

State of Alaska FY2010 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 manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.

Core Services

- Provide for a continuum of statewide mental health and substance use disorder services ranging from prevention, early intervention, and treatment including inpatient psychiatric hospitalization and operation of the Alaska Psychiatric Institute.

End Result	Strategies to Achieve End Result
<p>A: Outcome #1: Improve and enhance the quality of life for Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder (SUD).</p> <p><u>Target #1:</u> For six life domains (housing, financial/basic needs, thoughts about self-harm, mental/emotional health, physical health, and productive activity/employment), 75% of individuals will report improvement or maintaining condition within four specified domains</p> <p><u>Status #1:</u> In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.</p>	<p>A1: Strategy #1A: Improve and enhance the quality of life of children experiencing a serious emotional disturbance through treatment services that meet their clinical needs close to their home communities.</p> <p><u>Target #1:</u> Reduce the number of children in out-of-state placement by 10% each year.</p> <p><u>Status #1:</u> Preliminary data indicates that from FY07 to FY08 there was a decrease of 18% in the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served.</p> <p>A2: Strategy #1B: Improve and enhance the quality of life of Alaskans experiencing a SED, SMI and/or a SUD by implementing a Performance Management System that promotes process improvement and fosters partnerships to improve the quality of services provided.</p> <p><u>Target #1:</u> 75% of individuals (including adults, parents/caregivers of children, and teens) who complete the Behavioral Health Consumer Survey will report a positive overall evaluation of services</p> <p><u>Status #1:</u> In FY08, more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation.</p> <p>A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.</p> <p><u>Target #1:</u> For each category of service (i.e., SED, SMI, and SUD), increase annually by 2.5% the number of</p>

	individuals experiencing a SED, SMI, and/or SUD who receive comprehensive, integrated behavioral health services. Status #1: FY08 is a baseline year.
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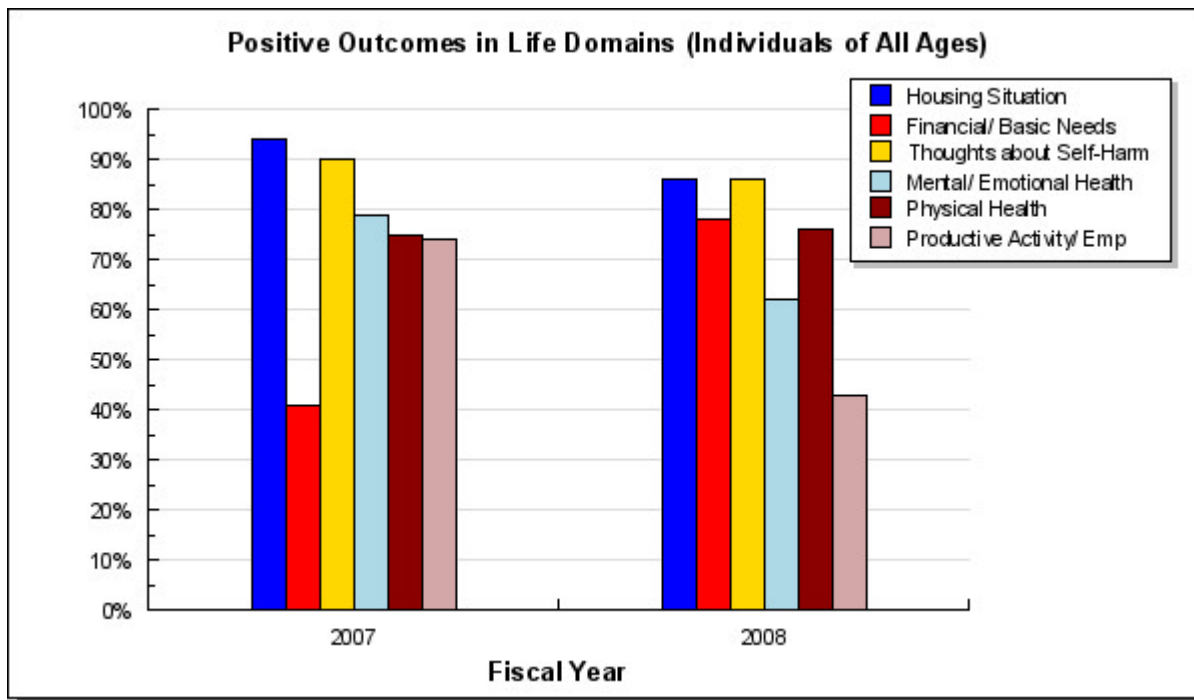
FY2010 Resources Allocated to Achieve Results		
FY2010 Results Delivery Unit Budget: \$277,953,500	Personnel:	
	Full time	328
	Part time	11
	Total	339

Performance

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

Target #1: For six life domains (housing, financial/basic needs, thoughts about self-harm, mental/emotional health, physical health, and productive activity/employment), 75% of individuals will report improvement or maintaining condition within four specified domains

Status #1: In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.



