

State of Alaska FY2013 Governor's Operating Budget

Department of Health and Social Services Psychiatric Emergency Services Component Budget Summary

Component: Psychiatric Emergency Services

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.

Core Services

- 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.
- 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.

Key Component Challenges

- Each community in Alaska, be it village or urban center, must have some capacity to respond to behavioral health emergencies, including psychiatric. In the event local behavioral health options are not available, the psychiatric emergency must be coordinated by local primary care healthcare professionals, with behavioral health backup (sometimes via technology or from a regional hub). Local challenges and solutions are as diverse as the geography and cultures.
- Rural / Frontier challenges include the ability of small communities to coordinate services in such a manner as to preserve the dignity and respect of the person experiencing the crisis. This includes careful liaison with law enforcement, village-based peace officers, primary care practitioners, and behavioral and community health aides. A greater emphasis must be placed on developing local, ‘hands on’, trauma-informed crisis intervention skills in order to decrease the number of crisis transfers of local residents out of their home communities for stabilization in a regional or urban hospital.
- Suicide knows no boundaries in the State of Alaska. Prevalence rates are unacceptable, be it in urban, rural or frontier communities. The provision of behavioral health emergency services is often the first response in these crisis situations. Reducing the prevalence requires concerned citizens and the community at large to recognize warning signs and, when possible, to invoke appropriate intervention responses. There also exists a need to train first responders in effectively handling traumatic situations, should there be tragic outcome.
- Psychiatric Emergency Services is a part of the continuum of care and is often a partnership between the local or regional behavioral health provider agency, law enforcement, primary care, and a hospital emergency department. Due to the disparity in resources across the State, the level of coordination and attention to clinically appropriate intervention and postvention strategies requires standardization and continuing education.
- The development of quality local Psychiatric Emergency Services throughout the State, including the continued expansion of available Designated Evaluation and Stabilization (DES) and Designated Evaluation and Treatment (DET) service facilities as well as the development of alternatives to hospitalization (such as crisis respite beds), is needed to minimize admissions to the State psychiatric hospital (Alaska Psychiatric Institute), which has very limited capacity (80 total beds, with only 50 acute adult beds) and has experienced significant census increases in recent years.
- Results of the Alaska Screening Tool, which is conducted with everyone who enters behavioral health treatment, indicate that 58% of the people have both substance abuse and mental health issues. All work with people who present with behavioral health crises needs to include screening and intervention for substance abuse as well as mental health issues. While this component is titled Psychiatric Emergency Services, attention to substance abuse and dependency needs to be integrated into screening, assessment, and treatment at all points in the continuum.

Significant Changes in Results to be Delivered in FY2013

- We expect improvement in the decision-making process around the statewide emergency services system by division policymakers and behavioral health stakeholder leadership because of access to a significant body of data analysis. Data is being gathered from the State's behavioral health centers through AKAIMS, and from the admissions and discharge data from API, the DES and DET facilities, the Providence Psychiatric Emergency Room (PPER), the Providence Crisis Recovery Center (PCRC), and many of the hospitals in the Anchorage / Mat-Su bowl. Data-based decision making should help us identify gaps, efficiencies, effectiveness, and potentially redirect resources for the right services to the right person at the right time and the right cost.
- Workforce shortages present significant barriers to effective response to behavioral health emergencies, especially in rural areas. Expansion of tele-health capacity, including a personal computer-based application of tele-health to a home-based model that is less expensive and has more comprehensive application, shows great promise to connect behavioral health aides, supervisors, clinicians, psychologists, and psychiatrists in a supportive practice model.
- Statewide training, not only for the emergency services staff of community behavioral health centers, but training sessions for emergency transport providers will result in improvement in the administration and delivery of the emergency services system, statewide.

