

Division of Behavioral Health
Alaska Mental Health Trust Authority

Caring for Alaska's Children and Youth in Out-of-Home Behavioral Health Care



Tuesday, March 19, 2019

Agenda



8:30 – 8:45	Registration
8:45 – 9:00	Welcome; agenda; objectives
9:00 – 9:20	Keynote: Steve Williams
9:20 – 10:00	Settings and costs
10:00 – 10:15	Break
10:30 – 12:15	Overview; TFC
12:15 – 1:00	Lunch
1:00 – 2:00	Residential BRS; Acute Care
2:00 – 2:15	Break
2:15 – 3:15	Residential Psychiatric Tx
3:15 – 4:30	Group discussions; Next steps

About 20% of the audience is on the phone

In-person Participants

When asking a question or making a comment: Introduce yourself (name and organization) and use the microphone.

Teleconference Participants

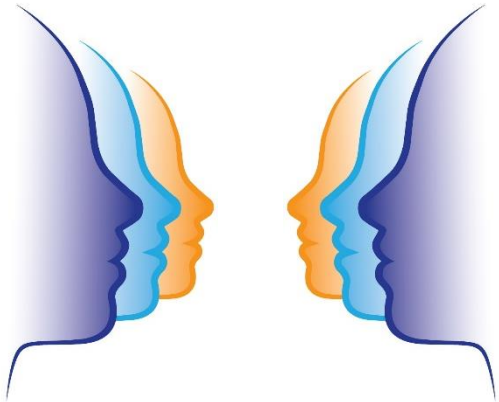
Put call on mute and do not place the call on hold.

All

Silence cell phones.

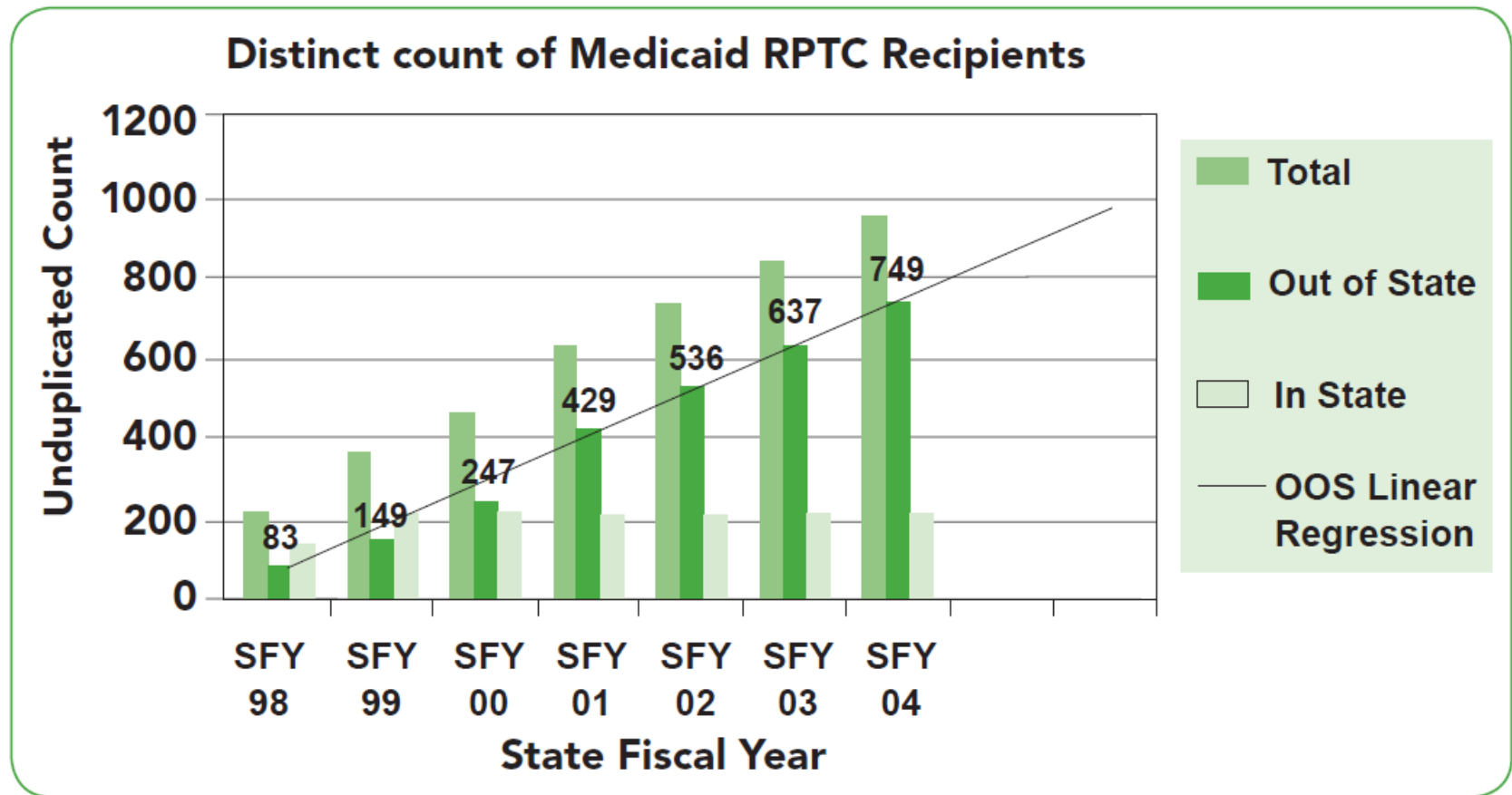


Today's Objectives



1. Learn about the children living in out-of-home behavioral health care.
2. Understand how the implementation of the *Bring the Kids Home* initiative shapes our current services and how implementation of the *1115 waiver* will change services.
3. Identify ways to improve the current system of care to achieve better outcomes for children in out-of-home behavioral health care.

Bring the Kids Home Initiative: A brief history



Source: Alaska Department of Health & Social Services, Division of Behavioral Health

Bring the Kids Home



"I just feel like with every resource that we have available to us, why don't we have this here? Why?"
"How do we raise our children and teach them the values and the love that we want them to grow up with if they're in an institution?"

*Parent quotes from Channel 11
"Breaking the Cycle" on BTKH 2009*

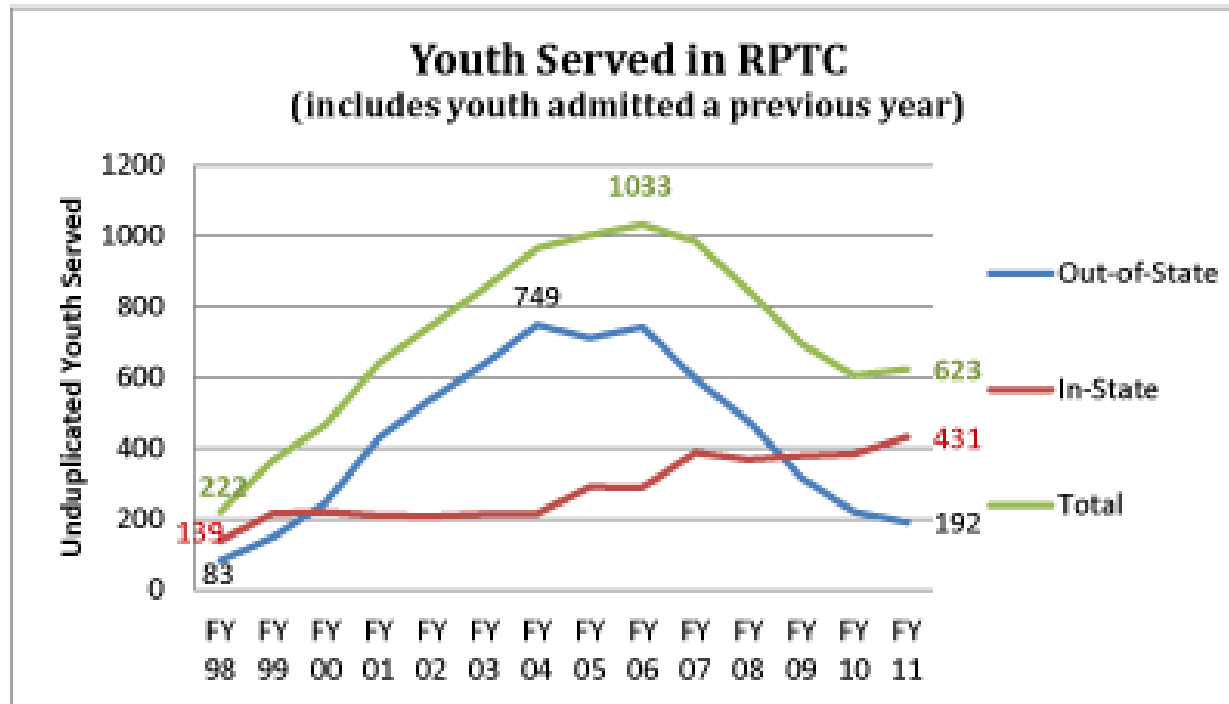
Bring the Kids Home Initiative: Primary Goals

1. **Significantly reduce the numbers of children and youth in out-of-state care** and ensure future use of out-of-state facilities is minimum.
2. **Build the capacity within Alaska** to serve children with all intensities of need.
3. **Develop an integrated, seamless system** that will serve children in the most culturally competent, least restrictive setting, and as close to home as possible.

Bring the Kids Home Initiative: Key Strategies

1. **Building capacity** for lower levels of nonresidential care across the state.
2. Expanding **care coordination**
3. Addressing systemic **funding gaps**
4. **Improved monitoring** of system access, outcomes and service utilization.
5. **Organize needed resources and assistance** for children and families
6. Develop and maintain a skilled in-state **behavioral health work force**

Bring the Kids Home Initiative: Outcomes



Percent Change

- ▼ Overall Trend: Youth Served in RPTC (in-state and out-of-state): 1033 to 623 youth = 39.5% decrease
- ▼ Youth Served in Out-of-State RPTC: 749 to 192 = 74.4% decrease
- ▲ Youth Served in In-State RPTC: 139 to 431 = 210% increase

Source: Alaska Department of Health & Social Services, Division of Behavioral Health

“Developing in-state capacity for children with severe disturbances is only a partial solution... **The state must invest in earlier interventions for children and families to keep problems from becoming severe.**”

*- Alaska Department of Health & Social Services 2007
(Bring the Kids Home Three-Year Update)*



Service Settings

Services for Children and Youth in Out-of-Home Care Behavioral Health Care



Therapeutic
Foster Care

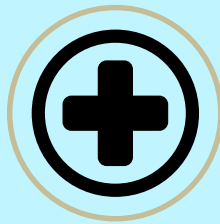


Residential
Behavioral
Rehabilitation
Services

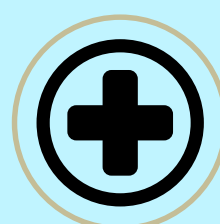


Residential
Psychiatric
Treatment
Facility

Children may receive more than one of these services, depending on need.



Acute Care



Therapeutic Foster Care (TFC)



Therapeutic
Foster Care

- Agency-supervised, private family homes
- Care for children or youth with significant emotional or behavioral problems.
- Parents have specialized training to provide individualized, structured services.
- Many parents specialize in one area.
- Homes are managed by behavioral health agencies.