Methodology: Clients complete a Client Status Review (CSR) form when entering treatment, periodically throughout treatment, and at time of discharge. A client's status of "improvement or maintaining condition" is determined based on comparing CSR scores from the most recent CSR to the intake CSR. Note: Data for both FY07 and FY08 are incomplete - see "Analysis of results and challenges."

Positive Outcomes in Life Domains (Individuals of All Ages)

Fiscal Year	Housing Situation	Financial/ Basic Needs	Thoughts about Self-Harm	Mental/ Emotional Health	Physical Health	Productive Activity/ Emp
FY 2008	86%	78%	86%	62%	76%	43%
FY 2007	94%	41%	90%	79%	75%	74%

Analysis of results and challenges: In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.

Due to differences in data collection methodologies and data completeness between FY07 and FY08, comparisons between years have limitations. The Division is transitioning from a paper record system to an electronic health record system. FY07 was a peak transition year when some agencies reported CSR data using a paper record

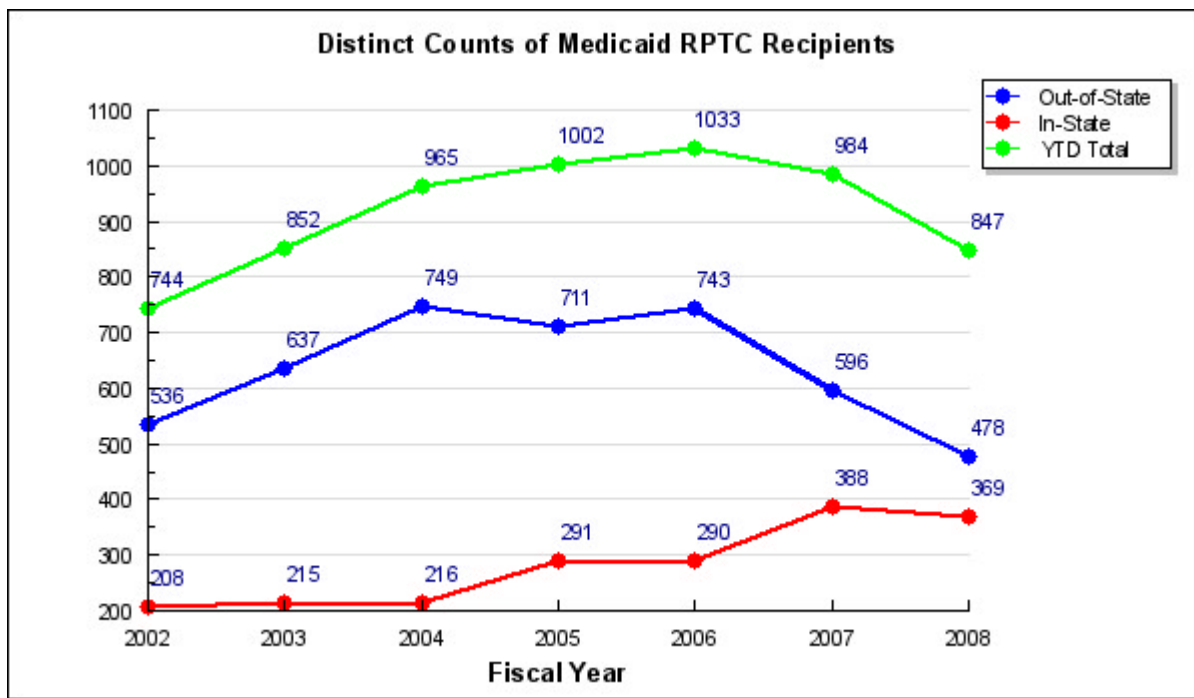
system and other agencies used the Alaska Automated Information Management System (AKAIMS) electronic health records system. Combining records from both systems was a challenge and resulted in an incomplete FY07 data set. Although the FY08 CSR data includes data only through the third quarter, it is considered to be more complete than the FY07 data. The Division intends to use the FY08 data as a baseline for future measurement. As DBH moves forward with transitioning to the AKAIMS electronic health records system, we anticipate more accurate and complete electronic health records from participating agencies.

Refinements to the AKAIMS CSR reporting procedures also are being explored. The life domain analyses do not take into account the length of time that a client may have been in services. Clients receiving services over a long period of time are compared to those who may have just been admitted into services. AKAIMS reporting processes that account for duration of services is one of several refinements being explored.

