The Continuum of Adolescent Behavioral Healthcare in Alaska

DOH Behavioral Health Roadmap Presentation

Wednesday, August 2, 2023

ALASKA HOSPITAL & HEALTHCARE ASSOCIATION

Overview –

- National landscape
- The Child & Adolescent Project
- Findings & Recommendations
- Next steps

Raising the alarm on a national levels

U.S. Surgeon General's Advisory on Youth Mental Health

- "In 2019, 1 in 3 high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009."

American Academy of Pediatrics Declaration of a National Emergency in Child and Adolescent Mental Health

- "We have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COIVD-19 pandemic…across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies…"

White House Fact Sheet: Strategy to Address Our National Mental Health Crisis

- "Our youth have been particularly impacted as losses from COVID and disruptions in routines and relationships have led to increased social isolation, anxiety and learning loss. More than 50% of parents express concern over their children's mental well-being."

Pediatric Boarding in Emergency Departments Worsened Due to COVID-19

- COVID-19 has **“turbo charged”** the behavioral health crisis
  - In 2020, the proportion of mental health-related ED visits increased 24% for children ages 5 to 11 and 31% for those ages 12 to 17 compared to pre-COVID-19 levels.
  - In early 2021, ED visits for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys compared to the same period in early 2019.
- 2022 saw increased acuity of BH patients accessing care in hospital settings
- Most severe for youth with:
  - Substance use disorders;
  - Intellectual and developmental disabilities and autism;
  - Eating disorders;
  - History of physical and/or sexual aggression;
  - Justice involvement
  - LGBTQ

For Some Teens, It’s Been a Year of Anxiety and Trips to the E.R.

During the pandemic, suicidal thinking is up. And families find that hospitals can’t handle adolescents in crisis.

Local

Psychiatric patients wait in ERs for days and weeks as inpatient beds are scaled back

Pandemic Has U.S. Hospitals Overwhelmed With Teens in Mental Crisis

U.S.News & World Report

Child & Adolescent Behavioral Health Improvement Project –

AHHA, supported by the Alaska Mental Health Trust Authority, launched a multifaceted planning effort to systematically describe the continuum of care, and identify actionable steps to **improve behavioral health care for children and adolescents.**

AHHA contracted with Agnew::Beck to support the stakeholder process, data analysis and document results.

Project Characteristics

- Stakeholder Participants- 117
- Organizations or facilities - 75

Timeline and Meetings

- Workgroup met monthly, March – June 2022
- Key informant interviews, June – August 2022
- Focus groups with outpatient, residential and hospital providers, July – August 2022
- Workgroup reconvening and strategy prioritization, September – November 2022
- Final recommendations report, January 2023

Project Goals and Scope

- Develop multi-level solutions to ensure individuals receive proper treatment in appropriate settings.

- Identify strategies to intervene before children and adolescents present to emergency departments.

- Incorporate the voices and perspectives of caregivers and adolescents with lived experience navigating the acute behavioral health system of care.

