

**2018 Legislature - Operating Budget  
Transaction Detail - House Structure  
HSub Amends Column**

**Numbers**

**Agency: Department of Health and Social Services**

**Behavioral Health**

**Designated Evaluation and Treatment**

**H HSS 1 - 3-year State Matching Funds to Support Hospital-based Mental Health Care (FY19-FY21)**

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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IncT	1,900.0	0.0	0.0	0.0	0.0	0.0	1,900.0	0.0	0	0	0
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Offered by Representative Gara

In recent years, Alaska has not claimed all of the federal Disproportionate Share Hospitals (DSH) funding to which it is entitled due to a lack of matching funds and federal receipt authority. With a commitment of \$1.9 million in Alaska Comprehensive Health Insurance (ACHI) funds in SFY2019, the State would be able to leverage an additional \$1.9 million of federal DSH funds.

Currently, there is a major gap in the Alaska Psychiatric Institute's (API) ability to admit patients, due to its limited capacity of 80 beds. Although API is claiming all of the DSH funding to which it, as Alaska's only public psychiatric hospital, is currently entitled, the State could claim a portion of its unused DSH funds to support other hospitals and community behavioral health programs that are especially impacted by the lack of treatment beds at API.

Specifically, these additional funds would enhance the capacities of the State's three existing DSH-funded hospital-based mental health treatment programs and provide new financial support to approximately three other hospitals impacted by the lack of treatment beds at API.

These hospitals have been working hard to provide and maintain safe environments for patients who are court-ordered to psychiatric evaluation and treatment at API (or one of the other two Designated Evaluation and Treatment hospitals). Many of these patients are being held for days and sometimes longer in their hospitals' emergency departments awaiting transfer to API.

Services provided would depend on what the hospital and, in some cases, the local community behavioral health center determines makes the most sense for their hospital/community, ranging from physician (including psychiatric) and social work services, additional security guards and substance use or mental

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Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Behavioral Health (continued)**

**Designated Evaluation and Treatment (continued)**

**H HSS 1** - 3-year State Matching Funds to Support Hospital-based Mental Health Care (FY19-FY21) (continued)

health services (assessments, evaluations), to discharge planning and converting emergency rooms to safe rooms, etc., all geared towards providing more appropriate services for the mentally ill and relieving the stress and pressures on emergency departments.

While two other existing hospitals have approved Certificates of Need to expand services to provide treatment for people who would qualify for API admission, these new services will not be online until early 2019 and 2020, and ultimately are not anticipated to meet the existing need. Further, the Department of Health & Social Services has submitted the Section 1115 Behavioral Health Medicaid Waiver application to the Centers for Medicare and Medicaid Services (CMS) which will help increase access to community-based behavioral health services. Service implementation will take multiple years and although it is anticipated to begin in 2020, it will be based on negotiations with and approval by CMS.

This enhanced DSH funding approach would enable the State to help address a demonstrated crisis in the provision of adequate and appropriate hospital-level care for Alaskans experiencing a mental health crisis.

Without additional resources there will continue to be expensive uncompensated care at medical facilities for patients they hold, waiting for API admission.

1248 ACHI Fund (DGF) 1,900.0

<b>* Allocation Total *</b>	1,900.0	0.0	0.0	0.0	0.0	0.0	1,900.0	0.0	0	0	0
<b>** Appropriation Total **</b>	1,900.0	0.0	0.0	0.0	0.0	0.0	1,900.0	0.0	0	0	0

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Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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**Children's Services**

**Children's Services Management**

<b>GA 4 2/14</b> Establish Children's Services Safety Officer	Inc	158.6	113.4	30.0	8.4	6.8	0.0	0.0	0.0	1	0	0
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Recently the Office of Children's Services (OCS) has received an increase in threats to employees and Occupational Safety & Health Administration (OSHA) complaints. OCS Management and Human Resources do all they can to address obvious safety issues and respond to OSHA complaints as they arise, but neither group has the resources to proactively address the issue or the requisite expertise to implement best practices. A dedicated, full-time safety officer who is an expert in workplace safety can help us eliminate or mitigate risks in a cost effective manner. He or she can:

Work with each of OCS' approximately 25 office locations to ensure safety plans are up to date and that all staff are aware of what to do in the event of an emergency in each specific office.

Develop and deliver initial hire safety training to all new employees. Provide periodic refresher training to existing employees.

Investigate formal and informal safety complaints and represent the division in administrative proceedings.

Provide litigation support to the Department of Law when OCS is sued for workplace safety issues.

