

State of Alaska FY2008 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 criteria for a disaster, and the President of the United States declares it one.

FY2008 Resources Allocated to Achieve Results		
FY2008 Component Budget: \$6,103,400	Personnel:	
	Full time	0
	Part time	0
	Total	0

Key Component Challenges

A major issue facing the component is the current reluctance of some providers to work with high acuity clients, or clients experiencing the direst need. It has become clear in the last year that communities in the state each have a different method for organizing their emergency services. In some communities there are few gaps in service and the emergency rooms at local hospital have strong relationships with our 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 which present at the emergency rooms. This limits the ability of the provider to support individuals to remain in their home community, and can work to increase referrals to our state psychiatric hospital (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. DBH has drafted clear guidelines on our emergency services standards, and will be conducting training with providers starting in January 2007.

The Alaska Psychiatric Institute 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.

Significant Changes in Results to be Delivered in FY2008

No significant changes in FY08

Major Component Accomplishments in 2006

Through our emergency services system, we responded to approximately 34,000 crises, many of which 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.

DBH was awarded a Disaster Capacity Grant in FY04. The position included a full-time Disaster Planner/Coordinator, who has been focusing on updating the previous disaster plans that focused on natural disasters. The previous mental health disaster plan is being updated to include all behavioral health services, terrorist attacks, and additional integrated responses with other first and early responders, coordination with recovery workers, and includes coordination across all state departments. 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 above federal grant. The disaster functions will progressively transition to regional Behavioral Health Specialists 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

Contact Information
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**Psychiatric Emergency Services
Component Financial Summary**

All dollars shown in thousands

	FY2006 Actuals	FY2007 Management Plan	FY2008 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	48.5	452.5	402.5
74000 Commodities	0.0	0.0	0.0
75000 Capital Outlay	0.0	0.0	0.0
77000 Grants, Benefits	6,141.8	5,700.9	5,700.9
78000 Miscellaneous	0.0	0.0	0.0
Expenditure Totals	6,190.3	6,153.4	6,103.4
Funding Sources:			
1004 General Fund Receipts	264.9	0.0	0.0
1037 General Fund / Mental Health	5,876.9	6,103.4	6,103.4
1092 Mental Health Trust Authority Authorized Receipts	48.5	50.0	0.0
Funding Totals	6,190.3	6,153.4	6,103.4

**Summary of Component Budget Changes
From FY2007 Management Plan to FY2008 Governor**

All dollars shown in thousands

	<u>General Funds</u>	<u>Federal Funds</u>	<u>Other Funds</u>	<u>Total Funds</u>
FY2007 Management Plan	6,103.4	0.0	50.0	6,153.4
Proposed budget decreases:				
-Decrease in MHTAAR Funding for Rural Behavioral Health Conference	0.0	0.0	-50.0	-50.0
FY2008 Governor	6,103.4	0.0	0.0	6,103.4