

**State of Alaska  
FY2009 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 mental disorders or illness.

**Core Services**

The Psychiatric Emergency Services component provides competitive grant funding to community mental health agencies for services intended to aid people in psychiatric crisis. The service array may include crisis intervention, brief therapeutic interventions to help stabilize the client, and follow-up services. Specialized services such as mobile outreach teams and residential crisis/respice services are also funded in this component.

This is also the component that will respond to a disaster and seek federal assistance if an event meets federal disaster criteria and is declared by the President of the United States.

| FY2009 Resources Allocated to Achieve Results |                   |          |
|-----------------------------------------------|-------------------|----------|
| <b>FY2009 Component Budget: \$8,507,400</b>   | <b>Personnel:</b> |          |
|                                               | Full time         | 0        |
|                                               | Part time         | 0        |
|                                               | <b>Total</b>      | <b>0</b> |

**Key Component Challenges**

A major issue facing the component is the current reluctance of some providers to work with high acuity patients, or those clients who are most in need of services. Communities in the state each have a different method for organizing emergency services. In some communities there are few gaps in service and the emergency rooms at local hospital have strong relationships with the Behavioral Health providers who are credentialed to work in their facilities. In other communities, communication is limited to public meetings and behavioral staff are not allowed to assist with psychiatric emergencies in emergency rooms. This limits the ability of the provider to help individuals to remain in their home community and can increase referrals to the Alaska Psychiatric Institute (API). This also makes discharge planning from API more complicated, as the provider was not involved in the initial referral and has been absent in ongoing efforts to return the client home. The division has drafted clear guidelines on our emergency services standards and started ongoing training with providers starting in January 2007.

Another challenge is to cost effectively meet the 24/7 staffing expectations for emergency services in rural areas; usually these staff must be cross-trained in several ways and respond in an on-call basis. They effectively have no time off, which significantly adds to the stress, burnout, and turnover of staff. Because of the extensive geography, it is also not possible to be in all locations; face-to-face contacts are often not possible.

API and other mental health service provider agencies in Alaska are experiencing difficulty recruiting psychiatrists, psychiatric nurses and other mental health professionals. Since there is a limited supply of psychiatrists and psychiatric nurses in the nation, they are in high demand and agencies in the country's more densely populated areas tend to be able to offer an employment/lifestyle package that is more attractive than Alaska can offer. The 2007 workforce vacancy study reaffirmed that this shortage was especially true for psychiatric nurses and psychiatrists. The mean recruiting time for psychiatrists averaged 34.5 months.

**Significant Changes in Results to be Delivered in FY2009**

No significant changes in FY09.

**Major Component Accomplishments in 2007**

Through our emergency services system, we responded to 42,030 crises that involved many clients who were also served in other components when not in crisis. Ensuring that consumers in crisis are served quickly and appropriately enables them to access stabilization and treatment services as needed, reduces the overall costs related to serving these individuals over the long term, and prevents even more serious long-term consequences for the individuals needing emergency services. Emergency services continue to provide a direct alternative/diversion from psychiatric hospitalization.

Anchorage lost a detox facility in FY07-08; it has been followed by a broad, stakeholder community planning process for both Anchorage and rural. This planning process is expected to lead to an appropriation from the Legislature of the necessary operating and capital costs to support a facility, and programming with the capacity to address the most difficult clients. The process is also reviewing the best practices for the target population.

In a similar process, the Crisis Treatment Center was performing poorly in FY05 and 06. It too was closed briefly and reopened by another provider. In FY07 it began working more effectively to divert clients from unnecessary inpatient care and to offer step-down options from API.

