

# **State of Alaska FY2020 Governor's Operating Budget**

## **Department of Health and Social Services Behavioral Health Prevention and Early Intervention Grants Component Budget Summary**

**Component: Behavioral Health Prevention and Early Intervention Grants**

**Contribution to Department's Mission**

Ensure that effective community-based behavioral health prevention services are available statewide, incorporating community readiness, planning, partnerships and coalitions, and evidence-based strategies that demonstrate positive outcomes for individuals, families, and communities.

**Core Services**

- Coordinate statewide community-based Fetal Alcohol Spectrum Disorders diagnostic team network to provide local diagnostic services to families and individuals in their home or hub community.
- Coordinate rural case management services for individuals and their families receiving a diagnosis in Bethel, Kenai, Juneau, and Sitka.
- Provide service partner and family training about Fetal Alcohol Spectrum Disorders public awareness and education.
- Increase community support to individuals and families through grants and contracts and the ongoing development of partnerships to decrease the prevalence of Fetal Alcohol Spectrum Disorders across Alaska.
- Provide the foundation funding for Alaska's effort to prevent substance abuse within the state, with a special focus on preventing youth from experimenting with and becoming addicted to alcohol and other drugs.
- Decrease negative impacts of alcohol and substance abuse in Alaska.
- The Community-Based Suicide Prevention Program provides funds to develop data-driven, community-based strategies focused on mental health promotion, prevention of suicide, and increased mental health.
- The Rural Human Services System Project provides funds to regional agencies to hire, train, and supervise village-based counselors to attend the University of Alaska Fairbanks Rural Human Services Certification program. Rural Human Services trained village-based counselors provide integrated substance abuse and mental health outpatient, aftercare, and support services, as well as prevention and education activities throughout rural and remote Alaska.

**Major Component Accomplishments in 2018**

Funded nineteen comprehensive behavioral health prevention and early intervention grants to local community-based prevention coalitions to complete a five-year funding cycle.

Program administration and coordination of the Rural Human Services program offered at the Interior Alaska Campus and Kuskokwim Campus of the University of Alaska. Students from over 20 agencies participated in the program.

Supported thirteen alternative schools in their suicide prevention efforts throughout the school year including You Are Not Alone programs.

Held the Alaska Connect Postvention Training and Planning Academy - a two-day training and facilitated planning academy for groups and individuals who are involved with or are members of suicide response teams in two communities.

Supported QPR (question/persuade/refer) Gatekeeper training.

Adjusted Careline (Alaska's suicide hotline) staffing to meet increased call demand; successfully implemented the text line project.

Integrated Division of Behavioral Health Staff with the new Public Health Office of Substance Misuse and Addiction Prevention (OSMAP) to better coordinate the federal Partnerships for Success (PFS), Alaska Prevent Drug / Opioid Overdose (PDO) Initiative's Project HOPE (Harm-reduction, Overdose Prevention, and Education); and the Fetal Alcohol Spectrum Disorders (FASD) prevention projects.

## **Key Component Challenges**

### **Comprehensive Behavioral Health Prevention and Early Intervention Grants**

The integration of the Strategic Prevention Framework into the Comprehensive Behavioral Health Prevention and Early Intervention grants has been successful in several communities. Coalitions of social service agencies, schools, non-profits and local governments are working together to increase community wellness and decrease the misuse of substances. Unfortunately, there are communities still struggling to maintain continuity with staffing changeovers and individual agency priority shifting.

FY2019 is the fifth year of the current grant cycle and communities are working to finalize sustainability and evaluation efforts. More needs to be done in the grant communities-studies show it takes between 7-10 years for prevention efforts to become sustainable. At the same time, prevention work needs to be spread into more communities - finding the balance between those two priorities will be the difficult work of the Division as the new request for proposals (RFP) is let for FY2020 - FY2022.

### **Careline-Suicide Hotline**

Funded additional services to offer a “texting” alternative for the younger population more comfortable with this option; however, it is only available Tuesday-Saturday from 3-11pm.

The Careline historically has a call answer rate of approximately 70%, for Lifeline calls, (calls to the national suicide prevention number), from Alaskans. This equates to around 200 calls a month to the Lifeline that are not answered in Alaska, and are, in turn, routed to a Lifeline back-up callcenter. Back-up callcenters for the Lifeline are paid a stipend to serve as back-up centers.

As Lifeline call volume to the Careline has increased, so has the volume of direct dial calls. In addition to the Lifeline, Careline answers six designated lines for direct dial calls - those calls which are directly placed to the center. For direct dial calls to the Careline, there is an average answer rate of 92%. This exemplary answer rate is in spite of the continuous increase in calls.