Therapeutic Foster Care (TFC)



Therapeutic
Foster Care

Northern (Nome)

Presbyterian Hospitality House (1)

Interior (Fairbanks)

Family Centered Services (9)

Presbyterian Hospitality House (10)

Southcentral + Kenai

AK Child and Family (44)

Denali Family Services (57)

Hope Community Resources (14)

Family Centered Services (5)

Kenai Peninsula Counseling Center (3)

Presbyterian Hospitality House (26)

The Arc of Anchorage (5)

Southeast

Akeela (5)

Community Connections (17)

Juneau Youth Services (5)

Wil la Mootk Counseling (9)

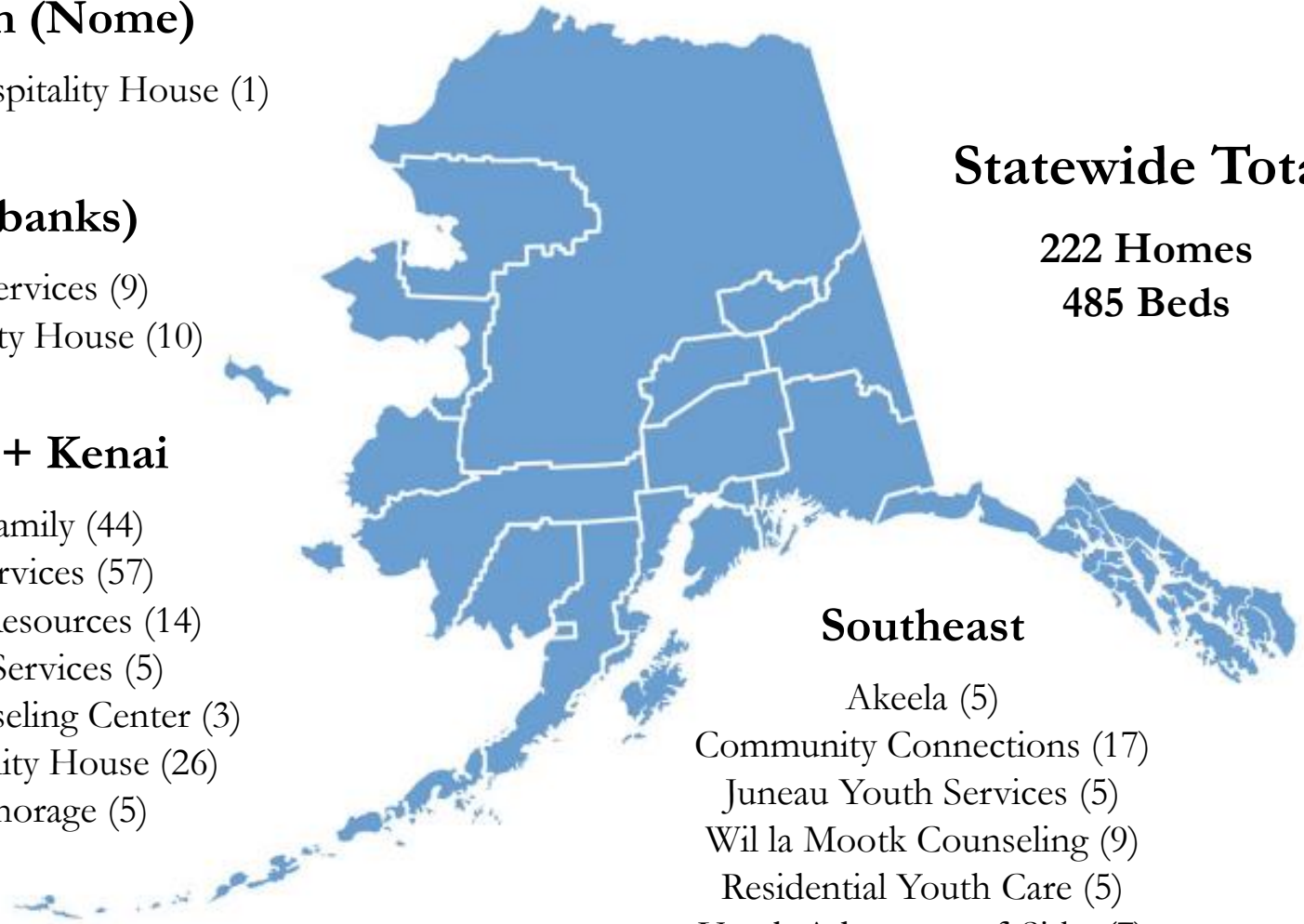
Residential Youth Care (5)

Youth Advocates of Sitka (7)

Statewide Total

222 Homes

485 Beds



Residential Behavioral Rehabilitation Services (BRS)



Residential
Behavioral
Rehabilitation
Services

- Treat psychosocial, emotional, + behavioral disorders
- Three service levels address a range of symptoms + behaviors
 - Level II: Emergency Assessment and Stabilization
 - Level III: Residential Treatment
 - Level IV: Residential Diagnostic Treatment
- Always includes family/post-discharge placement unless clinically inappropriate
- Types of services offered: case management, therapeutic behavioral health care, support, and medication administration

Residential Behavioral Rehabilitation Services (BRS)



Residential
Behavioral
Rehabilitation
Services

Northern

Nome Community Center
Maniilaq Association

Interior (Fairbanks)

Presbyterian Hospitality House

Southwest

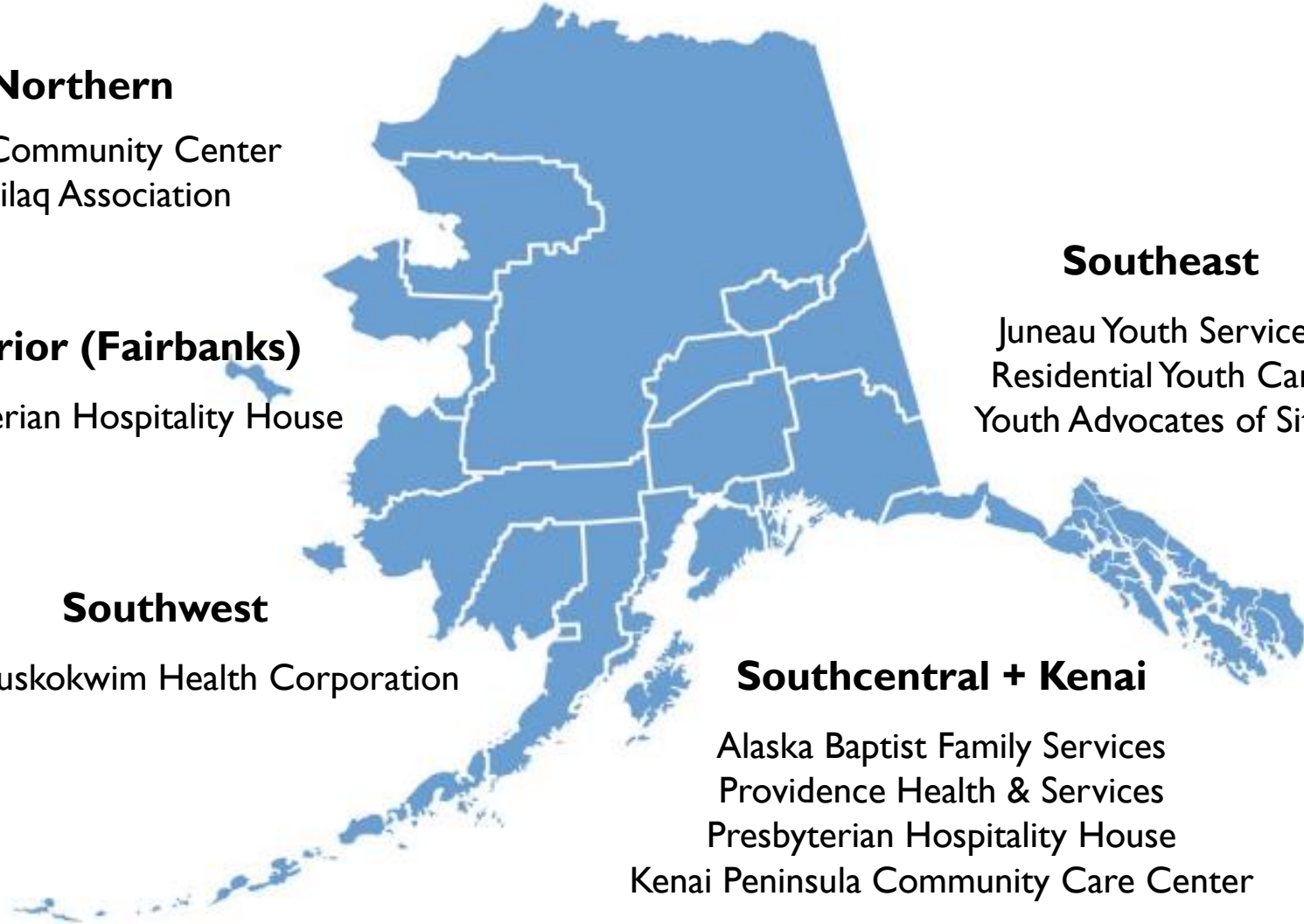
Yukon Kuskokwim Health Corporation

Southeast

Juneau Youth Services
Residential Youth Care
Youth Advocates of Sitka

Southcentral + Kenai

Alaska Baptist Family Services
Providence Health & Services
Presbyterian Hospitality House
Kenai Peninsula Community Care Center



Acute Care Services



Acute Care
Services

- Emergency care for children and youth at imminent risk of harm to themselves or others.
- Main goal is to stabilize symptoms.
- Length of care is 0 to 30 days.
- Acute care is provided at psychiatric facilities or in general hospital inpatient settings.
- Data presented today for psychiatric facilities covers North Star Acute Care and Alaska Psychiatric Institute (API).
- Data presented today for general hospital settings only covers Bartlett Regional Hospital, Fairbanks Memorial Hospital and Providence Alaska Medical Center, Anchorage.

Acute Care



Acute Care
Services

NOTE

All general hospitals provide acute care as possible. The ones noted here are those included in the data set.

Interior (Fairbanks)

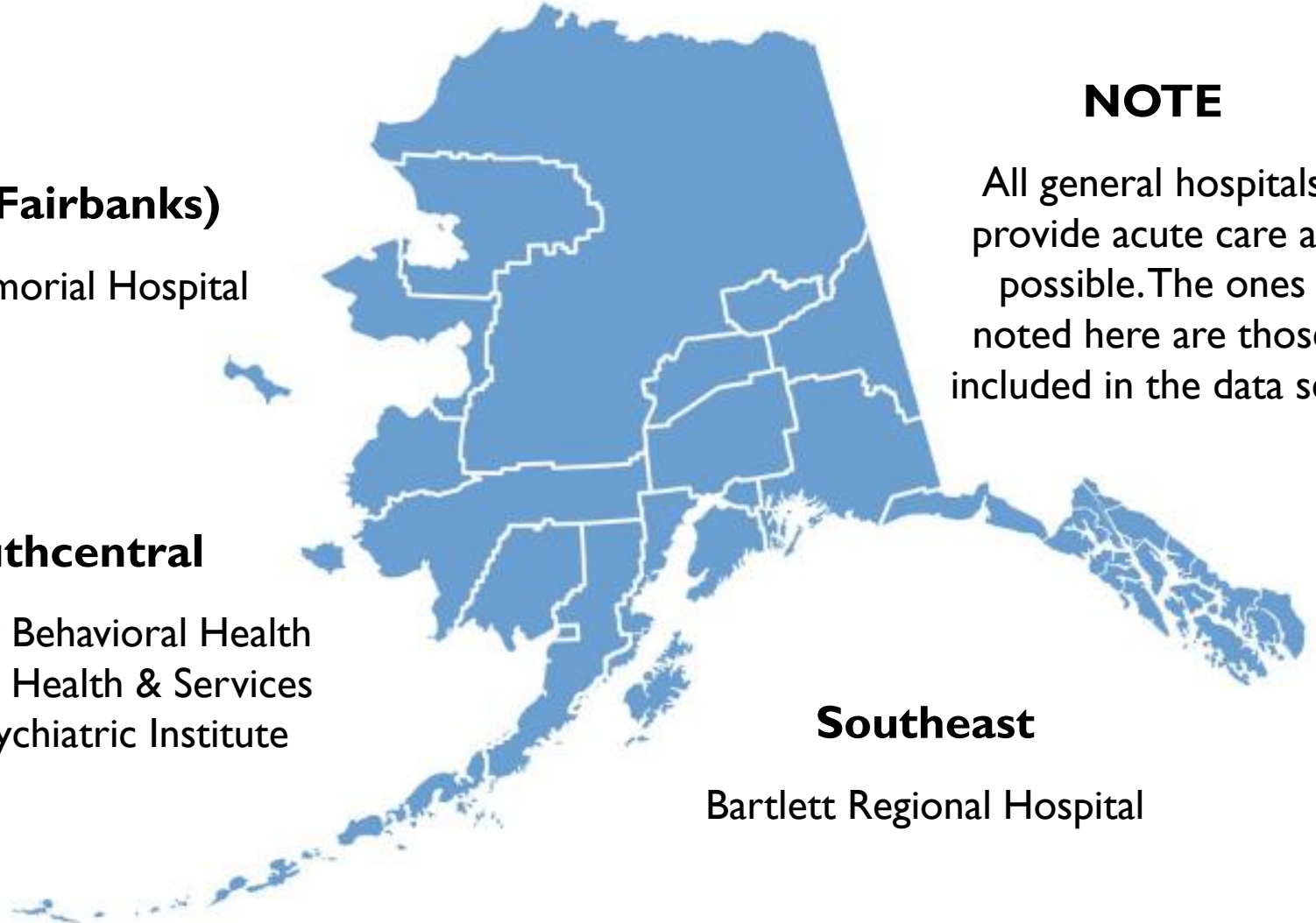
Fairbanks Memorial Hospital

Southcentral

North Star Behavioral Health
Providence Health & Services
Alaska Psychiatric Institute

Southeast

Bartlett Regional Hospital



Residential Psychiatric Treatment Facility (RPTF)



Residential
Psychiatric
Treatment
Facility

- RPTF's serve children and youth who
 - Exhibit more serious and destructive behaviors,
 - Have been identified as having more intensive needs, and/or
 - Need a more structured setting with psychiatric services available and/or a more accurate diagnosis.
- Provide highly structured, campus-based, long-term programs for children.

