State of Alaska
FY2012 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

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, treatment, and recovery, including inpatient psychiatric hospitalization and operation of the Alaska Psychiatric Institute.

Results at a Glance

(Additional performance information is available on the web at http://omb.alaska.gov/results.)

END RESULT A: The quality of life for Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) is enhanced.

- In FY08, FY09, and FY10, the target of at least 75% of individuals who received Behavioral Health community-based services and completed a follow-up Client Status Review reported "functioning well" was met for the following four life domains: Financial/Basic Needs, Housing Situation, Physical Health, and Thoughts of Self Harm. Less than 75% of individuals reported “functioning well” for two life domains: Meaningful Activities/Employment and Mental/Emotional Health.
- The target to reduce the incidence of Fetal Alcohol Spectrum Disorder (FASD) in Alaskan children was met. The rate of FASD among Alaska natives was 32.4 per 10,000 live births in 2002, down 49 percent from a rate of 63.1 per 10,000 live births in 1996 (DHSS DPH Alaska Birth Defects Registry).
- Preliminary data for 2009 indicates an Alaska suicide death rate of 20.2 suicides for all ages per 100,000 population. This rate is nearly double the stated target of 10.6, but lower than the 2008 rate of 24.6 suicides. Source: AK DHSS DPH BVS
- The target to reduce the rate of alcohol-induced deaths was not met but the trend is maintaining or holding steady. There were 21.1 deaths per 100,000 population in 2007, 22.2 in 2008 and 22.5 in 2009. (DHSS DPH Bureau of Vital Statistics).

Status of Strategies to Achieve End Result

- From FY09 to FY10, there was a 30.5% decrease in the number of distinct out-of-state residential psychiatric treatment centers (RPTC) recipients of care (318 in FY09; 221 in FY10).
- In FY10, 76% of adults and 75% of parents/caregivers of youth who completed the Annual Behavioral Health Consumer Survey reported a positive overall evaluation of services; 74% of teens reported a positive overall evaluation of services.
- From FY09 to FY10, the number of individuals who received Behavioral Health community-based services increased 5.2% for youth experiencing SED, increased 1.4% for adults experiencing SMI, decreased 5.8% for youth experiencing SUD, and increased 1.2% for adults experiencing SUD.
- 2009 BRFSS rates of binge drinking among adults ages 18-44 is 22.7%.

Key RDU Challenges

- **Alaskan beneficiaries with cognitive disabilities and complex, challenging behaviors** are at-risk for institutional and/or out-of-state placement due to the lack of intensive intervention services in the State of Alaska. Risk for out-of-state placement, for both adults and youth, typically occurs when the individual exhibits behaviors that are so complex that they are outside the range of expertise of local caregivers and providers, present safety issues for themselves and/or others or the available intervention options in-state have been exhausted without success for the individual. Because of the gap in the Alaska service system to meet their needs, these individuals have inappropriate and lengthy stays at API, are admitted to out-of-state Intermediate Care Facilities for the Mentally Retarded(ICF/MR), incur inappropriate, expensive hospital emergency room costs, and are admitted to out-of-state residential psychiatric treatment facilities.