Participate in Labor-Management Committee meetings. These meetings give front-line employees and their union representatives a voice in OCS safety issues. Giving them such a voice can help management address safety issues at the lowest (and lowest cost) levels possible. They also give employees outlets for safety concerns, which can result in fewer costly formal complaints to agencies like OSHA and AKOSH

Identify cost effective solutions to safety problems. For instance, inexpensive technology and free administrative fixes can often solve safety problems that

**2018 Legislature - Operating Budget  
Transaction Detail - House Structure  
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**Numbers**

**Agency: Department of Health and Social Services**

**Children's Services (continued)**

**Children's Services Management (continued)**

**GA 4 2/14** Establish Children's Services

Safety Officer (continued)

would otherwise necessitate building remodels. Experienced safety professionals can readily identify such low or no-cost fixes.

Partner with outside agencies to ensure our workers have adequate resources in the most remote locations. For instance, the position can liaise with local law enforcement agencies and Tribes to make sure our workers have adequate resources and safety plans in rural communities with no SOA offices. Currently, our employees may be stuck with nowhere to seek shelter and safety in the event of a violent threat in such a village.

Coordinate with other SOA Departments who may have resources in remote locations such as office space to sleep in or vehicles to borrow. One of our current problems involves employees being stuck outside in sub-zero temperatures when rides from non-SOA personnel fall through.

Coordinate with Human Resources to ensure accountability with regard to workplace safety.

Be a culture-change champion. It's all too often that we hear senior personnel say "this is what you signed up for" when confronted by an employee about a safety threat. This is likely the biggest barrier to a culture of workplace safety at OCS. This position is our most effective option to tear down that barrier.

FY2019 Governor: \$11,710.5

FY2019 Total Amendments: \$158.6

FY2019 Total: \$11,869.1

1002 Fed Rcpts (Fed)	47.6
1004 Gen Fund (UGF)	111.0

**\* Allocation Total \***

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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	158.6	113.4	30.0	8.4	6.8	0.0	0.0	0.0	1	0	0

**2018 Legislature - Operating Budget  
Transaction Detail - House Structure  
HSub Amends Column**

**Numbers**

**Agency: Department of Health and Social Services**

**Children's Services (continued)  
Front Line Social Workers**

Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
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<b>GA 5 2/14</b> Security Guards for Kenai and Fairbanks	Inc	201.0	0.0	0.0	201.0	0.0	0.0	0.0	0.0	0	0	0
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Security guards are needed at Kenai and Fairbanks field offices to respond to child protection workers concern for safety. Recent threats and incidents has led to a growing concern for workers safety. Security guards will be used to prevent crime, maintain security, assist clients and employees, and lead safety meetings and drills.

Currently, the Office of Children's Services maintains security guards in Anchorage, Wasilla, and Juneau. There are no guards in Fairbanks and Kenai at this time.

The Office of Children's Services has been involved in an active Occupational Safety and Health Association (OSHA) complaint as it relates to worker safety in one of these offices. These efforts for the security guards are a part of our efforts to better comply with OSHA standards for worker safety.

FY2019 Governor: \$62,834.6

FY2019 Total Amendments: \$201.0

FY2019 Total: \$63,035.6

1002 Fed Rcpts (Fed)	72.0
1004 Gen Fund (UGF)	129.0

**\* Allocation Total \***

**\*\* Appropriation Total \*\***

	201.0	0.0	0.0	201.0	0.0	0.0	0.0	0.0	0	0	0
	359.6	113.4	30.0	209.4	6.8	0.0	0.0	0.0	1	0	0

**Public Assistance**

**Senior Benefits Payment Program**

<b>H HSS 2</b> - Defer Funding for the Senior Benefits Payment Program to the Fiscal Note for HB236/SB170	Dec	-19,986.1	0.0	0.0	0.0	0.0	0.0	-19,986.1	0.0	0	0	0
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Offered by Representative Gara

Funding to extend the Senior Benefits Payment Program (estimated at

**2018 Legislature - Operating Budget  
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**Numbers**

**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Public Assistance (continued)</b>												
<b>Senior Benefits Payment Program (continued)</b>												
<b>H HSS 2 - Defer Funding for the Senior Benefits Payment Program to the Fiscal Note for HB236/SB170 (continued)</b>												
<p>\$19,986.1 UGF) is expected to be provided, but requires passage of HB236/SB170. Therefore, funding is deferred to the fiscal notes associated with the legislation. These funds cannot be provided in the operating budget until a new Senior Benefits bill has passed both houses, as the current statute expires this year. A reauthorization bill has already passed the House.</p>												
1004 Gen Fund (UGF) -19,986.1												
<b>H HSS 3 - Extend the Senior Benefits Payment Program</b>												
<p>Offered by Representative Gara Wordage: It is the intent of the legislature to fully fund the Senior Benefits Payment Program upon reauthorization during the 2018 legislative session.</p>												
Explanation: Extend the Senior Benefits Payment Program												
<b>* Allocation Total *</b>												
		-19,986.1	0.0	0.0	0.0	0.0	0.0	-19,986.1	0.0	0	0	0
<b>Energy Assistance Program</b>												
<b>H HSS 4 - Delete Excess Federal Receipt Authority</b>												
<p>Offered by Representative Gara Delete excess receipt authority.</p>												
1002 Fed Rcpts (Fed) -2,500.0												
<b>* Allocation Total *</b>												
		-2,500.0	0.0	0.0	0.0	0.0	0.0	-2,500.0	0.0	0	0	0
<b>Public Assistance Field Services</b>												
<b>H HSS 5 - Address Backlog of Public Assistance Applications and Unmanageable Caseloads (FY19-FY21)</b>												
	IncT	4,428.7	4,265.4	10.0	100.0	53.3	0.0	0.0	0.0	41	0	0

