

## **Behavioral Health Service Survey 2004 Grantee Self-Reported Service Array**

The Division of Behavioral Health (DBH) is often called upon by various entities for information on caseloads, funding sources, and the array of services grantees provide by agency, locality, region, and overall statewide. Historically, the DBH has passed these informational requests onto grantees in what seemed to be last minute without consideration for other demands on grantees, namely delivering service.

The Alaska Automated Information System (AKAIMS) promises to be a real time tool for such requests in the future requiring little additional effort from our grantees. Naturally complete implementation with reliable data entry over time will reveal the information system's utility and power. Meanwhile, the DBH in effort to proactively anticipate such informational requests systematically required all Treatment & Recovery applicants for fiscal year 2005 grant funds to complete a Behavioral Health Services Survey. Forty-seven (47) agencies from Ketchikan to Barrow responded between May & June 2004 and are included in the results.

The Behavioral Health Services Survey (BHSS) aimed to capture a snapshot in time of Alaska's behavioral health service system. The behavioral health service system is defined here as mental health and substance abuse applicants receiving grant funds for treatment & recovery services from the Alaska Division of Behavioral Health. Respondents include integrated (mental health & substance abuse); comprehensive substance abuse; comprehensive community mental health, and limited service providers. However, providers of substance abuse treatment services who submitted continuation applications for FY2005 are not included in the sample.

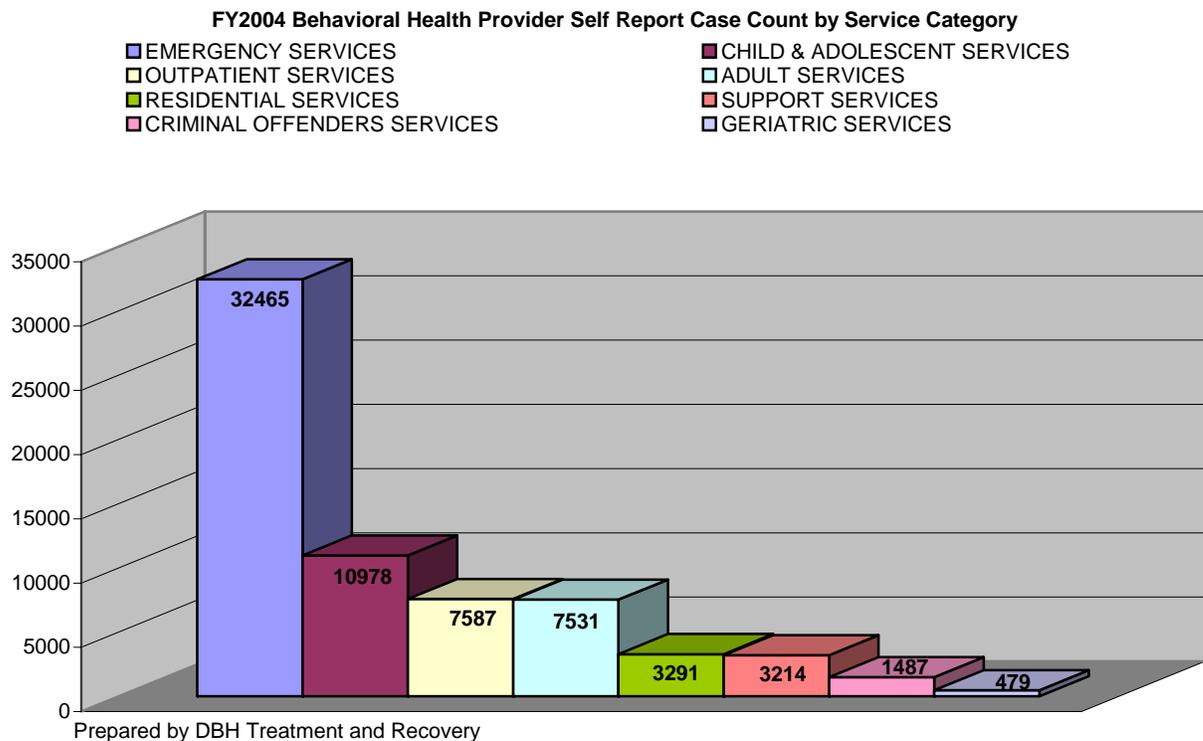
The snapshot in time asked applicants to estimate the numbers served in a year. The respondents presumably used caseload/service counts from fiscal year 2004, though there is likely variation across respondents as to individual methodology. Therefore, the reader cannot assume a uniform sampling time frame. It is also important to note that this snapshot does not include services procured by contract or other means external to the grant process. For instance, Anchorage's Psychiatric Emergency Room at Providence Hospital is not captured by the survey.

