

# **State of Alaska FY2025 Governor's Operating Budget**

## **Department of Family and Community Services Designated Evaluation and Treatment Component Budget Summary**

**Component: Designated Evaluation and Treatment**

**Contribution to Department's Mission**

Hospital-based Designated Evaluation and Treatment (DET)/Designated Evaluation and Stabilization (DES) services are provided to Alaskans experiencing mental health crises. When the needs of individuals in crisis exceed the treatment capacities of their local communities, including the service options of their grant-funded comprehensive behavioral health center staff, 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 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 – 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 facility may provide up to 72 hours of inpatient psychiatric evaluation; seven to ten days of crisis stabilization and treatment services; and 30 to 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 the designated hospitals and back to their discharge placement.
- Designated Evaluation and Stabilization / Designated Evaluation and Treatment psychiatric emergency services are one component within the division's continuum of behavioral health services and are essential to controlling admissions to Alaska Psychiatric Institute, Alaska's only public psychiatric hospital.
- There are Designated Evaluation and Stabilization hospitals located in Bethel and Ketchikan (Yukon Kuskokwim Delta Regional Hospital and PeaceHealth Ketchikan Medical Center) and Designated Evaluation and Treatment (DET) hospitals located in the Northern Interior and Southeast Alaska regions (Fairbanks Memorial Hospital and Bartlett Regional Hospital). DET hospitals feature self-contained behavioral health units within each of their hospitals including full psychiatric care.

**Major Component Accomplishments in 2023**

The pandemic put tremendous pressure on the Designated Evaluation and Treatment (DET) system. Hospitals had to manage bed and workforce shortages, smaller airlines shut down, and some villages would not allow travel into their communities even in the case of patients returning home. The Department of Health and Social Services and staff at the Division of Behavioral Health maintained continuous communication and support for DETs and secure transport providers. By working with providers, emergency psychiatric services continued and the best practices for both COVID-19 mitigation and prevention and psychiatric care were used to ensure patient safety. Additionally, technical assistance was provided to the Mat-Su Regional Medical Center, which became the state's newest DET, increasing the DET bed count in the state by 16 beds. The state continues outreach efforts to hospitals in the interest of expanding DETs across the state and to reduce the need for transportation to these facilities.

**Key Component Challenges**

While Designated Evaluation and Treatment (DET) services are a significant aspect of the division's continuum of behavioral health services, these services are subject to significant and enduring challenges:

- **Facilities:** Communities often lack adequate facilities or the professional staff necessary to safely stabilize individuals experiencing local behavioral health emergencies.
- **Workforce:** Designated Evaluation and Treatment facilities and local community behavioral health centers will continue to struggle with workforce issues including staff shortages and turnover. There is a need for ongoing training in the management of psychiatric emergencies and the short-term stabilization and treatment process.

- Expansion of DET Hospitals: Over 80 percent of the Alaska Psychiatric Institute's annual admissions come from the Mat-Su Valley and Anchorage.
- Complex Funding Structures: DET services leverage federal funding in the Medicaid services component through Disproportionate Share Hospital (DSH) funds. It is a challenge to administer and distribute these funds due to the complex fiscal analysis required for hospital eligibility and the required eligibility review to ensure that these funds are payor of last resort for each patient. In addition, some hospitals designated as a DET by the state may not qualify for the federal portion of this reimbursement for DSH services.
- COVID-19: Transportation costs have increased due to the closing of and limited flights on smaller regional airlines. Many individuals are being transported via charter flights. Transportation costs are also increasing due to longer wait times at airports for safety and health checks and additional time cleaning transport vehicles. Due to COVID-19, many hospitals have limited their admissions, and this has increased the burden on other DETs.

### Significant Changes in Results to be Delivered in FY2025

The implementation of the 1115 Waiver has been a phased-in approach, as each region adopts new services and the crisis system responds to individuals in crisis with options to meet their needs. The new services include peer crisis support, mobile crisis response, 23-hour crisis stabilization, and short-term residential crisis stabilization. These services will reduce the high cost of emergency department care, treat people at the level of care that they need, and reduce the reliance on Designated Evaluation and Treatment beds. The department continues to pursue innovative ways to leverage these new service models to allow involuntary commitments to be served through Crisis Stabilization Centers.

### 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
AS47.30.870	Transportation
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
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**Change Record Detail - Multiple Scenarios with Descriptions**  
**Department of Family and Community Services**

**Component:** Designated Evaluation and Treatment (1014)

**RDU:** Departmental Support Services (715)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
	Subtotal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
***** Changes From FY2025 Governor Adjusted Base To FY2025 Governor *****												
	Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0