

State of Alaska
FY2023 Governor's Operating Budget

Department of Health
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, and/or substance use disorders, by providing grants to local and regional non-profit community-based organizations and behavioral health centers for 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 2021**COVID-19 Response Efforts**

The division was awarded a \$2.0 million federal emergency COVID-19 Mental Health and Substance Use Disorder (SUD) Services grant in FY2020 through the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. Implementation of these grant programs continued through FY2021, including the expansion of grant funding through an additional award in the amount of \$2,859,647. The target populations for the grant awards were individuals with serious mental illness or SUD, individuals with less serious disorders, and healthcare providers. The funds were distributed to 15 agencies across the state, in both large and small communities, for a variety of projects addressing behavioral health issues related to COVID-19.

The continued implementation of the COVID-19 Response Individual Services Program (CRISP) established provider agreements specifically for COVID-19 related needs that individuals receiving services from the Division of Behavioral Health grant funded agencies could access.

SAMHSA awarded the state an additional \$7,388,877 through the Substance Abuse and Mental Health Block Grants to focus efforts on addressing the gaps and challenges in the behavioral health continuum of care in the context of COVID-19 through the COVID-19 Supplemental grant award. Alaska’s proposed SAMHSA Mental Health and Substance Abuse Supplemental Funding response targets Alaska’s full state population, including providing services for both mental health and substance abuse as well as co-occurring serious mental illness/SUD disorders for both

children and adults.

Additionally, SAMHSA awarded the State of Alaska funding through the American Rescue Plan Act in the amount of \$7,995,938. These funds will be used to address gaps and challenges in the behavioral health system and includes projects to improve the child and adolescent crisis system and to develop and expand capacity for mobile outreach services and rural remote emergency programs. The division also identified several gaps within the SUD continuum and proposed several prevention related activities that would support the existing work that prevention coalitions are carrying out across the state.

Expansion of Access to Opioid Use Disorder and Substance Use Disorder Treatment

- FY2021 was the second year of implementing activities funded with State Opioid Response (SOR) federal funding. These activities continued through FY2021 to expand access to medication-assisted treatment, educational outreach and distribution of naloxone, Peer Support Services, Recovery Housing, and Supported Employment. These services are essential to improve functional outcomes for individuals with serious substance use disorder.
- SOR funds supported several workforce development activities to enhance the workforce's knowledge, skills, and abilities in providing prevention, treatment, and recovery services for individuals experiencing substance use disorders including training on the American Society for Addiction Medicine (ASAM) levels of care and placement criteria, training on evidenced-based practices for addiction treatment, and development of a guide for providers on medications for addiction treatment.
- SOR funding has allowed increased access to screening for pregnant women with substance use disorders. The Substance-Exposed Newborns Initiative (SENI) promotes universal screening of pregnant women with the validated 4P's Plus[®] tool. Screening pregnant women for substance use is conducted at the time of the first prenatal visit with the Substance Exposed Newborn Initiative (SENI). SOR funds are used to support the program and to train the trainer for the Facilitating Attuned Interactions (FAN) model. SENI training facilitated by Mat-Su Foundation is currently underway. Southern Peninsula Hospital in Homer joined SENI in February 2021. *Eat, Sleep, Console*, a treatment modality for infant opioid withdrawal, has been conducted among SENI hospitals as of 3/31/21. The goal of screening 25 percent of all Alaska births has not been met; however, the average screening rate of SENI facilities far exceeds 25 percent. There are currently two certified trainers and a cohort of 20 staff members from Chugach Children's Services. SENI services have become billable services under Medicaid.
- SOR funds were used to update and publish the Second Edition of the Medications for Addiction Treatment (MAT) Guide: A Tool for Implementing Opioid Treatment Services in Alaska Communities. This second edition of the MAT Guide incorporates several updates, including the new 2020 ASAM National Practice Guideline for the Treatment of Opioid Use Disorder (OUD), a chapter on medications for alcohol use disorder (AUD), and the emphasis on a non-stigmatizing approach. The second edition of the MAT Guide was made available online in the spring of 2021, in addition to 1,000 printed copies. Over 700 printed MAT Guides have been distributed statewide.