The Division of Behavioral Health was awarded a Disaster Capacity Grant in FY04. The grant funded a full-time Disaster Planner/Coordinator, who has been updating the previous disaster plans that focused on natural disasters. The previous mental health disaster plan is being updated to coordinate across all state departments and include all behavioral health services, terrorist attacks, additional integrated responses with other first and early responders, and coordination with recovery workers. This is reflective of the Homeland Defense command structure. Coordination is especially integrated with Public Health and the hospital association. In FY06 this position transitioned to part-time under the federal grant. The disaster functions will progressively transition to regional Behavioral Health Specialists beginning in FY07 as the federal funding ends for a dedicated disaster staff specialist. Regional Behavioral Health Specialists are sequentially being trained by the federal Center for Mental Health Services in conjunction with FEMA to respond to presidential declared disasters.

**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

| <b>Contact Information</b>                                                                                                                                    |
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| <p><b>Contact:</b> Laura Baker, Budget Chief<br/> <b>Phone:</b> (907) 465-1629<br/> <b>Fax:</b> (907) 465-1850<br/> <b>E-mail:</b> Laura.Baker@alaska.gov</p> |

**Psychiatric Emergency Services  
Component Financial Summary**

*All dollars shown in thousands*

|                                                           | FY2007 Actuals | FY2008<br>Management Plan | FY2009 Governor |
|-----------------------------------------------------------|----------------|---------------------------|-----------------|
| <b>Non-Formula Program:</b>                               |                |                           |                 |
| <b>Component Expenditures:</b>                            |                |                           |                 |
| 71000 Personal Services                                   | 0.0            | 0.0                       | 0.0             |
| 72000 Travel                                              | 0.0            | 0.0                       | 0.0             |
| 73000 Services                                            | 43.3           | 402.5                     | 402.5           |
| 74000 Commodities                                         | 0.0            | 0.0                       | 0.0             |
| 75000 Capital Outlay                                      | 0.0            | 0.0                       | 0.0             |
| 77000 Grants, Benefits                                    | 5,825.5        | 5,700.9                   | 8,104.9         |
| 78000 Miscellaneous                                       | 0.0            | 0.0                       | 0.0             |
| <b>Expenditure Totals</b>                                 | <b>5,868.8</b> | <b>6,103.4</b>            | <b>8,507.4</b>  |
| <b>Funding Sources:</b>                                   |                |                           |                 |
| 1004 General Fund Receipts                                | 0.0            | 0.0                       | 614.4           |
| 1037 General Fund / Mental Health                         | 5,825.5        | 6,103.4                   | 7,893.0         |
| 1092 Mental Health Trust Authority<br>Authorized Receipts | 43.3           | 0.0                       | 0.0             |
| <b>Funding Totals</b>                                     | <b>5,868.8</b> | <b>6,103.4</b>            | <b>8,507.4</b>  |

**Summary of Component Budget Changes  
From FY2008 Management Plan to FY2009 Governor**

*All dollars shown in thousands*

|                                                                                            | <u>General Funds</u> | <u>Federal Funds</u> | <u>Other Funds</u> | <u>Total Funds</u> |
|--------------------------------------------------------------------------------------------|----------------------|----------------------|--------------------|--------------------|
| <b>FY2008 Management Plan</b>                                                              | <b>6,103.4</b>       | <b>0.0</b>           | <b>0.0</b>         | <b>6,103.4</b>     |
| <b>Adjustments which will continue current level of service:</b>                           |                      |                      |                    |                    |
| -Transfer in General Funds from Medicaid Services due to Elimination of Proshare Financing | 614.4                | 0.0                  | 0.0                | 614.4              |
| <b>Proposed budget increases:</b>                                                          |                      |                      |                    |                    |
| -Discontinue Private ProShare Refinancing                                                  | 1,631.6              | 0.0                  | 0.0                | 1,631.6            |
| -FFY09 Federal Medical Assistance Percentage (FMAP) Rate Change for Medicaid               | 158.0                | 0.0                  | 0.0                | 158.0              |
| <b>FY2009 Governor</b>                                                                     | <b>8,507.4</b>       | <b>0.0</b>           | <b>0.0</b>         | <b>8,507.4</b>     |