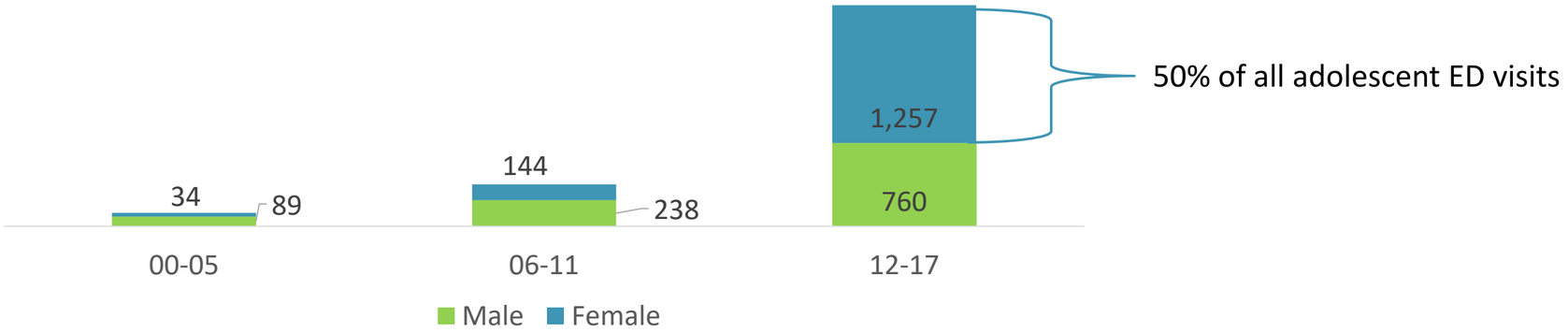
Alaska Data

Data from Alaska's Health Facilities Data Reporting Program

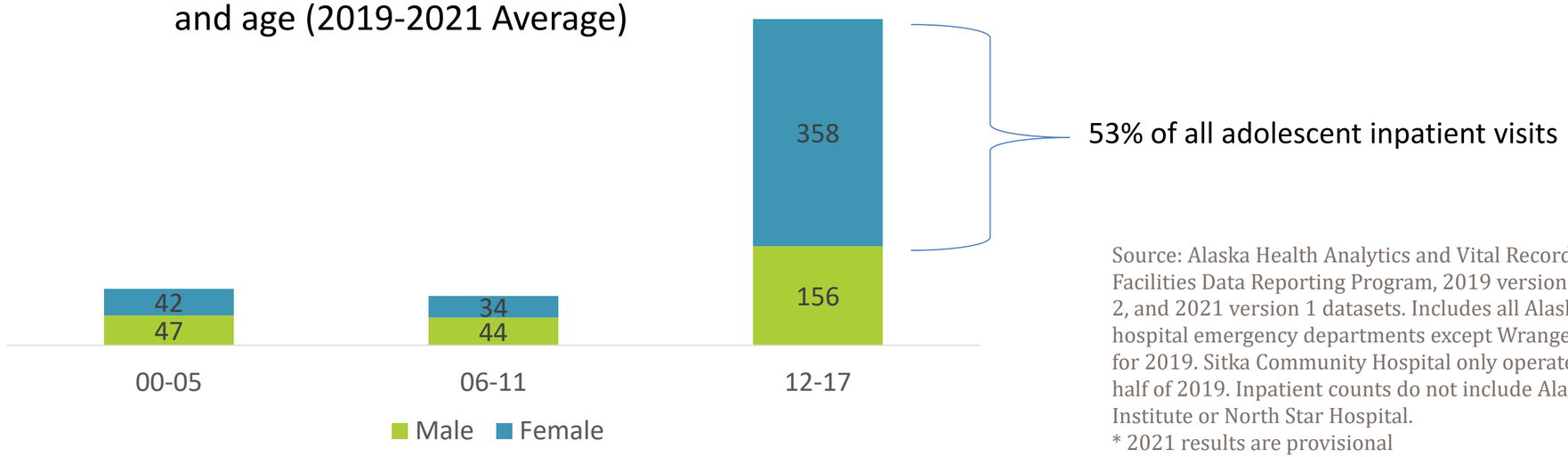
- In 2021, there were **2,273 treatment episodes** for children and adolescents with a behavioral health diagnosis at hospital emergency departments (EDs). An additional **613 treatment episodes** occurred in hospital inpatient units.
- Of all 2021 treatment episodes, **25% of ED visits and 24% of hospital inpatient visits had a discharge diagnosis of suicidal ideation**.
- Children and adolescents with a behavioral health diagnosis **stay longer** in EDs and inpatient units than their non-behavioral health counterparts and **lengths of stay are increasing**.
- **Most** children and adolescents with a behavioral health diagnosis **discharge to home/self-care** from EDs and hospital inpatient units.

50% or more of all Behavioral Health ED and inpatient visits are by female adolescents ages 12 to 17. Younger patients tend to be male.

Number of Behavioral Health ED visits by sex and age (2019-2021 Average)