Major Component Accomplishments in 2011

During FY2011, the division hired a statewide Emergency Services Program specialist. FY2011 accomplishments include:

- Creation of the Community Emergency Services System Steering Committee with six workgroups: Administration, Financing, Collaboration, Behavioral Health Services, Community Resources, and Peer & Family Supports.
- Coordination between the Alaska Court System, the Public Defender Agency, the Department of Law, and the Division regarding revisions to the Alaska State Court System forms that pertain to the emergency detention, evaluation and involuntary commitment of persons experiencing a mental health crisis.
- Initiation of the UAA / API Data Project with the goal of reviewing API admissions and discharge data in order to help explore potential ways to reduce census pressures on API.
- South Peninsula Hospital in Homer to complete an agreement to provide Designated Evaluation and Stabilization (DES) services to the south Kenai Peninsula region by the end of 2011.
- Long-promised crisis prevention and intervention training provided to the staff of two of Alaska's three DES hospitals (PeaceHealth Ketchikan Medical Center and South Peninsula Hospital), as well as to the staff of these two communities' associated behavioral health centers, meeting the Division's goal of helping the staff at these facilities feel more competent in working with difficult, aggressive, acting out patients.
- Revised Disproportionate Share Hospital (DSH) agreements to be completed, as well as separate agreements with all DES and DET hospitals for the reporting of information regarding the admissions to these facilities of persons seeking payment of their treatment services under the State's Mental Health Assistance Program (MHAP).
- A substantially revised Provider Agreement (PA) for Secure Transport Services was completed, including increases to the fee structure. The new fee structure was sufficient to encourage the existing two secure transport companies to remain in the business, and DBH was also able to recruit a new start-up company into the business, which greatly relieved stress on the system and quieted service complaints.

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	Grant Programs
7 AAC 72	Civil Commitment
7 AAC 71	Community Mental Health Services

Contact Information

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Psychiatric Emergency Services Component Financial Summary			
		<i>All dollars shown in thousands</i>	
	FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	1.9	0.0	0.0
73000 Services	1,265.6	1,885.7	1,885.7
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	5,880.2	6,923.3	6,923.3
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	7,147.7	8,809.0	8,809.0
Funding Sources:			
1004 General Fund Receipts	1,679.0	1,714.4	1,714.4
1037 General Fund / Mental Health	5,466.7	7,094.6	7,094.6
1092 Mental Health Trust Authority Authorized Receipts	2.0	0.0	0.0
Funding Totals	7,147.7	8,809.0	8,809.0

**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	8,809.0	0.0	0.0	0.0	8,809.0
FY2013 Governor	8,809.0	0.0	0.0	0.0	8,809.0

Component Detail All Funds
Department of Health and Social Services

Component: Psychiatric Emergency Services (1435)
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	1.9	0.0	0.0	0.0	0.0	0.0	0.0%
73000 Services	1,265.6	1,885.7	1,885.7	1,885.7	1,885.7	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	5,880.2	6,272.8	6,272.8	6,923.3	6,923.3	0.0	0.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	7,147.7	8,158.5	8,158.5	8,809.0	8,809.0	0.0	0.0%
Fund Sources:							
1004 Gen Fund (UGF)	1,679.0	1,714.4	1,714.4	1,714.4	1,714.4	0.0	0.0%
1037 GF/MH (UGF)	5,466.7	6,444.1	6,444.1	7,094.6	7,094.6	0.0	0.0%
1092 MHTAAR (Other)	2.0	0.0	0.0	0.0	0.0	0.0	0.0%
Unrestricted General (UGF)	7,145.7	8,158.5	8,158.5	8,809.0	8,809.0	0.0	0.0%
Designated General (DGF)	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Other Funds	2.0	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: Psychiatric Emergency Services (1435)