**2018 Legislature - Operating Budget  
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**Agency: Department of Health and Social Services**

	<u>Trans</u>	<u>Total</u>	<u>Personal</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
	<u>Type</u>	<u>Expenditure</u>	<u>Services</u>				<u>Outlay</u>					
<b>Public Assistance (continued)</b>												
<b>Public Assistance Field Services (continued)</b>												
<b>H HSS 5 - Address Backlog of Public Assistance Applications and Unmanageable Caseloads (FY19-FY21) (continued)</b>												
Offered by Representative Gara												
This amendment replaces the Governor's amendment GA6 2/14 to add funding and 41 PFT to address the department's application backlog, which has steadily increased since FY14. It now exceeds 20,000 applications from Alaskans for Public Assistance. This temporary increment (FY19-FY21) will remove the funding from the base budget in FY22 and allow the legislature to evaluate the effectiveness of the increment.												
Testimony indicates new staff require close to a year of training to independently process applications properly. The current effort to use funds to pay overtime to relatively low-paid state employees is leading to a 40% burn-out rate for benefit workers within the first year, which wastes state money.												
1002 Fed Rcpts (Fed)		2,214.4										
1003 G/F Match (UGF)		2,214.3										
<b>* Allocation Total *</b>		<b>4,428.7</b>	<b>4,265.4</b>	<b>10.0</b>	<b>100.0</b>	<b>53.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>41</b>	<b>0</b>	<b>0</b>
<b>Women, Infants and Children</b>												
<b>H HSS 6 - Delete Excess Statutory Designated Program Receipt and Federal Authority</b>												
Offered by Representative Gara												
Delete excess receipt authority												
1002 Fed Rcpts (Fed)		-750.0										
1108 Stat Desig (Other)	Dec	-1,000.0	0.0	0.0	0.0	-1,750.0	0.0	0.0	0.0	0	0	0
<b>* Allocation Total *</b>		<b>-1,750.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>-1,750.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>** Appropriation Total **</b>		<b>-19,807.4</b>	<b>4,265.4</b>	<b>10.0</b>	<b>100.0</b>	<b>-1,696.7</b>	<b>0.0</b>	<b>-22,486.1</b>	<b>0.0</b>	<b>41</b>	<b>0</b>	<b>0</b>

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**Agency: Department of Health and Social Services**

	<u>Trans Type</u>	<u>Total Expenditure</u>	<u>Personal Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Capital Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>
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**Departmental Support Services  
Commissioner's Office**

<b>H HSS 7 - Delete Dept-level Conditional Language Allowing Transfer of \$25 Million Between Appropriations in HB 285</b>	Wordage	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Offered by Representative Gara												
Wordage:												
Delete Department Level Conditional Wordage in the Mental Health Budget												
HB285:												

"At the discretion of the Commissioner of the Department of Health and Social Services, up to \$25,000,000 may be transferred between all appropriations in the Department of Health and Social Services."

**Explanation:**

This language is already in the operating budget, HB 286. To avoid any confusion that the Department has \$50 million (\$25 million twice) in authority to transfer between appropriations, the subcommittee recommends deleting this duplicative authority from the Mental Health Budget.

<b>H HSS 8 - Reduce Excess Receipt Authority</b>	Wordage	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Offered by Representative Gara												
Wordage:												
It is the intent of the legislature that the department review fund sources in all allocations and reduce excess receipt authority where the department believes the collection of receipts is not achievable.												

**Explanation:**

Reduce excess receipt authority.