A1: Strategy - Strategy #1A: Improve and enhance the quality of life of children experiencing a serious emotional disturbance through treatment services that meet their clinical needs close to their home communities.

Target #1: Reduce the number of children in out-of-state placement by 10% each year.

Status #1: Preliminary data indicates that from FY07 to FY08 there was a decrease of 18% in the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served.



Methodology: Data appears in the "DHSS BTKH Annual Report 07" (see link below), as provided by the Division of Behavioral Health, Policy and Planning Unit using MMIS-JUCE extracts. Data represents an unduplicated count of RPTC beneficiaries. This graph will be updated with the FY08 data once the DHSS BTKH FY08 Report is complete.

Distinct Counts of Medicaid RPTC Recipients

Fiscal Year	Out-of-State	In-State	YTD Total
FY 2008	478	369	847
FY 2007	596	388	984
FY 2006	743	290	1033
FY 2005	711	291	1002
FY 2004	749	216	965
FY 2003	637	215	852
FY 2002	536	208	744

Analysis of results and challenges: This measure will be updated with the 2008 data when the "DHSS BTKH Annual Report 08" is complete. However, preliminary data indicates that from FY07 to FY08, there was a decrease of about 18% in the number of distinct out-of-state RPTC recipients served. The "Distinct Counts of Medicaid RPTC Recipients" graph below will be updated with the final FY08 numbers as soon as they are available.

Between FY06 and FY07:

- There was a decrease of 19.8% in the number of distinct out-of-state RPTC recipients served.
- There was an increase of 33.8% in the number of distinct RPTC recipients who received services in-state. This reflects increased bed capacity and utilization.
- There was a decrease of 4.8% total RPTC recipients served.

Between FY04 and FY05: the number of children receiving out-of-state RPTC care decreased 5.1% from 749 to 711.

Between FY98 and FY04: the unduplicated number of youth experiencing serious emotional disorders receiving out-of-state RPTC care steadily increased - on average 46.7% per year. The RPTC population treated in Alaska and outside the state also showed steady increase from FY98-04, an average annual increase of 24.8%.

The Bring the Kids Home (BTKH) Project was initiated during FY04. This project is a collaboration of the Division of Behavioral Health, Division of Juvenile Justice and Office of Children's Services, in partnership with the Alaska Mental Health Trust Authority. Positive changes are apparent.

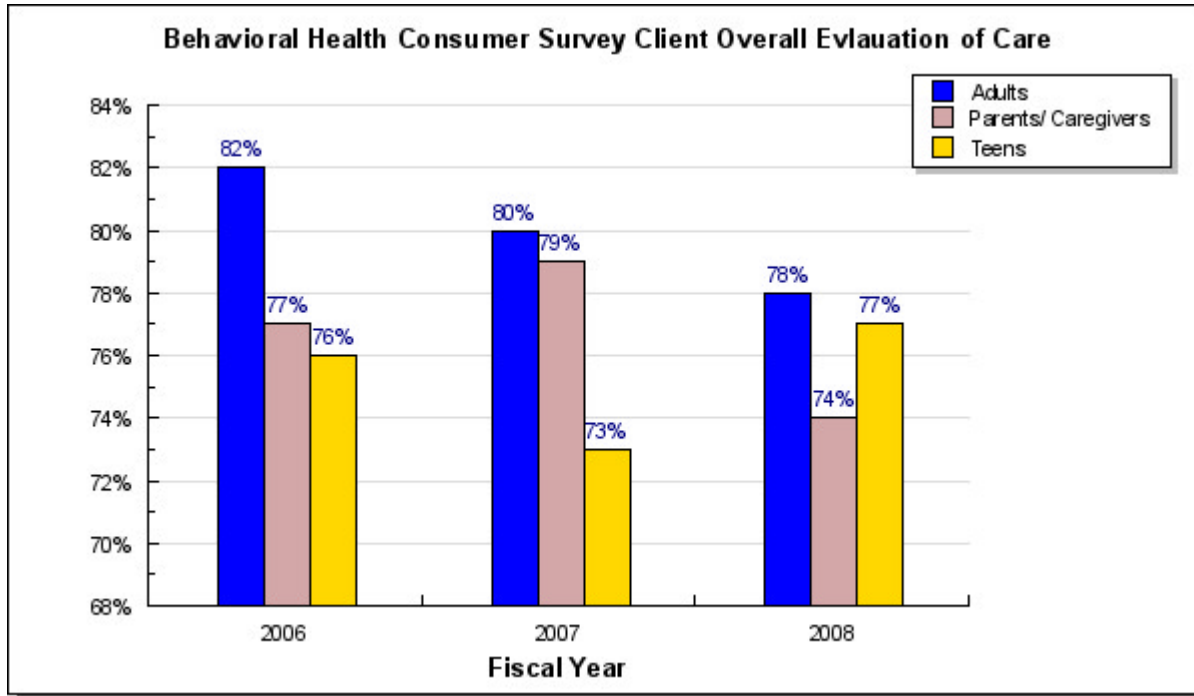
AS47.07.032 requires that the department may not grant assistance for out-of-state inpatient psychiatric care if the services are available in the state. To that end, the department has developed and implemented "diversion" activities, including aggressive case management services that discharge and return children to less restrictive levels of care; utilization review staff implementing gate-keeping protocols with a "level of care" instrument that ensures appropriate placements; and assertive case management with Individualized Service Agreements which direct funding to community-based providers who augment services at the least restrictive level within a client's home community.

