

# **State of Alaska FY2014 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**

Hospital-based designated evaluation and treatment services are provided to Alaskans experiencing mental health crises when the needs of those individuals in crisis exceed the treatment capacities of their local communities, including the service options of their grant-funded comprehensive behavioral health center staff, and when, as a result, these individuals are court-ordered to a designated evaluation and treatment facility for involuntary evaluation and/or treatment. Designated evaluation and treatment services are generally provided as close to each individual's home as possible, as promptly as possible, in a manner that informs the individual of his/her rights, and allows him/her to participate, to the extent possible, in their own 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 Alaska Statute 47.30.655 – Alaska Statute 47.30.915, and to people who meet commitment criteria but have agreed to voluntary services in lieu of commitment under Alaska Statute 47.31.010(b)(1)(B).
- A Designated Evaluation and Treatment (DET) facility may provide up to 72-hours of inpatient psychiatric evaluation; seven to ten days of crisis stabilization and treatment services; and 30 – 40 days of inpatient psychiatric hospital services as close to the consumer's home, family, and support systems as possible. Component funding also supports consumer and escort travel to designated hospitals and back to their discharge placement.
- A Designated Evaluation and Stabilization (DES) facility may provide up to 72-hours of inpatient psychiatric evaluation services and up to seven to ten days of crisis stabilization and treatment services.
- Designated Evaluation and Stabilization (DES) / Designated Evaluation and Treatment (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.

**Major Component Accomplishments in 2012**

- In October 2011, crisis prevention and intervention training for the staff of two rural hospitals was held, providing significant psychiatric emergency service training. Staff with PeaceHealth Ketchikan Medical Center (a stabilization site) and staff from South Peninsula Hospital in Homer received this training along with selected emergency services staff from Ketchikan's behavioral health center (Akeela/Gateway Human Services) and Homer's South Peninsula Behavioral Health Services center meeting the Division's goal of helping staff at these hospitals and behavioral health centers increase competency working with difficult, aggressive, acting out patients.
- In January 2012, after almost a year of negotiations between Division staff, the Department of Law, the Alaska Public Defender Agency, the Disability Law Center, and the Alaska Court System itself, the Court System introduced significantly revised court forms related to Alaska's emergency detention and involuntary commitment processes. First, the re-designed forms were re-titled for better indication of the intent and content of the forms. More importantly, the forms changed many long-standing local processes especially those involved in filing a petition for a commitment for involuntary evaluation. In addition, the revised commitment order form placed significantly shortened response times on the Division essentially requiring persons involuntarily committed to the Alaska Psychiatric Institute or a Designated Evaluation and Treatment hospital to be delivered to the evaluation facility within 24 hours of the order being signed by a judge. The new 72-hour involuntary commitment order also added procedural responsibilities on providers including hospital emergency departments, local behavioral health centers, the Alaska Psychiatric Institute and the Designated Evaluation and Treatment sites, and both Division of Behavioral Health and Department of Law staff. Training was provided by Division staff to hospital emergency department staffs, behavioral health center staffs, police departments, court system staff, and Designated Evaluation and Stabilization and

Designated Evaluation & Treatment (DES / DET) staff.

- Division staff supervised the work being done on: (1) the Alaska Psychiatric Institute longitudinal admissions study conducted by the University of Alaska Anchorage's Center for Behavioral Health Research and Services, and (2) the intense, compacted operational review of the effectiveness of the Mental Health Treatment Assistance Program and secure patient transport programs.

## **Key Component Challenges**

- Communities outside of Anchorage, Juneau, and Fairbanks often lack adequate facilities or the professional staff necessary to safely stabilize persons experiencing local behavioral health emergencies. These communities may have a "seclusion room" in the local hospital or community health clinic, but if neither of those options are available, for the safety of the person in crisis or others in the community, emergency responders often have to detain people in local jails pending transport to a 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 Masters in Social Work. 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 Designated Evaluation and Stabilization and Designated Evaluation and Treatment 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 designated evaluation and treatment 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, are necessary to meet the need of the State's behavioral health emergency services system for increased tele-behavioral health service capacity.
- It is anticipated that Designated Evaluation and Stabilization and Designated Evaluation and Treatment (DES / DET) facilities and local community behavioral health centers will continue to struggle with workforce issues including shortages and turnover in psychiatrist, advanced nurse practitioner, psychological 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 Designated Evaluation and Stabilization and Designated Evaluation and Treatment delivery system ineffective.
- With the adoption of revised Alaska Court System forms related to the processes involved in the emergency detention and involuntary commitment of persons experiencing a behavioral health crisis, the Division of Behavioral Health now faces significant pressure (both monetary and legal) to arrange transport of those persons subject to court-ordered involuntary 72-hour evaluation holds *within 24 hours* of the time and date of the court order. Further, if the person cannot be transferred within that first 24 hours, the Division of Behavioral Health, working with the Department of Law, must now provide notice to the Court on a running 24-hour basis as to: (1) why the person has not been transferred to the designated evaluation hospital within the 24-hour period, (2) the alternative efforts made to facilitate the treatment or transfer of the person within the next 24 hours, and (3) some idea as to the estimated actual time of arrival at the Designated Evaluation and Stabilization and Designated Evaluation and Treatment facility or the Alaska Psychiatric Institute if a local stabilization or treatment alternative is not available.
- The inability to successfully recruit and fund new hospitals to provide Designated Evaluation and Stabilization and Designated Evaluation and Treatment services in the Mat-Su Valley and Anchorage bowl, areas that are the source of over 80% of the Alaska Psychiatric Institute's annual admissions, increases the need for the