The BHSS asked grantees what services they provide, funding source, and estimated caseloads across several broad service categorical areas. Specifically, grantees were asked if they provide the following categories of service: Emergency; Residential; Outpatient; Child & Adolescent; Adult; Geriatric; Criminal Offender; and Support. The aforementioned service categories were further delineated into sub-categories.

Emergency Services respondents could differentiate among Crisis/Respite, Enhanced Substance Abuse Detoxification, Suicide Prevention, and Crisis Intervention/Outreach, among others. Residential Services included but were not limited to: foster homes; substance abuse intermediate care; transitional & permanent housing. Outpatient Services ranged from homeless outreach to intensive outpatient substance abuse treatment to specialized traumatic brain injury (TBI) services. Child & Adolescent Services

encompassed outpatient mental health treatment for serious emotional disturbance (SED); mobile adolescent treatment teams; peer helper/mentoring; day treatment; & school based mental health service. Adult Services included: intensive case management; psychiatric nursing; itinerant outpatient mental health treatment for SED/SMI adults; SMI pre-vocational training & employment supports. Geriatric Services included outreach; respite, adult day care, & mental health service. Criminal Offender Services include: case management, mental health & other therapeutic courts, and psychiatric nursing. Lastly, Support Services included consumer clubhouses, consumer run business, and transportation assistance. Please note that the sub-categories are not meant to be exclusive, rather reflective of the range of services self-reported upon within each service category.

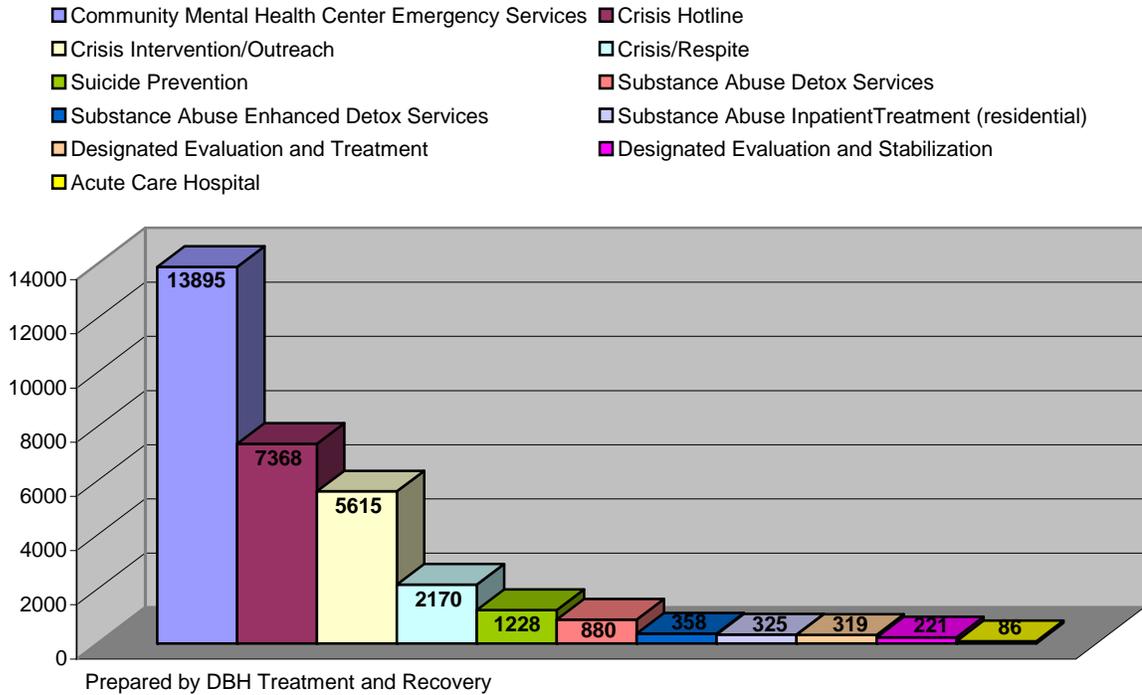
Briefly, DBH grantees report Emergency Services as the most frequently occurring service during FY2004 (see chart). This finding is consistent with DBH expectations given Emergency Services are the highest priority service funded, typically addressing immediate life and death matters. While there is no doubt some duplication in reporting, the raw data suggest upwards of five percent (5%) of Alaskans annually present with emergent behavioral health needs.