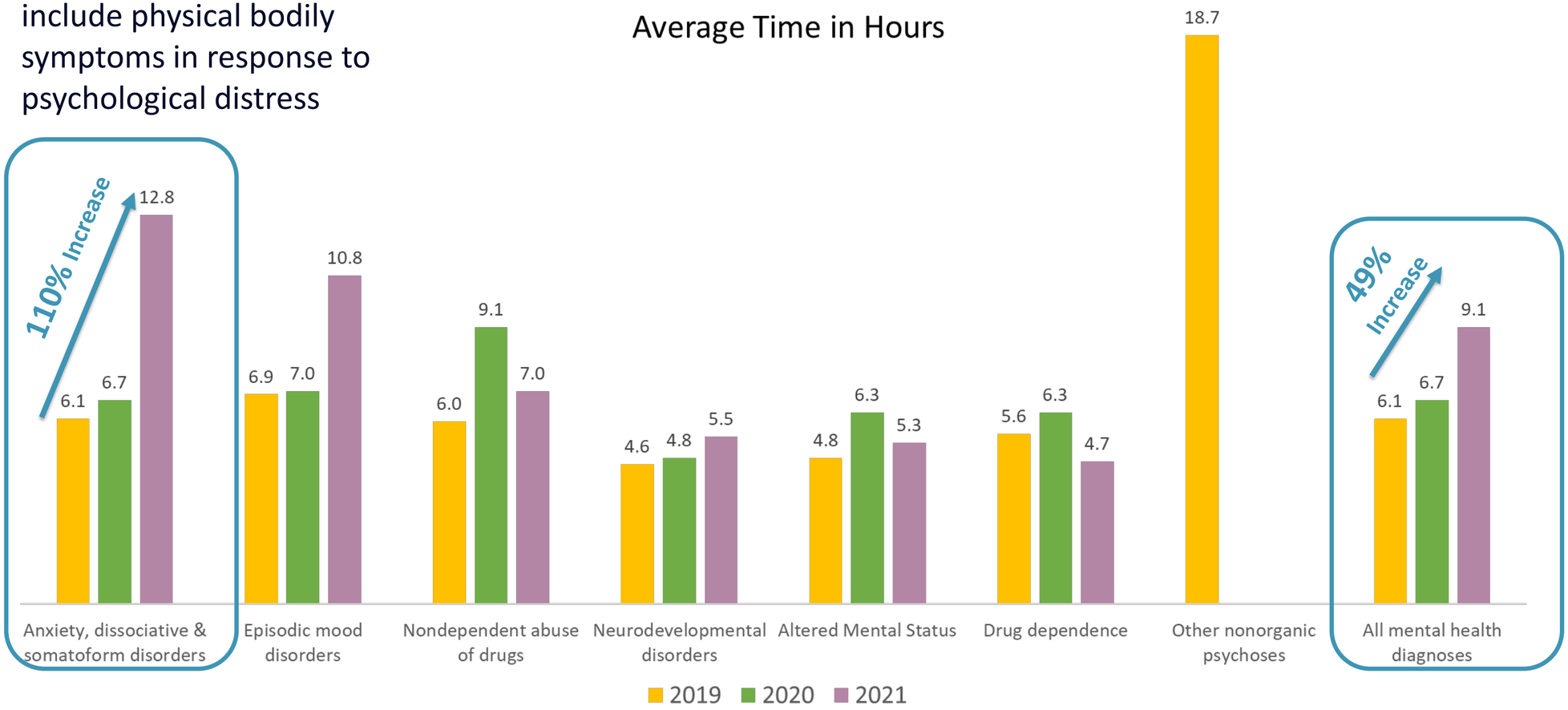
Number of Behavioral Health Inpatient visits by sex and age (2019-2021 Average)



Source: Alaska Health Analytics and Vital Records, Health Facilities Data Reporting Program, 2019 version 5, 2020 version 2, and 2021 version 1 datasets. Includes all Alaskan non-military hospital emergency departments except Wrangell Medical Center for 2019. Sitka Community Hospital only operated for the first half of 2019. Inpatient counts do not include Alaska Psychiatric Institute or North Star Hospital.
* 2021 results are provisional

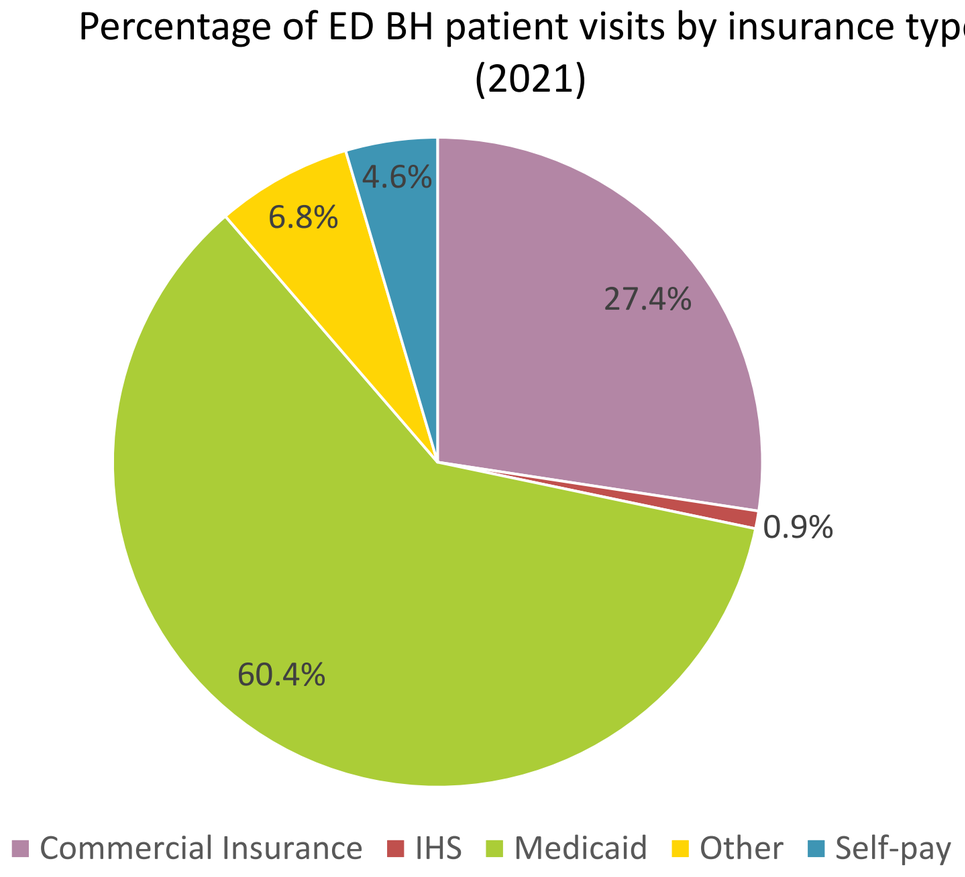
Time adolescents spent in Alaska EDs by year and Dx

