

Chair Nosse and members of the committee,

I am writing in support of HB 2463,

As a member of the Washington County Behavioral Health Committee and a psychologist for many years, I am aware of how regulatory and data demands have become overwhelming for those providing service in the behavioral health field. They seem to increase in tandem with the severity of the problems, leaving less and less time to actually perform the work that needs to be done.

I look back with nostalgia. I started and ran a behavioral health center in a small Alaskan town and moved on to be the program administrator for Alaska's 25 mental health centers. This was before the internet. While there were obviously many challenges with providing and monitoring services, there was minimal demand for filling out long forms or providing constant reports. In addition, there were so few funding sources that grant applications and insurance reports were minimal. As an illustration, I enclose in this letter a copy of the majority of patient forms we had to fill out. They were NCR (no carbon required) forms, filled out by hand, mailed to a central location where they were key punched into a main frame computer, producing data that was used to define and shape the system. Filling out the intake and discharge form took only a few minutes, as did completing the daily tally of who was seen and what other services were performed. Yet, we were able to monitor the system fairly well.

As I talk to people running Behavioral Health programs now, they say that as much as half of their time is spent in administration, primarily paper work. Computers have given us power to report and monitor every part of what we do. However, as this demand for reporting proliferates, we have less and less time to spend on service.

In addition, the patchwork of programs responding to Behavioral Health needs leaves most of us confused. With too many doors, we end up with no easy way to find the right door to enter for services.

HB 2463 reflects both awareness of the problem and real compassion for the frustration that those on the front line are experiencing. Thank you for this. I strongly support its implementation.

Thank you for your attention and service,

Carol Greenough, Ph.D.

Name _____ Address _____

Parent or Guardian _____ Address _____

Also known as: _____

Facility Code Residence Code Inpatient Clinic Location

READMISSION this year

previous year

ADMISSION DATE month day year AGE DATE OF BIRTH month day year

no

SEX male female RACE Cau Ind Esk Aleut Neg Ori Sp-Am Other

MARITAL STATUS never married married separated divorced widowed

EMPLOYMENT self employed other employed seasonally employed unemployed housewife preschool or student retired unable to work

EDUCATION (highest grade completed)

none 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5+ other code

REFERRED BY Self Relatives Friends Private Physician Court School Other code

PREVIOUS ADMISSIONS (indicate number)

In this Facility Other Outpatient Facility Other Inpatient Facility Private Psychiatrist

FINANCE (insurance) Medicaid Medicare CHAMPUS VA Private Ins None

FAMILY INCOME 0-3,999 4,000-7,999 8,000-11,999 12,000-15,999 16,000-19,999 20,000+ Other code

VETERAN yes no ESTABLISHED FEE

PRESENTING PROBLEM Mental Illness Mental Retardation Alcohol Abuse Drug Abuse Life Crisis

DIAGNOSIS ON ADMISSION ICD Code

DISCHARGE
FINAL DIAGNOSIS Primary: ICD Code
Secondary: ICD Code

DISPOSITION code

SEPARATION DATE month day year

CASE NO.