Residential Psychiatric Treatment Facilities



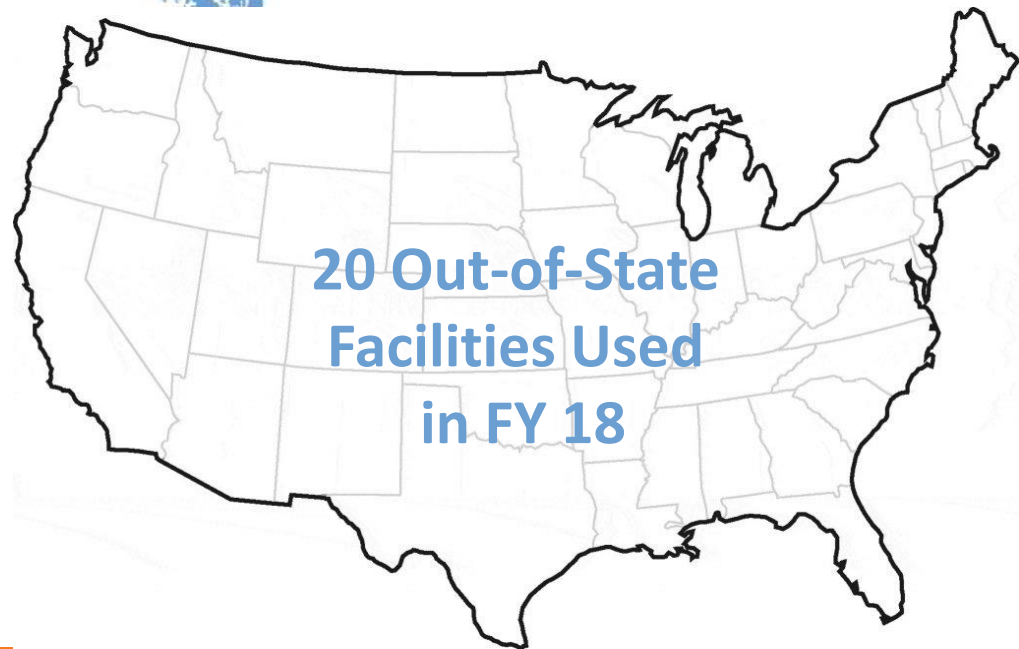
Residential
Psychiatric
Treatment
Facility



Southcentral (Anchorage + Palmer):

- AK Child & Family
- Providence Health & Services
- The Alpine Academy (North Star)
- The Summit (North Star)

**Total In-
State
Capacity =
120 beds**



**20 Out-of-State
Facilities Used
in FY 18**



Data notes ...

- Data comes from the following sources:
 - Alaska Medicaid Management Information System, FY 15-18
 - Qualis Health, FY 16-18
 - Office of Children's Services, FY 16-18
- Data
 - Racial groups with less than 10% are grouped with *Other or Unknown Race*
 - General hospital inpatient data reflects only 3 facilities: Fairbanks Memorial, Bartlett Regional + Providence-Anchorage.
 - Data related to types of services may be duplicated as some children receive more than one type of service.

Data Labels ...



Simplified for the purpose of this presentation

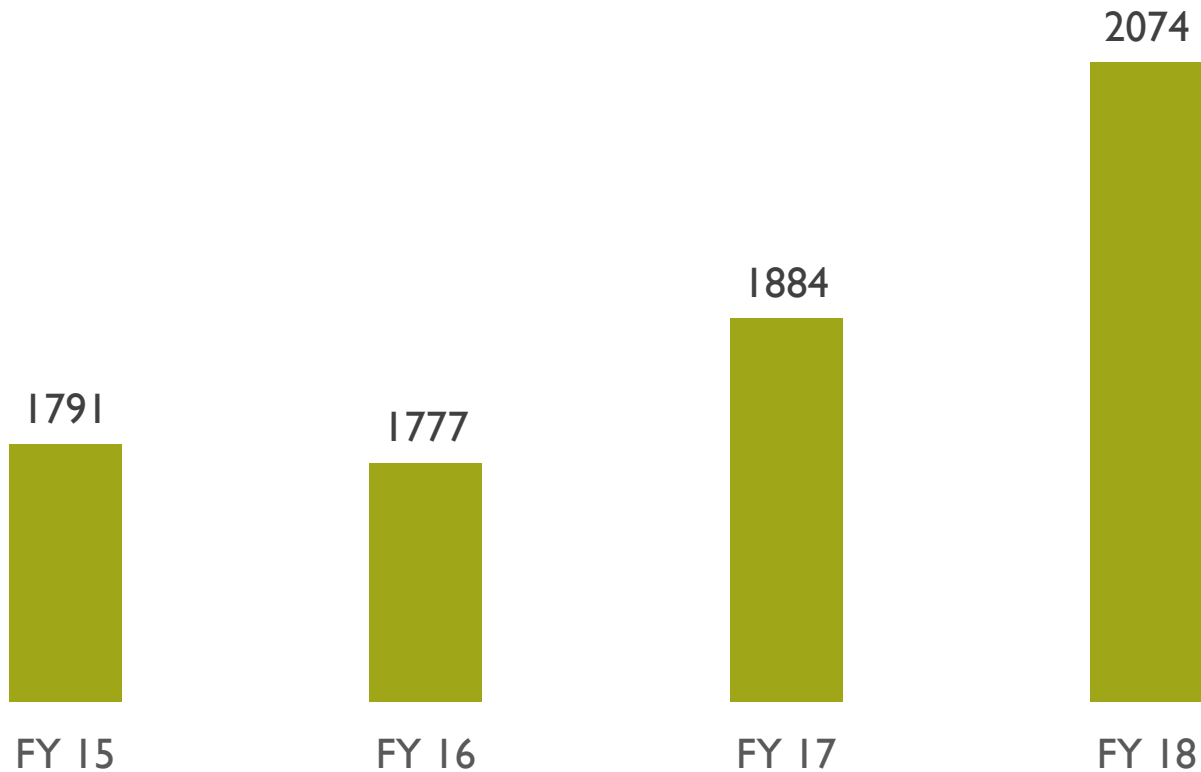
- AK Native = AK Native/[American Indian](#)
- Children = Children [and youth](#)
- Out-of-home care = Out-of-home [behavioral health care](#)



**In which settings
are children in
out-of-home
care living?**

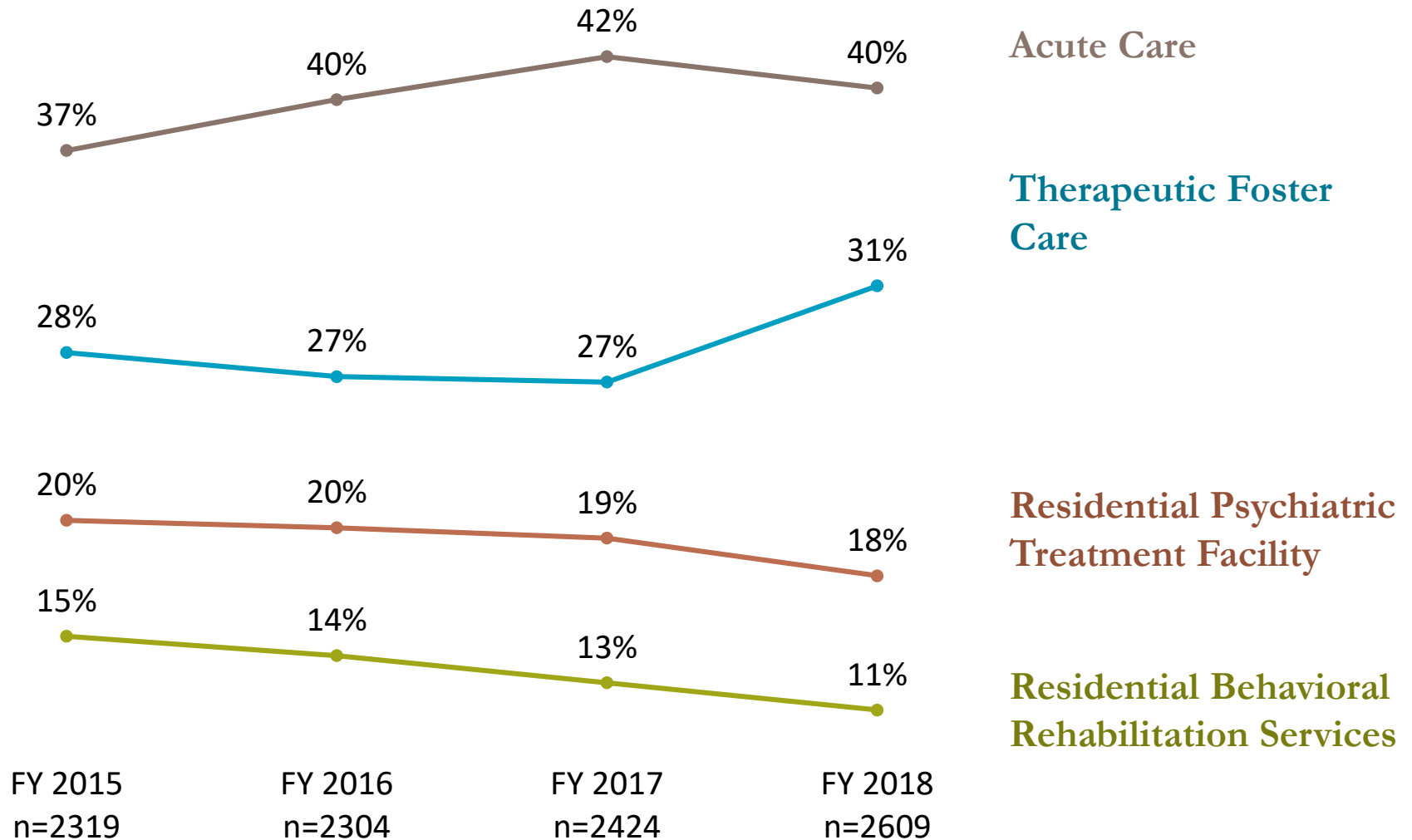
What is the cost?

