

State of Alaska FY2002 Governor's Operating Budget

Department of Health and Social Services
Institutions and Administration
Budget Request Unit

Institutions and Administration Budget Request Unit

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BRU Mission

The mission of the Division is to plan with and provide appropriate prevention, treatment and support for families impacted by mental disorders or developmental disabilities, while maximizing self-determination.

BRU Services Provided

This BRU has two components: Mental Health and Developmental Disabilities (MHDD) Administration, and the Alaska Psychiatric Institute (API).

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION:

This component provides centralized support services for the Alaska Psychiatric Institute, and two grant programs - Community Mental Health Grants and Community Developmental Disabilities Grants. Support services include administration and fiscal management, service system planning and development, maintenance of the automated information system, and oversight of the \$50.0 million grant programs. Direct services include quality assurance, technical assistance, case management, and consultation. The Division works closely with the Alaska Mental Health Board, the Governor's Council on Disabilities and Special Education, and the Alaska Mental Health Trust Authority to determine overall policy aspects of planning and implementing a comprehensive system of services for people who experience mental illness or developmental disabilities.

THE ALASKA PSYCHIATRIC INSTITUTE: Located in Anchorage, the Alaska Psychiatric Institute (API) is the major state facility providing inpatient psychiatric care to the people of Alaska. It is a seven day a week, twenty-four hour treatment facility. Clients are admitted either voluntarily, or involuntarily through a Police Officer Application or Ex Parte Commitment. API provides diagnosis, evaluation and treatment services in accordance with its statutory mandates and the strict health care industry standards and requirements set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Health Care Financing Administration (HCFA), and Alaska's Certification and Licensure section. API provides outreach, consultation, and training to mental health service providers, community mental health centers, and Pioneer Homes. In addition, API serves as a backup to the community mental health centers, coordinating transitions from outpatient care to hospitalization and, alternatively, providing follow-up services to patients at mental health centers upon release from API.

BRU Goals and Strategies

- 1) **IMPLEMENT STATE LAWS PROTECTING AND ENHANCING THE MENTAL HEALTH OF ALASKANS.**
 - Promote increased awareness and acceptance of people with special needs and work toward decreasing the incidence and impact of mental disorders and developmental disabilities.
 - Through direct service and oversight of other service agencies in the state, meet the needs of people with mental disorders or developmental disabilities and their families, consistent with requirements of the Mental Health Trust Settlement.
 - Maximize use of federal resources available to assist in meeting the mental health needs of Alaskans.
- 2) **ENSURE ABILITY TO HIRE AND RETAIN COMPETENT, QUALIFIED STAFF AT API BY WORKING TO MAINTAIN THE SALARIES OF API POSITIONS COMPETITIVE WITH PRIVATE SECTOR HEALTHCARE SALARIES (E.G., R.N. AND PHYSICIAN ASSISTANT SALARIES).**
- 3) **CONTINUE TO IMPROVE PATIENT CARE.**
 - Utilizing established multi-disciplinary teams, continue API's focus on its hospital-wide quality improvement program [API's teams are organized around the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO's) functional standards]
 - Continue to train all API clinical staff in the role recovery approach to patient care and treatment

- Continue to improve API's therapeutic environment by improving the milieu of each patient unit and patient care areas more generally
- 4) REPLACE THE CURRENT 74 BED API FACILITY WITH A DOWNSIZED 54 BED FACILITY, AND FULLY IMPLEMENT THE COMMUNITY SERVICES PLAN DESIGNED TO REPLACE A PORTION OF API'S HOSPITAL-BASED SERVICES.

Key BRU Issues for FY2001 – 2002

Key issues for the Division as a whole include:

- **Health and safety:** Consumer health and safety issues continue to be at the forefront of the Division's concerns. This coming session we will be seeking legislative change which would require provider agencies to notify the Division in the case of consumers known to be missing, seriously injured or deceased. We will also be seeking revision of the current statutes and regulations governing ALHs, which serve both mental health and developmental disabilities consumers. The Division strives to expand Assisted Living Homes (ALH) licensing requirements to include homes with 1-2 clients, and expects to implement new standards of care, in an effort to increase the health and safety of ALH residents.
- **Staff recruitment and retention:** At both the state and provider levels, difficulty in recruiting and retaining quality staff is of increasing concern. Relative to Alaska's cost of living, local wages are no longer keeping pace with those in much of the lower 48. This points to a need for provider capacity building; without funds to support an adequate infrastructure, agencies are unable to serve a continually larger consumer base.
- **Data:** The Division faces a continued need for management information system (MIS) development in order to meet the increasingly complex data reporting requirements from the legislature, the Alaska Mental Health Trust Authority, the Alaska Mental Health Board, the Governor's Council, and the Commissioner's Office. However, obstacles exist on several fronts. The department as a whole is grappling with system compatibility/interconnectivity issues, and with grantee compliance with data reporting requirements.
- **Staff funding:** The Division seeks base budget funding for two critical staff, the Statewide Children's Mental Health Services Coordinator and the Mental Health Consumer Affairs position. Both positions were created under Trust initiatives and have proven their value in the mental health system.
- **Quality assurance:** In both the mental health and developmental disabilities programs, agencies need more technical assistance in their provision of quality services than the Division is able to provide. For the past year, three quality assurance staff have attempted to keep pace with the technical assistance demands from about 100 provider agencies. The Division seeks additional QA funding in order to be able to fill our fourth QA position, and to supplement the annual quality assurance contract.