There have also been multiple capital projects initiated to increase the number of beds in-state, some of which became available in FY07. As more new beds and other programs become available, it is anticipated that there will be further impact on the rate of out-of-state placements. There have been capacity expansion grants to community providers to enhance the service continuum for children and families that provide services at the least restrictive level within a client's home community.

A2: Strategy - Strategy #1B: Improve and enhance the quality of life of Alaskans experiencing a SED, SMI and/or a SUD by implementing a Performance Management System that promotes process improvement and fosters partnerships to improve the quality of services provided.

Target #1: 75% of individuals (including adults, parents/caregivers of children, and teens) who complete the Behavioral Health Consumer Survey will report a positive overall evaluation of services

Status #1: In FY08, more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation.



Methodology: The Behavioral Health Consumer Survey (BHCS) is an instrument used by the Division to measure client evaluation of behavioral health services. Grantee agencies providing behavioral health services mail the survey to their clients.

Behavioral Health Consumer Survey Client Overall Evaluation of Care

Fiscal Year	Adults	Parents/ Caregivers	Teens
FY 2008	78%	74%	77%
FY 2007	80%	79%	73%
FY 2006	82%	77%	76%

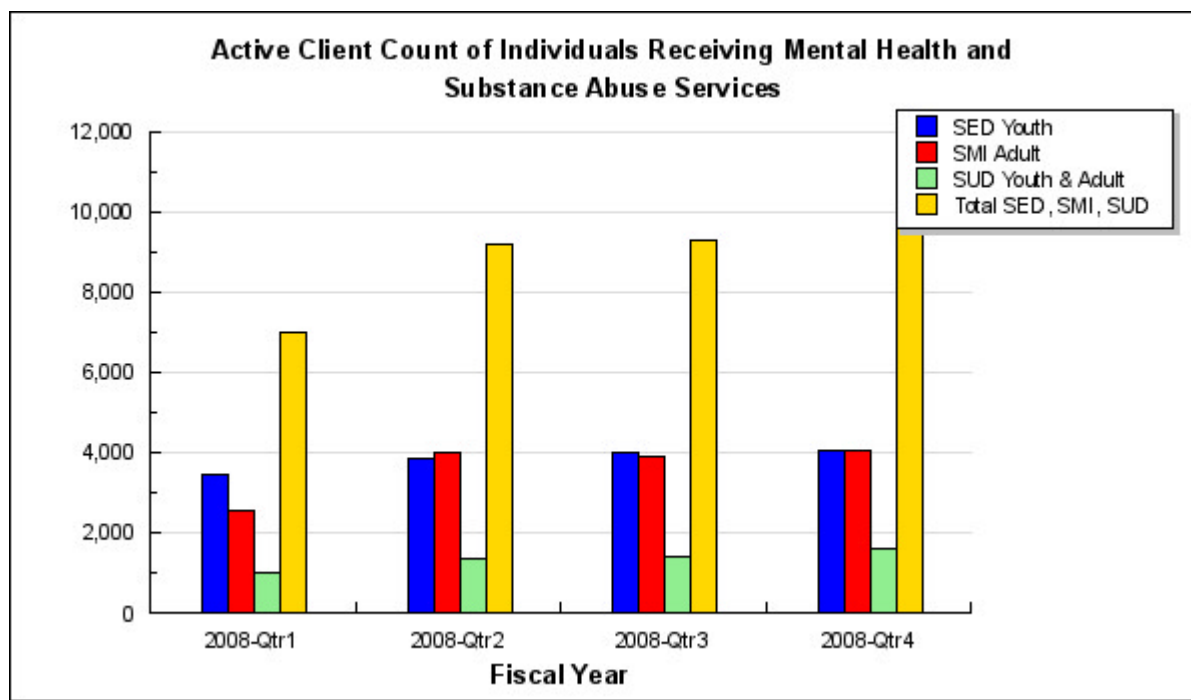
Analysis of results and challenges: In FY08 more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation. From FY06 to FY08 there was some fluctuation in respondents' evaluation of services; however, caution is advised when making comparisons due to changes in survey methodology implemented in FY08. FY08 data will be a new baseline. The BHCS administration process is continuing to be refined to improve accuracy, completeness, and response rate.

