

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

## **Department of Health and Social Services Behavioral Health Treatment and Recovery Grants Component Budget Summary**

**Component: Behavioral Health Treatment and Recovery Grants**

**Contribution to Department's Mission**

Protect and improve the quality of life for people who are impacted by mental disorders or illnesses by providing grants to local and regional non-profit organizations and behavioral health centers for behavioral health treatment and recovery.

**Core Services**

- Provide funding to local and regional non-profit agencies to support substance abuse treatment services in the continuum of a comprehensive, statewide behavioral health service system.
- Provide help to individuals at the onset of a behavioral health crisis or psychiatric emergency, recognizing – even at the earliest stages of the intervention – that the goal is always to maintain the individual in the least restrictive and clinically appropriate (“closest to home”) location.
- Provide an array of emergency services that extends from local crisis intervention and assessment services to brief, therapeutic interventions that help stabilize a person and offer follow up with local, community-based behavioral health services, to acute care hospitalizations at Designated Evaluation and Stabilization and / or Designated Evaluation and Treatment hospitals or the Alaska Psychiatric Institute.
- Provide competitive grants to comprehensive community behavioral health agencies in order to fund services statewide that are intended to aid individuals experiencing a behavioral health crisis.
- Respond to disasters and coordinate or participate in local, state, and federal emergency response efforts.
- To provide psychiatric and rehabilitative services to adults with serious mental illness through grants to community mental health agencies. Core services are assessment, psychotherapy, case management, medication management, peer support services, and skill building services to support independent living and maximize quality of life. Specialized services include supported residential and employment programs.
- Develop specialized services which include individual skill building, day treatment, home-based therapy, and residential services.
- Develop early intervention services which address behavioral and development issues for children ages zero to five who do not meet appropriate developmental stages.
- Develop and provide community-based transition services to better serve the needs of the transitional aged youth and young adults (14-21 years old) with severe emotional disturbances by guiding transition planning that focuses on progress in specific transition domains including employment and career, education, living situation, and community life functioning.

**Major Component Accomplishments in 2018****Expanding Access to Opioid Use Disorder and Substance Use Disorder Treatment:**

The division continued to expand access to opioid use disorder and substance use disorder treatment services through four Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) federal awards:

- The ‘Alaska Medication Assisted Treatment Expansion Capacity’ award addresses the opioid epidemic with the most effective and approved US Food and Drug Administration (FDA) approved medications in conjunction with evidence-based practices.
- The ‘Strategic Prevention Framework Partnerships for Success’ award implements evidence-informed, environmental strategies, and is increasing the capacity to effectively address substance use disorder through six opioid coalitions in Sitka, Juneau, Kenai, Anchorage, Mat-Su, and Fairbanks.
- ‘Project HOPE,’ is a collaboration between the Office of Substance Misuse and Addiction Prevention of the Division of Public Health, and the Division of Behavioral Health. Project HOPE focuses on implementing opioid overdose education, prevention, and community outreach; and on establishing a community-based naloxone distribution program.
- The ‘Alaska State Targeted Response’ award focuses on increased access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths. The project takes a four-pronged approach:
  1. Funding for office based medication assisted treatment (MAT) programs
  2. Providing access to MAT for individuals re-entering the community from incarceration.

3. Expanding prevention efforts to distribute Narcan kits with overdose prevention training and education.
4. Connecting primary care and behavioral health providers with Project Echo (a peer based, case consultation method that is web based) and other educational and training opportunities.

The division also received \$6 million in state general funds to expand SUD services (for fiscal years: 2017-2019). This funding resulted in three projects:

- Set Free Alaska, a 16-bed Residential Women & Children's Substance Use Disorder Program in Mat-Su.
- Central Peninsula General Hospital Withdrawal Management program.
- Tanana Chiefs Conference Sobering Center that opened as a day program and is expanding to 12-bed capacity.

### **Recidivism Reduction & Re-Entry Efforts**

The division received \$1 million for FY2017 and \$2 million for FY2018 (SB91 fiscal notes), to support recidivism reduction efforts. These funds supported:

- Funding to Partners Reentry Center (Anchorage) for increased Medicaid enrollment, providing a reentry center model, and providing technical support statewide in order to increase the number of re-entrants served.
- Expansion of existing community reentry program and coalitions in Anchorage, Fairbanks, Mat-Su and Juneau. Case management is targeted to offenders who have served over 30 days and are within 90 days of release. Priority is given to medium to high-risk felony offenders, and high-risk misdemeanants.
- Funding for rural re-entry coalitions. New grants for rural coalitions were awarded to Kenai, Nome, and Ketchikan. Dillingham continued to expand their re-entry task force and case management efforts.
- Funding for the University of Alaska to conduct a two-year study to assess the effectiveness of the Department of Corrections (DOC) Vivitrol Intervention Program.
- Improved technology platforms for secure case management tracking and increased functionality in both DOC and the division through the DOC Alaska Corrections Offender Management System (ACOMS) and the DBH Alaska Automated Information Management System (AKAIMS).

Provided treatment leveraged with criminal justice-specific supports through linkages to treatment providers pre-release; transitional, rapid or permanent housing placements; increased enrollment in Medicaid (to facilitate greater access to treatment resources); and transportation support for individuals to attend appointments.

### **Implemented Non-Grantee Medicaid billing**

Established a process for private behavioral health provider agencies to apply to deliver Medicaid funded services without having a grantee relationship with the division. As providers develop the infrastructure and knowledge base to deliver services in accordance with Medicaid regulations; we anticipate this change will expand access to behavioral health services.