Somatoform disorders include physical bodily symptoms in response to psychological distress



Source: Alaska Health Analytics and Vital Records, Health Facilities Data Reporting Program, 2019 version 5, 2020 version 2, and 2021 version 1 datasets.
Excluded facilities: Fairbanks Memorial Hospital, Yukon Kuskokwim Delta Regional Hospital, and Samuel Simmonds Memorial Hospital (Bristol Bay Area Health Center and Wrangell Medical Center are also excluded for only 2019) * 2021 results are provisional

Behavioral Health Access for Medicaid Enrollees



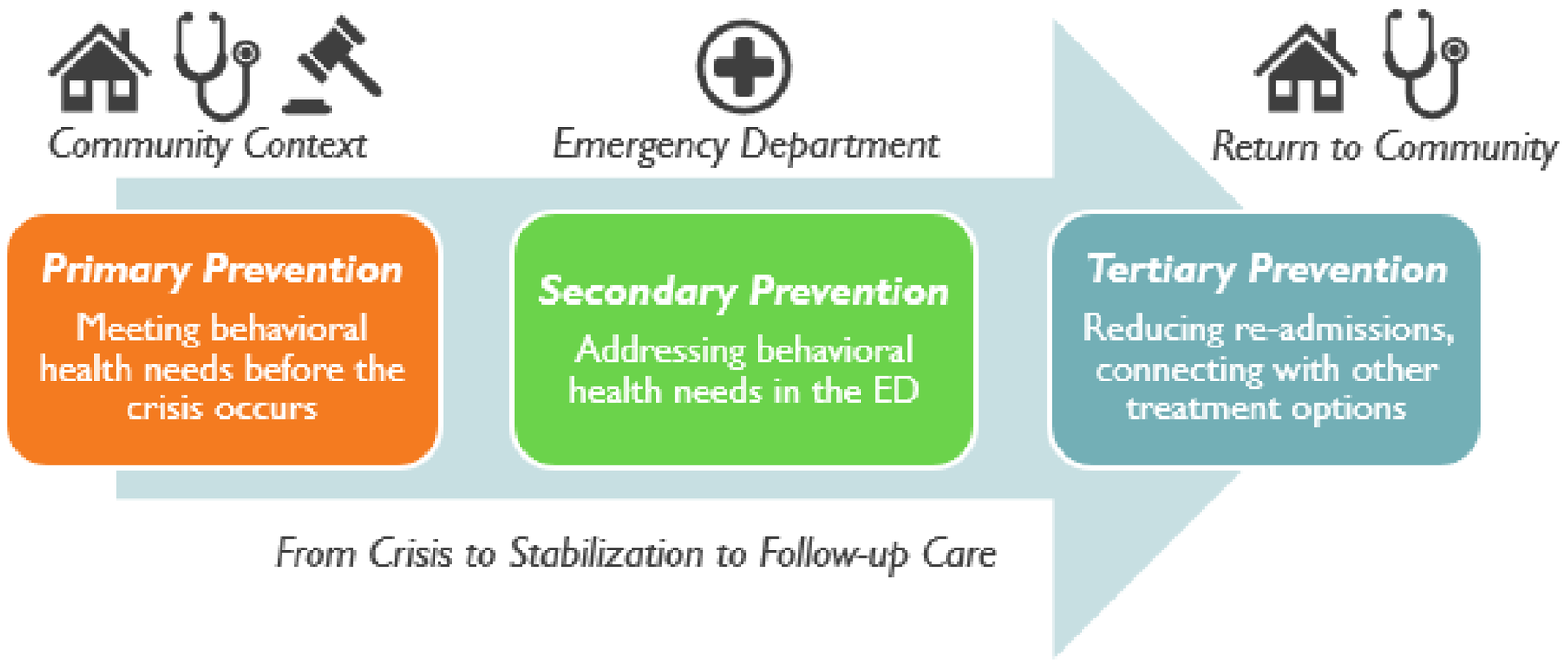
- 57% of Alaska children and youth are enrolled in Medicaid
- Access to behavioral health outpatient care severely limited for Medicaid enrollees
- 380 Alaska BH Providers listed in Psychology Today
  - 11 (2%) of these accept Medicaid
  - 3 of these had waitlists or were not accepting new clients

Continuum of Care

"We do not have a mental healthcare system. At best, we have a mental sick-care system, designed to respond to a crisis, but not developed with a vision of mental health that is focused on prevention and recovery"