Recidivism Reduction & Reentry Efforts

- The Division of Behavioral Health supported recidivism reduction and community reentry efforts across Alaska, with an emphasis on increasing reentry supports in rural communities. The division worked with local organizations to develop community-based interventions from the recommendations of coalition stakeholders. Local coalition stakeholders included representatives from treatment agencies, law enforcement, the court system, Department of Corrections, local businesses, community providers, concerned citizens, and individuals who have been involved with the criminal justice system. In FY2021, reentry case managers conducted approximately 655 intakes across the state. Though individual client needs vary, most clients have behavioral health and medical needs and require some form of housing assistance.
- The division increased community reentry case management locations by working with additional rural reentry hubs in Kenai and Nome. Priority for the reentry case management program is given to medium to high-risk felony offenders and high-risk misdemeanants who are more likely to recidivate without community-based supports. In FY2021, reentry case managers began working in Nome and the Kenai Peninsula to provide services for reentrants in more rural areas of Alaska. Nome's reentry program has been well received by both the community and stakeholders alike and is an example of a successful partnership between various stakeholders. In FY2021, the Nome reentry program assisted 56 individuals with transitioning back into the community.

- The division continued its commitment to bridge the gap between social services agencies and Medication-Assisted Treatment (MAT) providers. MAT is the use of medications, in combination with counseling and behavioral therapies. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs. MAT services include provision of buprenorphine, extended-release naltrexone, naltrexone, and methadone. Reentry case managers facilitate referrals to MAT providers, assist reentrants in applying for medical benefits to access MAT services, and provide transportation assistance to medical appointments.
- COVID-19 has continued to limit the ability of community-based reentry programs to make face-to-face contact pre-release with inmates and has disrupted typical day-to-day interaction with reentrants, which is largely based on in-person interactions and service delivery. To overcome this barrier, reentry programs in collaboration with the Department of Corrections (DOC) have produced informational videos that highlight the community-based services each agency provides. These videos began being played as part of DOC's reentry classes beginning in October 2021.
- The Alaska Reentry Resource Hub Project is expected to begin the request for proposal (RFP) process in FY2022. The hub project was initiated – with funding provided by the Alaska Mental Health Trust Authority and in collaboration with the DOC, Division of Behavioral Health, and community reentry coalitions – to address challenges with reentry planning services that were exacerbated by (but existed prior to) the COVID-19 pandemic. The RFP will be issued through the Alaska Mental Health Trust Authority and will initially cover website design and maintenance. The Hub will centralize information so that reentrants and involved agencies can easily connect with each other, find the necessary resources they need, and better support reentrants as they return to the community.

Increased Utilization of Medicaid Funds

As part of Senate Bill 74 (2016), the division worked to maximize the federal funding available through Medicaid and to implement the 1115 Behavioral Health Medicaid Waiver to increase the services funded through Medicaid. The division has taken steps towards that goal:

- Through regulation, the department has expanded provider access to Medicaid so that any agency with department approval can bill behavioral health rehabilitation services to Medicaid.
- Over a five-year period, through an 1115 Behavioral Health Medicaid Waiver Demonstration project (1115 Waiver), the division will implement new services to reduce the need for intensive (and high cost) residential, crisis, and emergency behavioral health services.
- In conjunction with the Alaska Mental Health Trust Authority, the division is working to provide technical assistance and training to providers who are transitioning to Medicaid services.

