

**State of Alaska
FY2016 Governor Amended Operating
Budget**

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

Component: Psychiatric Emergency Services

Contribution to Department's Mission

Through the award of competitive grants to community / regional comprehensive behavioral health centers, Psychiatric Emergency Services works to ensure that local communities are able to provide services that protect and treat local residents experiencing psychiatric behavioral health emergencies, recognizing that the goal is always to maintain these individuals in the least restrictive, clinically appropriate treatment closest to their home community.

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, to acute care hospitalizations at Designated Evaluation and Stabilization and / or Designated Evaluation and Treatment hospitals or the Alaska Psychiatric Institute.
- 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.

Major Component Accomplishments in 2014

- In FY2014 the Providence Psychiatric Emergency Room transferred only 15 percent of its 4,355 admissions to the Alaska Psychiatric Institute; the remainder were discharged home or to other treatment or respite facilities or programs. This percentage from the Providence Psychiatric Emergency Room appears representative of the success of most communities in meeting the program goal of being able to treat most patients close to home.

Key Component Challenges

- Each community in Alaska, be it village or urban center, must have some level of capacity to respond to behavioral health emergencies, including psychiatric. In the event that 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 telephonically from a regional hub). Local challenges and solutions are as diverse as the geography and cultures of each Alaska community.
- 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 continued efforts at standardization and continuing education.
- The development of quality local Psychiatric Emergency Services throughout the state, as well as the development of alternatives to hospitalization (such as crisis respite beds), is needed to minimize admissions to Alaska Psychiatric Institute, which is the only state-owned psychiatric hospital. The Alaska Psychiatric Institute, which has very limited capacity (80 total beds, with only 50 acute adult beds), has experienced a significant census increase in recent years. This admission pressure has forced the hospital to adopt an “acute care model” that does not allow for complete patient stabilization before the majority of its patients must be discharged in order to provide a bed for another patient. This has led to a higher than desired rate of readmissions to the Alaska Psychiatric Institute within 30 days, ending with the alarming statistic that over 30 percent of Alaska Psychiatric Institute discharges are now readmitted within 180 days of their discharge.

Significant Changes in Results to be Delivered in FY2016

The division will provide expanded statewide crisis prevention and intervention training to include sessions for emergency transport providers (like municipal ambulance services, emergency medical services, or air ambulance services, as well as any potential new secure transport providers and all existing Psychiatric Emergency Services providers). This will result in improvement in the administration of the emergency services system statewide.

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**

All dollars shown in thousands

	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
Non-Formula Program:			
Component Expenditures:			
71000 Personal Services	0.0	0.0	0.0
72000 Travel	0.0	0.0	0.0
73000 Services	1,265.5	1,321.6	0.0
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	6,069.2	6,312.1	0.0
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	7,334.7	7,633.7	0.0
Funding Sources:			
1004 General Fund Receipts	1,419.6	1,714.4	0.0
1037 General Fund / Mental Health	5,915.1	5,919.3	0.0
Funding Totals	7,334.7	7,633.7	0.0

**Summary of Component Budget Changes
From FY2015 Management Plan to FY2016 Governor Amended**

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>
FY2015 Management Plan	7,633.7	0.0	0.0	0.0	7,633.7
Adjustments which continue current level of service:					
-Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services	-7,633.7	0.0	0.0	0.0	-7,633.7
FY2016 Governor Amended	0.0	0.0	0.0	0.0	0.0

Component Detail All Funds
Department of Health and Social Services

Component: Psychiatric Emergency Services (AR23140) (1435)
RDU: Behavioral Health (483)