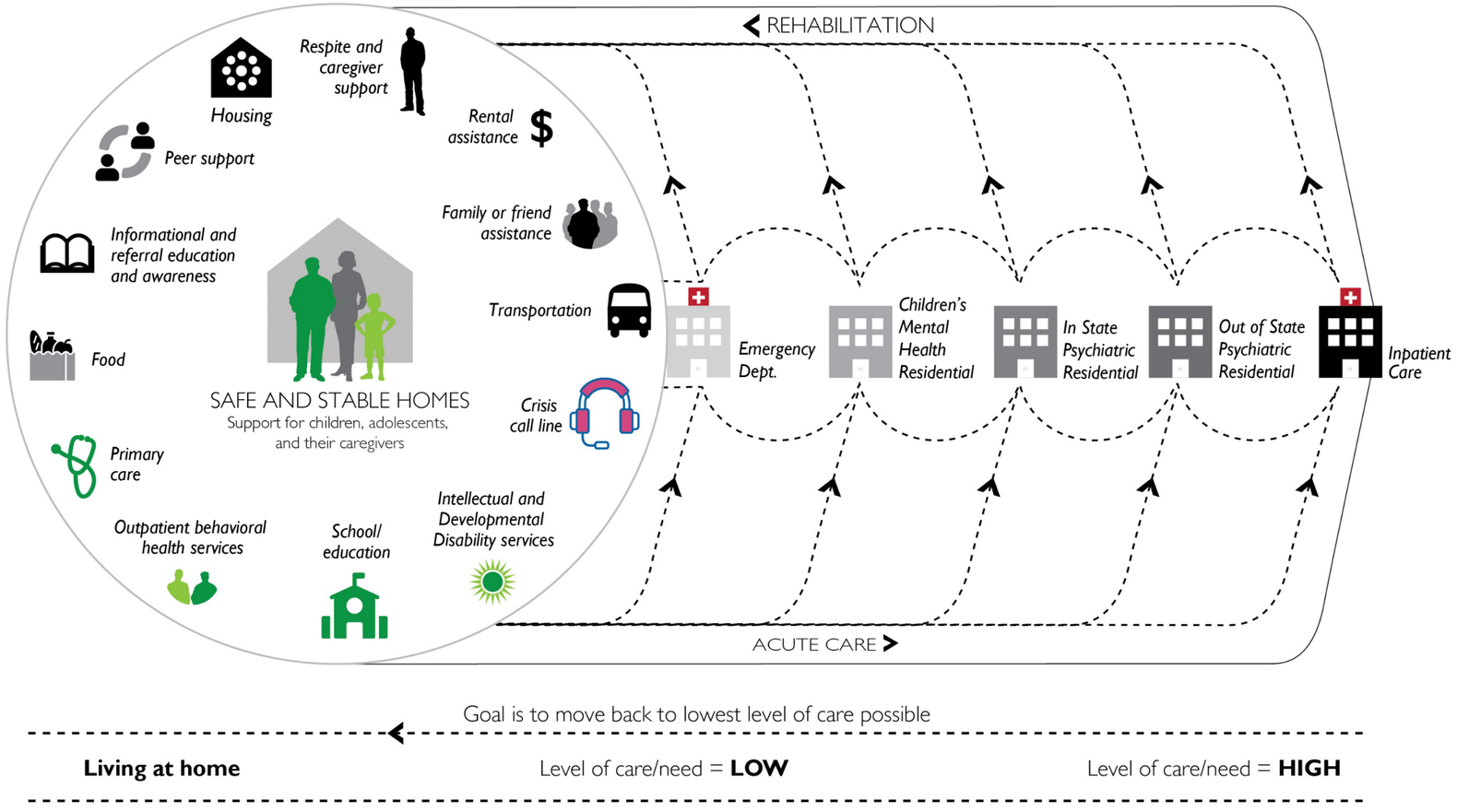
- *Thomas Insel, MD Psychiatrist and Neuroscientist from his book* Healing: Our Path from Mental Illness to Mental Health (2022)