Psychiatric Emergency Services (PES)

- The Division of Behavioral Health, in conjunction with the Alaska Mental Health Trust Authority, began consultation with the developers of the "Crisis Now" model, which is a systemic approach to building a continuum of care. These efforts will tie in with the 1115 Waiver and the shift from reliance on crisis and acute hospitalization towards implementation of a continuum of crisis diversion and response services.
- There has been a robust implementation planning process for the Crisis Now model focused on larger population areas, with sufficient volume of daily crisis events, including Anchorage, Fairbanks, and the Mat-Su Valley. The major elements of the model include a statewide or regional crisis call-center with "air-traffic control" type capabilities to track and intervene with individuals in crisis, mobile crisis response teams to intervene 24/7 in the community and take burden off law enforcement, 23-hour Crisis Stabilization units to provide alternatives to hospital emergency rooms, and short-term Crisis Residential and Stabilization Units with up to seven-day stays. The division is also working with the Division of Health Care Services to develop licensing requirements for Crisis Stabilization facilities.

Building Recovery Supports

- The Division of Behavioral Health expanded recovery support services to allow individuals with severe behavioral health challenges to maintain or obtain housing, employment, and community stability.

- The 'Moving Home' Program made available 150 housing subsidy vouchers to homeless individuals who have been identified as having chronic behavioral health challenges, creating the opportunity to have individuals move into independent housing with services and supports available. This program has been successful, with an 88 percent housing retention rate.
- The 'Mainstream' Program made available 65 housing subsidy vouchers to individuals who were homeless or are at risk of homelessness and were also identified as having chronic behavioral health challenges, allowing them to move into independent housing with services and supports available.
- The division is promoting evidence-based practices including Individual Placement and Supports and International Center for Clubhouse Development Clubhouse models. Three hundred and twelve clients were enrolled in supported employment programs, with 142 clients working in competitive, integrated employment settings. Employment programs through the Division of Behavioral Health for people with serious behavioral health conditions have a 46 percent employment rate - as compared to the national rate of just 20 percent for this population.

Workforce Development

- The 1115 Waiver will expand access to peer support workers and standardize training requirements for workers providing substance use disorder services. Peer support services are also offered to individuals with mental health disorders, co-occurring disorders and to reentrants exiting from the correctional systems. Peer support professionals deliver support services to individuals with experiences similar to their own, within an organization and under supervision. The Peer Support Professional offers assistance and support to promote another peer's own personal recovery journey. Workforce development activities are not covered by Medicaid so grant funding is utilized to support these activities.
- The division contracted with the Alaska Commission on Behavioral Health Certification to establish a multi-tiered certification program for peer support professionals and for traditional peer support professionals. The Traditional Peer Support Professional was designed to incorporate the traditional culture of the Alaska Native and American Indian people into peer support work. The certification program began accepting applications in January 2021. To date, 40 individuals have obtained their peer support certifications, and some have dual certification in both Peer Support and Traditional Peer Support. The certification program provides acknowledgement that peer support professionals have the necessary competencies, skills, and training to provide services in the field.
- Funds were used to support the fifth Annual Alaska Training Institute hosted by the National Association of Alcohol and Drug Counselors (NAADAC) and the Alaska Addiction Professionals Association (AAPA) to provide training and education to individuals working in the behavioral health field. Topics focused on mental health and substance use, with a particular emphasis on substance use disorders, including opioid and stimulant use disorders. The training was held virtually and consisted of three plenary sessions, 24 breakout sessions, a virtual exhibit hall and networking opportunities; 280 individuals participated in this training opportunity.
- Funds were used to contract with Train for Change to host a two-day, application-focused training to provide 40 participants with an in-depth look at the theoretical foundations of the criteria, including clinically driven services, biopsychosocial assessment, the six dimensions, continued stay and transfer/discharge criteria. Due to the overwhelming demand of the May ASAM training, a second training was approved and offered in July, well exceeding the 40-participant objective. The participants were from 14 different agencies across the state of Alaska.
- Funds were used to sponsor the fifth annual Medication-Assisted Treatment (MAT) Conference held virtually August 31-Sept 2. Over 300 individuals registered for the conference, with medical providers making up 21% of the participants that attended. During the conference, an average of 200 participants attended per day and a total of 308 unique individuals attended. Addressing the feedback received from last year's conference, this year's conference included an emphasis on cultural diversity through topics and presentations.
- Matrix Model Learning Community and Support were provided through SOR funds which allowed the Division of Behavioral Health (DBH) to purchase a subscription for the Matrix Model on Demand for SUD treatment providers. A contract was established to facilitate a learning community platform that allows providers to call into a bi-monthly consultation on delivering the Matrix Model to fidelity in their programs. The two-day Matrix Model Training was provided to 30 individuals and included a one-day Key Supervisor Training for 15 individuals. The Matrix Model can be accessed through a digital platform and content is available to grantees free of charge.
- The 2021 Region 10 Opioid Summit was held virtually in August and was a major success. DBH joined the