- **The e-courts module of the Alaska Automated Information Management System (AKAIMS) for the Therapeutic Courts** was implemented in FY11. We continue to work out problems but the initial results are very promising. Once fully implemented, the system will track all substance abuse related cases from the initial referral from the Court, Division of Motor Vehicles (DMV) and/or the Division of Juvenile Justice to final disposition of the case. The AKAIMS system will also allow Alcohol Safety Action Program (ASAP) to be directly linked to treatment providers and the treatment information of ASAP participants. It will allow: 1) consistent data entry availability at all ASAP sites statewide; 2) seamless data access for the purposes of increasing efficiency of client services both at the ASAP program level as well as case management and statistical analyses; 3) identification and provision of intensive services to high-risk clients; and 4) increased efficiency in the overall processing of these cases.
- **Treatment Capacity for Criminal Justice Clients** - Increasing the availability and access of treatment services throughout the state for therapeutic court and other criminal justice clients continues to be a major challenge. Therapeutic courts represent the coordinated efforts of the criminal justice and behavioral health professionals to actively intervene and disrupt the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, these courts quickly identify substance abusing offenders and place them under strict court monitoring, community supervision, and long-term behavioral health treatment services.
- **Designated Evaluation and Stabilization/Treatment (DES/T)** - Over time, the number of hospitals that have contracted with the Division of Behavioral Health to provide DES/T has declined while there has been a corresponding increase in admissions to the Alaska Psychiatric Institute. Hospitals need to be recruited, policies and procedures need to be reviewed, revised and simplified, ongoing training developed and implement, performance expectations defined, and a system for total quality management implemented.
- **Rural Human Services System (RHSS)** - We currently fund 14 rural and Alaska Native service agencies to provide RHSS training to their staff. The University of Alaska/Fairbanks receives approximately 20 additional requests per year for RHSS scholarship funding from individuals not associated with one of the currently funded agencies. RHSS does not have the funds to enroll these interested individuals in the program.
- **Behavioral Health Administration** - The Division of Behavioral Health continues to develop and implement a Performance Management System, to insure an efficient, equitable, and effective system of behavioral health care for Alaskans. A performance oriented system requires an integrated data infrastructure system. Related challenges involve budgeting for appropriately skilled research staff in order to maximize the necessary data collection, analysis, reporting, and application to business and service delivery practices. This system realignment absorbs a significant amount of leadership time and energy that limits our resources for emerging issues analysis.
- **Psychiatric Emergency Services** -
  - Each community in Alaska, be it village or urban center, must have some capacity to respond to a psychiatric emergency. In the event behavioral health options are not available, the psychiatric emergency must be coordinated by primary care, with behavioral health backup, sometimes via technology. Local challenges and solutions are as diverse as the geography and cultures. The ability for communities to coordinate services in such a manner as to preserve the dignity and respect of the person experiencing the crisis is essential yet sometimes lacking. Successful crisis response requires liaison with law enforcement, village based peace officers, primary care practitioners and health aides. A greater emphasis must be placed on ‘hands on’ crisis intervention skill development instead of immediately sending the individual to an urban setting for stabilization.
  - Prevalence rates for suicide in Alaska are unacceptable, be it in urban, rural or ‘bush’ Alaska. Psychiatric Emergency Services is often the first responder in these crisis situations. It requires concerned citizens and the community at large to recognize warning signs and there exists a need to train first responders in effectively handling such situations.
  - Psychiatric Emergency Services (PES) - Psychiatric Emergency Services is a part of the continuum of care of behavioral health services and is often a partnership between the mental health provider agency, law enforcement, primary care and hospital emergency department. The level of coordination and attention to clinically appropriate intervention strategies requires standardization across the state, and the disparity in resources requires correction. The development of quality local Psychiatric Emergency Services throughout the state, including additional Designated Evaluation and Treatment and Designated Evaluation and Stabilization (DET/DES) facilities and alternatives to hospitalization such as crisis respite

beds, is needed to minimize admissions to the state hospital, Alaska Psychiatric Institute (API), which has limited capacity and has experienced significant census increases in recent years.

- **Serious Mental Illness (SMI)** - Services to individuals with SMI and complex cognitive and behavioral disorders need to be developed to prevent the hospitalization, incarceration, and out-of-state placement of this particular sub-population.