### **Recovery Support Services**

Alaska was one of ten states participating in the 2017 SAMHSA Bringing Recovery Supports to Scale Technical Assistance Strategy (BRSS-TACS) Recovery Policy Academy. Staff participated in multiple webinars and had two on-site visits from BRSS-TACS staff who facilitated development of a recovery policy plan for the state focused on peer support worker development. Subsequently a stakeholder meeting was held where workgroups began work on peer support worker certification, collaboration between stakeholders, and advocacy and education to promote adoption of peer support services.

The 'Moving Home' Program provided 150 housing subsidy vouchers to homeless individuals with chronic substance use disorders, allowing them to move into independent housing with services and supports available to all residents. These vouchers were distributed regionally and proportionally based on population. This program has been hugely successful with a 90% housing retention rate.

Division supported employment programs were increased from three to five in the state. Additionally, employment services were offered through an Assertive Community Treatment (ACT) team, and a grant funded drop-in center. The division is promoting the use of evidence-based practices including; Individual Placement and Supports (IPS) and International Center for Clubhouse Development (ICCD) Clubhouse models. Division, Division of Vocational Rehabilitation (DVR), and provider staff have been trained in the IPS model and the Clubhouse provider has been trained on implementation of the ICCD Clubhouse model and has had accreditation for a number of years. The first IPS fidelity review is scheduled for FY2018. An additional pilot project for IPS is scheduled for implementation in mid-year FY2018.

**Workforce Development**

Division staff participated in SAMHSA Region 10 and 11 Workforce Development meetings.

Division staff participated in a process through the BRSS TACS Policy Academy to transition the behavioral health system to a more recovery-oriented system of care and to promote the training, certification and incorporation of peer support practitioners. The team provided recommendations to implement a statewide peer support certification, which have been shared with DBH leadership and will guide next steps towards establishing a certification process for peer support practitioners.

In 2017, DBH hired a full-time State Opioid Treatment Authority (SOTA) to lead system development for opioid and substance use treatment. She has been actively networking with prescribers statewide and has initiated federal and state funded technical assistance and training, and developed tools to educate and inform the public and practitioners about best practices. Provider and public misconceptions about MAT create barriers to accessing effective medications for treatment of opioid use disorders. To address these issues, the SOTA developed a brochure titled, Substance Misuse and Addiction Treatment in Alaska, and a white paper outlining the different types of evidence-supported Medication Assisted Treatment (MAT). An Opioid Treatment guide and other educational tools are under development. The SOTA provided a trainer for the Office of Children's Services (OCS) on working with parents experiencing addiction to opioids using MAT, and is working with the Department of Corrections to expand the medications available in the correctional system. The SOTA developed guidance documents and coordinated with trainers and healthcare professionals to facilitate MAT buprenorphine training and initiated a web-based provider activity, "Project Echo Opioid" educating on pain, addiction and opioids. Over the last 2 years, the number of health care professionals certified to prescribe buprenorphine for opioid use disorder has expanded to nearly 300.

DBH continued to co-fund several conferences including the Adolescent and Family Behavioral Health Conference, the Early Childhood Mental Health Institute, (in conjunction with The Alaska Mental Health Trust Authority), the Annual School on Addictions, a yearly Medication Assisted Treatment Conference, a yearly Advanced Trauma Training Conference, and other training events.

**Technical Assistance and Training Activities – Evidence-Based Practices (EBP)**

Staff continue to provide on-site and distance training to 1) assist behavioral health providers to improve Medicaid billing and service delivery systems, including extensive work with private providers hoping to become new non-grantee Medicaid billing agencies, and 2) assist grantees with program development, best practice implementation, and sustainability. TA this year has included direct contractor assistance on sustainability and program design for a number of agencies requested by DBH and funded by The Trust.

DBH continued to provide grant funding for the Alaska Child Trauma Center at Anchorage Community Mental Health and technical assistance for providers and direct services for clients through the Center.

Continued to support a 'First Episode Psychosis' pilot project in Matsu, including technical assistance through the Early Assessment and Support Alliance Center for Excellence at Portland State University.

Continued to fund Alaska's first 'Assertive Community Treatment' (ACT) team to provide intensive support services for vulnerable individuals (e.g. frequently homeless, high users of emergency services, API, or Department of Corrections). This included ACT training and Permanent Supportive Housing fidelity review.

DBH and providers participated in training in the Individualized Placement and Support model of supported employment and fidelity reviews. In addition, the division is fostering other evidence-based practice supported employment models such as the ICCD clubhouse model with one accredited clubhouse in the state.

Continued to support development of the SAMHSA EBP of Permanent Supported Housing (PSH), including at the Intensive Case Management Program in Anchorage, the Assertive Community Treatment Program in Anchorage, and the state-wide 811 Project Rental Assistance and Moving Home Voucher programs.

Supported 'Matrix Model' training at Alaska's "Annual School on Addictions" to expand EBP intensive outpatient substance use disorder services, and developed a Matrix learning collaborative.

Continued support for Parenting with Love and Limits (PLL) an evidence-based intensive family therapy, at eight sites across Alaska; Anchorage (two sites), Fairbanks, Kodiak, Mat-Su, Nome, Ketchikan, Homer, and Soldotna. Many youth served were brought home early from residential settings, or diverted from out-of-home placement. During FY18 and FY19, DBH worked with PLL to establish new “Flex Teams” as part of the Parenting with Love and Limits training. This will allow trauma-informed services for individual families, and family therapy coaching for agencies in small communities.