Substance Abuse and Mental Health Services Administration (SAMHSA) Region 10 states, which includes Alaska, Idaho, Oregon, and Washington. There were 630 total participants and 56 attendees from Alaska. The summit presented sessions on topics relevant and specific to Alaskan communities including Alaska's Response to Families with Newborns and Affected by Opioids, Addressing Historical Trauma in Tribal Communities, and Impacts of Opioid Use Disorder on Missing and Murdered Indigenous Women/People.

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

- Division staff continue to provide on-site and distance training to: 1) assist behavioral health providers to improve Medicaid billing and service delivery systems, and 2) assist grantees with program development, best practice implementation, and sustainability.
- Evidence-based practices improve service outcomes by implementing proven effective practices. However, implementation involves costs for training, data collection, fidelity review, and clinical supervision which are not built into the Medicaid rates for most behavioral health services, so division grant funding supports implementation of key evidence-based practices.
- The division established a contract with the University of Alaska Anchorage to stand up the Family Services Training Center. This center will work with behavioral health providers and professionals across the state to train them on evidenced based practices.

Key Component Challenges

Medicaid and Financial Issues

- The transition from grants to Medicaid has been particularly challenging for providers without a strong Medicaid service delivery and billing system.
- Not all activities associated with treatment and recovery can be paid for by Medicaid, including infrastructure, workforce development, and provider administration.

Psychiatric Emergency Services

- Psychiatric Emergency Services grantees were impacted by COVID-19, as hospitals had reduced admissions and bed capacity due to the implementation of coronavirus mitigation strategies and airlines used to transport patients limited capacity and (in some cases) closed down.

Significant Changes in Results to be Delivered in FY2023

- With the implementation of the 1115 Waiver, the division will be able to provide services for families identified based on social determinants of health which put them at risk of involvement with systems such as children's protective services. The 1115 Waiver is designed to intervene earlier to reduce the need for high-cost, out-of-home services later in life. This effort will continue in FY2023.
- With the 1115 Waiver, a new children's behavioral health residential treatment service has been introduced, with a rate established to cover current costs of service delivery. Grant funds will continue to address system gaps, such as coverage of shelter services for children. Shelter services will provide a pathway to identify at-risk families to receive early intervention and in-home family treatment services. Other referral sources for early intervention services will include referrals from primary care, schools, or children's protective services.
- The 1115 Waiver will provide crisis response services that will transform the system toward evidence-based practices that will match the intervention to the individual's needs. The new crisis services are expected to reduce the number of individuals using emergency rooms for behavioral health crisis, the lengths of stay in the emergency rooms, and the cycling in and out of inpatient hospitalization.
- Through collaboration with the Alaska Mental Health Trust, the Division of Behavioral Health will be supporting the implementation of projects and programs to reduce the number of children in out-of-home placements; support family therapy evidence-based practices to increase the success of behavioral health services; and to identify behavioral health issues early by establishing a system for primary care providers to conduct screenings and make referrals for behavioral health services.

Adults with Substance Use Disorder and/or Serious Mental Illness

- The Division of Behavioral Health will continue to expand substance use treatment services and recovery services through federal and state grant-funding, in conjunction with implementation of the 1115 Waiver

services. The 1115 Waiver will provide access to new services and will also allow providers to bill for substance use disorder agencies with more than 16 beds (waiver of the Institution for Mental Diseases (IMD) restriction). The division will be able to focus additional grant funding on gaps in the Medicaid system, such as for community-based psychiatric emergency services (PES) to prevent the need for acute hospitalization. Psychiatric emergency services require on-call staff and service delivery based on an individual being in crisis, so providers cannot limit services to individuals with a diagnosis or with Medicaid eligibility.