	FY2014 Actuals	FY2015 Conference Committee	FY2015 Authorized	FY2015 Management Plan	FY2016 Governor Amended	FY2015 Management Plan vs FY2016 Governor Amended	
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	1,265.5	1,321.6	1,321.6	1,321.6	0.0	-1,321.6	-100.0%
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	6,069.2	6,047.9	6,047.9	6,312.1	0.0	-6,312.1	-100.0%
78000 Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0	0.0%
Totals	7,334.7	7,369.5	7,369.5	7,633.7	0.0	-7,633.7	-100.0%
Fund Sources:							
1004Gen Fund (UGF)	1,419.6	1,714.4	1,714.4	1,714.4	0.0	-1,714.4	-100.0%
1037GF/MH (UGF)	5,915.1	5,655.1	5,655.1	5,919.3	0.0	-5,919.3	-100.0%
Unrestricted General (UGF)	7,334.7	7,369.5	7,369.5	7,633.7	0.0	-7,633.7	-100.0%
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: 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 FY2015 Conference Committee To FY2015 Authorized *****												
FY2015 Conference Committee												
	ConfCom	7,369.5	0.0	0.0	1,321.6	0.0	0.0	6,047.9	0.0	0	0	0
1004 Gen Fund		1,714.4										
1037 GF/MH		5,655.1										
Subtotal		7,369.5	0.0	0.0	1,321.6	0.0	0.0	6,047.9	0.0	0	0	0
***** Changes From FY2015 Authorized To FY2015 Management Plan *****												
Transfer from Behavioral Health Grants for Comprehensive Behavioral Health Treatment and Recovery Grants												
	Trin	264.2	0.0	0.0	0.0	0.0	0.0	264.2	0.0	0	0	0
1037 GF/MH		264.2										
Subtotal		7,633.7	0.0	0.0	1,321.6	0.0	0.0	6,312.1	0.0	0	0	0
***** Changes From FY2015 Management Plan To FY2016 Governor Amended *****												
Transfer to Behavioral Health Treatment and Recovery Grants to More Efficiently Deliver Services												
	Trout	-7,633.7	0.0	0.0	-1,321.6	0.0	0.0	-6,312.1	0.0	0	0	0
1004 Gen Fund		-1,714.4										
1037 GF/MH		-5,919.3										

Transfer general fund/mental health authority from Behavioral Health Grants to Psychiatric Emergency Services to support the division's comprehensive behavioral health treatment and recovery services. This array of services includes outpatient services, residential services, detoxification, designated evaluation, stabilization, and treatment, and acute psychiatric inpatient services. Grant authority is being repurposed to work within available resources while addressing Alaskans' needs for crisis intervention and community wrap-around supports.

Specific grantees will not be harmed. This change reflects a shift in the services that grantees are providing based on the circumstances of the individual Alaskans they serve.

Consolidate Behavioral Health Grants, Psychiatric Emergency Services, Services to the Seriously Mentally Ill, and Services for Severely Emotionally Disturbed Youth components into the new Behavioral Health Treatment and Recovery Grants component to more efficiently deliver services.

Throughout the fiscal year, shifts occur in the relative proportions of the types of mental health services requested by clients. Grantees are leery of reacting too quickly and requesting a grant budget change, only to have the trend change again. By the time the changes to the grant budget are requested, it is often late in the year, and there is limited time to obtain approval to reallocate resources, wait for transaction processing, amend grants, and change grant encumbrances to reflect the shift in client needs. The division is holding ample authority to help meet providers' declared budget needs, but within the "wrong" service type component.

By consolidating the treatment and recovery components, the Division of Behavioral Health will be better able to respond to a provider's need for a grant budget change.

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		
The components being consolidated are as follows: Behavioral Health Grants -- \$29,983.0 Psychiatric Emergency Services -- \$7,633.7 Services to the Seriously Mentally Ill -- \$19,189.8 Services for Severely Emotionally Disturbed Youth -- \$15,340.8													
	Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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		FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
73000	Services		1,265.5	1,321.6	0.0
Expenditure Account			FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
	Servicing Agency	Explanation			
73000 Services Detail Totals			1,265.5	1,321.6	0.0
73750	Other Services (Non IA Svcs)	Statewide suicide crisis call center contract	0.0	56.0	0.0
73823	Health		1,265.5	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	0.0	1,265.6	0.0

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

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

Line Number	Line Name		FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
77000	Grants, Benefits		6,069.2	6,312.1	0.0
Expenditure Account	Servicing Agency	Explanation	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
77000 Grants, Benefits Detail Totals			6,069.2	6,312.1	0.0
77110	Grants	Psychiatric emergency services funded from the Comprehensive Treatment and Recovery Grant Program	6,015.1	6,274.6	0.0
77110	Grants	Emergency client travel	0.0	37.5	0.0
77670	Benefits		54.1	0.0	0.0

Interagency Services
Department of Health and Social Services

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

Expenditure Account		Service Description	Service Type	Servicing Agency	FY2014 Actuals	FY2015 Management Plan	FY2016 Governor Amended
73823	Health		Inter-dept		1,265.5	0.0	0.0
73823	Health	RSA with Health Care Services for DSH Agreement with Providence for Single Point of Entry Psychiatric Services	Intra-dept	H&SS	0.0	1,265.6	0.0
73823 Health subtotal:					1,265.5	1,265.6	0.0
Psychiatric Emergency Services total:					1,265.5	1,265.6	0.0
Grand Total:					1,265.5	1,265.6	0.0