Significant Changes in Results to be Delivered in FY2012

- **Alaska Complex Behavior Collaborative**
  A model to meet the needs of individuals with serious mental illness and complex behaviors will begin to be implemented. The three components of the model are 1) comprehensive assessment, diagnostic services, consultation, training and technical assistance; 2) 3 – 6 bed stabilization services; and 3) 1 – 18 months intensive intermediate intervention services. The goal is to prepare the consumer and the caretaker system to be able to return to previous or lower-acuity, home and community based care. Ongoing follow up to provide support and consultation will reduce relapse to higher levels of care.
- **Polaris House Supported Employment** is an International Center for Clubhouse Development (ICCD) program for adults with history of mental illness in Juneau and serves as a community rehabilitation provider for the Division of Vocational Rehabilitation (DVR). In FY12, the division intends to target additional resources to this program to increase its ability to place individuals in jobs, to continue the development of supported housing options in Juneau, and to provide technical assistance to other psychosocial clubhouse model programs in the state.
- **Suicide Prevention**
  Suicide continues to impact the people of the state of Alaska with increasing numbers of suicides and cluster suicides, where a number of suicides occur in the same region in a short period of time. FY10 and FY11 activities are creating attention and political will to provide increased support for communities most impacted by suicide. We believe FY12 will see major change in the collaboration between divisions, departments, agencies, communities, individuals and providers, and better postvention and emergency response systems available to provide support to impacted communities.
- **Alaska Psychiatric Institute**
  Hospital leadership continues to work on: (1) recruitment and retention of qualified psychiatrists; (2) completing the person-centered treatment planning and discharge planning initiatives; (3) trend and analyze admissions data to adequately plan for capacity challenges; (4) complete Phase I and Phase II of the electronic medical record and modernization project; and (5) additional development of a limited Psychiatry Residency Training Program.
- **Integrated Regulations**
  The Division has a targeted implementation date of July 1, 2011 for the Integrated Behavioral Health Services Regulations. This will create a single set of Behavioral Health reimbursement rules, and a single set of service rules for mental health, substance abuse and co-occurring disorders. Anticipated changes and results from these integrated regulations include the following:
  - National program accreditation will play a role in the overall system of standards.
  - The behavioral health system will continue movement toward a continuous quality improvement model.
  - A fundamental shift in policy direction of program oversight in Alaska.
  - There will be a continuing trend within the Division toward a small administrative “footprint.”
  - The product/process of developing standards and regulations will emphasize the role of clinical supervision.
  - There will be a continued emphasis on management strategy that is driven by outcomes-based performance evaluation.
- **Measurement and Outcomes Reporting**
  The division revised the Alaska Screening Tool (AST) and Client Status Review (CSR) during FY10 to improve the reliability and validity to screen for presenting need of services and the ability to measure outcomes (change over time).
  - The AST has an improved screening ability in the areas of mental health, substance abuse, co-occurring disorders, fetal alcohol spectrum disorder, adverse experiences (trauma), domestic violence, depression, and traumatic brain injury.

- The CSR revisions included an improvement in measuring change over time in the following life domains: Health (mental wellness, substance abuse, physical health related); Safety (avoidable incarceration, safe families); Economic security (employment, financial supports); Living with dignity (housing, education, community involvement).

During FY11, these new instruments have been implemented, and in FY12 will result in substantial improvement in the Division's ability to measure need for services and treatment outcomes.

Updated Status for Results to be Delivered in FY2011

- We have designated a Mental Health Clinician III position as the statewide Emergency Services Coordinator. The position will be filled effective November 1, 2010. The incumbent will be responsible for evaluating the current functioning of the system, including the Designated Evaluation and Treatment and Designated Evaluation and Stabilization (DET/DES) programs, and in collaboration with partners and stakeholders will develop a plan for needed system changes and improvements. The position will then oversee and coordinate the implementation of the plan of change. The incumbent will develop training materials and conduct training as needed for hospital and behavioral health center staff, and other relevant persons such as village health aides, to increase their competency and comfort levels in dealing with behavioral health emergencies. The incumbent will also develop performance standards and clear guidelines for the services performed under this component.
- In FY11, the Statewide Suicide Prevention Council (SSPC) reallocated resources to permit hiring a full-time dedicated staff person and co-located with partner advisory boards Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB). This will permit SSPC to provide stronger leadership in planning, implementation, and coordination of suicide prevention efforts statewide.
- During the second half of FY11 we will begin funding up to six community or regional coalitions with federal Strategic Prevention Framework State Incentive Grant (SPF SIG) funding to focus on our two priority issues: youth alcohol use; and adult heavy and binge drinking.
- Community-based mental health programs have been developed statewide to provide a comprehensive spectrum of outpatient services including rehabilitation services delivered in the home, community, or school settings to develop the in-state system of care toward expansive, flexible, community-based care. There are currently thirty agencies providing these services throughout the state.
- Increase connections between the Careline and local mental/behavioral health centers to increase access to services.
- Establish a defined process and system for postvention services that all partners/providers will participate in and establish within their communities and regions.
- Bring the Kids Home (BTKH) Child Psychiatrist – Alaska Psychiatric Institute (API) is implementing coverage through an existing relationship with the University of Washington, Department of Psychiatry – Children's Hospital.