The Division continues to make progress in implementing performance management measures. Performance Based Funding measures were developed and applied to funding allocations to service providers for FY09. Participation in administering the BHCS was one of several performance measures used to determine funding allocations.

A3: Strategy - Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.

Target #1: For each category of service (i.e., SED, SMI, and SUD), increase annually by 2.5% the number of individuals experiencing a SED, SMI, and/or SUD who receive comprehensive, integrated behavioral health services.

Status #1: FY08 is a baseline year.



Methodology: The Division is transitioning from a paper record system to an electronic health record system. FY08 data reflects Alaska Automated Information Management System (AKAIMS) quarterly report active client counts supplemented with paper quarterly report active client counts for Electronic Data Interface (EDI) agencies. Client counts are unduplicated within each quarter.

Active Client Count of Individuals Receiving Mental Health and Substance Abuse Services

Fiscal Year	SED Youth	SMI Adult	SUD Youth & Adult	Total SED, SMI, SUD
FY 2008-Qtr4	4,042 +1.61%	4,063 +3.99%	1,612 +13.36%	9,717 +4.41%
FY 2008-Qtr3	3,978 +2.71%	3,907 -2.4%	1,422 +5.49%	9,307 +0.9%
FY 2008-Qtr2	3,873 +11.45%	4,003 +56.25%	1,348 +36.85%	9,224 +31.36%
FY 2008-Qtr1	3,475	2,562	985	7,022

Analysis of results and challenges: FY08 is a baseline year for reporting active client counts using AKAIMS. Additional development is underway to integrate the AKAIMS and Electronic Data Interface agency data sets. The Division is continuing to improve the methodology for determining active client counts and to improve AKAIMS data collection, analysis and reporting capabilities. As the Division moves forward with this transition, we anticipate more accurate and complete electronic health records from participating agencies.

Initial development efforts to improve the methodology for determining client counts indicates that the reported FY08 numbers are significantly lower than the actual number of clients served. Starting in FY09, the Division will report client counts using the improved methodology.

The Division, in conjunction with the Mental Health Trust and Advisory Boards, completed the 2006 Alaska prevalence estimates of serious behavioral health disorders. These prevalence estimates will be used as a benchmark to measure penetration rates of behavioral health services. Based on the 2006 census data for low income households, there was an estimated 28,684 Alaskans experiencing a serious behavioral health disorder (i.e., SED, SMI, SUD, or both SMI and SUD). In comparison, for all households, there was an estimated 51,430 Alaskans experiencing a serious behavioral health disorder. For details, refer to the Division's "2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders by Household" (see link below). These estimates, which are considered to be conservative, provide a basis for identifying unmet needs in Alaska's low income and total household population.

The "2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders by Household" is available at the following link in the Document Library:

<https://dbh-ssweb.state.ak.us/sites/COSIG/outcomes/default.as>

Key RDU Challenges

Alaska Automated Information Management System (AKAIMS)

AKAIMS is a "free," evolving, web-based application and database that serves dual purposes, a management information system (MIS) and clinical documentation tool. As an MIS tool, the system allows the division to meet current and emerging State and Federal reporting requirements, such as State Quarterly Reporting, Treatment Episode Data Set (TEDS), Government Performance Results Act (GPRA), National Outcomes Measurement System (NOMS) and Community Mental Health Service and Substance Abuse Treatment and Prevention Block Grants. As a clinical documentation tool, AKAIMS provides an agency the ability to create a full Electronic Medical Record (EMR) compliant with Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 standards. Providers have the ability to assess patients, administer facilities, manage waitlists and collect outcome measurement data in real-time via a secure, web-based framework. In this respect, AKAIMS is a critical source of data for the division's performance based funding into FY10.

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.
- 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.

Business Practices

The division has completed an evaluation and initiated an overhaul of its business practice and management philosophy. This will involve a shift away from its historical focus on *oversight and compliance* to a focus on *delivery of high quality service and improving treatment outcomes*. The expectation is that the grantee/provider's administrative burden - periodic reporting and operational oversight - will be reduced and accountability and results-based and outcomes-focused orientation will increase through the application of this new paradigm.