Child and Adolescent Behavioral Health Continuum



Child and Adolescent Behavioral Health Continuum – Current State

Current state



Service Gaps

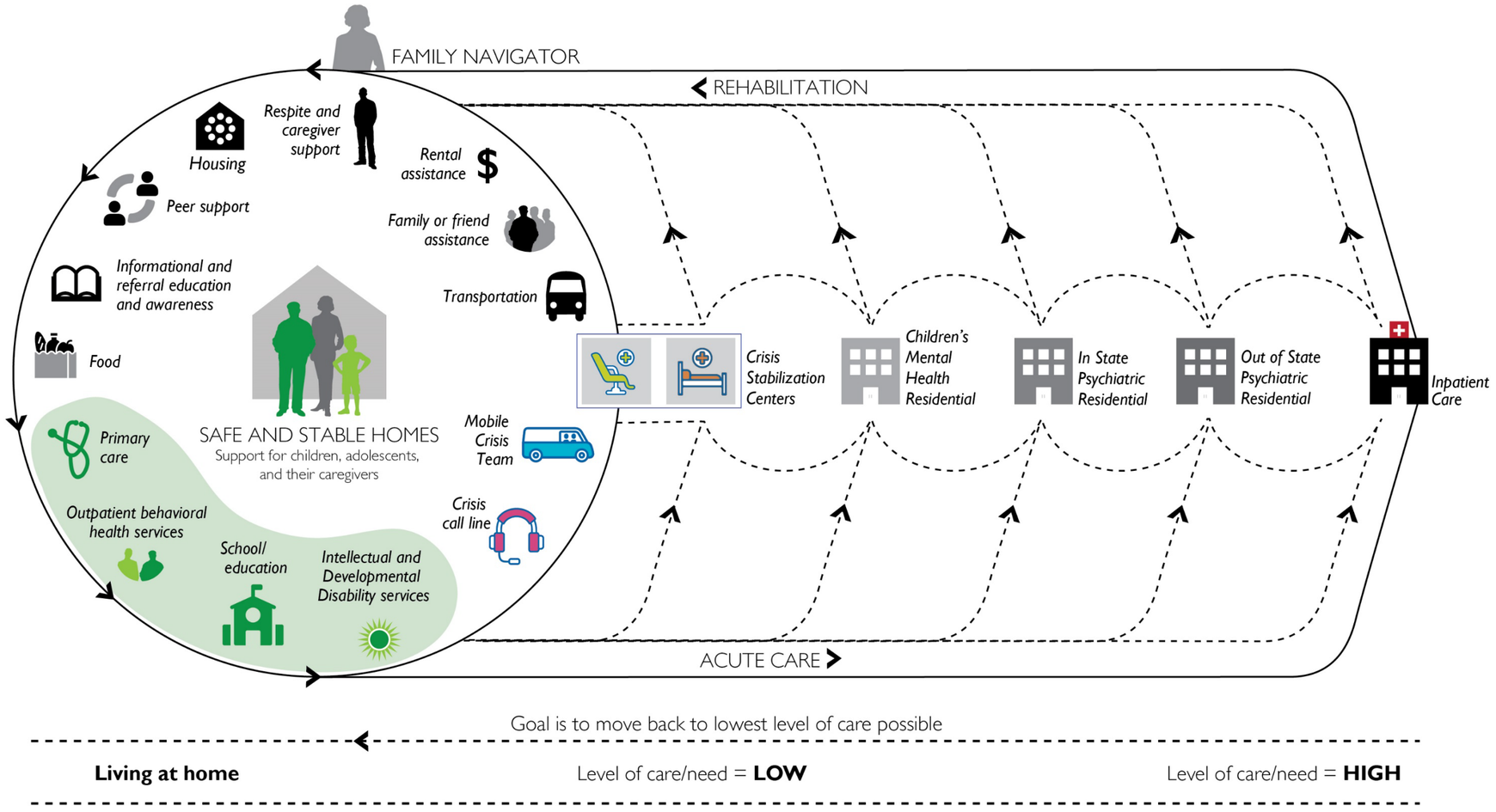
- Care coordination
- Support for children and families in OCS/DJJ custody
- Transitional and navigation support
- Ready access to outpatient services
- Limited integration with school and primary care settings
- Robust crisis services outside of hospital settings – IOP & PHP
- Specialized care residential settings
- Inpatient care

Challenges

- Payment parity, administrative burden and start-up costs for new services to develop full continuum.