Continued support for the Transition to Independence Process (TIP) to improve adult outcomes for transition-aged youth and young adults (housing, employment, education, etc.) TIP programs are in Anchorage, Mat-Su, Fairbanks, Nome, Soldotna, Juneau, Sitka, and Ketchikan. During FY2017, Site-Based Trainers were established at Juneau Youth Services, Sitka Youth Advocates, Denali Family Services and Alaska Child & Family in Anchorage. Using Site-Based Trainers improves the likelihood that this model will be sustained over time.

## **Key Component Challenges**

### **Medicaid and Financial Issues**

Medicaid Expansion has provided more adults with insurance coverage. This has provided a new funding source for existing clients, particularly adults with substance use disorders and has resulted in a slight increase to the overall number of clients entering treatment. However, grant funding reductions have also been implemented which is challenging providers who do not have strong Medicaid service delivery and billing systems, and those whose services are not billable, and/or whose clientele do not have Medicaid.

As noted above, the Division has been working closely with providers to mitigate Medicaid billing issues and maintain program sustainability, and has partnered with The Trust in this attempt. However, with the challenges for current grantees and the influx of new agencies wishing to become non-grantees Medicaid billers, DBH staff time has been stretched thin which continues to present challenges.

Because Behavioral Health Medicaid fee for service rates have not been re-based for many years, there is general agreement that the rates no longer cover the cost of service provision. DBH intends to rebase the rates in January of 2019, which should assist with stabilizing behavioral health program sustainability. However, this increase will be offset by an additional grant reduction for FY20, which will challenge some grantees significantly.

### **Opioid and Substance Use Disorder (SUD) Treatment**

Despite obtaining new federal and state resources, the Alaska service system for individuals with SUD is not adequate. High priority gaps include:

- The Department believes the single most important need for additional SUD services in Alaska right now is for Medically Monitored Withdrawal Management beds, especially in Southcentral Alaska (Anchorage and the Mat-Su Valley).
- For individuals who do not require inpatient withdrawal management, access to Ambulatory Withdrawal Management (WM) American Society of Addiction Medicine (ASAM Level 1-WM and 2-WM) is essential. Individuals who experience mild to moderate withdrawal who have a stable living situation can receive medical attention while continuing to reside in their home communities. This is a key service to improve access to treatment for individuals in rural settings.
- Housing assistance and supports need to be further developed. Having a roof over one’s head is key to recovering from substance use disorders (which is similarly true for those experiencing chronic mental illness). But severely addicted individuals are often challenged to remain in stable housing, and need a variety of community support systems, including: ongoing substance use disorder treatment including MAT, intensive case management services, and rental assistance (including assistance in interfacing with landlords).
- Sobering Centers are a missing component for communities that need options for residents who require a safe, medically monitored location, other than local hospital emergency departments or local community jails, to recover from their current substance misuse incident.
- The 72-hour Crisis Center would also serve the specialized needs of dually diagnosed (individuals who experience a serious mental illness concurrent with one or more severe SUDs) who often need a longer period of time to stabilize and require medication management in addition to the medical monitoring.

### **Workforce Development:**

For the 1115 waiver, readiness assessments of both DBH staff and provider agencies were conducted and, following identification of those areas where additional education and training were clearly necessary, DBH, working with the support of the Alaska Mental Health Trust Authority and the Alaska Training Cooperative, provided training to DBH and provider staff in numerous areas of need. Live and teleconferenced training sessions were held in 2016, 2017 and are about to be held for 2018, with the goal of preparing behavioral health clinical, operational, and financial staff with key learning opportunities.

In general, Alaska has a longstanding challenge with workforce development and retention. There is a statewide shortage along with high turnover, of behavioral health workers. This impacts the quality of service delivery, requires frequent retraining, and makes it difficult to support the use of evidence-based practices. In rural areas, this impacts behavioral health providers' ability to hire staff skilled at managing a Medicaid service delivery system.

### **Psychiatric Emergency Services (PES)**

DBH maintains a network of Psychiatric Emergency Services through designated agencies funded for regional "service areas". However, delivery of emergency psychiatric services remains a challenge. When local behavioral health options are not available, the psychiatric emergency must be coordinated by local primary care healthcare professionals with behavioral health backup (sometimes via technology or telephonically from a regional hub). Lack of mobile crisis outreach, particularly in more urban areas, continues to be a gap. Clients cannot always be transported immediately to the hospital, and this creates challenges in rural areas to monitor clients and keep them safe. With increased difficulties in accessing acute care beds, these issues are exacerbated.

Several providers, and the hospitals or clinics that are holding onto Title 47 patients pending a bed at API (or one of the two DET facilities-Bartlett Regional or Fairbanks Memorial) have experienced physical assaults on personnel and personnel turn over as a result of the unsafe environment of the ER or clinic. The wait times have also increased from 2-3 days being the longest and usually related to poor weather, to 5-8 days and due to the lack of available beds at API or one of the two DET facilities. The extended length of time adds additional stress to the entire system, but most importantly, to the patient who is in need of psychiatric stabilization and treatment immediately.

### **Seriously Emotionally Disturbed Youth**

DBH continues to promote evidence-based practices for children and youth with SED, however, the service system has been hampered by Medicaid rates that have not been rebased for many years. This has eroded providers' ability to retain staff, which can impact the ability to maintain children and youth with challenging behaviors in community settings.

The Residential Care for Children and Youth (RCCY) program has not had adjustments for cost of living or increased costs for service delivery for many years. This has eroded the ability of programs to maintain staff, which makes it difficult to accept children into residential programs. This is hampering the ability to treat children and youth in residential settings in their home communities.