- The statewide 811 Project Rental Assistance and Moving Home voucher programs will promote housing options for individuals with severe mental illness and substance use disorder.

Through the 1115 Waiver, a new service, adult mental health residential, is accessible and will meet the level of care needs that have not existed in our state for individuals experiencing serious mental illness.

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

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

Non-Formula Component

	FY2021 Actuals	FY2022 Conference Committee	FY2022 Authorized	FY2022 Management Plan	FY2023 Governor	FY2022 Management Plan vs FY2023 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	0.0	0.0	0.0	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	46,469.1	47,880.1	45,930.1	46,250.3	45,452.4	-797.9	-1.7%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	46,469.1	47,880.1	45,930.1	46,250.3	45,452.4	-797.9	-1.7%
Fund Sources:							
1002 Fed Rcpts (Fed)	8,794.4	9,507.8	9,507.8	9,628.0	9,628.0	0.0	0.0%
1003 G/F Match (UGF)	646.9	675.4	675.4	675.4	675.4	0.0	0.0%
1007 I/A Rcpts (Other)	150.0	492.4	492.4	492.4	492.4	0.0	0.0%
1037 GF/MH (UGF)	6,798.8	4,572.2	4,122.2	4,122.2	6,880.2	2,758.0	66.9%
1092 MHTAAR (Other)	750.0	0.0	0.0	0.0	0.0	0.0	0.0%
1171 PFD Crim (Other)	100.0	93.7	93.7	93.7	85.8	-7.9	-8.4%
1180 Alcohol Fd (DGF)	16,189.9	16,437.7	15,937.7	16,137.7	16,137.7	0.0	0.0%
1246 Recid Redu (DGF)	6,800.9	6,800.9	6,800.9	6,800.9	5,758.6	-1,042.3	-15.3%
1254 MET Fund (DGF)	6,238.2	9,300.0	8,300.0	8,300.0	5,794.3	-2,505.7	-30.2%
Unrestricted General (UGF)	7,445.7	5,247.6	4,797.6	4,797.6	7,555.6	2,758.0	57.5%
Designated General (DGF)	29,229.0	32,538.6	31,038.6	31,238.6	27,690.6	-3,548.0	-11.4%
Other Funds	1,000.0	586.1	586.1	586.1	578.2	-7.9	-1.3%
Federal Funds	8,794.4	9,507.8	9,507.8	9,628.0	9,628.0	0.0	0.0%
Positions:							
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

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 FY2022 Conference Committee To FY2022 Authorized *****												
FY2022 Conference Committee												
	ConfCom	47,880.1	0.0	0.0	0.0	0.0	0.0	47,880.1	0.0	0	0	0
1002 Fed Rcpts		9,507.8										
1003 G/F Match		675.4										
1007 I/A Rcpts		492.4										
1037 GF/MH		4,572.2										
1171 PFD Crim		93.7										
1180 Alcohol Fd		16,437.7										
1246 Recid Redu		6,800.9										
1254 MET Fund		9,300.0										
Replace GF/MH with Alcohol and Other Drug Abuse Treatment Funds												
	Veto	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1180 Alcohol Fd		-500.0										
This pilot program has not demonstrated efficacy and results are insufficient to justify its continuation.												
Increase Funding for Behavioral Health Treatment and Recovery Grants												
	Veto	-1,250.0	0.0	0.0	0.0	0.0	0.0	-1,250.0	0.0	0	0	0
1037 GF/MH		-250.0										
1254 MET Fund		-1,000.0										
Authority is determined to be unsustainable to successfully support this program.												
Reduce Authority for Sobering Centers Transitioning to Medicaid 1115 Waiver												
	Veto	-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
1037 GF/MH		-200.0										
Transitioning to more clinically managed services that are eligible for payment through the 1115 demonstration waiver under Medicaid will result in increased federal reimbursement of services.												
Subtotal		45,930.1	0.0	0.0	0.0	0.0	0.0	45,930.1	0.0	0	0	0
***** Changes From FY2022 Authorized To FY2022 Management Plan *****												
Transfer from Alcohol Safety Action Program for Individualized Service Agreements for Mentally Ill Adults												
	Trin	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1180 Alcohol Fd		200.0										
Support individualized services through provider agreements for seriously mentally ill adults for services not covered by Medicaid or through grantee agency available grant services.												