The policy change of Behavioral Health business practices will involve significant impact on the providers and on the division. This changes how we will do business together: improving the quality of services will require that the division and providers work together to identify barriers and create solutions. The related planning activities for changes will be transparent, and be inclusive of impacted stakeholders. The following are specifically identified areas of planning change:

Performance Management System

As Behavioral Health moves forward in the development of “new business practices” the role of meaningful data increases in value and usefulness. In this respect, a Performance Management System becomes a valuable mechanism that supports and serves new business practices that are data driven and focus on outcomes.

The goal of this Performance Management System is to develop a continuous quality improvement process to guide policy development and decision making in improving the behavioral health of Alaskans.

Related questions to be answered by a performance management system include:

Are Alaskans who need services getting them and able to get them conveniently?

- Are the services of high quality?
- Is the behavioral health system efficient, productive and effective?
- Do services produce the desired impact on the quality of life of consumers?
- Are efforts taking place to prevent or lessen problems that result in consumers needing services?
- Do Alaskans with serious behavioral health disorders live with a high quality of life?

Performance Based Funding

A key component of the Performance Management System is the method of distributing treatment funding based on provider performance and outcomes. The development of performance based funding has several phases. The initial phase focused on developing a method of measuring grants reporting for FY08. The second phase focused on a methodology of funding allocation for FY09. Currently, the status of performance based funding includes the following:

- A workgroup of Stakeholders and State staff has been convened and is meeting once a month;
- The State is drawing on expertise from national resources in the development of a framework for performance measures; and,
- The intent is to utilize a planning process that is transparent, fair, equitable, defensible and meaningful.

National Accreditation

The expectation is that the grantee's administrative burden associated with periodic reporting and operational oversight will be reduced, and the expectation of accountability and a results-orientation will increase. 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 Behavioral Health, the provider organizations, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Trust Authority. The intent is that with the assistance of necessary financial and technical resources, all providers will succeed in this endeavor.

Technical Assistance

Technical Assistance is a major division strategy to shift business practice away from its historical focus on *oversight and compliance*, to a focus on *delivery of high quality service and improving treatment outcomes*. As existing positions with the division are restructured, Technical Assistance (TA) will focus on performance monitoring, performance enhancement and TA on business practices, fiscal management, service delivery and clinical practice.

Significant Changes in Results to be Delivered in FY2010

Fairbanks Behavioral Health Enhanced Detox Facility

Fairbanks is one of only five communities in the state with capacity to provide detoxification services for persons withdrawing from alcohol and drugs; this facility will serve not only Fairbanks itself, but also the Interior and Northern regions. The requested increment will close the funding gap for the new Detox facility, scheduled to open in January 2009. As a result of this program, Behavioral Health expects a dramatic reduction in the number of incapacitated individuals inappropriately (and expensively) held in jails and emergency rooms. Additionally, this project will ensure that the department meets its statutory responsibility to establish a comprehensive and coordinated continuum of

care for alcoholics, intoxicated persons, and drug abusers (AS 47.37.130).

Grants for Community Based Substance Abuse Services

Preventing and treating substance abuse is a department priority for FY10. The division received an increase in base funding for substance abuse treatment in FY09, which helped defray rapidly increasing costs. Additional funding in FY10 will allow the division to bring the continuum of care closer to meeting the actual demand; faster access to treatment services will reduce the impact of substance abuse disorders on the State's Court system, correctional facilities, hospital emergency rooms, and homeless shelters.

Grants to Community Behavioral Health Services

Currently, existing services for substance abuse disorder are unable to respond to the high demand of accessible substance abuse treatment services from the public and Courts. The State's largest treatment centers all have waiting lists of one-three months. Of particular concern are pregnant women with substance abuse disorders; although the Federal Substance Abuse Prevention and Treatment Block Grant prioritize treatment for pregnant women, some centers in Alaska simply cannot find room to accept women on demand. Behavioral Health anticipates increased access to treatment for Office of Children's Services (OCS) families, Severely Emotional and Disabled (SED) youth, therapeutic court clients, and inmates discharged from correctional facilities.

Behavioral Health and the Alaska Mental Health Trust Authority (Trust) have identified a core group of adults with severe co-occurring disorders who are especially hard to serve and to house. These consumers require much more intensive services than 90% of their peers, just to keep them out of Alaska Psychiatric Institute (API), jail, and the shelters. The current level of community mental health center grant and Medicaid funding cannot adequately fund the intensive level of service this population needs. This increment will purchase additional intensive individualized services such as nursing care, 24/hour case manager support, daily medication administration, residential dual diagnosis treatment, and transport to services. At least 107 individuals can be served. The expected outcomes for this program includes: decreased utilization of hospital emergency rooms, jails, and API as well as increased consumer ability to function in the community and the workplace.