Through the Bring the Kids Home (BTKH) Initiative, the division reduced admissions to out-of-state Residential Psychiatric Treatment Centers (RPTC). However, since BTKH ended, Alaska has lost in-state residential capacity, more children are moving to out of state residential psychiatric treatment centers, and the overall number of children in RPTC has started to increase. DBH is currently reviewing data on the children's behavioral health system operations and planning a "Bring the Kids Home" update meeting with stakeholders for spring of 2019. This meeting will offer an opportunity for planning strategies to build in-state service capacity and will also provide information to support the development of the 1115 waiver services.

### **Seriously Mentally Ill Adults (SMI)**

Too many seriously mentally ill adults continue to experience hospitalization and incarceration due, in part, to a lack of sufficiently intensive outpatient programs, affordable housing, and "sub-acute" crisis residential programs, as well as due to agencies' difficulty in recruiting and retaining professional staff. The 1115 waiver application that DHSS is in negotiations on with the Center for Medicaid Services is designed to enhance the community-based services available for these individuals.

People with serious mental illness often lack personal resources and Medicaid, insurance and grant funding do not always cover the costs of the services and supports these individuals require to remain in the community. This causes financial strain and instability for providers when expenses outpace available revenues.

Individuals exiting correctional facilities or involved with the court system often lack supportive housing to prevent repeated episodes of homelessness and institutionalization. These clients are often denied housing due to the nature of their criminal offense (arson, sex offenses, and violent assault). There is a statewide shortage of affordable permanent supportive housing for people with severe behavioral health issues who are not so ill that they require hospitalization.

Supported employment is an evidence-based practice and a key element in recovery for many individuals and this service needs to be expanded in the state.

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

### **Adults with Substance Use Disorders and/or Serious Mental Illness**

Federal and state grant-funded projects will expand substance use treatment including: Medication Assisted Treatment and Office Based Opioid Treatment; Residential Treatment for women with children; Sobering Center services; and Withdrawal Management services.

SB91 work will result in better coordination for individuals discharging from correctional facilities who require behavioral health services.

Increased focus on evidence-based practices will improve outcomes for adults with SUD and SMI (First Episode Psychosis Model, Permanent Supportive Housing model, Intensive Case Management, Assertive Community Treatment etc.)

The state-wide 811 Project Rental Assistance, and Moving Home voucher programs will improve housing options for individuals with SMI and SUD.

### **1115 Medicaid Waiver and the Administrative Service Organization (ASO)**

DBH is in the final stages of negotiations with the Center for Medicaid Services (CMS) around the development of an 1115 waiver “substance use disorder implementation” plan. Negotiations with CMS on the non-SUD portion of the 1115 project will pick up once the SUD plan has been approved and will likely go through the end of the calendar year. This will include negotiations on services for the other two waiver populations; 1) Children, Adolescents and their Parents or Caretakers with, or at risk of, Mental Health and Substance Use Disorders, and 2) Transitional Age Youth and Adults with Acute Mental Health Needs. Waiver services are designed to address current system gaps and build a stronger community-based service system to prevent the need for more acute interventions. Accompanying State Plan Amendments and Regulations packages will occur during Calendar year 2019 so that implementation can start in January of 2020.

In addition, the State will contract with an Administrative Services Organization (ASO) to offer an improved system of care management. The ASO Request for Proposals was released on September 30th and solicitations are due by the end of calendar year 2018. Year 1 of the waiver will start in January of 2020 to roll concurrently with the ASO. This will improve coordination of services and provide support to the Division around working with providers on workforce development and achieving efficiencies in the delivery of services.

## **Statutory and Regulatory Authority**

AS 47.30.520 - 620	Community Mental Health Services Act
AS 47.30.655 - 915	State Mental Health Policy
AS 47.30.011 - 061	Mental Health Trust Authority
7 AAC 78 & 81	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services
AS 47.30.470-500	Mental Health
AS 47.37	Uniform Alcoholism and Intoxication Treatment Act
7 AAC 29	Uniform Alcoholism and Intoxication Treatment Act
7 AAC 32	Depressant, Hallucinogenic, and Stimulant Drugs
7 AAC 33	Methadone Programs