Medicaid Recipients in Out-of-Home Care FY 15-18

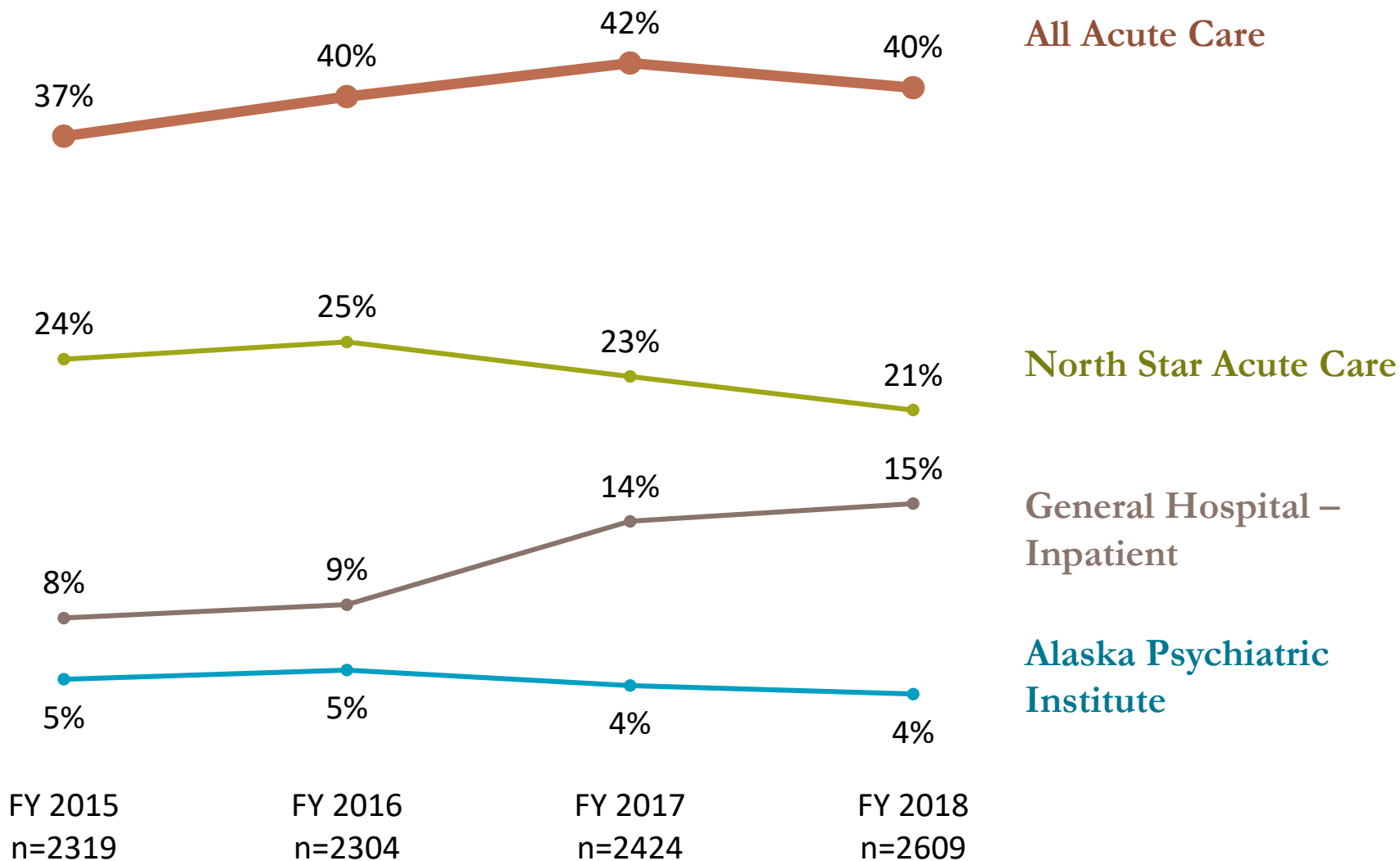


Increase of 283

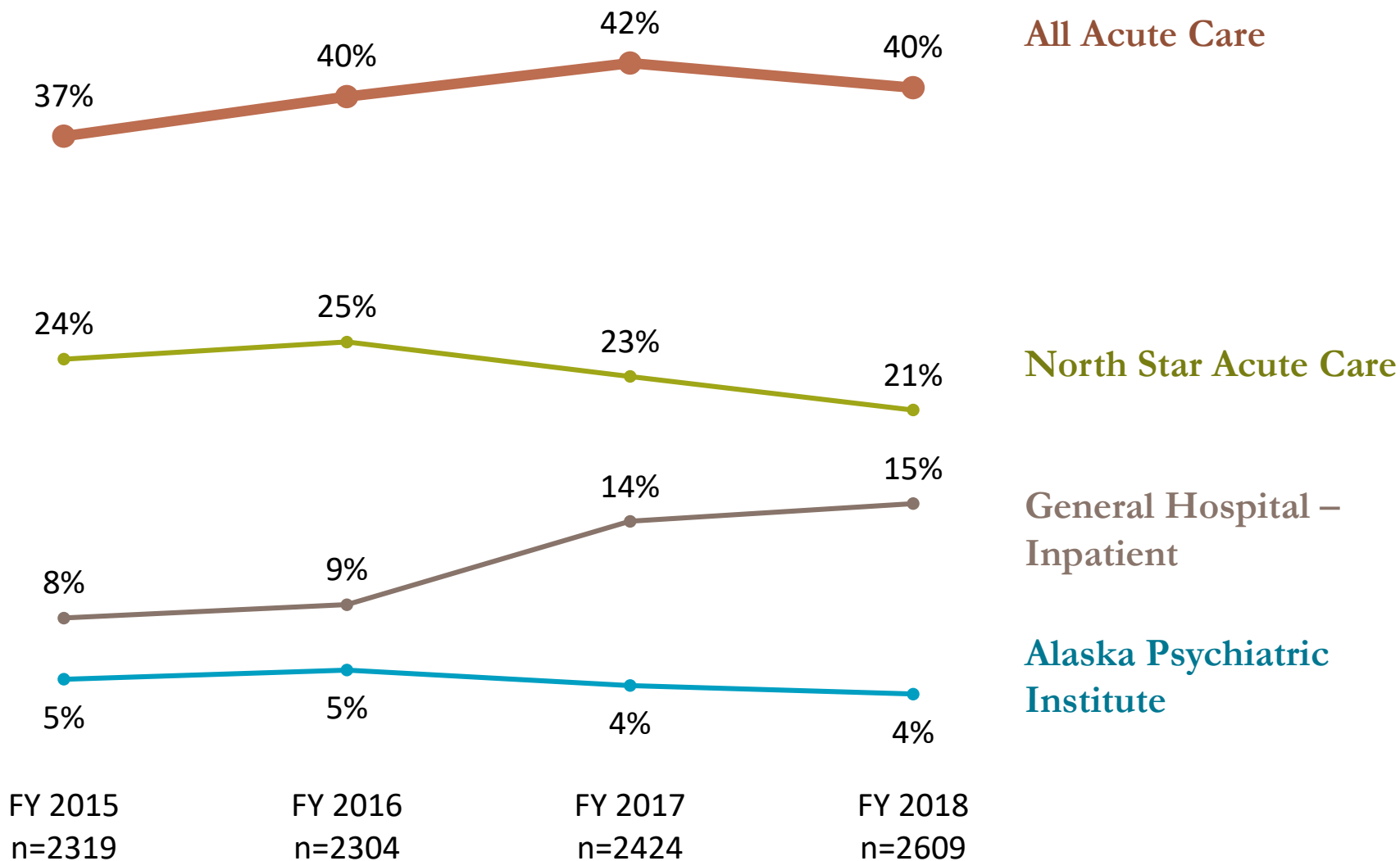
Medicaid Recipients by Setting FY 15-18



Rate of Medicaid Recipients: Acute Care Details FY 15-18



Rate of Medicaid Recipients: Acute Care Details FY 15-18





Let's
talk!

Settings and Costs

- Is it surprising that there are more children and youth in out-of-home placements now than in FY15? Why or why not?
- What are the drivers behind the increases in therapeutic foster care and general hospital inpatient care utilization?
- What are the drivers behind the decreases in other levels of service?
- Are these the changes we want to see?



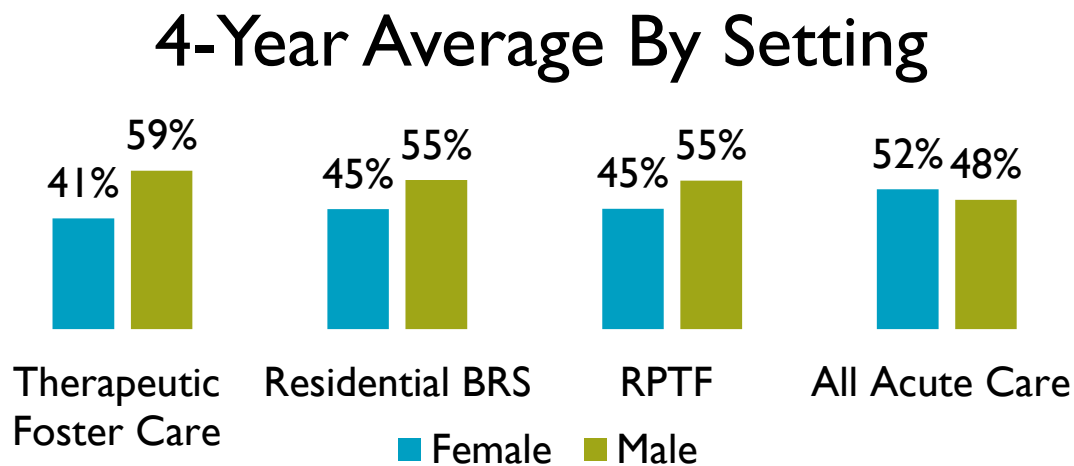
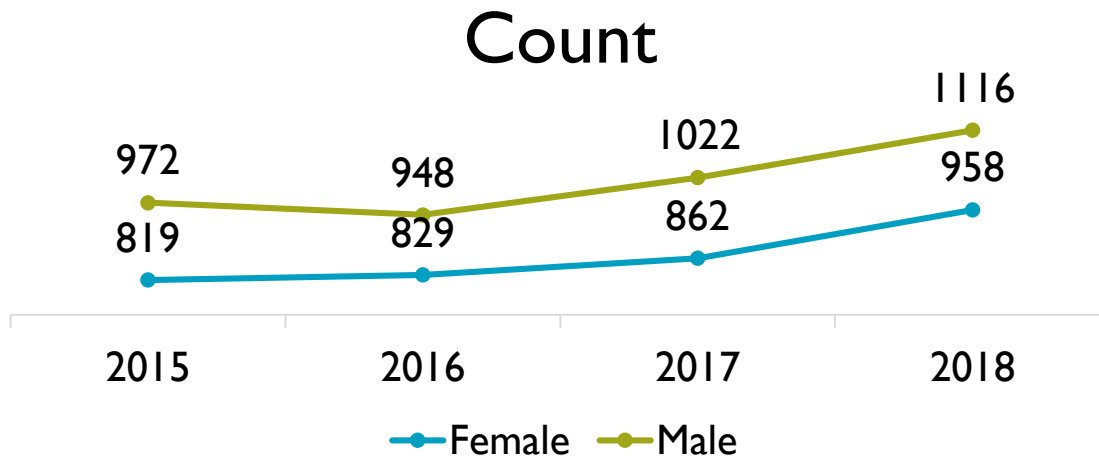
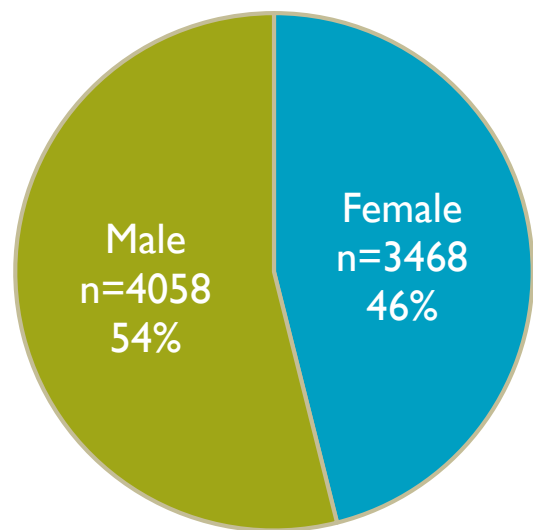
BREAK



**Who are the
children + youth
in out-of-home
behavioral
health care?**

Gender of Children in Out-of-Home Care

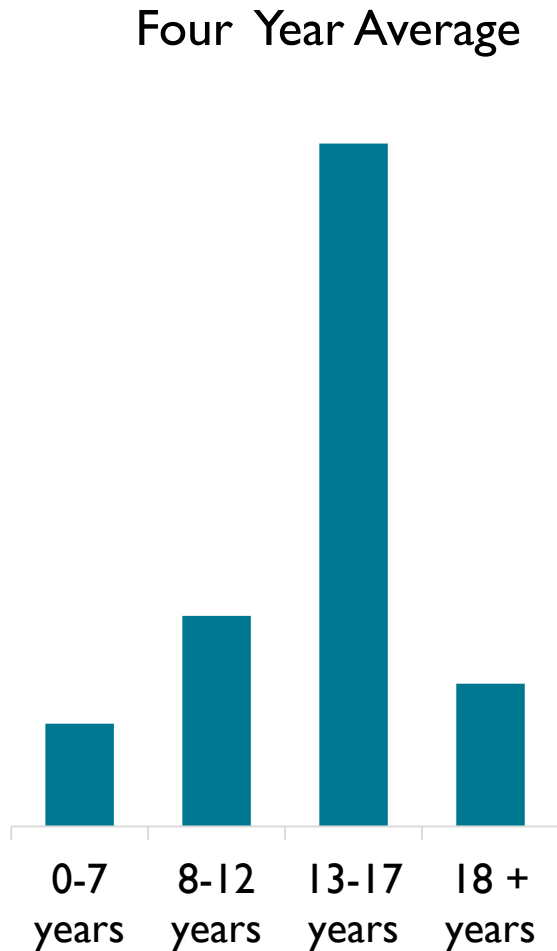
FY 15-18



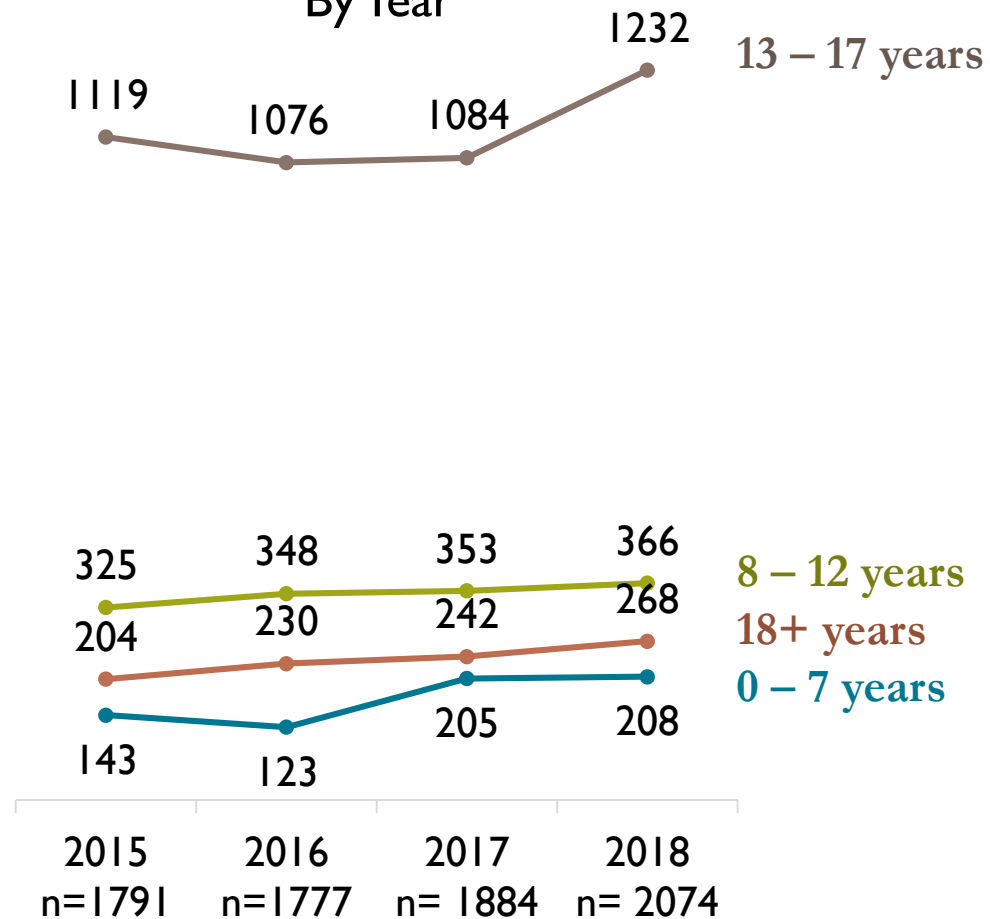
Age Ranges of Children in Out-of-Home Care