Major RDU Accomplishments in 2010

- **Bethel Sobriety Center and Community Service Patrol**
  The City of Bethel Community Service Patrol (CSP) and the Yukon-Kuskokwim Health Corporation Sobriety Center is a collaborative project established in FY10. The project successfully intervened in the repeated cycle of inebriated people being picked up by the Bethel Police Department and transported to the Correctional Center for safety. Through a partnership with the Alaska Mental Health Trust Authority and the Division of Behavioral Health, the Bethel region implemented specialized inebriate services. In FY11 the combined services of the Sobriety Center and the Community Service Patrol served 3,467 individuals. Sobriety Center services are operating 12 hours per day, 5 days per week matching the CSP hours established in FY10. Screening, brief intervention, referral and treatment (SBIRT) are key components of the Sobriety Center. Funds requested in FY11 provide annualized on-going support to sustain this community collaborative. Anticipated outcomes include: reduction of emergency room visits; reduction of CSP pickups; and reduction of lethal use of alcohol and other drugs. The new Sobering Center facility will be opening in

December with capacity for 16.

- **Anchorage Secure Treatment Unit**
  Due to safety and health concerns, the Secured Treatment Unit at the Salvation Army Clitheroe Center was closed from May 24, 2010 until October 19, 2010 while undergoing significant training and technical assistance to improve patient care. The program exists to support individuals who are served under Alaska Statute 47.37.030 (10). The program provides detoxification and residential substance abuse treatment services for adult public inebriates who meet the criteria for emergency commitment procedures. Funding provided in FY11 annualized the cost of the pilot project which began in Anchorage in FY10 and was initiated by the 2007 Senate Bill 100 Chapter 59. With the additional training, stable staffing and continued vigilance, the anticipated outcomes include the following: reduction of emergency room visits; reduction of Community Service Patrol pick-ups; and reduction of lethal use of alcohol and other drugs.
- **Bridge Home Clients** Fifty-Eight clients with histories of high utilization of the Alaska Psychiatric Institute (API) and Department of Corrections (DOC) resources and history of housing instability were served by the Bridge Home Clients program. Days of incarceration for this cohort dropped from 1,777 days in the year prior to 338 days for the first year in service, a decrease of 525%.
- Developed **Adult Individualized Services Agreements** with 12 agencies distributing over $400,000 in reimbursement for services to un-resourced clients.
- The **Statewide Suicide Prevention Council (SSPC)**, in partnership with the Alaska Native Tribal Health Consortium, Advisory Board on Alcoholism and Drug Abuse (ABADA), the Alaska Mental Health Board (AMHB), the Department, and the Alaska Mental Health Trust, planned and hosted the statewide Suicide Prevention Summit in January 2010. Since then, SSPC has worked steadily to implement the ideas provided by participants and to support community efforts
- As a continuation of the Epidemiology Profile contract, Behavioral Health applied for and received (beginning July 1, 2009) a **federal Strategic Prevention Framework State Incentive Grant (SPF SIG)** that will allow us to build community and regional prevention capacity across Alaska. The SPF SIG is a five-year grant award of $2.1 million per year; 85% of these funds must be awarded to community or regional grant programs.
- Bring the Kids Home Initiative: During FY10, preliminary results indicate:
  - From FY09 4th Quarter to FY10 4th Quarter, the average weekly count per quarter of SED children/youth placed in out-of-state Residential Psychiatric Treatment Centers decreased 14%, from 167 to 144.
  - The distinct number of total RPTC admissions for SFY ’10 **decreased** by 26% (from 399 to 295).
  - Total RPTC Medicaid expenditures **decreased** from FY ’09 to FY ’10 by 13% (from $40,354,705 to $35,251,550).

- The **Alaska FASD Initiative** began in January 1998. Since that time many strategies and interventions have been utilized to begin “turning the curve” on the state’s prevalence rates. In February 2010, new Alaska FAS prevalence rates were released showing an overall 32% decrease in FAS births prevalence from 19.9 to 13.5 per 10,000 live births and a 49% decline among Alaska Native births, from 63.1 to 32.4 per 10,000. While there is still much progress to make, as a state, our prevalence numbers are moving in the right direction. A copy of the Epidemiology Bulletin is available at: http://www.epi.hss.state.ak.us/bulletins/docs/b2010_03.pdf.