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)  
**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	7.0	0.0	0.0	0.0	0.0%
72000 Travel	4.2	0.0	8.0	0.0	0.0	0.0	0.0%
73000 Services	3,302.2	4,020.2	4,065.2	0.0	0.0	0.0	0.0%
74000 Commodities	39.7	0.0	5.0	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	58,348.9	59,457.8	61,457.8	61,765.9	64,009.5	2,243.6	3.6%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>61,695.0</b>	<b>63,478.0</b>	<b>65,543.0</b>	<b>61,765.9</b>	<b>64,009.5</b>	<b>2,243.6</b>	<b>3.6%</b>
<b>Fund Sources:</b>							
1002 Fed Rcpts (Fed)	6,960.0	7,121.1	7,121.1	7,429.2	11,507.8	4,078.6	54.9%
1003 G/F Match (UGF)	0.0	904.4	904.4	904.4	904.4	0.0	0.0%
1004 Gen Fund (UGF)	3,367.4	0.0	2,000.0	2,000.0	0.0	-2,000.0	-100.0%
1007 I/A Rcpts (Other)	799.3	1,192.3	1,192.3	492.4	492.4	0.0	0.0%
1037 GF/MH (UGF)	30,304.8	32,897.5	32,897.5	29,827.2	29,827.2	0.0	0.0%
1092 MHTAAR (Other)	701.8	800.0	800.0	800.0	750.0	-50.0	-6.3%
1171 PFD Crim (Other)	0.0	0.0	0.0	0.0	215.0	215.0	100.0%
1180 Alcohol Fd (DGF)	17,774.0	17,437.7	17,437.7	17,437.7	17,437.7	0.0	0.0%
1246 Recid Redu (DGF)	1,787.7	3,125.0	3,125.0	2,875.0	2,875.0	0.0	0.0%
1254 MET Fund (DGF)	0.0	0.0	65.0	0.0	0.0	0.0	0.0%
<b>Unrestricted General (UGF)</b>	<b>33,672.2</b>	<b>33,801.9</b>	<b>35,801.9</b>	<b>32,731.6</b>	<b>30,731.6</b>	<b>-2,000.0</b>	<b>-6.1%</b>
<b>Designated General (DGF)</b>	<b>19,561.7</b>	<b>20,562.7</b>	<b>20,627.7</b>	<b>20,312.7</b>	<b>20,312.7</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>1,501.1</b>	<b>1,992.3</b>	<b>1,992.3</b>	<b>1,292.4</b>	<b>1,457.4</b>	<b>165.0</b>	<b>12.8%</b>
<b>Federal Funds</b>	<b>6,960.0</b>	<b>7,121.1</b>	<b>7,121.1</b>	<b>7,429.2</b>	<b>11,507.8</b>	<b>4,078.6</b>	<b>54.9%</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 Treatment and Recovery Grants (3099)  
**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	63,478.0	0.0	0.0	4,020.2	0.0	0.0	59,457.8	0.0	0	0	0
1002 Fed Rcpts		7,121.1										
1003 G/F Match		904.4										
1007 I/A Rcpts		1,192.3										
1037 GF/MH		32,897.5										
1092 MHTAAR		800.0										
1180 Alcohol Fd		17,437.7										
1246 Recid Redu		3,125.0										
<b>Substance Use Disorder Services Pilot Program (Sec9 Ch1 4SSLA2016 P19 L3 (HB257)) (FY16-FY19)</b>												
	CarryFwd	2,000.0	0.0	0.0	0.0	0.0	0.0	2,000.0	0.0	0	0	0
1004 Gen Fund		2,000.0										
Sec9 Ch1 4SSLA2016 Pg19 Ln3 (HB257) The sum of \$6,000.0 is appropriated from the general fund to the Department of Health and Social Services, behavioral health, behavioral health treatment and recovery grants, for a pilot program to develop additional substance use disorder services for the fiscal years ending June 30, 2016, June 30, 2017, June 30, 2018, and June 30, 2019.												
Original Appropriation: \$ 6,000.0 FY2016 Expenditures: \$ 0 FY2017 Expenditures: \$ 1,105.5 FY2018 Carryforward: \$ 4,894.5 FY2018 Expenditures: \$ 2,894.5 FY2019 Carryforward: \$ 2,000.0												
<b>Marijuana Education and Treatment Screening Intervention Referral (Sec24b Ch 19 SLA 2018 P32 L5 (SB142))</b>												
	Cntngt	65.0	7.0	8.0	45.0	5.0	0.0	0.0	0.0	0	0	0
1254 MET Fund		65.0										
Sec24b Ch19 SLA2018 Pg32 Ln5-9 (SB142) The sum of \$65,000 is appropriated from the marijuana education and treatment fund (AS 43.61.010(f)) to the Department of Health and Social Services, behavioral health, behavioral health treatment and recovery grants, for development and implementation of training for screening, brief intervention, and referral to treatment for the fiscal year ending June 30, 2019.												
Sec38b Ch19 SLA2018 Pg43 Ln2-5 (SB142) The appropriations made in sec. 24 of this Act are contingent on the passage by the Thirtieth Alaska State Legislature in the Second Regular Session and enactment into law of a bill establishing the marijuana education and treatment fund and a comprehensive marijuana use education and treatment program.												

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)  
**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	
Sec9 Pg9 Ln26 of SB104 establishes the marijuana education and treatment fund.												
Sec10 Pg10 Ln5 of SB104 adds a comprehensive marijuana use education and treatment program to the duties of the Department of Health and Social Services.												
	<b>Subtotal</b>	<b>65,543.0</b>	<b>7.0</b>	<b>8.0</b>	<b>4,065.2</b>	<b>5.0</b>	<b>0.0</b>	<b>61,457.8</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	-4,020.2	0.0	0.0	-4,020.2	0.0	0.0	0.0	0.0	0	0	0
	1007 I/A Rcpts	-699.9										
	1037 GF/MH	-3,070.3										
	1246 Recid Redu	-250.0										
The Division of Behavioral Health is centralizing the travel, services, and commodity expenditures under the Behavioral Health Administration Component for efficiency purposes. These expenditures are administrative in nature and more appropriately allocated to in the Behavioral Health Administration Component.												
<b>Transfer from Behavioral Health Prevention Grants and Alcohol Safety Action Program for Increased Grant</b>												
	Trin	308.1	0.0	0.0	0.0	0.0	0.0	308.1	0.0	0	0	0
	1002 Fed Rcpts	308.1										
The Behavioral Health Treatment and Recovery Grant component is currently in need of additional Federal receipt authority due to increased expenditure authority of the Mental Health Block Grant in the amount of \$308.1 for Federal Fiscal Year 2018. The Mental Health Block Grant is only expended within the Treatment and Recovery Grants component.												
<b>Transfer to Behavioral Health Administration for Administrative Efficiencies</b>												
	Trout	-65.0	-7.0	-8.0	-45.0	-5.0	0.0	0.0	0.0	0	0	0
	1254 MET Fund	-65.0										
Sec24b Ch19 SLA2018 Pg32 Ln5-9 (SB142)												
The sum of \$65,000 is appropriated from the marijuana education and treatment fund (AS 43.61.010(f)) to the Department of Health and Social Services, behavioral health, behavioral health treatment and recovery grants, for development and implementation of training for screening, brief intervention, and referral to treatment for the fiscal year ending June 30, 2019.												
Sec38b Ch19 SLA2018 Pg43 Ln2-5 (SB142)												
The appropriations made in sec. 24 of this Act are contingent on the passage by the Thirtieth Alaska State Legislature in the Second Regular Session and enactment into law of a bill establishing the marijuana education and treatment fund and a comprehensive marijuana use education and treatment program.												
Sec9 Pg9 Ln26 of SB104 establishes the marijuana education and treatment fund.												
Sec10 Pg10 Ln5 of SB104 adds a comprehensive marijuana use education and treatment program to the duties of the Department of Health and Social Services.												