FY 15-18

Four Year Average

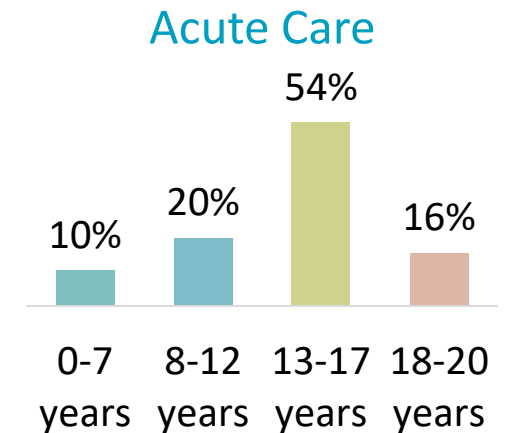
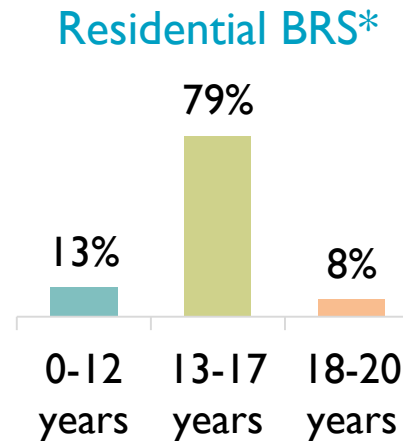
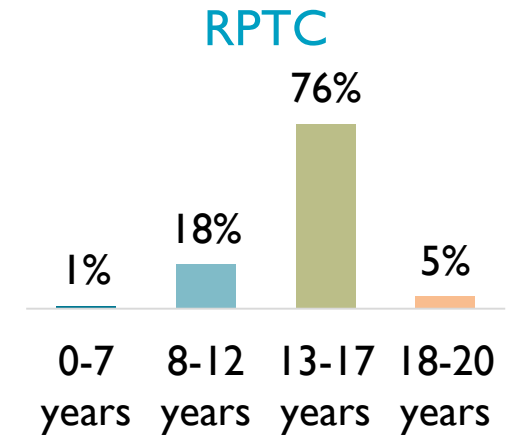
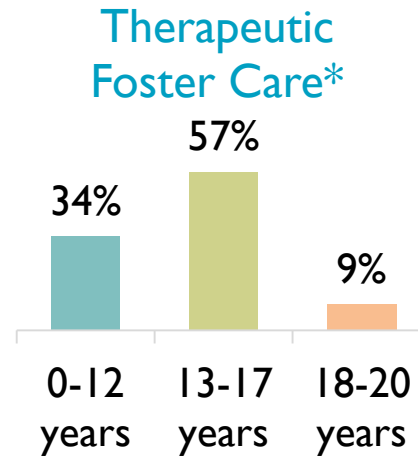
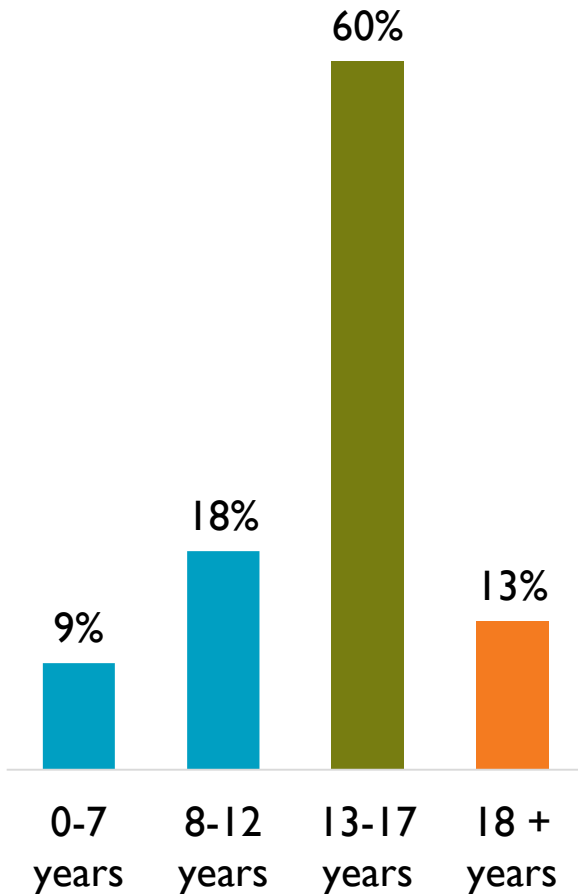


By Year



Age and Setting of Children in Out-of-Home Care

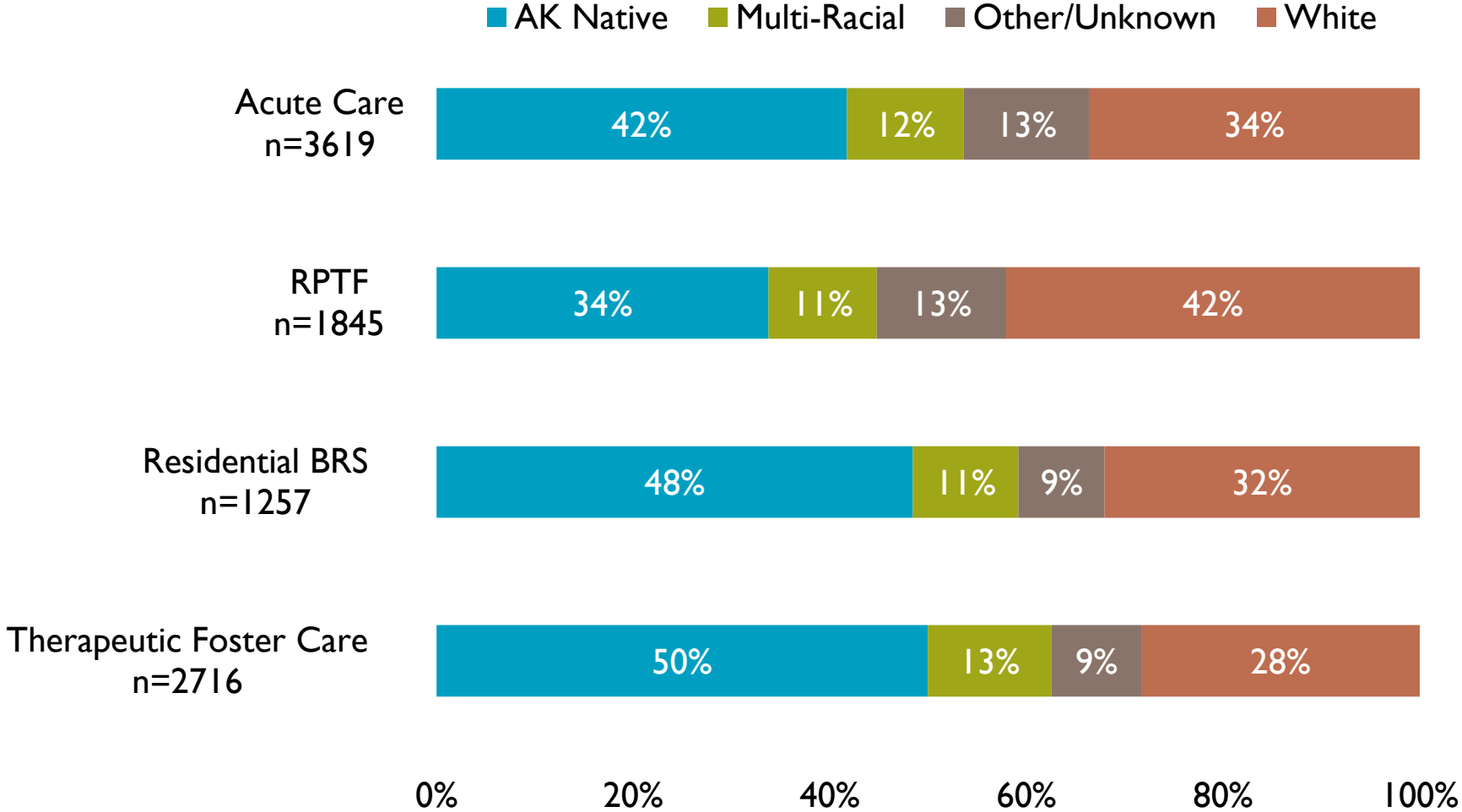
FY 15-18: Four-Year Average



* Breakdown of 1-12 age group not available

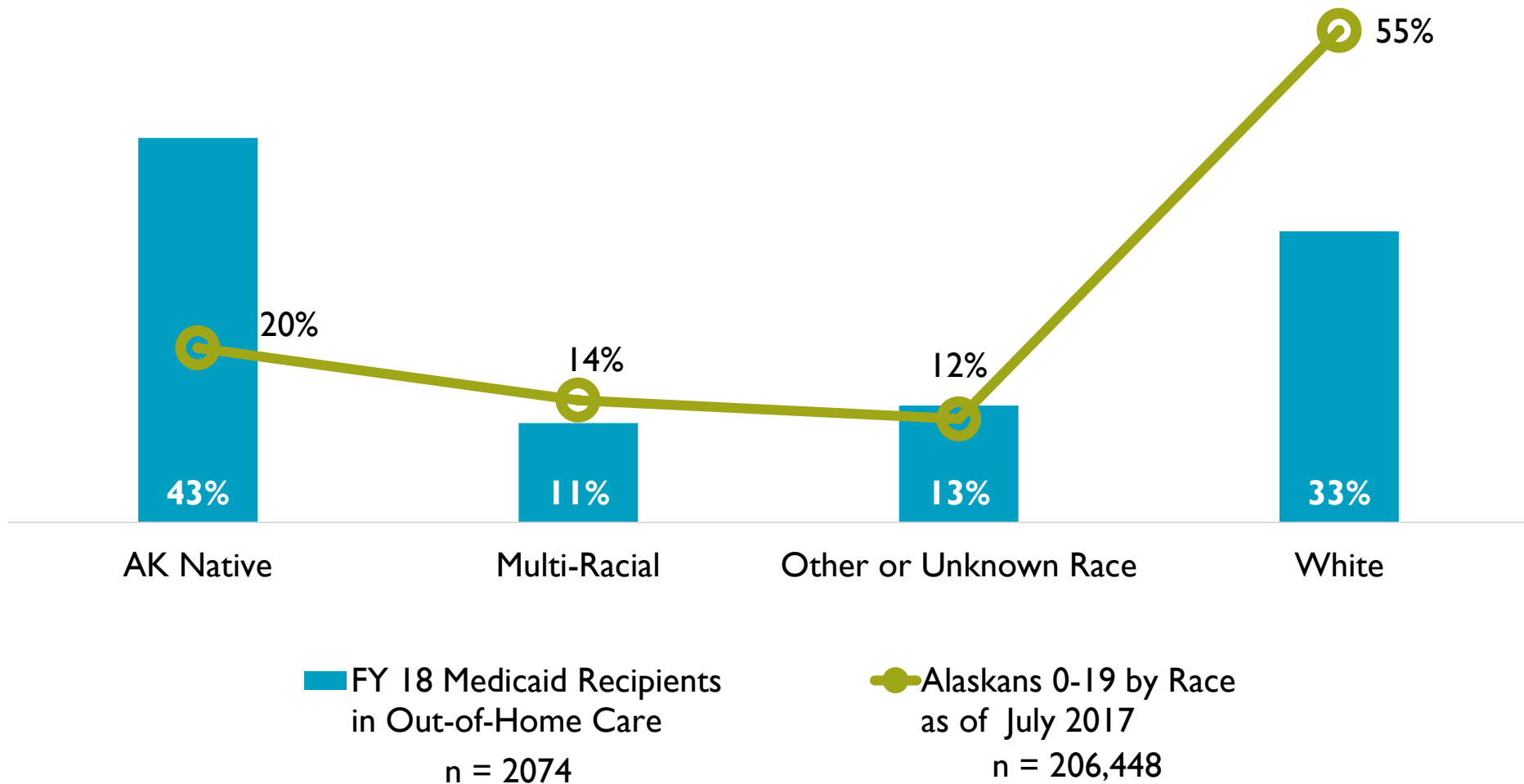
Race of Children in Out-of-Home Care by Setting