Behavioral Health Services to Children & Adolescent are reported as the second most frequently occurring service followed by Outpatient and Adult services delivered among grantees. Residential, Support & Specialized Criminal Offender service categories follow in the ranking of frequently delivered services, which is consistent with DBH expectation given the infrastructural emphasis and attention paid to the latter categories over the past

several decades. Geriatric service rounds out the ranking as least frequently delivered behavioral health service.

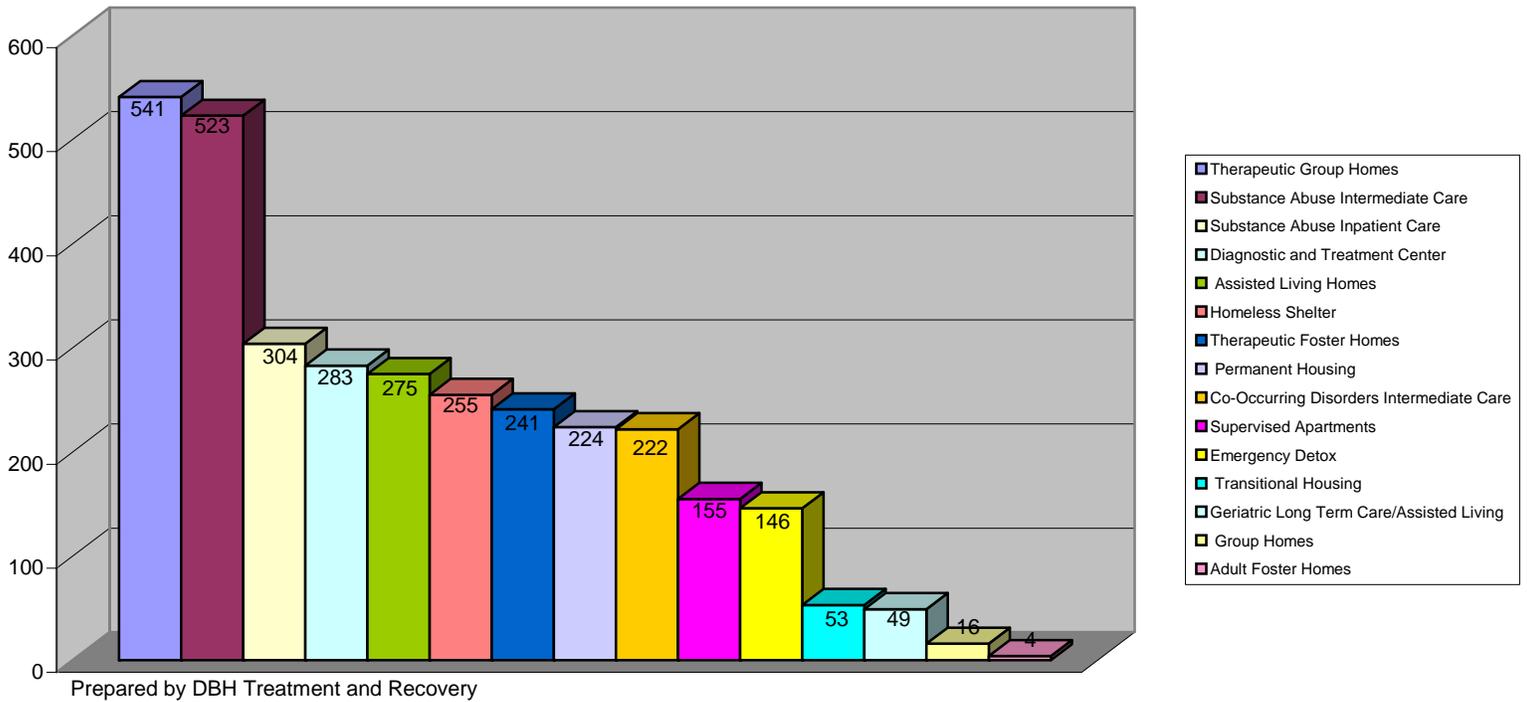
### FY04 Provider Self Report Case Counts- Emergency Services