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)  
**RDU:** Behavioral Health (483)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	<b>Subtotal</b>	<b>61,765.9</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>61,765.9</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** <b>Changes From FY2019 Management Plan To FY2020 Governor</b> *****												
<b>MH Trust: Housing - Assertive Community Treatment/Institutional Diversion Housing Program</b>												
	IncT	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
1092 MHTAAR		750.0										
<p>This project replicates successful transition programs in other states for individuals 'cycling' through emergency and institutional settings who experience a serious mental illness and other conditions. Emphasis is focused on intensive, responsive, community based mental health services to ensure successful community housing for persons identified as currently or previously cycling through emergency services. The focus locations for the project will include Anchorage and other locations where needed to assist individuals to remain safely housed in the community. This program is limited to locations where rental subsidies are available. Rental subsidies come from Alaska Housing Finance Corporation (AHFC) when available or through some other source. Institutions targeted for re-entry include: Alaska Psychiatric Institution, Department of Corrections' facilities, hospital emergency services and other high-cost social service and health programs. The project allows for up to 100 individuals to receive less expensive, continuous services, including a rental subsidy (estimate based on charging the tenant 30 percent of income) in order to 'bridge' from institutional discharge onto the U.S. Department of Housing and Urban Development Housing Choice voucher program (formerly known as the Section 8 housing voucher program) paired with intensive in-home support services. This pairing of resources for beneficiaries has proven successful in other states in reducing recidivism and impacts on service systems. Alaska's success rates have been demonstrated in reduction of return to Department of Corrections and in use of emergency level services in the initial years of the project. This request allows for expansion of the program in other critical parts of the state outside of Anchorage and assists in increasing the intensity of services for people with more complex service delivery needs.</p>												
<b>Reverse Mental Health Trust Recommendation</b>												
	OTI	-800.0	0.0	0.0	0.0	0.0	0.0	-800.0	0.0	0	0	0
1092 MHTAAR		-800.0										
Reverse Mental Health Trust recommendation to reflect zero-based mental health budget.												
<b>Reverse Substance Use Disorder Services Pilot Program (Sec9 Ch1 4SSLA2016 P19 L3 (HB257)) (FY16-FY19)</b>												
	OTI	-2,000.0	0.0	0.0	0.0	0.0	0.0	-2,000.0	0.0	0	0	0
1004 Gen Fund		-2,000.0										
Reverse language section transaction from the base budget.												
<b>Increased Behavioral Health Opioid Grants</b>												
	Inc	4,000.0	0.0	0.0	0.0	0.0	0.0	4,000.0	0.0	0	0	0
1002 Fed Rcpts		4,000.0										
<p>Combating the opioid crisis has been on the forefront of legislative discussion for the past several years. In February 2017, the Governor issued a disaster declaration, citing opioid abuse as a public health crisis. The Substance Abuse &amp; Mental Health Services Administration of the Department of Health and Human Services (SAMHSA) has made additional federal dollars available to states to utilize in this effort. This additional federal authority would allow the division to continuously apply for federal awards to combat this public health and safety crisis, without the consequence of underspending, or underutilizing federal dollars due to lack of federal authority.</p>												

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)  
**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	
<p>If this increment request is denied, the department would in turn need to have a greater reliance on general fund dollars to provide the necessary services in order for the department to effectively carry out the intent of the Governor's disaster declaration. Currently, the division has a federal State Opioid Response award (\$4,000.0 annually for 2 years) that cannot be fully expended without additional federal authority. The division has also just received a five year award from the Department of Health and Human Services, Health Resources and Services Administration (HRSA) for \$436.2 annually. In addition to the above mentioned awards, division staff are continuously working on budgets and narratives for new applications on an ongoing basis.</p>												
<b>Transfer from Alaska Mental Health Board and Advisory Board on Alcohol and Drug Abuse for Grants</b>												
1002 Fed Rcpts	Trin	65.3	0.0	0.0	0.0	0.0	0.0	65.3	0.0	0	0	0
<p>Federal Authority for the Boards and Council is now allocated through a reimbursable services agreement with the Behavioral Health Administration component. The only federal authority still needed is for positive timekeeping for block grant activities outside the normal scope of the reimbursable services agreement, as well as Medicaid administrative positive timekeeping while working on Medicaid expansion initiatives, and the 1115 Waiver. This transfer moves the uncollectable balance to the grants line of the Behavioral Health Treatment &amp; Recovery Grants component where it will be utilized to meet the agency's mission.</p>												
<b>Transfer from Residential Child Care for Children &amp; Youth Grants</b>												
1002 Fed Rcpts	Trin	13.3	0.0	0.0	0.0	0.0	0.0	13.3	0.0	0	0	0
<p>Aligning federal authority to meet federal grant award obligations. With the ever increasing number of federal awards available to the state, the division is aligning federal spending authority to the most useful and appropriate component within the division. Currently, the division is submitting an application for "Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program" that would align with services provided to our severely emotionally disturbed youth population.</p>												
<b>Grants for Mental Health and Substance Abuse Services</b>												
1171 PFD Crim	Inc	215.0	0.0	0.0	0.0	0.0	0.0	215.0	0.0	0	0	0
<p>Fiscal note HB216 changes the distribution of the restorative justice fund. This funding increment will provide grants for mental health and substance abuse services to comply with the request of the fiscal note.</p>												
<b>Totals</b>		<b>64,009.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>64,009.5</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Line Number	Line Name	FY2018 Actuals	FY2019 Management Plan
2000	Travel	4.2	0.0