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	8,158.5	0.0	0.0	1,885.7	0.0	0.0	6,272.8	0.0	0	0	0
1004 Gen Fund		1,714.4										
1037 GF/MH		6,444.1										
Subtotal		8,158.5	0.0	0.0	1,885.7	0.0	0.0	6,272.8	0.0	0	0	0
***** Changes From FY2012 Authorized To FY2012 Management Plan *****												
ADN 06-2-0041 Transfer authority from Behavioral Health Grants, approved 7/22/11												
	Trin	650.5	0.0	0.0	0.0	0.0	0.0	650.5	0.0	0	0	0
1037 GF/MH		650.5										
Subtotal		8,809.0	0.0	0.0	1,885.7	0.0	0.0	6,923.3	0.0	0	0	0
***** Changes From FY2012 Management Plan To FY2013 Governor *****												
Totals		8,809.0	0.0	0.0	1,885.7	0.0	0.0	6,923.3	0.0	0	0	0

In FY2012, the Division is initiating an adult crisis respite grant to Providence Hospital. A transfer of grant line authority is necessary from Behavioral Health Grants (AR 23030) to Psychiatric Emergency Services (AR 23045) to accommodate this new grant. The grant line authority is available in the BH Grant component from one-time grant incentive payments that were made in FY2011 and are not continuing in FY2012.

Line Item Detail
Department of Health and Social Services
Travel

Component: Psychiatric Emergency Services (1435)
RDU: Behavioral Health (483)

Line Number	Line Name		FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
72000	Travel		1.9	0.0	0.0
Expenditure Account	Servicing Agency	Explanation	FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
72000 Travel Detail Totals			1.9	0.0	0.0
72110		Employee Travel (Instate)	0.5	0.0	0.0
72120		Nonemployee Travel (Instate Travel)	1.4	0.0	0.0

Line Item Detail
Department of Health and Social Services
Services

Component: Psychiatric Emergency Services (1435)
RDU: Behavioral Health (483)

Line Number	Line Name			FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
73000	Services			1,265.6	1,885.7	1,885.7
Expenditure Account	Servicing Agency	Explanation		FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
73000 Services Detail Totals				1,265.6	1,885.7	1,885.7
73750		Other Services (Non IA Svcs)		0.1	0.0	0.0
73819		Commission Sales (IA Svcs)		0.1	0.0	0.0
73823	Health	H&SS	RSA with Health Care Services for DSH Agreement with Providence for Single Point of Entry Psychiatric Services	1,265.4	1,885.7	1,885.7
			RSA with Health Care Services for DSH Agreement with Providence for Single Point of Entry Psychiatric Services			

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

Component: Psychiatric Emergency Services (1435)
RDU: Behavioral Health (483)

Line Number	Line Name		FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
77000	Grants, Benefits		5,880.2	6,923.3	6,923.3
Expenditure Account	Servicing Agency	Explanation	FY2011 Actuals	FY2012 Management Plan	FY2013 Governor
77000 Grants, Benefits Detail Totals			5,880.2	6,923.3	6,923.3
77110	Grants	Psychiatric emergency services funded from the Comprehensive Treatment & Recovery Grant Program	5,857.4	6,540.1	6,540.1
77110	Grants	Psychiatric emergency services funded from the Comprehensive Treatment & Recovery Grant Program			
77110	Grants	Adult ISA provider agreement increment and adult crisis respite provider agreement	0.0	363.0	363.0
77110	Grants	Adult ISA provider agreement increment and adult crisis respite provider agreement			
77110	Grants	Emergency client travel	22.8	20.2	20.2
77110	Grants	Emergency client travel			

Inter-Agency Services
Department of Health and Social Services

Component: Psychiatric Emergency Services (1435)
RDU: Behavioral Health (483)

Expenditure Account	Service Description	Service Type	Servicing Agency	FY2011 Actuals	FY2012	
					Management Plan	FY2013 Governor
73823	Health RSA with Health Care Services for DSH Agreement with Providence for Single Point of Entry Psychiatric Services RSA with Health Care Services for DSH Agreement with Providence for Single Point of Entry Psychiatric Services	Intra-dept	H&SS	1,265.4	1,885.7	1,885.7
73823 Health subtotal:				1,265.4	1,885.7	1,885.7
Psychiatric Emergency Services total:				1,265.4	1,885.7	1,885.7
Grand Total:				1,265.4	1,885.7	1,885.7