Child and Adolescent Behavioral Health Continuum – Future State

Future state

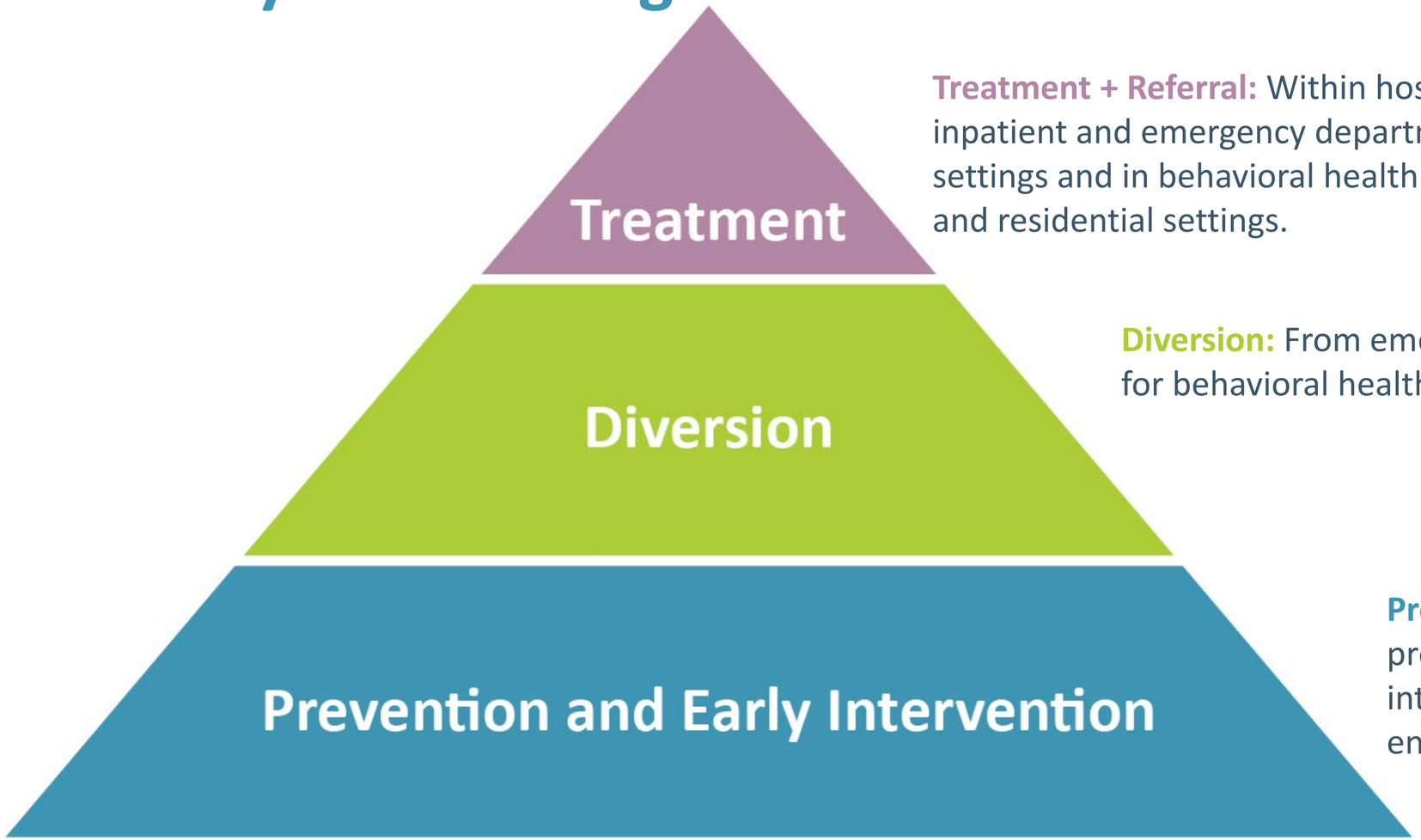


Three key areas for action:

1. Prevention, Early Intervention and Diversion
2. Behavioral Health Care in Emergency Department and Inpatient Settings
3. Treatment and Access Points for Discharge

Findings & Recommendations

Levels of Systems Change



Treatment + Referral: Within hospital inpatient and emergency department settings and in behavioral health inpatient and residential settings.

Diversion: From emergency departments for behavioral health crisis care.

Prevention and early intervention: To prevent crisis, reduce the need for the most intensive levels of care, and increase engagement in services closest to home.

How can we increase immediate access to outpatient care for Medicaid enrollees?

1. Create a clear pathway (and incentive structure) for behavioral health organizations to contract with independent providers to increase capacity for delivering Medicaid billable behavioral health services
2. Develop an accessible platform to connect all outpatient BH providers who accept Medicaid that identifies availability of assessment slots and appointments
3. Expand client eligibility for Medicaid School-Based Services (as allowed under the 2014 CMS free care rule reversal) to include all students
4. Expand Medicaid eligible provider types at FQHCs to include LPCs and LMFTs
5. Track CMS proposed changes to incentivize integration of psychologies and social workers into primary care settings by establishing billing codes.
6. Identify gaps in primary care provider knowledge and ability to connect patients to needed services

Treatment + Referral (BH Settings): Workgroup Meetings, Provider Focus Groups and Interviews (March – August 2022)

- 1115 regulations not flexible enough to implement needed services in small communities, lack of capital funding; community-based services more costly to provide and rates don't align with those costs
- Rates don't support staff ratio for inpatient care for children under 11
- Administrative burden takes away from providing direct patient care and support AND increases dissatisfaction & burnout
- *"We had 'Bring the Kids Home'. We now need 'keep the kids out of hospitals ' and grant funding to support that."*

How can we improve access to care and discharge placements?

A. **Increase the number of specialized residential facilities or group homes for younger children and children and youth with complex needs, in regions around the state; including locked Level 6 beds.**

B. **Increase targeted wraparound services and care coordination for children and families with complex care needs.**

C. Integrate connection to existing resources into hospital discharge flow and EHR (OpenBeds, Help Me Grow, PAL-PAK).

D. Increase family navigation and peer support services to support access to and transitions between levels of care.

E. Address systemic issues that impede service delivery (rates, administrative burden, workforce).

Next Steps - Action

Patients, advocates, family members, and providers all agree that the system of behavioral healthcare in Alaska is broken.