- During FY10, the **Alaska Psychiatric Institute (API)** operated at capacity with 1,375 admissions representing a 2.48% increase from the previous year. API continues to be ranked as one of the nation’s Top 75 Psychiatric Hospitals according to U.A. News and World Report.

- The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) and staff solicited public comment from consumers, families, and community members at board meetings in Fairbanks, Juneau, and Valdez, providing significant public input used in the Boards’ many efforts related to the behavioral health system.

- **PhD Internship Consortium**:
  - The Alaska Psychology Internship Consortium (AK-PIC) has been developed as a pre-doctoral internship program that is partially-affiliated with the joint University of Alaska Anchorage and Fairbanks Ph.D program in Clinical-Community Psychology.
  - The internships include a rotation involving 5 agencies in Nome, Fairbanks, Anchorage, and Sitka, and include village-based work.
  - All five internship slots have been filled as of August, 2010.
  - The unique nature of the internships both in content (mental health and addictions, trans-cultural focus), location, and creative use of technology (web portal and videoconferencing) are gaining national attention.

- **PhD Student Partnership:**
  - The doctorate program in Clinical Community Psychology at the University of Alaska, with a rural indigenous emphasis, has been designed to prepare doctoral level scientist-practitioners who join theory, practice and research to meet behavioral health needs and to improve the wellbeing of Alaskans and their communities.
  - The Ph.D. Student Partnership funds two graduate research internships at the DBH, to provide the student with an opportunity to be involved in actual applied research within the field. The duration of the internship extends for the entire academic year.
  - Two students have been placed at the DBH in the Policy and Planning Section, specifically to work in the arena of the "Performance Management System". They are currently engaged in research that will assist in maximizing the clinical utility of the updated Alaska Screening Tool and the Client Status Review outcomes instrument.

- **Tribal Rural System Development:**
  There are three major components to this initiative: a Contract for Gap Analysis, Amendment to the ACS MMIS Contract, and RSA with University of Alaska Fairbanks.
  - Gap Analysis Contract: Contractor provides on-site evaluations of behavioral health organizations for the purpose of developing needs assessments related to each agency's program management, billing, office procedures and service delivery. To date, the contract has completed on-site evaluations of three tribal programs including Kodiak Area Native Association (KANA). Yukon Kuskokwim Health Corporation (YKHC), and Aleutian Pribilof Island Association (APIA). The report for KANA has been finalized and the agency is working to develop a Program Improvement Plan (PIP) based on the report recommendations. A draft report for YKHC has been completed and is being reviewed by the agency. An on-site program evaluation was completed and the contractor is drafting the initial agency report.

  - Amendment to the ACS MMIS Contract: Contractor provides on-going development and implementation of computer based behavioral health training modules including accompanying workbooks and companion guides. Contractor also provides on-site targeted training for agencies and conducts webcasts and coaching sessions. To date the contractor has purchased required materials and installed the link to the on-line learning portal, hired dedicated project staff and developed the project schedule for training deliverables. Currently work on the first two modules (Introduction to BTKH and The Behavioral Health Services Lifecycle) is progressing. Draft workbooks have been completed and the shooting scripts are being developed. It is anticipated that these initial modules will be completed by December 10.

  - RSA with University of Alaska Fairbanks: The University is working with the state staff and contractors to insure that training materials are responsive to the Alaska Native ways of knowing and learning and are consistent with the best practices in adult education. To date the University has reviewed current state training materials and offered recommendations for improvement. Other training material including ACS training modules and state training materials related to revised behavioral health regulations will be submitted to UAF for review upon completion of draft material.

- **Office of Integrated Housing activities include:**
  - Provided Technical Assistance related to housing inventories to Fairbanks Community Behavioral Health Center and Kenai Peninsula Housing Initiatives.
  - Participated in successful conditional use permit process for the 48 unit Karluk Manor, a Housing First project in Anchorage for chronic homeless.
  - Brokered cooperation between service providers and ecumenical groups for the purpose of moving a Fairbanks Housing First project forward in a 102 unit former hotel.
  - Initiated investigation of AKAIMS data to provide housing needs indicators from Living Situation and Household Code data.