It is important to re-emphasize that the numbers and caseloads reflected in the survey are imperfect. As previously noted, there is no doubt some duplication so the numbers may not be as great as reflected by the raw data. Furthermore, there is high likelihood that grantees may have interpreted sub-categories exclusive to how they view their work. Therefore, it is possible there may also be some under-reporting of caseloads. Nonetheless, the reader is invited to view the survey information with a critical eye for future discussion, refinement, and in the spirit of continuous improvement as we endeavor to serve Alaskans' behavioral health needs within statutory confines and legislative support.

The following graph (Residential Service Array: Statewide) provides a beginning glimpse into housing array and stock. Again there is likely variation among respondent interpretation of each sub-category. The DBH Housing Office is in the process of more fully assessing statewide array, stock, gaps, and actively working with key stakeholders such as the Alaska Mental Health Trust Authority and Alaska Housing Finance Corporation, among others, to better understand and respond to housing needs for individuals with behavioral health disabilities.

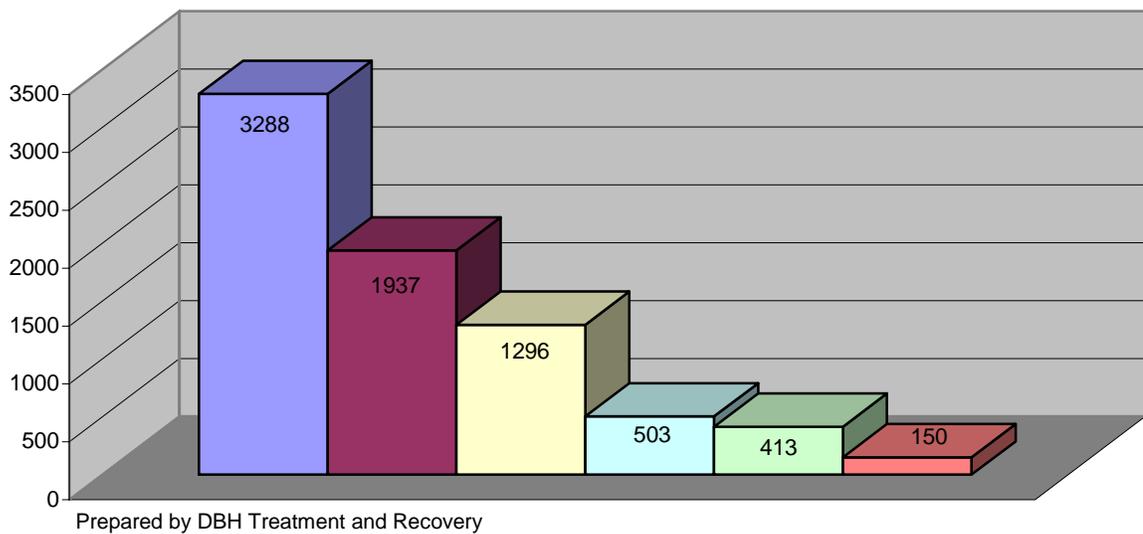
**FY04 Provider Self Report Caseload Count- Residential Services Statewide**



The DBH funds a range of Outpatient Specialty Services.