As the program continues to evaluate call capacity, one measure of capacity is the number of calls that are unanswered in the center. In spite of the additional staffing, the Careline continues to be above capacity. The Careline supervisory team has worked internally to maximize answer rates, implementing procedures like call triage. The supervisory team continually is evaluating call trends, reviewing staff answer rates, and shift coverage trends to identify areas for improvement. As the Careline works internally to ensure a strong, competent, and effective program it has become evident that the Careline is again poised for growth.

Minimally, Careline is in need of an additional shift a day, seven days a week. Such staffing would maximize response to the current call volume. The additional shift would provide supplemental coverage during peak call times, overlapping with existing shift coverage. However, in order to be adequately resourced to respond to increased volume, which is likely based on current call trends, Careline would require the addition of two shifts, seven days a week.

### **Rural Services**

Rural Services coordinates with the Indian Health Service Behavioral Health Aide program to eliminate duplication and enhance the efforts of each group. The Division is working closely with the University of Alaska Fairbanks to identify ways to strengthen partnerships, better utilize these limited funds, and maximize and sustain the outcomes of the Rural Human Service training program.

The number of students who graduate from Rural Human Services and want to continue in the University of Alaska Fairbanks is growing. In addition, a growing number of Rural Human Services and Associates in Arts Human Services students are continuing on to the University of Alaska Fairbanks distance Bachelor of Social Work program. The challenge is making sure there are adequate funding sources to assist students who want to continue with their educational pursuits in order to give Alaska a quality behavioral health work force. It continues to be a challenge to build workforce stability in some regions and to expand advanced level capacity of local workforces with master level supervisors and administrators.

### **Alaska Fetal Alcohol Spectrum Disorder Program (FASD)**

The Alaska Pregnancy Risk Assessment Monitoring System data indicates fewer women are drinking during pregnancy; however, an increase is being seen in women of childbearing age participating in binge drinking. Related to this is the concern that there are mixed messages coming from some members of the medical community about the dangers of alcohol during pregnancy. This is an ongoing challenge that can hopefully be alleviated with better and more consistent screening for alcohol use during primary care visits for all women of childbearing years and increased public education and awareness of the harm of prenatal alcohol exposure.

While progress has been made with the Fetal Alcohol Spectrum Disorders Case Management Provider Agreement, there continues to be a need for additional training and support for navigating systems, which impact individuals with FASD and their families, especially in rural communities. With guidance outlined by the Governor's Council on Special Education and Disabilities (GCSED) Five Year Strategic Plan on FASD, outreach continues in FY2019.

**Significant Changes in Results to be Delivered in FY2020**

**Comprehensive Behavioral Health Prevention and Early Intervention Grants**

A new cohort of communities will join the efforts to prevent substance abuse within the state with a special focus on preventing youth from experimenting with and becoming addicted to alcohol and other drugs.

**Suicide Prevention**

More people will be able to access help through an expanded Careline text service.

**Rural Services**

More students will be able to access Behavioral Health Coaching efforts through distance-learning e-modules created by the University of Alaska Southeast and supported through the Division.

**Alaska Fetal Alcohol Spectrum Disorder Program**

With stability among the Fetal Alcohol Spectrum Disorder Diagnostic Teams and an improvement in navigating the systems that impact individuals with FASD, increases in clients receiving both diagnostic services and case management services being offered in more communities is anticipated.

Quantitative data related to Fetal Alcohol Spectrum Disorder diagnosis and case management services have been collected annually. In FY2020, the FASD Program will be partnering with statewide community stakeholders, in conjunction with the GCSED FASD plan, to assess the provision of quality, relevant supports and services regarding the outcomes of both the Fetal Alcohol Spectrum Disorder diagnostic and case management services.