- **BTKH Technical Assistance Contracts**
  - The "Parenting with Love and Limits" (PLL) contract will include site visits to agencies on the Kenai Peninsula and in Anchorage and will provide intensive training to direct care staff who are providing PLL. Bi-weekly telephonic supervision will be provided to three Kenai Peninsula sites and Anchorage, casing individual cases along with providing supervision for family group cohorts. Both projects anticipate serving up to 32 families each year. It is anticipated that a PLL site will be added in FY12 in the Fairbanks area.
  - The Transitional Aged Youth (TAY) contract using the Transition to Independence Process (TIP) model will include site visits to Anchorage, Sitka, Fairbanks and Mat-Su in which community wide stakeholder training will occur in addition to grantee focused TAY training, specifically with program managers and peer facilitators. The contractor will provide intensive training to direct care staff who are providing TIP in these communities along with monthly telephonic support to ensure TIP services as moving forward as projected.

- **BTKH Tool Kit**

  The purpose of the BTKH Tool Kit project is to develop a Medicaid billing toolkit and provide corresponding training and technical assistance to school districts with the goal of increasing the number of school districts that bill Medicaid for school based behavioral health services delivered to youth experiencing serious emotional disturbance (SED). Pacific Health Policy Group served as the contractor for the Toolkit in FY09 and FY10. It is still being determined where these funds will be housed within DHSS to continue managing current school districts and recruiting additional districts for the Toolkit.

- **Fairbanks Detoxification Services**

  Fairbanks is one of only three communities in the state with capacity to provide detoxification services for persons withdrawing from alcohol and drugs. The Fairbanks Native Association facility received an increment in FY10 to increase its detoxification treatment capacity. The program serves not only Fairbanks itself, but also the Interior and Northern regions. The 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). The program opened initially with eight beds, expanding to sixteen by the end of the fiscal year. The program had challenges in recruiting the medical staff required to address the complex needs of this treatment population.

- **Substance Abuse Increment**
  - Additional funding in FY10 allowed DHSS Behavioral Health to bring the continuum of care closer to meeting the demand. The funds were designated for the following populations and services: $250,000 for Substance Abuse Treatment for the Office of Children's Service's Engaged Families Program (Anchorage and Fairbanks only); $452,500 for Intensive Outpatient Treatment Services in Anchorage targeted to referrals from the Department of Corrections, Therapeutic Courts, the Division of Public Assistance, and clients with co-occurring disorders referred from the Alaska Psychiatric Institute (API). The balance of the increment expanded detoxification services in the Anchorage area.
  - According to data obtained from (AKAIMS/EDI) client served reports generated October 22, 2010, there were 6,962 clients who were served in the publicly funded substance abuse treatment system in Alaska for FY10. Client counts are unduplicated for each agency within a program type, but may be duplicated across program types.

Contact Information

Contact: Joe Hall, Budget Manager
Phone: (907) 465-1629
Fax: (907) 465-1850
E-mail: joseph.hall@alaska.gov