**FY04 Provider Self Report Case Counts- Outpatient Specialty Services**

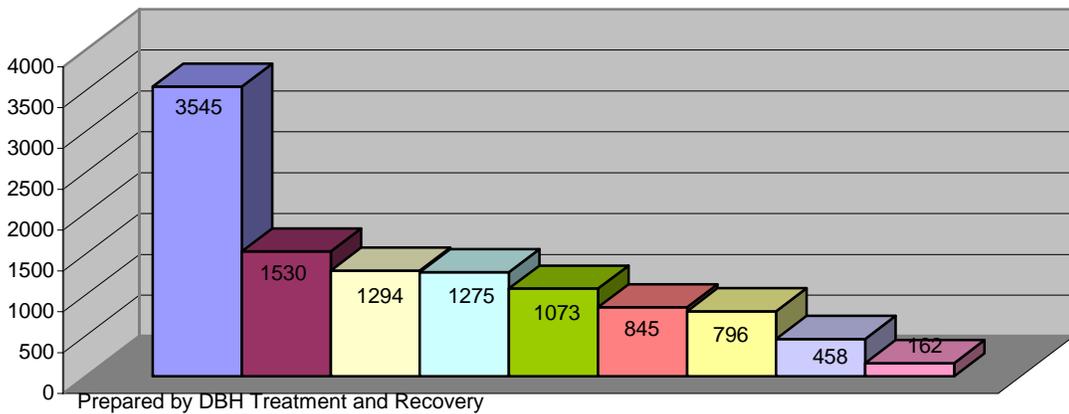
- Outpatient Substance Abuse Treatment
- Abuse, Neglect, Domestic Violence Outreach
- Intensive Outpatient Substance Abuse Treatment
- Co-Occurring Disorders Outpatient Treatment
- Homeless Outreach
- Specialized TBI Services



Children and Adolescent Specialty Services are most frequently provided on an outpatient basis followed by in the educational setting.

### FY04 Provider Self Report Caseload Counts -Child & Adolescent Specialty Services

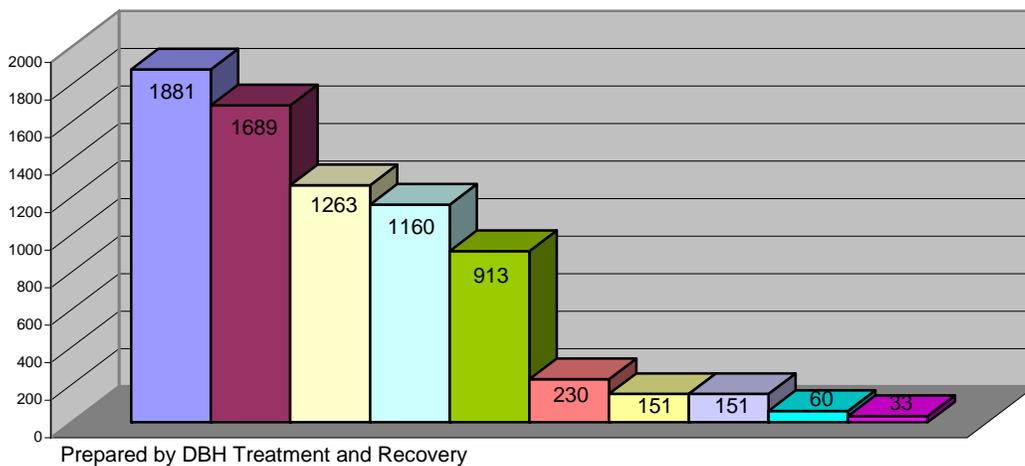
- Outpatient MH services for SED Children
- Children's Crisis Respite Services
- Mental Health Day Treatment Services
- Peer Helper/Mentoring Program
- FAS/FARND Diagnostic Services
- School-Based Mental Health Services
- Family Centered Services
- Mobile Adolescent Treatment Teams
- High Risk Behaviors Prevention services



Adult Services is somewhat a misnomer as adults are served also through most other service categories, though reported here to reflect consistency with the survey instrument.