FY 15-18: Four-Year Average



Race of Children in Out-of-Home Care, FY 18

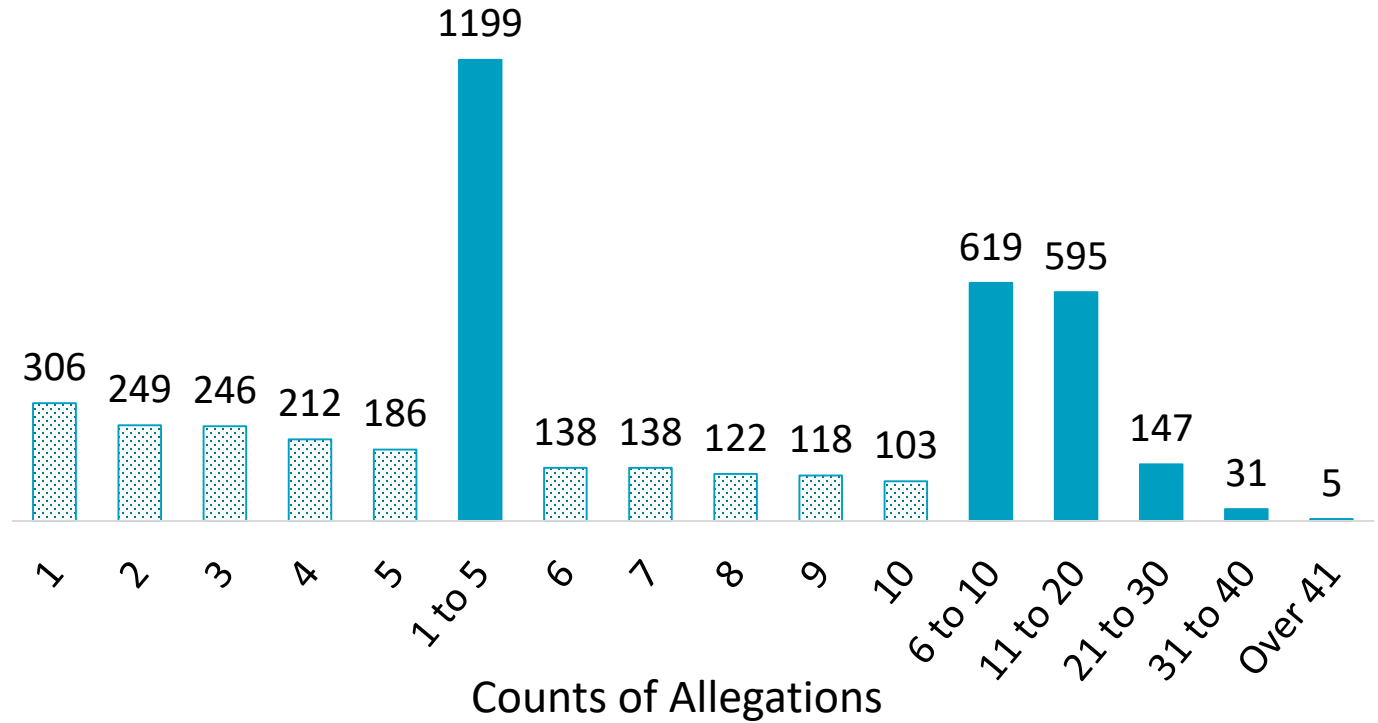
Compared to Total Child Population in Alaska, July 2017



Allegations of Abuse among Children in RPTF and Acute Care

FY 15 to FY18

Office of Children's Services Data



Rates and Types of Substantiated Allegations	
52%	Neglect
21%	Emotional Abuse
17%	Physical Abuse
9%	Sexual Abuse

85% of children receiving residential psychiatric treatment or acute services have had one or more allegations of abuse.



Let's
talk!

Children in Out-of-Home Care

- What are the causes of the over-representation of Alaska Native children in out-of-home care?
- Given that 85% of children in out-of-home care have had an allegation of abuse, what are the barriers to earlier intervention?
- What are the barriers to increasing capacity to serve young children in residential settings in Alaska?



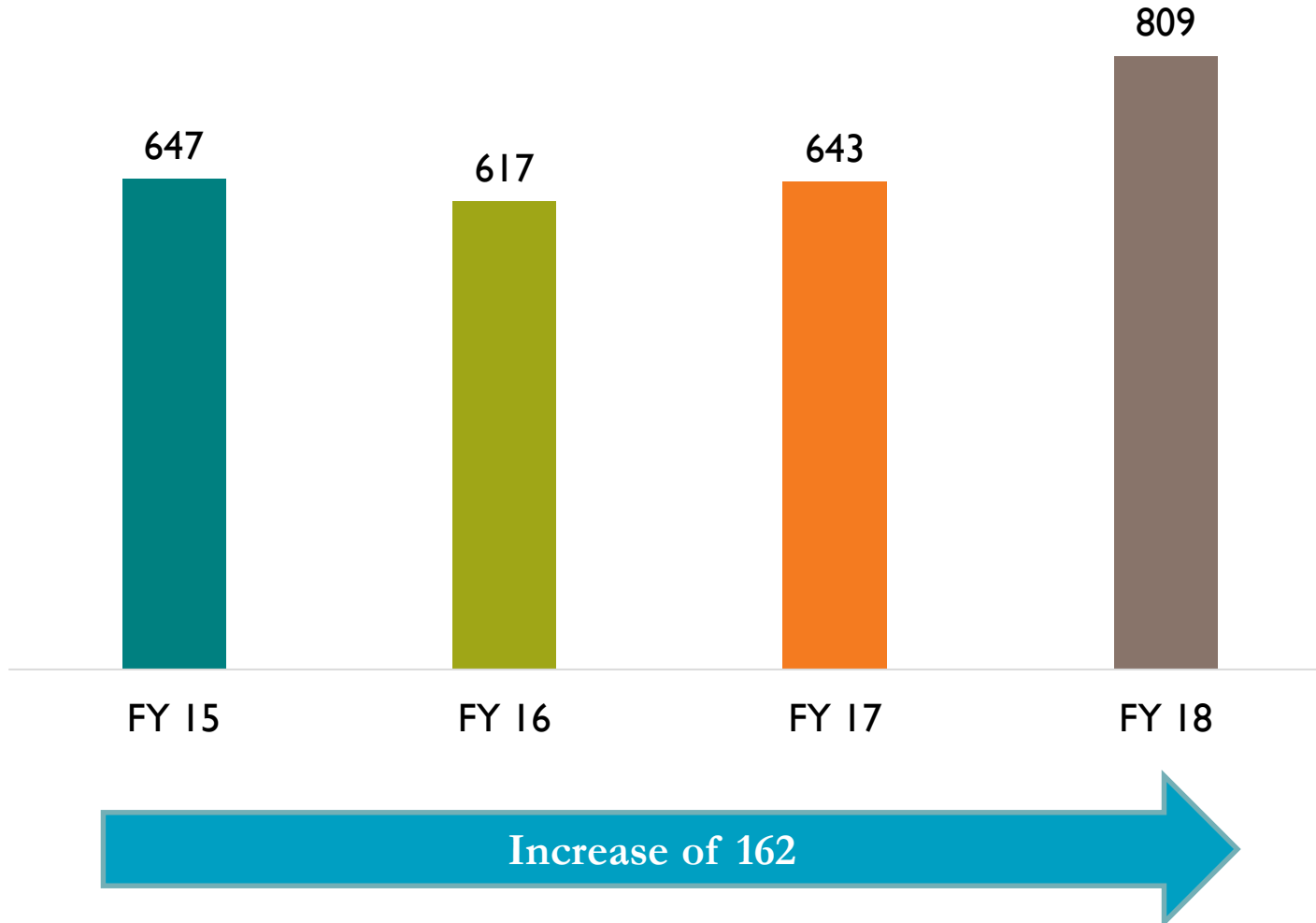
Children Receiving Therapeutic Foster Care Services

Unique Medicaid Recipients

FY 15-18



Therapeutic
Foster Care



Demographics

FY 15-18, Four-Year Average

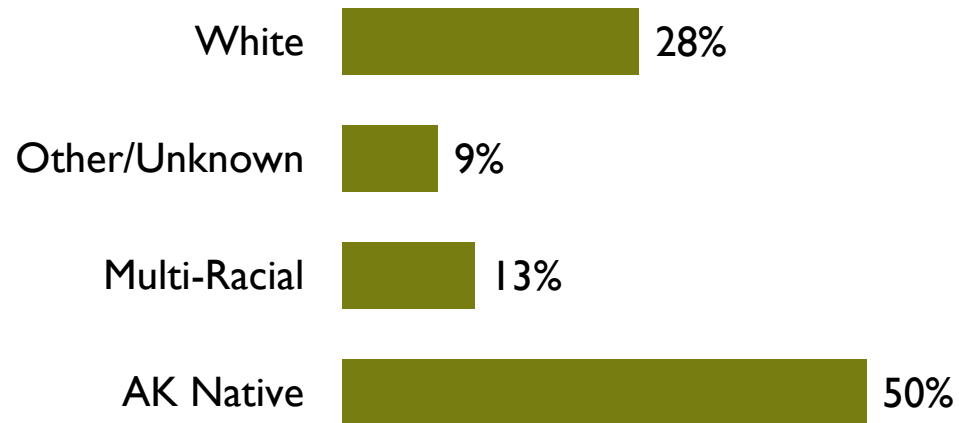


Therapeutic
Foster Care

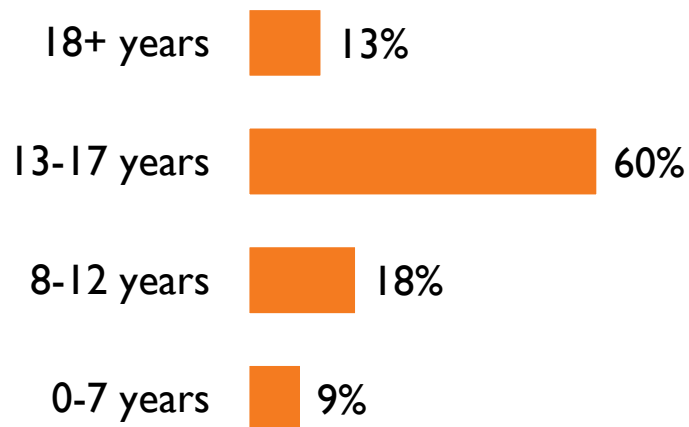
Gender



Race



Age



Therapeutic Foster Care



Let's
talk!

- Can existing therapeutic foster homes meet the need for services across Alaska?
- Which region(s) are most in need of more TFC services?
- Do providers have the right specializations for the population? (young children, cognitively impaired, etc.)
- Do you think families and service providers, including private providers know how to find TFC services?