Change Record Detail - Multiple Scenarios with Descriptions
Department of Health

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	
Transfer from Alaska Board on Alcohol & Drug Abuse and Residential Child Care for Increased Block Grants												
1002 Fed Rcpts	Trin	120.2	0.0	0.0	0.0	0.0	0.0	120.2	0.0	0	0	0
Transfer federal authority from the Alaska Board on Alcohol & Drug Abuse and Residential Child Care to align with increased block grant funding through the Supplemental Appropriations Act and the American Rescue Plan Act.												
Subtotal		46,250.3	0.0	0.0	0.0	0.0	0.0	46,250.3	0.0	0	0	0
***** Changes From FY2022 Management Plan To FY2023 Governor *****												
Transition Behavioral Health Treatment and Recovery Grants to 1115 Medicaid Waiver												
1037 GF/MH	Dec	-790.0	0.0	0.0	0.0	0.0	0.0	-790.0	0.0	0	0	0
Services provided by the Behavioral Health Treatment and Recovery Grants for Substance Use Disorder (SUD) will be transitioned to the Medicaid 1115 waiver. Providers must be enrolled as Medicaid providers to apply for reimbursement, however, the transition to the 1115 waiver has been underway for some time. There will be no interruption in services as both the populations served under these grants and the SUD residential programs are eligible for Medicaid reimbursement.												
Reduce Authority to Align with Restorative Justice Fund												
1171 PFD Crim	Dec	-7.9	0.0	0.0	0.0	0.0	0.0	-7.9	0.0	0	0	0
Reduce Restorative Justice Fund (also known as permanent fund dividend criminal funds) authority based on projected revenue.												
Replace Authority Unavailable due to Alaska Constitution Article IX Section 17(d)												
1037 GF/MH	FndChg	3,548.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1246 Recid Redu		-1,042.3										
1254 MET Fund		-2,505.7										
The enactment of Article IX, Section 17(d) of the Alaska Constitution transferred available balances of funds used by this appropriation to the Constitutional Budget Reserve Fund (CBR); a process commonly referred to as the "CBR sweep". Budget authority that cannot be satisfied with projected fiscal year 2023 revenue collections are replaced with unrestricted general funds to ensure continuity of service.												
Totals		45,452.4	0.0	0.0	0.0	0.0	0.0	45,452.4	0.0	0	0	0

Line Item Detail (1676)
Department of Health
Grants, Benefits

Component: Behavioral Health Treatment and Recovery Grants (3099)

Line Number	Line Name		FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
7000	Grants, Benefits		46,469.1	46,250.3	45,452.4
Object Class	Servicing Agency	Explanation	FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
		7000 Grants, Benefits Detail Totals	46,469.1	46,250.3	45,452.4
7001	Grants	Grants: Adult Rural Peer Support, Bethel Community Service Patrol and Sobering Center, Bring the Kids Home, Comprehensive Behavioral Health Treatment & Recovery-Outpatient, Comprehensive Behavioral Health Treatment & Recovery-Residential , Comprehensive Behavioral Health Treatment & Recovery-Peer Support, Comprehensive Behavioral Health Treatment & Recovery-811 Housing, First Episode Psychosis Independent Case Management & Flexible Supports, Permanent, Supportive Housing, Recidivism Reduction, Supported Employment Pregnant and Parenting Women Substance Use Disorder Services, State Opioid Response Peer Support, State Opioid Response Recovery Housing, State Opioid Response Supported Employment, State Opioid Response Medication Assisted Treatment, Therapeutic Courts, Trauma Informed Behavioral Health Services	4,019.8	41,174.8	38,673.6
7002	Benefits	Individualized Services Agreements and Provider Agreements for Behavioral Health Clients, including: Trauma Informed Care, Bring the	25.9	4,076.6	3,756.7