### FY04 Provider Self Report Caseload Counts-Adult Services

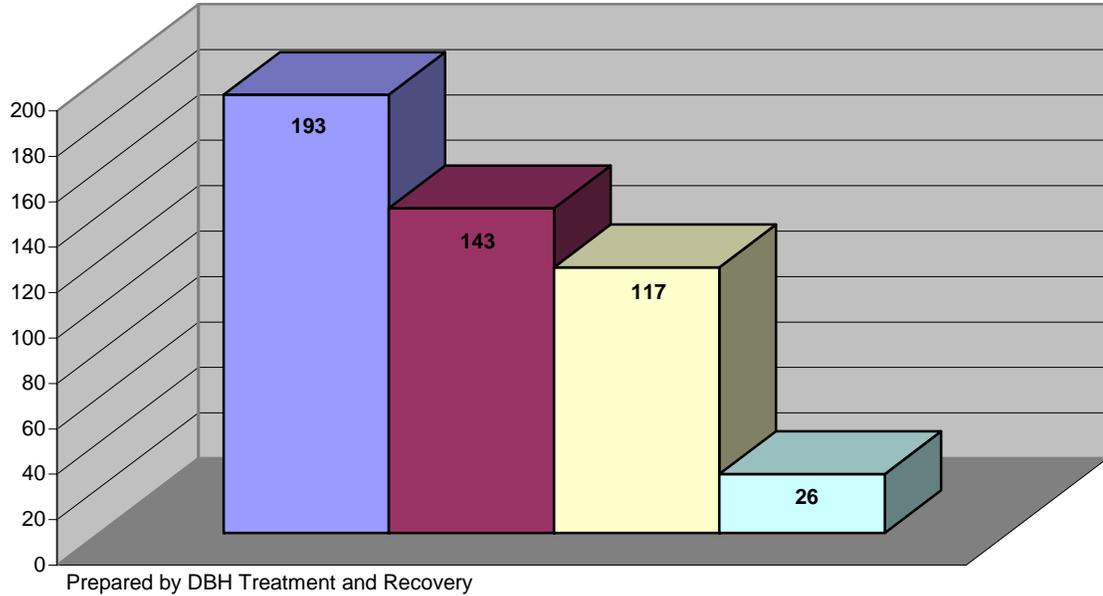
- Co-Occurring Disorders Treatment
- Outpatient MH Services for SMI/SED Adults
- SMI Employment Supports
- Transitional/supported/assisted living housing for MH
- FARND Assessment Services
- Itinerant Outpatient MH Services for SMI/SED Adults
- Intensive Case Management
- Psychiatric Nursing Services
- SMI Day Treatment
- SMI Pre-Vocational Training



Geriatric behavioral health services while the least frequently provided service are likely to increase in overall ranking as Alaska's population continues to age.

**FY04 Provider Self Report Caseload Counts- Geriatric Services**

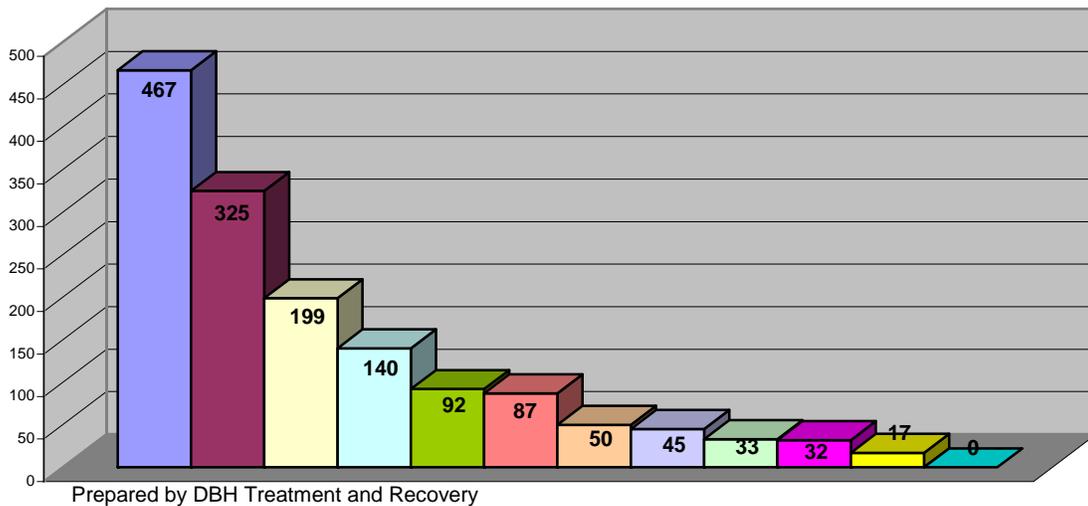
■ Geriatric Mental Health Services ■ Geriatric Mental Health Outreach ■ Adult Day Care Services ■ Respite Services



The necessity for specialized services to criminal offenders has been growing in recent years for a variety of reasons...