**Statutory and Regulatory Authority**

AS 28.35.030	Miscellaneous Provisions
AS 47.30.011-061	Mental Health Trust Authority
AS 47.30.470-500	Mental Health
AS 47.37	Uniform Alcoholism & Intoxication Treatment Act
7 AAC 29	Uniform Alcoholism & Intoxication Treatment
7 AAC 78	Grant Programs

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**Component Detail All Funds**  
**Department of Health and Social Services**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)  
**RDU:** Behavioral Health (483)

Non-Formula Component

	FY2018 Actuals	FY2019 Conference Committee	FY2019 Authorized	FY2019 Management Plan	FY2020 Governor	FY2019 Management Plan vs FY2020 Governor	
71000 Personal Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
72000 Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	2,272.7	2,794.2	2,794.2	0.0	0.0	0.0	0.0%
74000 Commodities	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
75000 Capital Outlay	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
77000 Grants, Benefits	7,425.4	8,926.9	8,926.9	8,695.3	8,695.3	0.0	0.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>9,698.1</b>	<b>11,721.1</b>	<b>11,721.1</b>	<b>8,695.3</b>	<b>8,695.3</b>	<b>0.0</b>	<b>0.0%</b>
<b>Fund Sources:</b>							
1002 Fed Rcpts (Fed)	3,753.1	5,469.0	5,469.0	3,255.0	3,255.0	0.0	0.0%
1003 G/F Match (UGF)	0.0	337.0	337.0	0.0	0.0	0.0	0.0%
1004 Gen Fund (UGF)	209.4	0.0	0.0	0.0	0.0	0.0	0.0%
1037 GF/MH (UGF)	1,705.0	1,728.3	1,728.3	1,728.3	1,728.3	0.0	0.0%
1180 Alcohol Fd (DGF)	4,030.6	4,186.8	4,186.8	3,712.0	3,712.0	0.0	0.0%
<b>Unrestricted General (UGF)</b>	<b>1,914.4</b>	<b>2,065.3</b>	<b>2,065.3</b>	<b>1,728.3</b>	<b>1,728.3</b>	<b>0.0</b>	<b>0.0%</b>
<b>Designated General (DGF)</b>	<b>4,030.6</b>	<b>4,186.8</b>	<b>4,186.8</b>	<b>3,712.0</b>	<b>3,712.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>3,753.1</b>	<b>5,469.0</b>	<b>5,469.0</b>	<b>3,255.0</b>	<b>3,255.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Positions:</b>							
Permanent Full Time	0	0	0	0	0	0	0.0%
Permanent Part Time	0	0	0	0	0	0	0.0%
Non Permanent	0	0	0	0	0	0	0.0%

**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Health and Social Services**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)  
**RDU:** Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2019 Conference Committee To FY2019 Authorized *****												
<b>FY2019 Conference Committee</b>												
	ConfCom	11,721.1	0.0	0.0	2,794.2	0.0	0.0	8,926.9	0.0	0	0	0
1002 Fed Rcpts		5,469.0										
1003 G/F Match		337.0										
1037 GF/MH		1,728.3										
1180 Alcohol Fd		4,186.8										
<b>Subtotal</b>		<b>11,721.1</b>	<b>0.0</b>	<b>0.0</b>	<b>2,794.2</b>	<b>0.0</b>	<b>0.0</b>	<b>8,926.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2019 Authorized To FY2019 Management Plan *****												
<b>Transfer to Behavioral Health Administration for Administrative Efficiencies</b>												
	Trout	-2,794.2	0.0	0.0	-2,794.2	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-1,982.4										
1003 G/F Match		-337.0										
1180 Alcohol Fd		-474.8										
The Division of Behavioral Health is implementing a more streamlined approach to its budget by centralizing contractual, travel, and commodities expenditure object types within the Behavioral Health Administration component. The centralization of these expenditures into one component will create more efficiencies in preparing and executing reimbursable services agreements, contracts, and commodities by utilizing existing subunit chart of account elements to track when an expenditure is Prevention, or Treatment and Recovery related.												
With the recent re-allocation of administrative support positions within Behavioral Health Administration to other sections (two positions to the Research and Analysis section, and one position to Alaska Psychiatric Institute), the need to reduce redundancies and create efficiencies is more necessary as there are fewer positions to support the preparation and submission of invoices, and expenditure and revenue reporting.												
<b>Transfer to Behavioral Health Treatment Grants for Increased Mental Health Block Grant Authority</b>												
	Trout	-231.6	0.0	0.0	0.0	0.0	0.0	-231.6	0.0	0	0	0
1002 Fed Rcpts		-231.6										
<b>Subtotal</b>		<b>8,695.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8,695.3</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2019 Management Plan To FY2020 Governor *****												
<b>Totals</b>		<b>8,695.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>8,695.3</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Line Item Detail (1676)**  
**Department of Health and Social Services**  
**Services**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)