Key Issues for the Alaska Psychiatric Institute include:

- Retain API's JCAHO accreditation during JCAHO's survey of the hospital in December of 2000
- Resolution of the API 2000 Project goal: find a replacement facility solution for Old API by focusing on the original option of building a new replacement facility on the present API site.
- Find a solution to API's use of mandatory overtime in the Nursing Department in order to adequately staff hospital patient units at a safe and therapeutic level; API management believes it is vitally necessary to greatly reduce or eliminate the use of mandatory overtime because of staff burnout and safety concerns
- Work to hire and retain competent clinical healthcare staff at API, in the face of significantly higher wages in the private sector
- Coordinate closely with the Community Mental Health/API 2000 Project in implementation of the new and enhanced community-based mental health services for the community of Anchorage, to assist in attempting to reduce the bed demand at API.

Major BRU Accomplishments for FY2000

Administration component staff provided oversight for the Division's \$50 million dollar community grant programs serving an estimated 2,460 developmentally disabled consumers and 20,000 consumers with mental health issues, through approximately 100 non-profit grantee agencies.

At API:

- Maintained an increase in the quality of services while facing at 10% increase in patient admission during FY00
- Reduced the use rate of hours in seclusion by 50% in one year
- Completed implementation of a hospital-wide performance improvement system using teams made up of staff from all departments and all levels within the hospital

Key Performance Measures for FY2002

Measure: Decrease the average number of publicly funded psychiatric hospital days used per hospitalized person. (SB 281, modified)
(Developed jointly with Legislature in FY2001.)

Current Status:

In FY00 the average was 10 days.

Benchmark:

In FY98 the average stay was 14 days. (excludes data on consumers in residence at API longer than 6 months)

Background and Strategies:

The purpose of the Community Mental Health/API 2000 Project (CMHP) is to replace the aging API with a new facility, make it possible to safely operate with reduced inpatient capacity by increasing and enhancing community-based mental health and substance abuse services in Anchorage, and further improve inpatient hospital care provided within API.

The new and enhanced services that are a part of the CMHP were designed to specifically impact the number of admissions to API from the Anchorage area and reduce the number of patient days. These new and enhanced Anchorage community services either are -- or are coming -- on line at this time. The first new service started in October of 1999, providing intensive, extended care services for 6 long-term API patients. Enhanced and expanded crisis respite care started in September of 2000, and enhanced detoxification and residential dual diagnosis services began in October of 2000.

Measure: Increase the percentage of mental health and developmental disabilities provider programs reviewed for consumer satisfaction to at least 50%. (SB 281, modified)
(Developed jointly with Legislature in FY2000.)

Current Status:

In FY00, 56% of MH provider programs were reviewed and 43% of DD provider programs were reviewed.

Benchmark:

In FY99, 49% of MH provider programs were reviewed and 34% of DD provider programs were reviewed.

Status of FY2001 Performance Measures

	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> • Decrease the average number of publicly funded psychiatric hospital days used per hospitalized person. (SB 281, modified) 		X			

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	<i>Achieved</i>	<i>On track</i>	<i>Too soon to tell</i>	<i>Not likely to achieve</i>	<i>Needs modification</i>
<ul style="list-style-type: none"> Increase the percentage of mental health and developmental disabilities provider programs reviewed for consumer satisfaction to at least 50%. (SB 281, modified) 		X			

Institutions and Administration
BRU Financial Summary by Component

All dollars in thousands

	FY2000 Actuals				FY2001 Authorized				FY2002 Governor			
	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds	General Funds	Federal Funds	Other Funds	Total Funds
Formula Expenditures												
None.												
Non-Formula Expenditures												
Mental Health/DD Admin	2,569.9	334.9	1,850.6	4,755.4	2,724.0	1,181.7	2,034.5	5,940.2	2,710.4	1,612.4	2,342.7	6,665.5
Alaska Psychiatric Institute	2,023.5	0.0	13,886.4	15,909.9	4,439.8	0.0	11,806.4	16,246.2	6,325.8	0.0	10,357.7	16,683.5
Federal Mental Health Projects	0.0	1,540.3	321.1	1,861.4	0.0	2,048.5	177.1	2,225.6	0.0	0.0	0.0	0.0
Totals	4,593.4	1,875.2	16,058.1	22,526.7	7,163.8	3,230.2	14,018.0	24,412.0	9,036.2	1,612.4	12,700.4	23,349.0

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Proposed Changes in Levels of Service for FY2002

Not yet resolved.

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Summary of BRU Budget Changes by Component

From FY2001 Authorized to FY2002 Governor

All dollars in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2001 Authorized	7,163.8	3,230.2	14,018.0	24,412.0
Adjustments which will continue current level of service:				
-Mental Health/DD Admin	-82.6	320.5	169.8	407.7
-Alaska Psychiatric Institute	636.8	0.0	-11.6	625.2
-Federal Mental Health Projects	0.0	-2,048.5	-177.1	-2,225.6
Proposed budget decreases:				
-Mental Health/DD Admin	0.0	0.0	-81.0	-81.0
-Alaska Psychiatric Institute	0.0	0.0	-686.8	-686.8
Proposed budget increases:				
-Mental Health/DD Admin	69.0	110.2	219.4	398.6
-Alaska Psychiatric Institute	1,249.2	0.0	-750.3	498.9
FY2002 Governor	9,036.2	1,612.4	12,700.4	23,349.0