

**Department of Family and Community Services**  
**FY2024 - Summary of Significant Budget Issues**  
(\$ thousands)

**Narrative report for significant items in the Governor's FY24 budget.**

Item	Appropriation / Allocation	Description	Amount / Fund Source	Comment
1	Alaska Pioneer Homes / Pioneer Homes	Add General Fund Program Receipt Authority to Support Increase in Pioneer Home Residents	\$1,250.0 GF/Prgm (DGF)	The Department states that several of the Alaska Pioneer Homes have maintained a steady 95% capacity rate, while other Pioneer Homes expect to achieve that same census in the near future. The consistency in this high utilization translates to a higher collection of general fund program receipts. The Department indicated that with this consistently high census there is a subsequent need to increase the expenditure of those receipts to provide necessary goods (linens, kitchenware, beds, etc.) for the elders occupying the Pioneer Homes.
2	Inpatient Mental Health / Designated Evaluation and Treatment	Second Year of Mental Health Facilities & Meds (Ch41 SLA22 (HB172))	<b>Total: \$904.0</b>  \$150.0 I/A Rcpts (Other) \$754.0 GF/MH (UGF)	House Bill 172 (Ch. 41, SLA 2022) expanded capacity for psychiatric evaluation, stabilization, and treatment by allowing a new category of facility to seek designation from the Department to provide involuntary commitment services, similar to current Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) centers. Previously, State regulatory guidance only allowed hospitals to be designated as DET/DES facilities. HB 172 authorized these services to be implemented at non-hospital facilities that had received designation from the Department, in advance of regulatory changes to be adopted by the Department by July 1, 2024.  The purpose of this increment is to compensate designated providers when there is no other payor or fund source that is sufficient to pay for DES and DET services in certain facilities. Under current regulations, only hospitals can qualify for federal Disproportionate Share Hospital (DSH) funding. The facility types contemplated in HB 172, including those operated by tribal entities, are not currently eligible for federal DSH funding but may be in the future.  This increment represents year two of projected out-year costs in the Department's original fiscal note associated with the enacted legislation.
3	Inpatient Mental Health / Alaska Psychiatric Institute	Establish Competency Restoration and Jail-Based Restoration Pilot Programs	\$800.0 GF/MH (UGF) <b>4 PFT Positions</b> <b>1 PPT Position</b>	The Alaska Psychiatric Institute (API) is an 80-bed hospital: 60 are for adult civil commitments, 10 are for youth civil commitments, and 10 are designated for forensic commitments (individuals who have been charged with or convicted of criminal behavior). These

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3	Inpatient Mental Health / Alaska Psychiatric Institute	Establish Competency Restoration and Jail-Based Restoration Pilot Programs	\$800.0 GF/MH (UGF) <b>4 PFT Positions</b> <b>1 PPT Position</b>	<p>(continued)</p> <p>10 forensic beds are known as the Taku Unit and constitute the only competency restoration program in the state. The average wait time for admission to the Taku Unit is 32 days.</p> <p>This increment is aimed at reducing the wait time, expanding available services for forensic patients, and creating two new pilot programs to better distinguish between patients in need of competency restoration services who have been charged with criminal behavior due to their mental illness and those who have been convicted of criminal behavior. This increment includes the addition of five new positions to oversee the programs and participate in competency determinations.</p> <p><b>Outpatient Restoration Program:</b> A 10-person pilot program that will work closely with the Anchorage Mental Health Court. Admission will be limited based on initial competency screening to those bail-eligible defendants charged with misdemeanors and working up to those with class C felonies who are medication compliant.</p> <p><b>Jail-Based Restoration Program:</b> In collaboration with the Department of Corrections, API is designing a jail-based program to support court-ordered evaluations of competency in those convicted of criminal behavior and who are suffering from mental illness. API is reviewing successful implementations of similar programs in other states as part of this design phase.</p> <p>The following new positions are being requested in the Alaska Psychiatric Institute:</p> <ol style="list-style-type: none"> <li>1. Forensic Psychologist (PFT), range 26, located in Anchorage - this will be the Program Director</li> <li>2. Mental Health Clinician 3 (PFT), range 21, located in Anchorage</li> <li>3. Mental Health Clinician 3 (PFT), range 21, located in Anchorage</li> <li>4. Psychiatric Nursing Assistant (PFT), range 12,</li> </ol>