  

Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>2000 Travel Detail Totals</b>			<b>4.2</b>	<b>0.0</b>
2000	In-State Employee Travel		2.3	0.0
2002	Out of State Employee Travel		0.1	0.0
2003	Out of State Non-Employee Travel		1.8	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Line Number	Line Name		FY2018 Actuals	FY2019 Management Plan
3000	Services		3,302.2	0.0
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>3000 Services Detail Totals</b>			<b>3,302.2</b>	<b>0.0</b>
3000	Education Services		937.6	0.0
3001	Financial Services		113.1	0.0
3003	Information Technology		106.8	0.0
3011	Other Services		334.5	0.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - BH Treatment and Recovery Grants (3099)	31.0	0.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Information Technology Services (2754)	50.6	0.0
3022	Inter-Agency Human Resources	Admin - Department-wide	53.0	0.0
3023	Inter-Agency Building Leases	Admin - Department-wide	154.9	0.0
3024	Inter-Agency Legal	Law - Department-wide	93.7	0.0
3029	Inter-Agency Education/Training	Correct - Department-wide	123.2	0.0
3029	Inter-Agency Education/Training	H&SS - Public Health Admin Svcs (292)	372.6	0.0
3029	Inter-Agency Education/Training	Rev - Department-wide	180.0	0.0
3029	Inter-Agency Education/Training	Univ - Department-wide	22.5	0.0
3032	Inter-Agency Health	H&SS - BH Treatment and Recovery Grants (3099)	332.8	0.0
3038	Inter-Agency Management/Consulting	Correct - Department-wide	45.8	0.0
3038	Inter-Agency Management/Consulting	H&SS - AK MH/Aic & Drug Abuse Brds (2801)	29.6	0.0
3038	Inter-Agency	H&SS - Health Care Medicaid	3.7	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>3000 Services Detail Totals</b>			<b>3,302.2</b>	<b>0.0</b>
	Management/Consulting	Services (2077)		
3038	Inter-Agency Management/Consulting	H&SS - Information Technology Services (2754)	102.1	0.0
3038	Inter-Agency Management/Consulting	H&SS - McLaughlin Youth Center (264)	164.7	0.0
3038	Inter-Agency Management/Consulting	H&SS - Public Assistance Field Svcs (236)	50.0	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

<b>Line Number</b>	<b>Line Name</b>		<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
4000	Commodities		39.7	0.0
<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
		<b>4000 Commodities Detail Totals</b>	<b>39.7</b>	<b>0.0</b>
4000	Business		39.7	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Line Number	Line Name		FY2018 Actuals	FY2019 Management Plan
7000	Grants, Benefits		58,348.9	61,765.9
Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>7000 Grants, Benefits Detail Totals</b>			<b>58,348.9</b>	<b>61,765.9</b>
7001	Grants	Grants; Adult Rural Peer Support: \$209.3, Behavioral Health Provider Association: \$52.1, Bethel Community Service Patrol and Sobering Center: \$1,088.9, Bring the Kids Home: \$1,504.6, Chemical Dependency Professionals Certification: \$42.7, Comprehensive Behavioral Health Treatment & Recovery: \$42,069.2, First Episode Psychosis: \$107.0, Medication Assisted Treatment Expansion Grant: \$800.0, Recidivism Reduction: \$800.0, Substance Use Disorder Services for OCS Engaged Families: \$330.8, Supported Employment: \$464.4, Therapeutic Courts: \$ 430.3, Supported Employment: \$275.6, Trauma Informed Training for Behavioral Health Providers: \$186.3, Housing Vouchers: \$400.0	5,166.9	1,190.5
7002	Benefits	SA (Individualized Services Agreements) and PA (Provider Agreements) for Behavioral Health Clients: Anchored Abode Assisted Living Home Client care PA: \$350.0; Trauma Informed Care PA: \$99.0;	1,296.8	8,321.1