<b>* Allocation Total *</b>		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>** Appropriation Total **</b>		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

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**Agency: Department of Health and Social Services**

	Trans Type	Total Expenditure	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants	Misc	PFT	PPT	TMP
<b>Medicaid Services</b>												
<b>Behavioral Health Medicaid Services</b>												
<b>H HSS 9 - One-Time Funding for Study on Improving Alaska's Capacity to Treat Defendants with Acute Mental Health Needs</b>	IncOTI	159.0	0.0	0.0	159.0	0.0	0.0	0.0	0.0	0	0	0
Offered by Representative Gara												
Funds will match existing MHTAAR to conduct a study to determine whether Alaska needs a forensic hospital or facilities apart from API for forensic services.												
1037 GF/MH (UGF)		159.0										
<b>* Allocation Total *</b>		159.0	0.0	0.0	159.0	0.0	0.0	0.0	0.0	0	0	0

**Health Care Medicaid Services**

<b>H HSS 12 - 3-year Federal Funding Paired with GF in DBH to Support Hospital-based Mental Health Care (FY19-FY21)</b>	IncT	1,900.0	0.0	0.0	0.0	0.0	0.0	1,900.0	0.0	0	0	0
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Offered by Representative Gara

In recent years, Alaska has not claimed all of the federal Disproportionate Share Hospitals (DSH) funding to which it is entitled due to a lack of matching funds and federal receipt authority. With a commitment of \$1.9 million in Alaska Comprehensive Health Insurance (ACHI) funds in SFY2019, the State would be able to leverage an additional \$1.9 million of federal DSH funds.

Currently, there is a major gap in the Alaska Psychiatric Institute's (API) ability to admit patients, due to its limited capacity of 80 beds. Although API is claiming all of the DSH funding to which it, as Alaska's only public psychiatric hospital, is currently entitled, the State could claim a portion of its unused DSH funds to support other hospitals and community behavioral health programs that are especially impacted by the lack of treatment beds at API.

Specifically, these additional funds would enhance the capacities of the State's three existing DSH-funded hospital-based mental health treatment programs and provide new financial support to approximately three other hospitals impacted by the lack of treatment beds at API.

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<u>Type</u>	<u>Expenditure</u>	<u>Services</u>	<u>Travel</u>	<u>Services</u>	<u>Commodities</u>	<u>Outlay</u>	<u>Grants</u>	<u>Misc</u>	<u>PFT</u>	<u>PPT</u>	<u>TMP</u>		

**Medicaid Services (continued)**

**Health Care Medicaid Services (continued)**

**H HSS 12** - 3-year Federal Funding Paired with GF in DBH to Support Hospital-based Mental Health Care (FY19-FY21) (continued)

These hospitals have been working hard to provide and maintain safe environments for patients who are court-ordered to psychiatric evaluation and treatment at API (or one of the other two Designated Evaluation and Treatment hospitals). Many of these patients are being held for days and sometimes longer in their hospitals' emergency departments awaiting transfer to API.

Services provided would depend on what the hospital and, in some cases, the local community behavioral health center determines makes the most sense for their hospital/community, ranging from physician (including psychiatric) and social work services, additional security guards and substance use or mental health services (assessments, evaluations), to discharge planning and converting emergency rooms to safe rooms, etc., all geared towards providing more appropriate services for the mentally ill and relieving the stress and pressures on emergency departments.

While two other existing hospitals have approved Certificates of Need to expand services to provide treatment for people who would qualify for API admission, these new services will not be online until early 2019 and 2020, and ultimately are not anticipated to meet the existing need. Further, the Department of Health & Social Services has submitted the Section 1115 Behavioral Health Medicaid Waiver application to the Centers for Medicare and Medicaid Services (CMS) which will help increase access to community-based behavioral health services. Service implementation will take multiple years and although it is anticipated to begin in 2020, it will be based on negotiations with and approval by CMS.

This enhanced DSH funding approach would enable the State to help address a demonstrated crisis in the provision of adequate and appropriate

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	<u>Type</u>	<u>Expenditure</u>	<u>Services</u>				<u>Outlay</u>					

**Medicaid Services (continued)**

**Health Care Medicaid Services (continued)**

**H HSS 12** - 3-year Federal Funding Paired  
with GF in DBH to Support Hospital-based  
Mental Health Care (FY19-FY21) (continued)  
hospital-level care for Alaskans experiencing a mental health crisis.

Without additional resources there will continue to be expensive  
uncompensated care at medical facilities for patients they hold, waiting for API  
admission.

1002 Fed Rcpts (Fed) 1,900.0

<b>* Allocation Total *</b>		1,900.0	0.0	0.0	0.0	0.0	0.0	1,900.0	0.0	0	0	0
<b>** Appropriation Total **</b>		2,059.0	0.0	0.0	159.0	0.0	0.0	1,900.0	0.0	0	0	0
<b>*** Agency Total ***</b>		-15,488.8	4,378.8	40.0	468.4	-1,689.9	0.0	-18,686.1	0.0	42	0	0
<b>**** All Agencies Total ****</b>		-15,488.8	4,378.8	40.0	468.4	-1,689.9	0.0	-18,686.1	0.0	42	0	0

## Column Definitions

**HSub Amends (House Subcom Amendments)** - House Finance Subcommittee Amendment Proposals submitted to the House Finance Committee.