

State of Alaska FY2013 Governor's Operating Budget

Department of Health and Social Services Designated Evaluation and Treatment Component Budget Summary

Component: Designated Evaluation and Treatment**Contribution to Department's Mission**

To protect and improve the quality of life for consumers impacted by behavioral health disorders or illness, reducing the rate of unintended injuries and suicide, and recognizing the prevalence of co-occurring substance use and mental health disorders during the provision of emergency services and treatment.

Core Services

- The Designated Evaluation and Treatment (DET) component provides fee-for-service funding, on a payer-of-last resort basis, to designated local community hospitals. These designated hospitals provide involuntary evaluation and treatment services to people court-ordered under AS 47.30.655 – AS 47.30.915, and to people who meet commitment criteria but have agreed to voluntary services in lieu of commitment under AS 47.31.010(b)(1)(B).
- A Designated Evaluation and Treatment (DET) facility may provide up to 1) 72-hours of inpatient psychiatric evaluation; 2) 7 days of crisis stabilization and treatment services; and 3) 40 days of in-patient psychiatric hospital services as close to the consumer's home, family, and support system as possible. Component funding also supports consumer and escort travel to designated hospitals and back to their home community on discharge.
- A Designated Evaluation and Stabilization (DES) facility may provide up to 72-hours of inpatient psychiatric evaluation services and up to 7 days of crisis stabilization and treatment services.
- DES / DET psychiatric emergency services is a significant component within the Division's continuum of behavioral health services and is essential to controlling admissions to Alaska Psychiatric Institute (API), Alaska's only public psychiatric hospital.

Key Component ChallengesOngoing challenges:

- Communities outside of Anchorage, Juneau and Fairbanks often do not have adequate facilities or the professional staff necessary to safely stabilize persons experiencing local behavioral health emergencies; often these communities only have a "seclusion room" in the local hospital or community health clinic, but if neither of these options are available, emergency responders have to detain people in local jails pending transport to an psychiatric evaluation and/or treatment site.
- Communities statewide, but especially in more isolated rural areas, face significant workforce issues; local behavioral health programs in particular have great difficulty recruiting and retaining psychiatrists, advanced nurse practitioners or registered nurses with psychiatric specialties, licensed clinical psychologists, and licensed MSWs. Rural social service programs routinely experience workforce shortages and high turnover in other behavioral health professions and positions.
- There is a need for ongoing training in the management of psychiatric emergencies and the short-term stabilization and treatment process in order to better support staff working in DES/DET facilities and local behavioral health centers.
- Clear expectations need to be established and supported through ongoing orientation, training, technical assistance, and continuing quality improvement processes, in order to develop and sustain DES services in those communities fortunate enough to have both a small, critical access hospital and a comprehensive behavioral health center program.
- Maintaining functioning partnerships between local hospitals and community behavioral health providers and other key social service agencies, in order to facilitate efficient and effective shared responses to local behavioral health emergencies, is a significant, continuing challenge.
- Time intensive funding exploration efforts, as well as coordination and training around implementation, is necessary to meet the need of the State's behavioral health emergency services system for increased tele-behavioral health service capacity.
- It is our understanding, when the federal Health Care Reform Law takes effect in 2014, that the present funding source for Alaska's DET services – Disproportionate Share Hospital (DSH) funds – will be substantially curtailed, effectively ending the capacity of Alaska to use its non-IMD DSH funding to support the provision of DET services at Bartlett Regional Hospital and Fairbanks Memorial Hospital. This is a significant issue that requires advance

planning and future funding decisions if the Division is to continue funding the State's important DET program after FY2013.

Budget year challenges:

- It is anticipated that DES/DET facilities and local community behavioral health centers (CBHCs) will continue to struggle with workforce issues, including shortages and turnover in psychiatrist, advanced nurse practitioner, psych nurse, and other behavioral health clinician positions. Fluctuations in staffing at any of the partners involved in the provision of behavioral health emergency services (including transportation) can render the DES/DET delivery system ineffective.
- The inability to successfully recruit new hospitals to provide DES/DET services in the Mat-Su Valley, Anchorage bowl, and the central Kenai Peninsula region (areas that are the source of over 80% of API's annual admissions) increases the need for the Division to develop communications and placement strategies in order to respond when the census pressure on API creates a backlog of committed patients awaiting transfer to API from hospital emergency rooms statewide.
- We continue to work with local CBHCs to encourage them to develop or re-establish a local crisis respite capacity as an alternative to hospitalization. Unfortunately, despite our hope that the Crisis Respite Provider Agreement, first deployed in FY2011 using Individual (Adult) Service Agreements (ISAs) as the payment source, would interest behavioral health grantees, not one agency ultimately took advantage of this program. We continue to hope that will change in FY2012 and programs will consider establishing this service option.

Significant Changes in Results to be Delivered in FY2013

No significant changes in results delivered are anticipated for FY2013.

Major Component Accomplishments in 2011

- Hired a statewide Emergency Services Program Specialist on November 1, 2010 to evaluate the functioning of the existing system, including the DES/DET programs, and in collaboration with division staff, partners, and stakeholders developed a plan for needed system changes and improvements.
- API now has three telemedicine networks bridged into the hospital core. As a result, remote sites now have the potential of receiving tele-behavioral health services using API doctors and social workers; API is continuing to explore options with other rural hospitals and clinics that continue to have difficulty with psychiatric coverage.
- The provider agreement for Secure Transport Services, including the fee structure, was updated. We anticipated multiple responses to the new provider agreement, including from local police agencies, but that did not occur. The new fee structure was sufficient to encourage the existing secure transport companies to remain in the business, and we were also able to recruit a new start-up company into the business, which has greatly relieved stress on the system and quieted service complaints.