Telebehavioral Health

Alaska Psychiatric Institute (API) psychiatrists staff the API TeleBehavioral Health Program (telemedicine), which provides 'real time' access to Alaskans who otherwise would have to travel to a regional hub for evaluation by a licensed practitioner. Approximately 40% of API admissions come from rural areas; with an average of 1300 annual admissions per year, this amounts to 520 admissions. Half (50%) of the aggregate rural admissions come from the Kenai and Mat-Su regional service areas. Over a three-year period, having increased access to psychiatric evaluation and medication management services via telepsychiatry, API will demonstrate a decrease in the referral rate for involuntary admission to our institution.

Major RDU Accomplishments in 2008

Bring the Kids Home (BTKH)

Preliminary FY08 data indicates that the Bring the Kids Home initiative continues to be successful in reducing the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served and increasing the number of distinct RPTC recipients who received services in state. Preliminary data indicates that from FY07 to FY08, there was a decrease of about 18% in the number of distinct out-of-state RPTC recipients served and an increase of about 7% in the number of distinct RPTC recipients who received services in state.

Fetal Alcohol Spectrum Disorder (FASD) 101 Curriculum revision

The FASD 101 curriculum revision project started in FY08 and will continue into early FY09. A gathering of over 20 state-certified FASD 101 trainers who have been using the curriculum for the past five years provided input into the revision project. This meeting reviewed all aspects of the curriculum including the training information, as well as the training approach/style, the pre/post testing, and the accompanying audiovisuals. The University of Alaska, Anchorage (UAA) Family and Youth Services Training Academy and Stone Soup Group, a non-profit family support

organization working with families raising children with disabilities, are coordinating the revision project.

Underage Drinking

One of the top priorities identified by the Alaska Committee to Prevent Underage Drinking is to expand assessment, treatment and prevention services to all youth, not limited to those entering courts for alcohol-related offenses. The division received a budget increment to increase the service capacity of the eight existing Juvenile Alcohol Safety Action Programs (ASAP) and expand the number and locations of Juvenile ASAP. Existing services are located in Anchorage, Fairbanks, Juneau, Kenai, Ketchikan, Kotzebue, Kodiak and Mat-Su. ASAP is in the process of establishing the juvenile ASAP services in new communities such as Bethel, Barrow, Dillingham, Nome and Seward. These new funds will allow agencies (the Alaska Court System, Division of Juvenile Justice, Division of Motor Vehicles, local law enforcement and school districts) to respond more effectively to reduce underage drinking in the state, having access to substance use assessments, local education and treatment services, and monitoring of service progress and completion.

Performance Based Funding

In response to legislative direction, a working committee of multiple stakeholders (Behavioral Health, community providers, consumers, and Trust staff) continued the work that began in FY08 developing the strategies for implementing Performance Based Funding (PBF). This is 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. Further, it is an objective process to determine funding levels for grantees that will reflect an assessment of program and agency performance, utilization, client and community outcomes. The division used this process for determining grant awards for FY09 and anticipates further development of the process for FY10.

Alaska Epidemiological Profile of Substance Use

Beginning in FY06, Alaska received a contract from Substance Abuse Mental Health Administration (SAMHSA) to develop a statewide epidemiological (Epi) profile of substance use in Alaska. A cross-discipline working group has completed the first draft of the Alaska Epi profile, focusing on consumption and consequences. We are now focusing on the development of influences and indicators to provide a more complete picture of the impact alcohol, tobacco and other drugs have on the health and well-being of Alaska's individuals, families and communities. We are continuing to revise and update Alaska's Epidemiological Profile on Substance Use in Alaska and developing better ways for individuals to access, analyze and use the available data.

The Alaska Psychiatric Institute (API)

API received a Congressionally Mandated Program Award for the API TeleBehavioral Health Program to expand services to Alaskans who suffer from depression and treated in Primary Care.