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3	Inpatient Mental Health / Alaska Psychiatric Institute	Establish Competency Restoration and Jail-Based Restoration Pilot Programs	\$800.0 GF/MH (UGF) <b>4 PFT Positions</b> <b>1 PPT Position</b>	(continued) located in Anchorage 5. Forensic Psychiatrist (PPT), range 28, located in Anchorage
4	Children's Services / Children's Services Management	MH Trust: Add Transition Coordinator and Grant Funding to Support Aged Foster Youth Transitioning to Adult Services	<b>Total: \$385.0</b>  \$150.0 GF/MH (UGF) \$235.0 MHTAAR (Other)	<p>The Mental Health Trust Authority (MHTA, or Trust) recommendations included a new set of temporary increments for FY24-FY27 aimed at assisting aged foster youth out of the foster system and into adult services. The Trust recommends a new, permanent position to be created in the Office of Children's Services (OCS) that would function as a transition coordinator for foster youth, who will be responsible for liaising with other State agencies to ensure the smooth transition of foster youth into adult services. Additionally, increased funds would be made available as grants through the existing independent living programs for aged foster youth in OCS. The purpose of these grant funds would be to ensure a basic safety net is available for a limited time to youth who have reached the age of 21 and are working toward establishing their independent living situation.</p> <p>The MHTA-recommended increments in the Children's Services Management allocation are as follows:</p> <p>1. Flex Funds for Transition-Aged Foster Youth \$100.0 MHTAAR (Other) \$150.0 GF/MH (UGF)</p> <p>2. Foster Care Youth Transition Coordinator \$135.0 MHTAAR (Other)</p> <p><b>Fiscal Analyst Comment:</b> There is not a new position included in the request to add funding for a Foster Care Youth Transition Coordinator, nor is there a corresponding position adjustment to add a new position for this purpose. There may already be a position available for this purpose.</p>

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5	Children's Services / Front Line Social Workers	Replace General Fund with General Fund Match	<b>Net Zero</b>  \$40,000.0 GF/ Match (UGF) (\$40,000.0) Gen Fund (UGF)	This fund source change replaces general funds with general fund match, which is a specific fund code used to track State general funds that are used to pay the State's portion of costs associated with federal programs. The Department states that a review was completed to determine the amount of unrestricted general funds that were being used to match federal dollars and that the purpose of this fund change is to more accurately reflect the State's maintenance of effort for programs and services that are also supported with federal revenue.
6	Departmental Support Services / Commissioner's Office	Establish Complex Placement and Coordination Unit	<b>Total: \$324.0</b>  \$88.2 Fed Rcpts (Fed) \$205.8 GF/Match (UGF) \$30.0 I/A Rcpts (Other) <b>3 PFT Positions</b>	<p>The Department will establish the Complex Placement and Coordination Unit (CPC) to meet the growing need for individuals with complex needs that cannot be met by the providers in Alaska, or with conditions or circumstances that need to be dealt with in an immediate timeframe.</p> <p>This designated unit would provide increased coordination of effort to navigate a network of placement options both inside and outside the provider networks of the state. This unit will become the single point of contact for the Department and its partners to coordinate complex placement activities for all of the Department's divisions.</p> <p>In addition to the centralization of coordinated placement efforts, the CPC will build business contacts with facilities nationwide to improve placement needs as they arise if options within Alaska are not available. The unit will work with facilities to become Medicaid or third-party-payor eligible, and will also be responsible for overseeing long-term facility development to meet the gap that currently exists between in-state need and in-state service delivery options.</p> <p>This increment includes three new positions. The Department states that the required staff must be individuals with medical backgrounds who can understand and address individuals who possess complex medical, developmental, and behavioral health needs. The following new positions are requested in the Commissioner's Office:</p>

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