Behavioral Health
RDU Financial Summary by Component

All dollars shown in thousands

	FY2010 Actuals				FY2011 Management Plan				FY2012 Governor			
	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds
Formula Expenditures												
Behavioral Hlth Medicaid Svcs	52,567.0	670.7	94,248.5	147,486.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Non-Formula Expenditures												
AK Fetal Alcohol Syndrome Pgm	1,467.0	0.0	0.0	1,467.0	1,768.5	0.0	0.0	1,768.5	1,768.5	0.0	0.0	1,768.5
Alcohol Safety Action Program	2,328.0	680.0	266.9	3,274.9	2,134.2	1,430.9	324.4	3,889.5	2,173.5	1,460.7	324.4	3,958.6
Behavioral Health Grants	24,473.3	2,048.0	3,370.2	29,891.5	25,839.3	1,571.5	3,473.9	30,884.7	25,676.3	2,071.5	3,473.9	31,221.7
Behavioral Health Administration	5,444.1	698.7	2,339.7	8,482.5	7,793.4	1,524.3	3,419.8	12,737.5	8,498.5	1,392.1	3,475.8	13,366.4
CAPI Grants	1,844.6	0.0	1,061.4	2,906.0	2,410.9	0.0	2,925.0	5,335.9	2,410.9	1,400.0	2,925.0	6,735.9
Rural Services/Suicide Prevent'n	2,358.5	167.6	432.1	2,958.2	2,621.6	0.0	500.0	3,121.6	2,621.6	0.0	500.0	3,121.6
Psychiatric Emergency Svcs	7,280.5	0.0	0.0	7,280.5	8,158.5	300.0	0.0	8,458.5	8,158.5	0.0	0.0	8,158.5
Svcs/Seriously Mentally Ill	13,469.4	1,100.0	927.2	15,496.6	14,544.8	1,100.0	989.5	16,634.3	14,694.8	1,150.0	989.5	16,834.3
Designated Eval & Treatment	3,792.0	0.0	0.0	3,792.0	3,156.4	0.0	0.0	3,156.4	3,156.4	0.0	0.0	3,156.4
Svcs/Severely Emotion Dst Yth	10,852.8	633.9	98.1	11,584.8	13,216.9	1,191.8	213.6	14,622.3	14,234.9	991.8	213.6	15,440.3
Alaska Psychiatric Institute	7,491.4	22,375.6	84.1	29,951.1	6,835.5	23,930.9	100.4	30,866.8	7,111.5	24,454.9	100.4	31,666.8
API Advisory Board	7.3	0.0	0.0	7.3	9.0	0.0	0.0	9.0	9.0	0.0	0.0	9.0
AK MH/Alc &	471.3	379.1	18.7	869.1	455.2	521.1	97.0	1,073.3	471.7	513.0	97.8	1,082.5

Behavioral Health
RDU Financial Summary by Component

All dollars shown in thousands

	FY2010 Actuals				FY2011 Management Plan				FY2012 Governor			
	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds	UGF+DGF Funds	Other Funds	Federal Funds	Total Funds
Drug Abuse Brds												
Suicide Prevention Council	58.1	0.0	0.0	58.1	126.8	0.0	0.0	126.8	130.9	0.0	0.0	130.9
Totals	**133,905.3**	**28,753.6**	**102,846.9**	**265,505.8**	**89,071.0**	**31,570.5**	**12,043.6**	**132,685.1**	**91,117.0**	**33,434.0**	**12,100.4**	**136,651.4**

Behavioral Health
Summary of RDU Budget Changes by Component
From FY2011 Management Plan to FY2012 Governor

All dollars shown in thousands

	Unrestricted Gen (UGF)	Designated Gen (DGF)	Other Funds	Federal Funds	Total Funds
FY2011 Management Plan	**69,537.3**	**19,533.7**	**31,570.5**	**12,043.6**	**132,685.1**
Adjustments which will continue current level of service:					
-Alcohol Safety Action Program	27.1	12.2	31.1	0.0	70.4
-Behavioral Health Grants	-513.0	0.0	-200.0	0.0	-713.0
-Behavioral Health Administration	482.2	20.9	-787.2	56.0	-228.1
-Psychiatric Emergency Svcs	0.0	0.0	-300.0	0.0	-300.0
-Svcs/Seriously Mentally Ill	0.0	0.0	-1,100.0	0.0	-1,100.0
-Svcs/Severely Emotion Dst Yth	213.0	0.0	-1,075.0	0.0	-862.0
-Alaska Psychiatric Institute	226.0	0.0	449.0	0.0	675.0
-AK MH/Alc & Drug Abuse Brds	16.5	0.0	-463.1	0.8	-445.8
-Suicide Prevention Council	4.1	0.0	0.0	0.0	4.1
Proposed budget decreases:					
-Alcohol Safety Action Program	0.0	0.0	-1.3	0.0	-1.3
Proposed budget increases:					
-Behavioral Health Grants	350.0	0.0	700.0	0.0	1,050.0
-Behavioral Health Administration	202.0	0.0	655.0	0.0	857.0
-CAPI Grants	0.0	0.0	1,400.0	0.0	1,400.0
-Svcs/Seriously Mentally Ill	150.0	0.0	1,150.0	0.0	1,300.0
-Svcs/Severely Emotion Dst Yth	805.0	0.0	875.0	0.0	1,680.0
-Alaska Psychiatric Institute	50.0	0.0	75.0	0.0	125.0
-AK MH/Alc & Drug Abuse Brds	0.0	0.0	455.0	0.0	455.0
FY2012 Governor	**71,550.2**	**19,566.8**	**33,434.0**	**12,100.4**	**136,651.4**