Contact Information

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**Behavioral Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 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	53,347.5	71,378.4	1,613.1	126,339.0	71,075.8	98,984.0	2,400.0	172,459.8	69,693.8	82,418.5	2,400.0	154,512.3
Non-Formula Expenditures												
AK Fetal Alcohol Syndrome Pgm	1,292.8	0.0	0.0	1,292.8	1,292.8	0.0	0.0	1,292.8	1,352.3	0.0	0.0	1,352.3
Alcohol Safety Action Program	626.3	310.1	1,494.3	2,430.7	1,230.8	330.1	2,194.2	3,755.1	1,894.9	330.1	1,901.6	4,126.6
Behavioral Health Grants	2,689.4	2,810.3	21,641.1	27,140.8	9,114.0	3,107.6	16,271.3	28,492.9	13,608.2	3,169.8	16,380.2	33,158.2
Behavioral Health Administration	3,044.8	1,561.6	1,171.6	5,778.0	5,668.8	5,571.9	1,771.0	13,011.7	4,451.7	5,332.7	1,717.1	11,501.5
CAP Grants	1,622.8	926.4	0.0	2,549.2	1,938.0	935.3	0.0	2,873.3	2,027.1	935.3	0.0	2,962.4
Rural Services/Suicide Prevent'n	270.6	0.0	1,867.2	2,137.8	414.3	0.0	1,986.8	2,401.1	434.8	500.0	1,986.8	2,921.6
Psychiatric Emergency Svcs	4,938.1	0.0	244.7	5,182.8	9,387.4	0.0	0.0	9,387.4	9,387.4	0.0	0.0	9,387.4
Svcs/Seriously Mentally Ill	7,909.7	751.1	1,600.0	10,260.8	12,568.7	989.5	1,100.0	14,658.2	13,118.7	989.5	1,300.0	15,408.2
Designated Eval & Treatment	1,285.9	0.0	0.0	1,285.9	1,781.9	0.0	0.0	1,781.9	2,731.9	0.0	300.0	3,031.9
Svcs/Severely Emotion Dst Yth	6,897.5	200.0	1,722.0	8,819.5	9,445.2	517.7	1,350.0	11,312.9	11,645.2	517.7	1,300.0	13,462.9
Alaska Psychiatric Institute	7,232.9	32.7	19,731.9	26,997.5	6,063.0	65.4	18,228.7	24,357.1	6,496.3	99.5	19,439.6	26,035.4
API Advisory	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	0.0	10.0

**Behavioral Health
RDU Financial Summary by Component**

All dollars shown in thousands

	FY2008 Actuals				FY2009 Management Plan				FY2010 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
Board Suicide Prevention Council	0.0	0.0	0.0	0.0	82.8	0.0	0.0	82.8	82.8	0.0	0.0	82.8
Totals	91,158.3	77,970.6	51,085.9	220,214.8	130,063.5	110,501.5	45,302.0	285,867.0	136,935.1	94,293.1	46,725.3	277,953.5

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2009 Management Plan to FY2010 Governor

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2009 Management Plan	130,063.5	110,501.5	45,302.0	285,867.0
Adjustments which will continue current level of service:				
-Alcohol Safety Action Program	11.1	0.0	-427.6	-416.5
-Behavioral Hlth Medicaid Svcs	-252.5	252.5	0.0	0.0
-Behavioral Health Grants	0.0	62.2	-646.1	-583.9
-Behavioral Health Administration	-1,467.1	-239.2	-513.9	-2,220.2
-Rural Services/Suicide Prevent'n	0.0	500.0	0.0	500.0
-Svcs/Seriously Mentally Ill	0.0	0.0	-1,100.0	-1,100.0
-Svcs/Severely Emotion Dst Yth	0.0	0.0	-1,350.0	-1,350.0
-Alaska Psychiatric Institute	433.3	34.1	940.9	1,408.3
-API Advisory Board	10.0	0.0	0.0	10.0
Proposed budget decreases:				
-Behavioral Hlth Medicaid Svcs	-3,800.0	-20,000.0	0.0	-23,800.0
Proposed budget increases:				
-AK Fetal Alcohol Syndrome Pgm	59.5	0.0	0.0	59.5
-Alcohol Safety Action Program	653.0	0.0	135.0	788.0
-Behavioral Hlth Medicaid Svcs	2,670.5	3,182.0	0.0	5,852.5
-Behavioral Health Grants	4,494.2	0.0	755.0	5,249.2
-Behavioral Health Administration	250.0	0.0	460.0	710.0
-CAPI Grants	89.1	0.0	0.0	89.1
-Rural Services/Suicide Prevent'n	20.5	0.0	0.0	20.5
-Svcs/Seriously Mentally Ill	550.0	0.0	1,300.0	1,850.0
-Designated Eval & Treatment	950.0	0.0	300.0	1,250.0
-Svcs/Severely Emotion Dst Yth	2,200.0	0.0	1,300.0	3,500.0
-Alaska Psychiatric Institute	0.0	0.0	270.0	270.0
FY2010 Governor	136,935.1	94,293.1	46,725.3	277,953.5