Statutory and Regulatory Authority

AS 47.07.030	Medical Services to be Provided
AS 47.07.040	State Plan for Provision of Medical Assistance
AS 47.07.073	Uniform Accounting, Budgeting, and Reporting
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 43.687	Disproportionate Share Hospital
7 AAC 150.170(8)	Allowable Reasonable Operating Costs
7 AAC 150.180	Methodology and Criteria for Additional Payments as a Disproportionate Share Hospital
7 AAC 78	Grant Programs
7 AAC 71	Community Mental Health Services
7 AAC 72	Civil Commitment
13 AAC 60.010 – 900	Licensing of Security Guards and Security Guard Agencies
AS 18.65.400 – 490	Police Protection

Contact Information

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**Designated Evaluation and Treatment
Component Financial Summary**

All dollars shown in thousands

	FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	0.0	0.0	0.0
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	3,134.2	3,156.4	3,156.4
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	3,134.2	3,156.4	3,156.4
Funding Sources:			
1037 General Fund / Mental Health	3,134.2	3,156.4	3,156.4
Funding Totals	3,134.2	3,156.4	3,156.4

**Summary of Component Budget Changes
From FY2012 Management Plan to FY2013 Governor**

All dollars shown in thousands

	<u>Unrestricted Gen (UGF)</u>	<u>Designated Gen (DGF)</u>	<u>Other Funds</u>	<u>Federal Funds</u>	<u>Total Funds</u>
FY2012 Management Plan	3,156.4	0.0	0.0	0.0	3,156.4
FY2013 Governor	3,156.4	0.0	0.0	0.0	3,156.4

Component Detail All Funds
Department of Health and Social Services

Component: Designated Evaluation and Treatment (1014)
RDU: Behavioral Health (483)

	FY2011 Actuals	FY2012 Conference Committee	FY2012 Authorized	FY2012 Management Plan	FY2013 Governor	FY2012 Management Plan vs FY2013 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	3,134.2	3,156.4	3,156.4	3,156.4	3,156.4	0.0	0.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	3,134.2	3,156.4	3,156.4	3,156.4	3,156.4	0.0	0.0%
Fund Sources:							
1037 GF/MH (UGF)	3,134.2	3,156.4	3,156.4	3,156.4	3,156.4	0.0	0.0%
Unrestricted General (UGF)	3,134.2	3,156.4	3,156.4	3,156.4	3,156.4	0.0	0.0%
Designated General (DGF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Other Funds	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Federal Funds	0.0	0.0	0.0	0.0	0.0	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 and Social Services

Component: Designated Evaluation and Treatment (1014)

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 FY2012 Conference Committee To FY2012 Authorized *****												
FY2012 Conference Committee	ConfCom	3,156.4	0.0	0.0	0.0	0.0	0.0	3,156.4	0.0	0	0	0
1037 GF/MH		3,156.4										
Subtotal		3,156.4	0.0	0.0	0.0	0.0	0.0	3,156.4	0.0	0	0	0
***** Changes From FY2012 Authorized To FY2012 Management Plan *****												
Subtotal		3,156.4	0.0	0.0	0.0	0.0	0.0	3,156.4	0.0	0	0	0
***** Changes From FY2012 Management Plan To FY2013 Governor *****												
Totals		3,156.4	0.0	0.0	0.0	0.0	0.0	3,156.4	0.0	0	0	0

Line Item Detail
Department of Health and Social Services
Grants, Benefits

Component: Designated Evaluation and Treatment (1014)
RDU: Behavioral Health (483)

Line Number	Line Name			FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
77000	Grants, Benefits			3,134.2	3,156.4	3,156.4
Expenditure Account	Servicing Agency	Explanation		FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
77000 Grants, Benefits Detail Totals				3,134.2	3,156.4	3,156.4
77110		Grants		48.7	0.0	0.0
77670		Benefits	DES hospital expansion fund DES hospital expansion fund	3,085.5	392.6	381.2
77670		Benefits	Title 47 transports Title 47 transports	0.0	531.0	542.4
77670	PubSaf	Benefits	RSA: Alaska State Troopers Title 47 transports RSA: Alaska State Troopers Title 47 transports	0.0	70.0	70.0
77670		Benefits	DET physician and hospital services not covered by DSH Agreements DET physician and hospital services not covered by DSH Agreements	0.0	302.8	220.4
77670	H&SS	Benefits	RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital - assuming 1,137 encounters	0.0	1,020.0	1,337.3
77670	H&SS	Benefits	RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital - assuming 450 encounters	0.0	840.0	605.1

Inter-Agency Services
Department of Health and Social Services

Component: Designated Evaluation and Treatment (1014)
RDU: Behavioral Health (483)

Expenditure Account	Service Description	Service Type	Servicing Agency	FY2011 Actuals	FY2012		
					Management Plan	FY2013 Governor	
77670	Benefits	RSA: Alaska State Troopers Title 47 transports	Inter-dept	PubSaf	0.0	70.0	70.0
77670	Benefits	RSA: Alaska State Troopers Title 47 transports RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital - assuming 1,137 encounters	Intra-dept	H&SS	0.0	1,020.0	1,337.3
77670	Benefits	RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital - assuming 450 encounters RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital	Intra-dept	H&SS	0.0	840.0	605.1
77670 Benefits subtotal:					0.0	1,930.0	2,012.4
Designated Evaluation and Treatment total:					0.0	1,930.0	2,012.4
Grand Total:					0.0	1,930.0	2,012.4