LUNCH

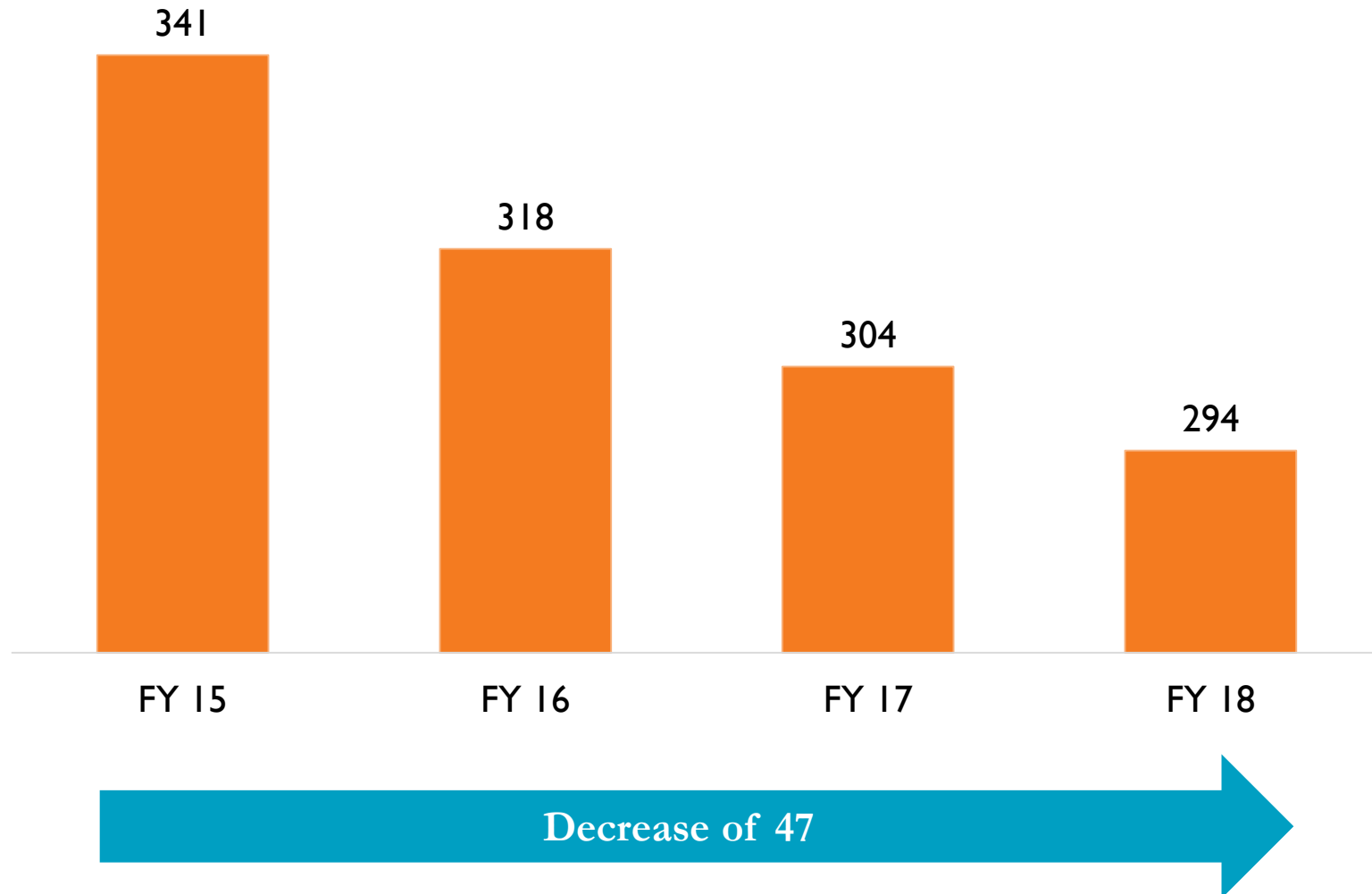


Residential Behavioral Rehabilitation Services

Unique Medicaid Recipients FY 15-18



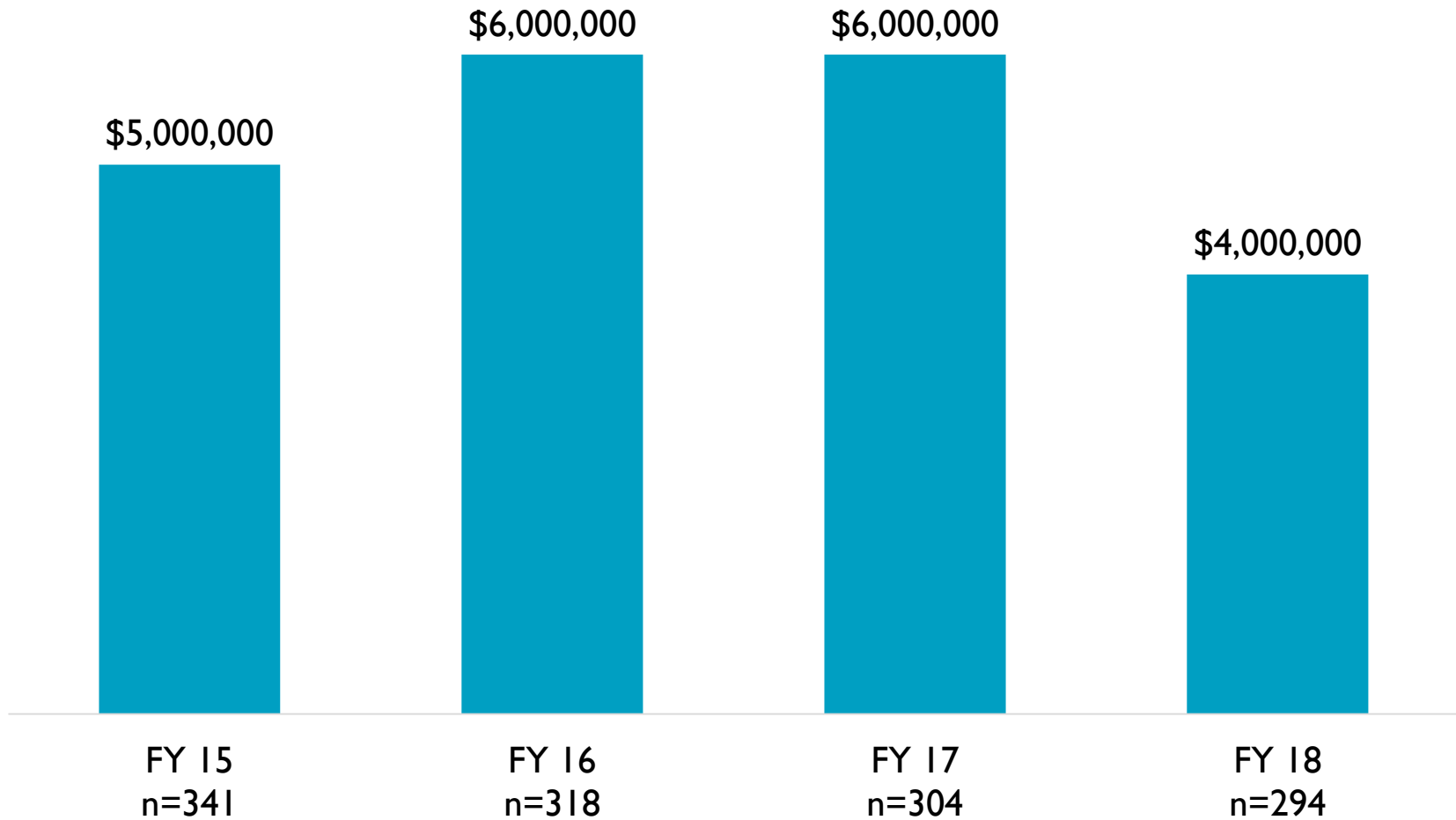
Residential
Behavioral
Rehabilitation
Services



Medicaid Payments FY15-18 (data rounded)



Residential
Behavioral
Rehabilitation
Services



Demographics

FY 15-18, 4-Year Average

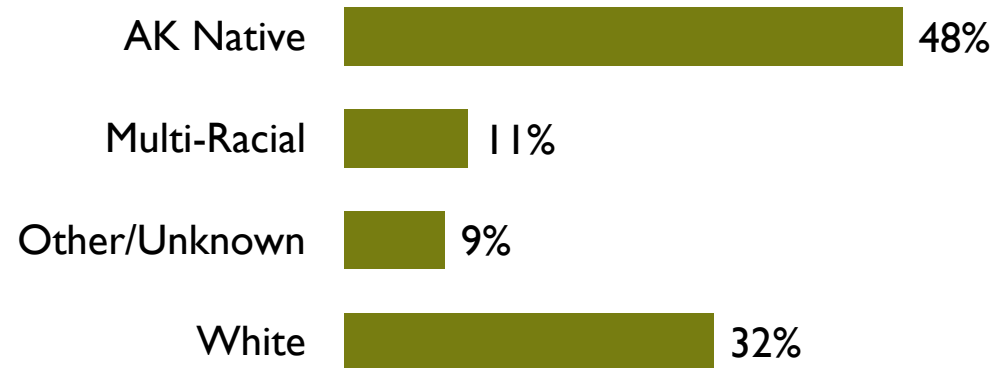


Residential
Behavioral
Rehabilitation
Services

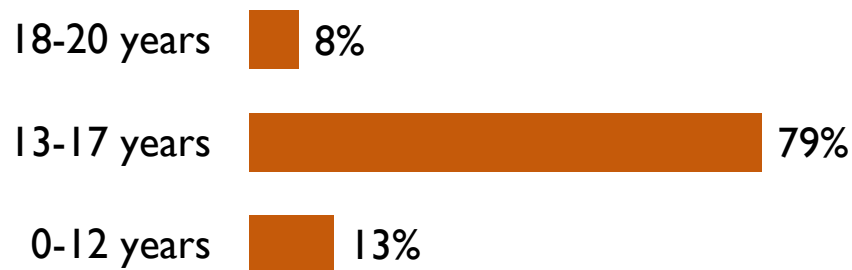
Gender



Race



Age





**Let's
talk!**

Residential Behavioral Rehabilitation Services (BRS)

- Statewide, is there sufficient supply of BRS services to meet demand?
- Which region(s) are most in need of more BRS services?
- Do you think families and service providers know who to call for BRS services?
- The residential BRS program is serving fewer children. Is this beneficial, or not, to the out-of-home care continuum?