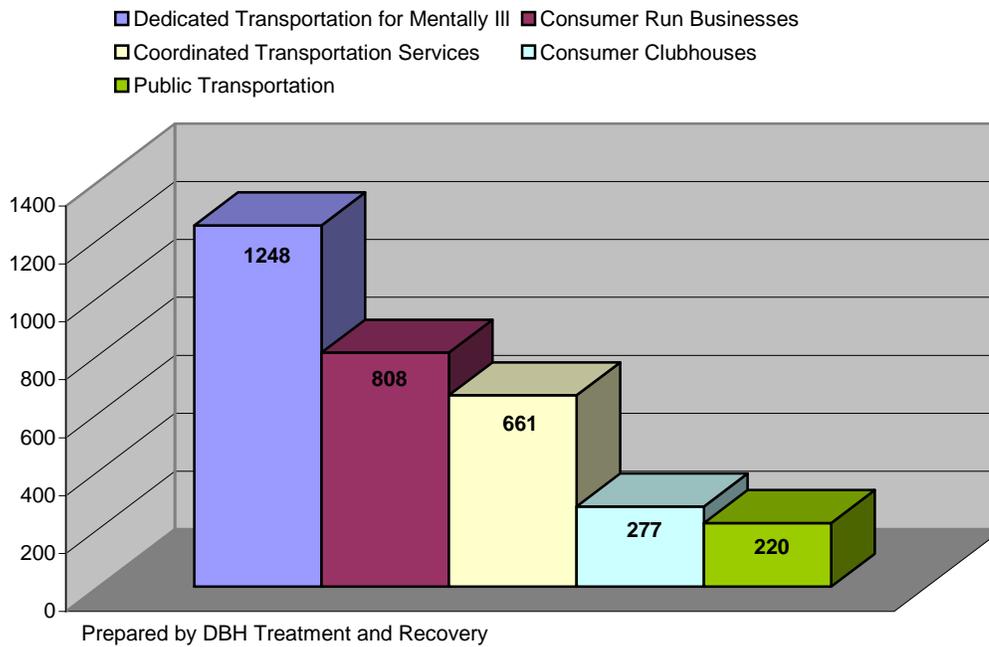
**FY04 Provider Self Report Caseloads- Criminal Offender Specialty Services**

■ Alcohol Safety Action Program ■ Case Management ■ Psychiatric Nursing  
 ■ DOC Institutional Mental Health Services ■ Community Holding Facility or Jail ■ Psychiatric Nursing  
 ■ DOC Intensive Case Management ■ Therapeutic Courts ■ Juvenile Alcohol Safety Action Program  
 ■ Wellness Courts ■ Mental Health Courts ■ DOC Crisis Respite



Alaskans with behavioral health disorders also require a variety of specialty support services. This service category reflects the DBH commitment to consumer inclusion and empowerment

**FY04 Provider Self Report Caseload Count- Specialty Support Services**



The BHSS also inquired about the workforce. How many positions are supported within the public behavioral health system? How many psychiatrists work within the behavioral health system? The BHSS snapshot in time survey reveals respondents identified sixteen hundred and thirteen (1613) full time equivalent (FTE) positions with approximately one hundred and fifty vacant positions or vacancy factor of slightly less than ten percent.

As previously noted, the aforementioned survey marks a beginning point with much room for refinement. We acknowledge the survey instrument and methodology potentially raises more questions than provides useful information depending upon the reader. Nonetheless, the process has prompted the DBH to move towards better defining program types and target populations as reflected in the FY06 RFP.