.0**	**104,854.4**	**113,853.9**	**42,832.0**	**261,540.3**	**136,996.6**	**112,026.7**	**44,849.3**	**293,872.6**

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2008 Management Plan to FY2009 Governor

All dollars shown in thousands

	General Funds	Federal Funds	Other Funds	Total Funds
FY2008 Management Plan	**104,854.4**	**113,853.9**	**42,832.0**	**261,540.3**
Adjustments which will continue current level of service:				
-Alcohol Safety Action Program	0.0	0.0	-37.4	-37.4
-Behavioral Hlth Medicaid Svcs	4,650.6	-6,270.6	0.0	-1,620.0
-Behavioral Health Grants	820.9	0.0	-910.0	-89.1
-Behavioral Health Administration	860.1	893.8	-309.9	1,444.0
-Psychiatric Emergency Svcs	614.4	0.0	0.0	614.4
-Svcs/Seriously Mentally Ill	798.7	0.0	-1,400.0	-601.3
-Svcs/Severely Emotion Dst Yth	211.0	0.0	-1,850.0	-1,639.0
-Alaska Psychiatric Institute	311.2	4.1	515.6	830.9
-Suicide Prevention Council	0.1	0.0	0.0	0.1
Proposed budget decreases:				
-AK Fetal Alcohol Syndrome Pgm	0.0	-803.2	0.0	-803.2
Proposed budget increases:				
-Alcohol Safety Action Program	823.4	0.0	135.0	958.4
-Behavioral Hlth Medicaid Svcs	2,959.9	3,861.7	0.0	6,821.6
-Behavioral Health Grants	8,723.2	0.0	865.0	9,588.2
-Behavioral Health Administration	3,676.7	487.0	459.0	4,622.7
-Psychiatric Emergency Svcs	1,789.6	0.0	0.0	1,789.6
-Svcs/Seriously Mentally Ill	3,474.9	0.0	1,300.0	4,774.9
-Designated Eval & Treatment	900.0	0.0	0.0	900.0
-Svcs/Severely Emotion Dst Yth	1,352.0	0.0	1,050.0	2,402.0
-Alaska Psychiatric Institute	50.0	0.0	2,200.0	2,250.0
FY2009 Governor	**136,996.6**	**112,026.7**	**44,849.3**	**293,872.6**