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Object Class	Servicing Agency	Explanation	FY2018 Actuals	FY2019 Management Plan
<b>7000 Grants, Benefits Detail Totals</b>			<b>58,348.9</b>	<b>61,765.9</b>
		Bring the Kids Home (BTKH): \$834.0; Tuition Agreements for Seriously Mentally Ill Adults: \$84.9; Seriously Mentally Ill Adults Complex Collaborative Care: \$1,080.8; Seriously Mentally Ill Adults Individualized Services: \$599.4; Discharge Planning for DOC recent release clients: \$327.7; General Relief/Assisted Living Home Provider Agreement: \$4,769.8; Tuition Agreements for Seriously Emotionally Disturbed Youth: \$110.5; Preadmission Screening and Resident Review (PASRR) Level II: \$65.0;		
7002	Benefits	H&SS - Health Care Medicaid Services (2077)	0.0	1,265.0
7003	Sub-Recipient Pass-Through Grants	Single Point Entry Psychiatric Uncompensated Care, (a legacy from the now defunct Psychiatric Emergency Services component).	51,885.2	50,989.3

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2018 Actuals	FY2019 Management Plan
<b>5002 Fed Rcpts (1002 Fed Rcpts)</b>			<b>6,960.0</b>	<b>7,429.2</b>
5019 Federal - Miscellaneous Grants		Federal Awards from Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA).	6,931.5	7,429.2
5021 Federal - Other Prior Year Reimbursement Recovery			28.5	0.0
<b>5007 I/A Rcpts (1007 I/A Rcpts)</b>			<b>825.8</b>	<b>492.4</b>
5301 Inter-Agency Receipts		Excess Revenue Authority	0.0	9.6
5301 Inter-Agency Receipts	Correct - Department-wide	Department of Corrections Recidivism Reduction interagency receipts.	387.0	332.8
5301 Inter-Agency Receipts	Courts - Department-wide	Division of Behavioral Health and Alaska Court System/Therapeutic Courts Treatment and Emergent Services Reimbursable Services Agreement	150.0	150.0
5301 Inter-Agency Receipts	H&SS - BH Treatment and Recovery Grants (3099)		252.0	0.0
5301 Inter-Agency Receipts	Rev - Department-wide		36.8	0.0
<b>5246 Recid Redu (1246 Recid Redu)</b>			<b>109.7</b>	<b>2,875.0</b>
5246 Recidivism Reduction Selective Sales Use Taxes		Marijuana Tax Revenue Recidivism Reduction Grants Program	109.7	2,875.0
<b>6004 Gen Fund (1004 Gen Fund)</b>			<b>5.4</b>	<b>0.0</b>
6046 General Fund - Prior Year			5.4	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

<b>Revenue Type (OMB Fund Code)</b> <b>Revenue Source</b>	<b>Component</b>	<b>Comment</b>	<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
Reimbursement Recovery				
<b>6037 GF/MH (1037 GF/MH)</b>			<b>84.2</b>	<b>0.0</b>
6122 General Fund Mental Health - Prior Year Reimbursement Recvry			84.2	0.0
<b>6092 MHTAAR (1092 MHTAAR)</b>			<b>0.0</b>	<b>800.0</b>
6691 Mental Health Trust Auth Auth Rec - Miscellaneous		Mental Health Trust Authority Authorized Receipts	0.0	800.0
<b>6180 Alcohol Fd (1180 Alcohol Fd)</b>			<b>0.0</b>	<b>17,437.7</b>
6825 Alcohol/Drug Abuse Treat/Prvntn Fnd-Selective Sales Use Tax		Alcohol Sales Tax revenue	0.0	17,437.7

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

			FY2018 Actuals	FY2019 Management Plan
<b>Component Totals</b>			<b>1,810.2</b>	<b>1,265.0</b>
With Department of Health and Social Services			1,137.1	1,265.0
With Department of Administration			207.9	0.0
With Department of Law			93.7	0.0
With Department of Corrections			169.0	0.0
With Department of Revenue			180.0	0.0
With University of Alaska			22.5	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	H&SS - BH Treatment and Recovery Grants (3099)	31.0	0.0
3017	Inter-Agency Information Technology Non-Telecommunications	H&SS - Information Technology Services (2754)	50.6	0.0
3022	Inter-Agency Human Resources	Admin - Department-wide	53.0	0.0
3023	Inter-Agency Building Leases	Admin - Department-wide	154.9	0.0
3024	Inter-Agency Legal	Law - Department-wide	93.7	0.0
3029	Inter-Agency Education/Training	Correct - Department-wide	123.2	0.0
3029	Inter-Agency Education/Training	H&SS - Public Health Admin Svcs (292)	372.6	0.0
3029	Inter-Agency Education/Training	Rev - Department-wide	180.0	0.0
3029	Inter-Agency Education/Training	Univ - Department-wide	22.5	0.0
3032	Inter-Agency Health	H&SS - BH Treatment and Recovery Grants (3099)	332.8	0.0
3038	Inter-Agency Management/Consulting	Correct - Department-wide	45.8	0.0
3038	Inter-Agency Management/Consulting	H&SS - AK MH/Alc & Drug Abuse Brds (2801)	29.6	0.0
3038	Inter-Agency Management/Consulting	H&SS - Health Care Medicaid Services (2077)	3.7	0.0
3038	Inter-Agency	H&SS - Information Technology	102.1	0.0

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

**Component:** Behavioral Health Treatment and Recovery Grants (3099)

<b>Object Class</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2018 Actuals</b>	<b>FY2019 Management Plan</b>
	Management/Consulting	Services (2754)		
3038	Inter-Agency Management/Consulting	H&SS - McLaughlin Youth Center (264)	164.7	0.0
3038	Inter-Agency Management/Consulting	H&SS - Public Assistance Field Svcs (236)	50.0	0.0
7002	Benefits	H&SS - Health Care Medicaid Services (2077)	0.0	1,265.0
		Single Point Entry Psychiatric Uncompensated Care, (a legacy from the now defunct Psychiatric Emergency Services component).		