<b>Line Number</b>	<b>Line Name</b>		<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
3000	Services		2,272.7	0.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
<b>3000 Services Detail Totals</b>			<b>2,272.7</b>	<b>0.0</b>
3000	Education Services		16.3	0.0
3003	Information Technology		0.4	0.0
3004	Telecommunications		1.6	0.0
3007	Advertising and Promotions		0.5	0.0
3011	Other Services		80.4	0.0
3017	Inter-Agency Information Technology	Admin - Department-wide Non-Telecommunications	46.6	0.0
3018	Inter-Agency Information Technology	Admin - Department-wide Telecommunications	46.9	0.0
3026	Inter-Agency Insurance	H&SS - Public Health Admin Svcs (292)	348.3	0.0
3029	Inter-Agency Education/Training	Univ - Department-wide	283.9	0.0
3032	Inter-Agency Health	Commerce - Department-wide	416.9	0.0
3032	Inter-Agency Health	H&SS - Public Health Admin Svcs (292)	645.1	0.0
3038	Inter-Agency Management/Consulting	H&SS - Emergency Programs (2877)	18.9	0.0
3038	Inter-Agency Management/Consulting	H&SS - Epidemiology (296)	24.5	0.0
3038	Inter-Agency Management/Consulting	H&SS - Information Technology Services (2754)	82.6	0.0
3038	Inter-Agency Management/Consulting	Univ - Department-wide	259.8	0.0

**Line Item Detail (1676)**  
**Department of Health and Social Services**  
**Grants, Benefits**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)

Line Number	Line Name		FY2018 Actuals	FY2019 Management Plan
7000	Grants, Benefits		7,425.4	8,695.3
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>7000 Grants, Benefits Detail Totals</b>			<b>7,425.4</b>	<b>8,695.3</b>
7001	Grants	Grants for the Prevention and early Intervention of Alcohol and other Substance Abuse.	1,045.5	3,973.2
7003	Sub-Recipient Pass-Through Grants	Provider Agreements for Fetal Alcohol Syndrome Diagnostic and case management teams. Prevention and Early Intervention grants to grantees in rural and urban communities.	6,379.9	4,722.1

**Revenue Detail (1681)**  
**Department of Health and Social Services**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2018 Actuals	FY2019 Management Plan
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>4,090.9</b>	<b>3,255.0</b>
5019 Federal - Miscellaneous Grants		SAMSHA Grants, including; Strategic Prevention Framework Partnership for Success Grant, Project Hope Grant, as well as Substance Abuse Block Grant funding.	4,080.7	3,255.0
5021 Federal - Other Prior Year Reimbursement Recovery			10.2	0.0
<b>6037 GF/MH (1037 GF/MH)</b>			<b>4.4</b>	<b>0.0</b>
6122 General Fund Mental Health - Prior Year Reimbursement Recvry			4.4	0.0
<b>6180 Alcohol Fd (1180 Alcohol Fd)</b>			<b>3.0</b>	<b>3,712.0</b>
6826 Alcohol/Drug Abuse Treat/Prvntn Fnd-PY Reimbursement Recovery		Alcohol Tax revenue promoting Alcohol and other drug prevention initiatives, rural human services grants, and Alaskans affected by Fetal Alcohol Spectrum Disorder.	3.0	3,712.0

**Inter-Agency Services (1682)**  
**Department of Health and Social Services**

**Component:** Behavioral Health Prevention and Early Intervention Grants (3098)

			FY2018 Actuals	FY2019 Management Plan
<b>Component Totals</b>			<b>2,173.5</b>	<b>0.0</b>
		With Department of Administration	93.5	0.0
		With Department of Health and Social Services	1,119.4	0.0
		With University of Alaska	543.7	0.0
		With Department of Commerce, Community, and Economic Development	416.9	0.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
3017	Inter-Agency Information Technology Non-Telecommunications	Admin - Department-wide	46.6	0.0
3018	Inter-Agency Information Technology Telecommunications	Admin - Department-wide	46.9	0.0
3026	Inter-Agency Insurance	H&SS - Public Health Admin Svcs (292)	348.3	0.0
3029	Inter-Agency Education/Training	Univ - Department-wide	283.9	0.0
3032	Inter-Agency Health	Commerce - Department-wide	416.9	0.0
3032	Inter-Agency Health	H&SS - Public Health Admin Svcs (292)	645.1	0.0
3038	Inter-Agency Management/Consulting	H&SS - Emergency Programs (2877)	18.9	0.0
3038	Inter-Agency Management/Consulting	H&SS - Epidemiology (296)	24.5	0.0
3038	Inter-Agency Management/Consulting	H&SS - Information Technology Services (2754)	82.6	0.0
3038	Inter-Agency Management/Consulting	Univ - Department-wide	259.8	0.0