Division to develop communications and placement strategies to respond when the census pressure on Alaska Psychiatric Institute creates a backlog of committed patients awaiting transfer to Alaska Psychiatric Institute from hospital emergency rooms statewide.

- We continue to work with local community behavioral health centers to encourage them to develop or re-establish a local crisis respite capacity as an alternative to hospitalization. Unfortunately, despite our intention that the Crisis Respite Provider Agreement would interest behavioral health grantees, no agency took advantage of this program in FY2012 nor have any to date in FY2013. We continue to strategize to encourage providers to establish this local service option.

### **Significant Changes in Results to be Delivered in FY2014**

Should the roll out of the federal Health Care Reform law happen in 2014, the current and primary funding source for Alaska's Designated Evaluation and Treatment (DET) services, Disproportionate Share Hospital funds, may be curtailed, declining between 2014 and 2020, reducing over time the capacity of Alaska to use its Disproportionate Share Hospital funding to support the provision of Designated Evaluation and Treatment services at Bartlett Regional Hospital and Fairbanks Memorial Hospital (Alaska's only two Designated Evaluation and Treatment facilities). Determining the actual impact of any reduction in Disproportionate Share Hospital funding is a significant issue for the Department of Health and Social Services, Division of Behavioral Health; one that requires advance planning and forward-funding decisions once the State has a better understanding of the impact of the Affordable Care Act on Disproportionate Share Hospital payments to states.

### **Updated Status for FY2013**

- The Division funded a longitudinal (20+ year) study of the Alaska Psychiatric Institute admissions, entitled "Current and Historical Admissions Patterns at Alaska Psychiatric Institute." The study, completed by the University of Alaska's Center for Behavioral Health Research & Services under the Division's emergency mental health services utilization project, will be published in FY2013.
- Using funding from a reimbursable service agreement with the Alaska Mental Health Trust, a report will be issued in FY2013 on the operational effectiveness of the statutes, policies, and regulations guiding the conduct of both the Division's Mental Health Treatment Assistance Program at Designated Evaluation and Stabilization and Designated Evaluation and Treatment sites and the current secure, emergency transport process. The report will identify areas of significant concern and make recommendations for changes to the procedures and policies impacting the treatment, stabilization, and transport programs, as well as any longer term statute and regulation changes.

### **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**

**Contact:** Sarah Woods, FMS Deputy Director

**Phone:** (907) 465-1631

**Fax:** (907) 465-2499

**E-mail:** sarah.woods2@alaska.gov

**Designated Evaluation and Treatment  
Component Financial Summary**

*All dollars shown in thousands*

	<b>FY2012 Actuals</b>	<b>FY2013 Management Plan</b>	<b>FY2014 Governor</b>
<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	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	3,248.6	3,156.4	3,286.3
78000 Miscellaneous	0.0	0.0	0.0
<b>Expenditure Totals</b>	<b>3,248.6</b>	<b>3,156.4</b>	<b>3,286.3</b>
<b>Funding Sources:</b>			
1037 General Fund / Mental Health	3,248.6	3,156.4	3,286.3
<b>Funding Totals</b>	<b>3,248.6</b>	<b>3,156.4</b>	<b>3,286.3</b>

**Summary of Component Budget Changes  
From FY2013 Management Plan to FY2014 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>
<b>FY2013 Management Plan</b>	<b>3,156.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,156.4</b>
<b>Adjustments which will continue current level of service:</b>					
-Transfer from Psychiatric Emergency Services for Hospital and Transport Rate Increases	129.9	0.0	0.0	0.0	129.9
<b>FY2014 Governor</b>	<b>3,286.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,286.3</b>