Line Item Detail (1676)
Department of Health
Grants, Benefits

Component: Behavioral Health Treatment and Recovery Grants (3099)

Object Class	Servicing Agency	Explanation	FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
7000 Grants, Benefits Detail Totals			46,469.1	46,250.3	45,452.4
		Kids Home (BTKH), Seriously Mentally Ill Adults Complex Behavioral Collaborative Care, Seriously Mentally Ill Adults Individualized Services, Discharge Planning for DOC recent release clients, Alaska Community Living Provider Agreement, Preadmission Screening and Resident Review Level II			
7002	Benefits	NOT FOUND (2077)	0.0	998.9	1,265.0
7003	Sub-Recipient Pass-Through Grants	Excess Federal Authority	42,423.4	0.0	1,757.1

Revenue Detail (1681)
Department of Health

Component: Behavioral Health Treatment and Recovery Grants (3099)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
5002 Fed Rcpts (1002 Fed Rcpts)			8,794.4	9,628.0	9,628.0
5019 Federal - Miscellaneous Grants		Federal Awards from Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA), and the Health Resources Services Administration (HRSA).	8,794.4	9,628.0	9,628.0
5007 I/A Rcpts (1007 I/A Rcpts)			150.0	492.4	492.4
5301 Inter-Agency Receipts		Division of Behavioral Health and Alaska Court System/Therapeutic Courts Treatment and Emergent Services Reimbursable Services Agreement	0.0	332.8	332.8
5301 Inter-Agency Receipts	Correct - Department-wide	Department of Corrections Recidivism Reduction Reimbursable Service Agreements	150.0	159.6	159.6
5246 Recid Redu (1246 Recid Redu)			0.0	6,800.9	5,758.6
5246 Recidivism Reduction Selective Sales Use Taxes		Marijuana Tax Revenue Recidivism Reduction Grants Program	0.0	6,800.9	5,758.6
6003 G/F Match (1003 G/F Match)			0.0	675.4	675.4
6103 Match - Miscellaneous		General Fund Match	0.0	675.4	675.4
6037 GF/MH (1037 GF/MH)			0.0	4,122.2	6,880.2
6123 General Fund Mental Health - Miscellaneous		General Fund Mental Health	0.0	4,122.2	6,880.2

Revenue Detail (1681)
Department of Health

Component: Behavioral Health Treatment and Recovery Grants (3099)

Revenue Type (OMB Fund Code) Revenue Source	Component	Comment	FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
6171 PFD Crim (1171 PFD Crim)			0.0	93.7	85.8
6281 PFD Approp in Lieu Dvdnds to Crmnl - Transfrs In Other Fund		Adults with Serious Mental Illness Individualized Services Agreements funding	0.0	93.7	85.8
6180 Alcohol Fd (1180 Alcohol Fd)			0.0	16,137.7	16,137.7
6825 Alcohol/Drug Abuse Treat/Prvntn Fnd-Selective Sales Use Tax		Alcohol Sales Tax revenue	0.0	16,137.7	16,137.7
6254 MET Fund (1254 MET Fund)			0.0	8,300.0	5,794.3
6254 MET Fund - Selected Sales and Use Tax		Marijuana Education & Treatment Funds	0.0	8,300.0	5,794.3

Inter-Agency Services (1682)

Department of Health

Component: Behavioral Health Treatment and Recovery Grants (3099)

				FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
Component Totals				0.0	998.9	1,265.0
With Unspecified				0.0	998.9	1,265.0
Object Class	Servicing Agency	Explanation		FY2021 Actuals	FY2022 Management Plan	FY2023 Governor
7002 Benefits	NOT FOUND (2077)	Single Point Entry Psychiatric Uncompensated Care		0.0	998.9	1,265.0