Simply doing more of what we've done in the past will not create the change we need to build a robust and sustainable system.

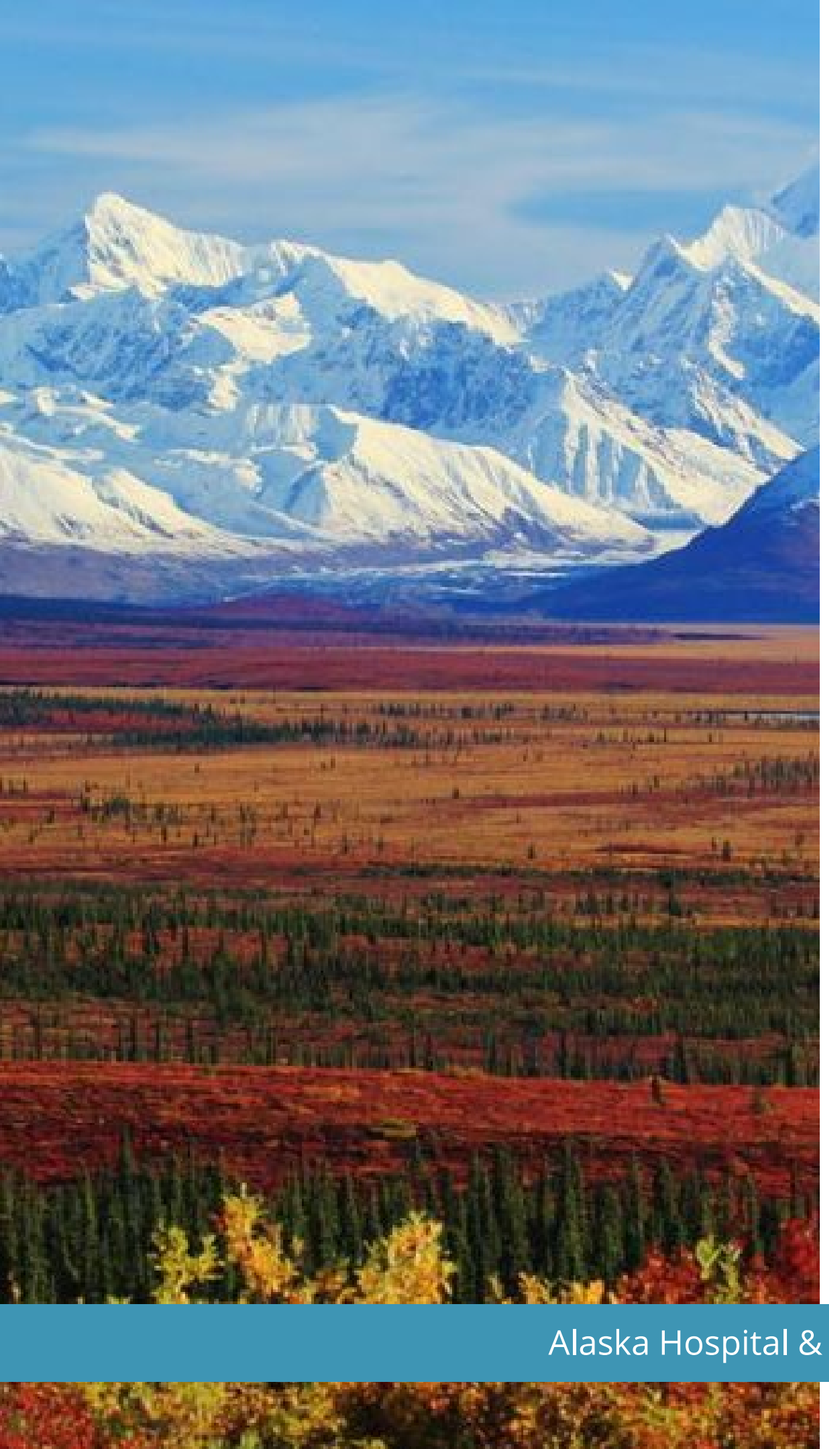
Building a robust and sustainable system

We need a system which:

1. **Promotes resilience and prevention**
2. **Supports universal mental health and wellness**
3. **Provides right level of care treatment for mental health conditions and substance use disorders locally**
4. **Provides support and treatment for complex and neuro-developmental challenges**

Seven focus areas that need to be addressed within this framework to realize the vision for a robust and sustainable behavioral health system.

1. Improving access and filling treatment gaps
2. Reducing administrative burden
3. Increasing reimbursement rates
4. Stabilizing & augmenting the workforce
5. Prioritizing prevention and early intervention
6. Establishing community wellness hubs
7. Expanding care coordination / case management



Thank you

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Adolescent report:
https://www.alaskahha.org/behavioral-health

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