**Component Detail All Funds**  
**Department of Health and Social Services**

**Component:** Designated Evaluation and Treatment (AR23150) (1014)  
**RDU:** Behavioral Health (483)

	FY2012 Actuals	FY2013 Conference Committee	FY2013 Authorized	FY2013 Management Plan	FY2014 Governor	FY2013 Management Plan vs FY2014 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	3,248.6	3,156.4	3,156.4	3,156.4	3,286.3	129.9	4.1%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
<b>Totals</b>	<b>3,248.6</b>	<b>3,156.4</b>	<b>3,156.4</b>	<b>3,156.4</b>	<b>3,286.3</b>	<b>129.9</b>	<b>4.1%</b>
<b>Fund Sources:</b>							
1037 GF/MH (UGF)	3,248.6	3,156.4	3,156.4	3,156.4	3,286.3	129.9	4.1%
<b>Unrestricted General (UGF)</b>	<b>3,248.6</b>	<b>3,156.4</b>	<b>3,156.4</b>	<b>3,156.4</b>	<b>3,286.3</b>	<b>129.9</b>	<b>4.1%</b>
<b>Designated General (DGF)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Other Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Federal Funds</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Positions:</b>							
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 FY2013 Conference Committee To FY2013 Authorized *****												
<b>FY2013 Conference Committee</b>												
1037 GF/MH	ConfCom	3,156.4	0.0	0.0	0.0	0.0	0.0	3,156.4	0.0	0	0	0
		3,156.4										
<b>Subtotal</b>		<b>3,156.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,156.4</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2013 Authorized To FY2013 Management Plan *****												
<b>Subtotal</b>		<b>3,156.4</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,156.4</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>
***** Changes From FY2013 Management Plan To FY2014 Governor *****												
<b>Transfer from Psychiatric Emergency Services for Hospital and Transport Rate Increases</b>												
1037 GF/MH	Trin	129.9	0.0	0.0	0.0	0.0	0.0	129.9	0.0	0	0	0
		129.9										
<b>Totals</b>		<b>3,286.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>3,286.3</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

In recent fiscal years the services line in the Psychiatric Emergency Service component has been underutilized. Transfer of authority to the Designated Evaluation and Treatment component is necessary to defray a 14–15% increase to the Medicaid daily rates for the two Designated Evaluation and Treatment hospitals (Bartlett Regional Hospital and Fairbanks Memorial Hospital) and the increased transport rates for the statutorily required Title 47 transports.

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

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

<b>Line Number</b>	<b>Line Name</b>		<b>FY2012 Actuals</b>	<b>FY2013 Management Plan</b>	<b>FY2014 Governor</b>
77000	Grants, Benefits		3,248.6	3,156.4	3,286.3
<b>Expenditure Account</b>	<b>Servicing Agency</b>	<b>Explanation</b>	<b>FY2012 Actuals</b>	<b>FY2013 Management Plan</b>	<b>FY2014 Governor</b>
<b>77000 Grants, Benefits Detail Totals</b>			<b>3,248.6</b>	<b>3,156.4</b>	<b>3,286.3</b>
77670		Benefits	3,248.6	0.0	0.0
77670		Benefits	0.0	861.5	948.9
77670	PubSaf	RSA: Alaska State Troopers Title 47 transports	0.0	70.0	70.0
77670		Benefits	0.0	349.0	349.0
		DET physician and hospital services not covered by DSH Agreements			
77670	H&SS	RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital	0.0	1,186.4	1,222.0
77670	H&SS	RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital	0.0	689.5	696.4

**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	FY2012 Actuals	FY2013		FY2014 Governor
					Management Plan		
77670	Benefits	RSA: Alaska State Troopers Title 47 transports	Inter-dept	PubSaf	0.0	70.0	70.0
77670	Benefits	RSA: Health Care Services, DSH Agreement with Fairbanks Memorial Hospital	Intra-dept	H&SS	0.0	1,186.4	1,222.0
77670	Benefits	RSA: Health Care Services, DSH Agreement with Bartlett Regional Hospital	Intra-dept	H&SS	0.0	689.5	696.4
<b>77670 Benefits subtotal:</b>					<b>0.0</b>	<b>1,945.9</b>	<b>1,988.4</b>
<b>Designated Evaluation and Treatment total:</b>					<b>0.0</b>	<b>1,945.9</b>	<b>1,988.4</b>
<b>Grand Total:</b>					<b>0.0</b>	<b>1,945.9</b>	<b>1,988.4</b>