Acute Care

Unique Medicaid Recipients



Acute Care
Services

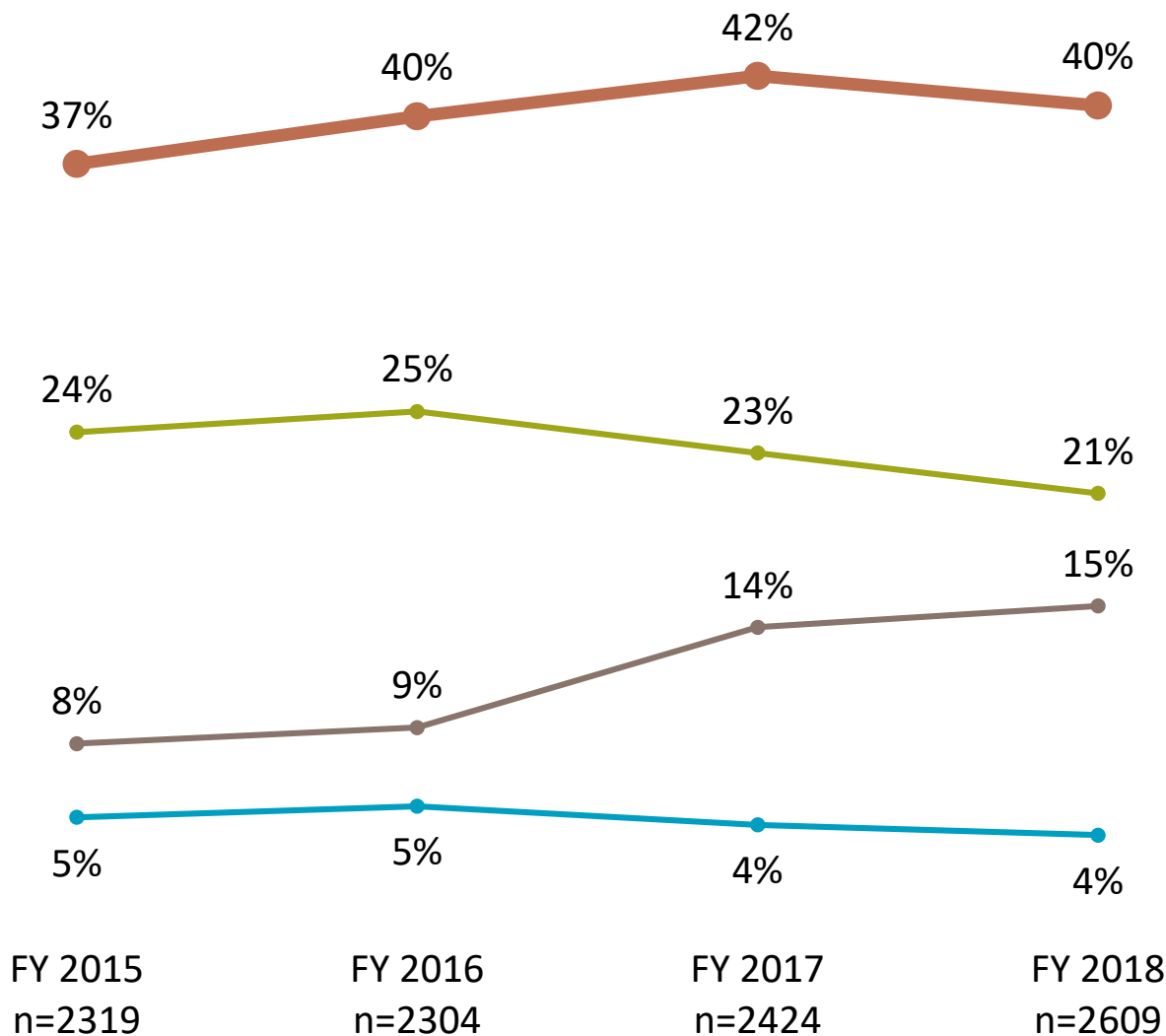


Increase of 199

Acute Care Details



Acute Care
Services



All Acute Care

North Star Acute Care

General Hospital –
Inpatient

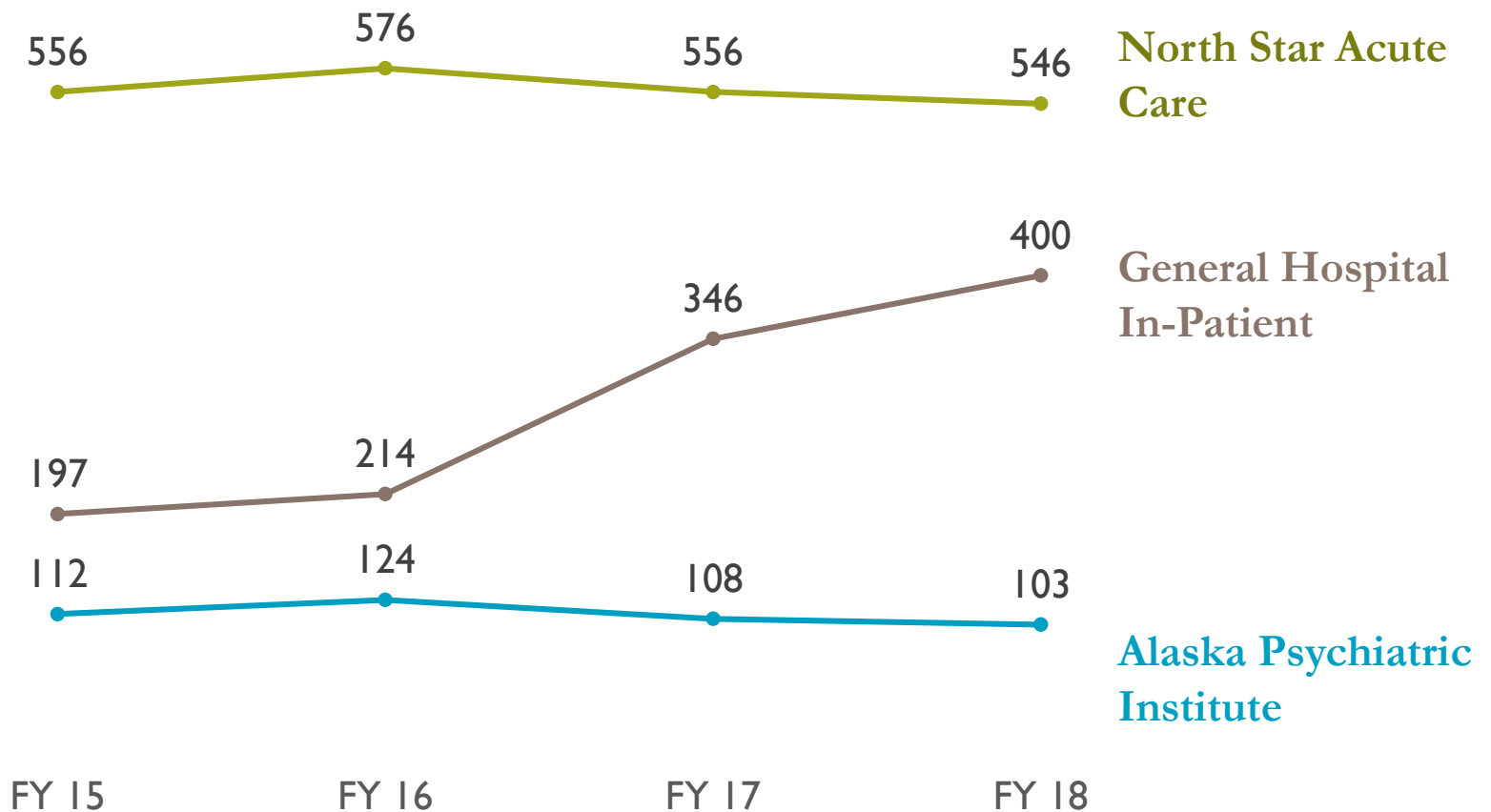
Alaska Psychiatric
Institute

Unique Medicaid Recipients by Provider

FY 15 – FY 18



Acute Care
Services



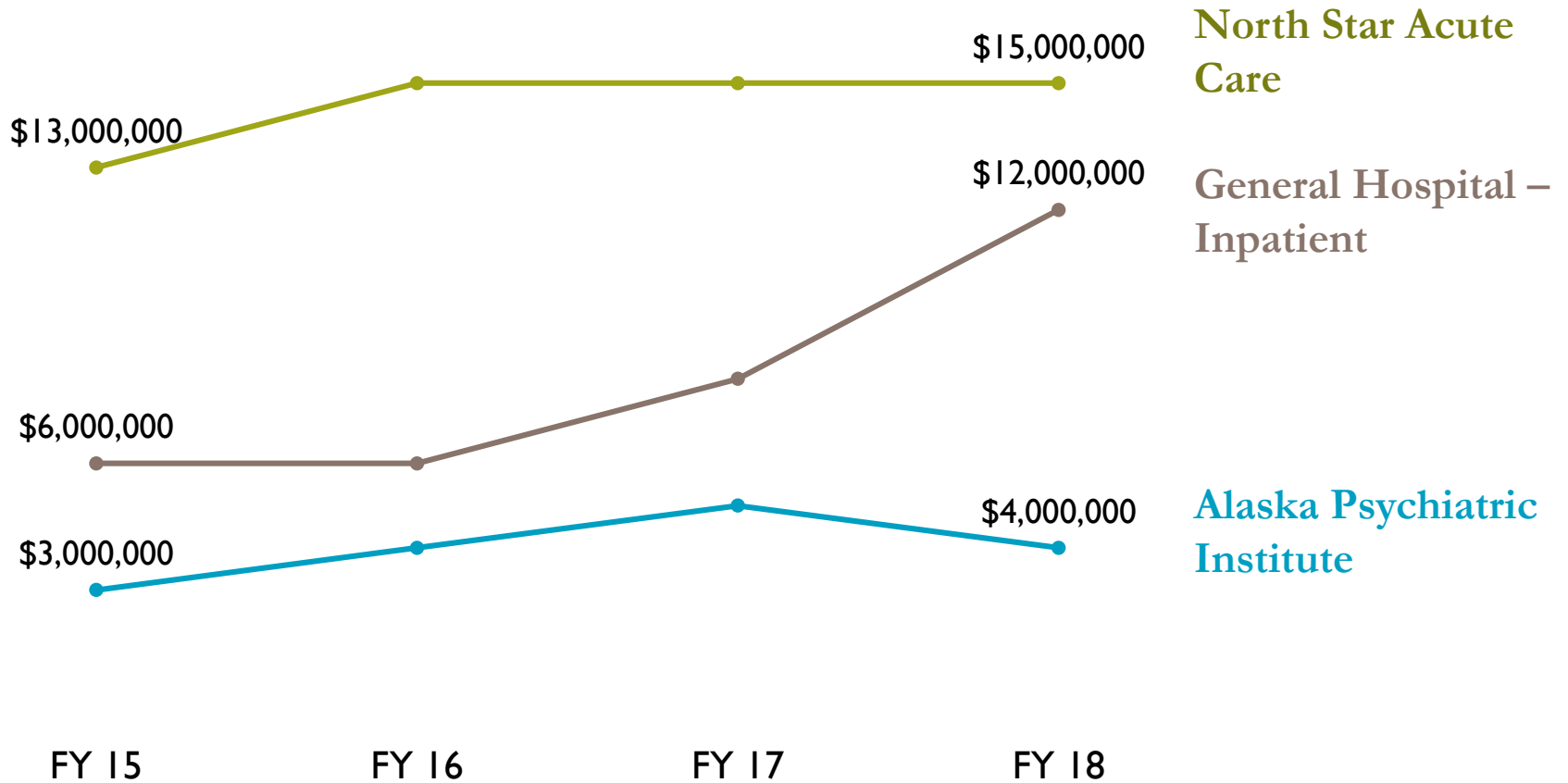
Medicaid Payments

FY 15 – FY 18

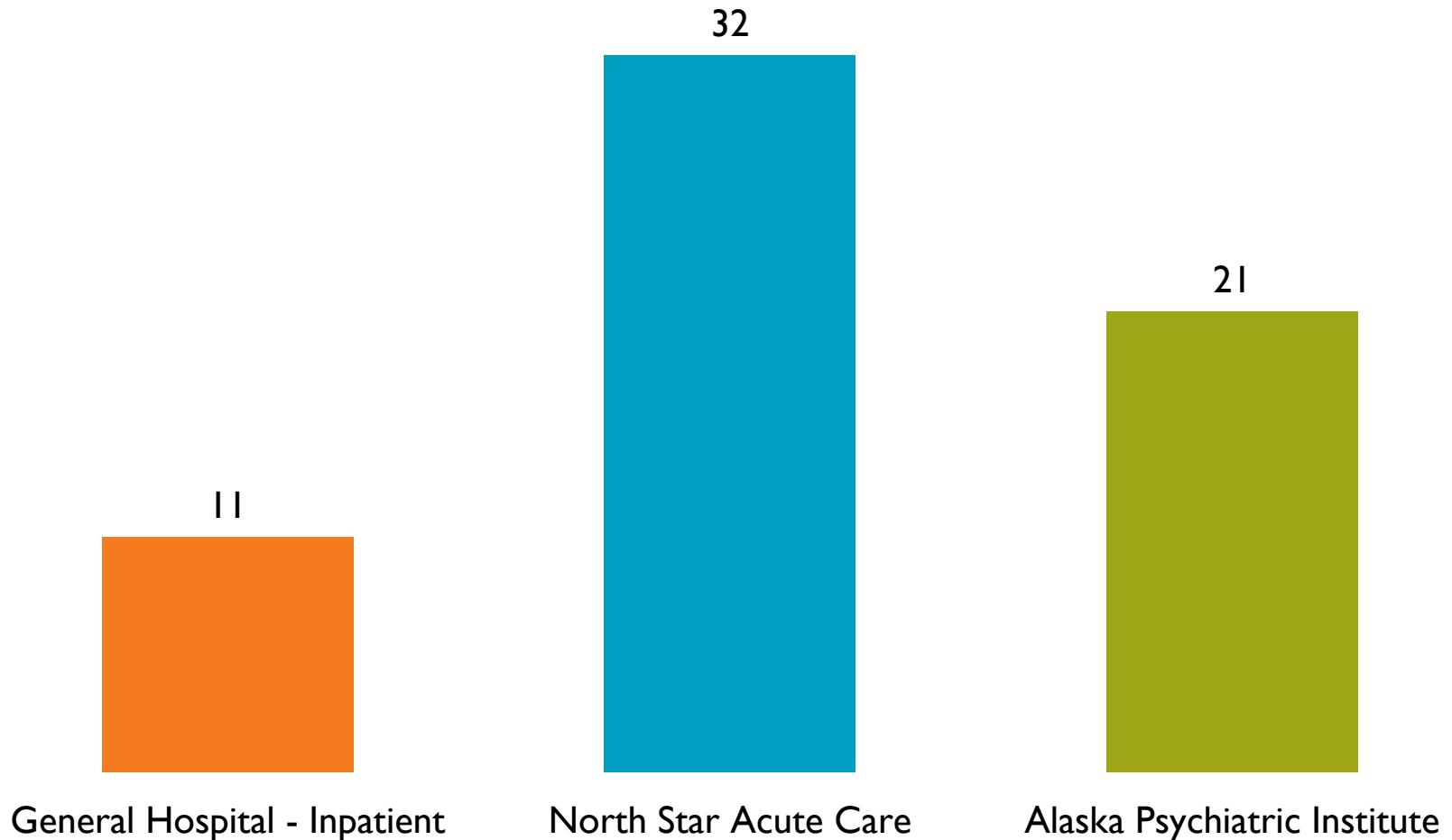


Acute Care
Services

Total Medicaid Payments



Length of Stay (Days) 4-Year Average by Acute Setting



Demographics, Four-Year Average

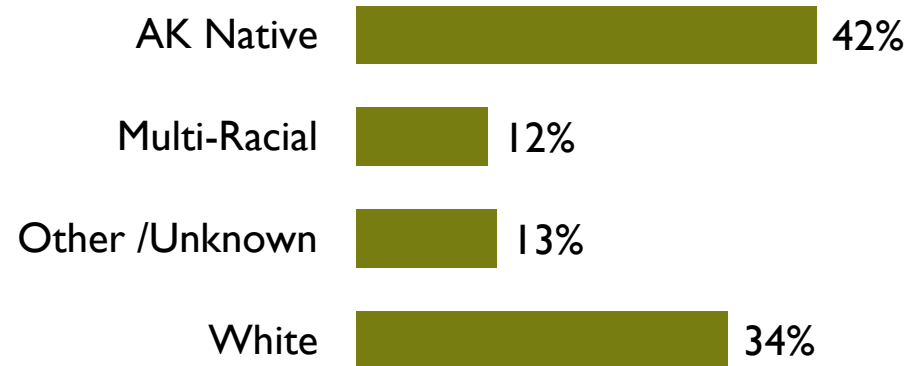


Acute Care
Services

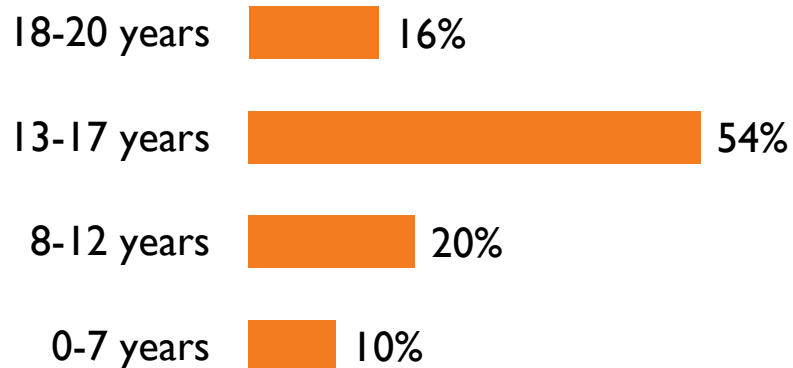
Gender



Race



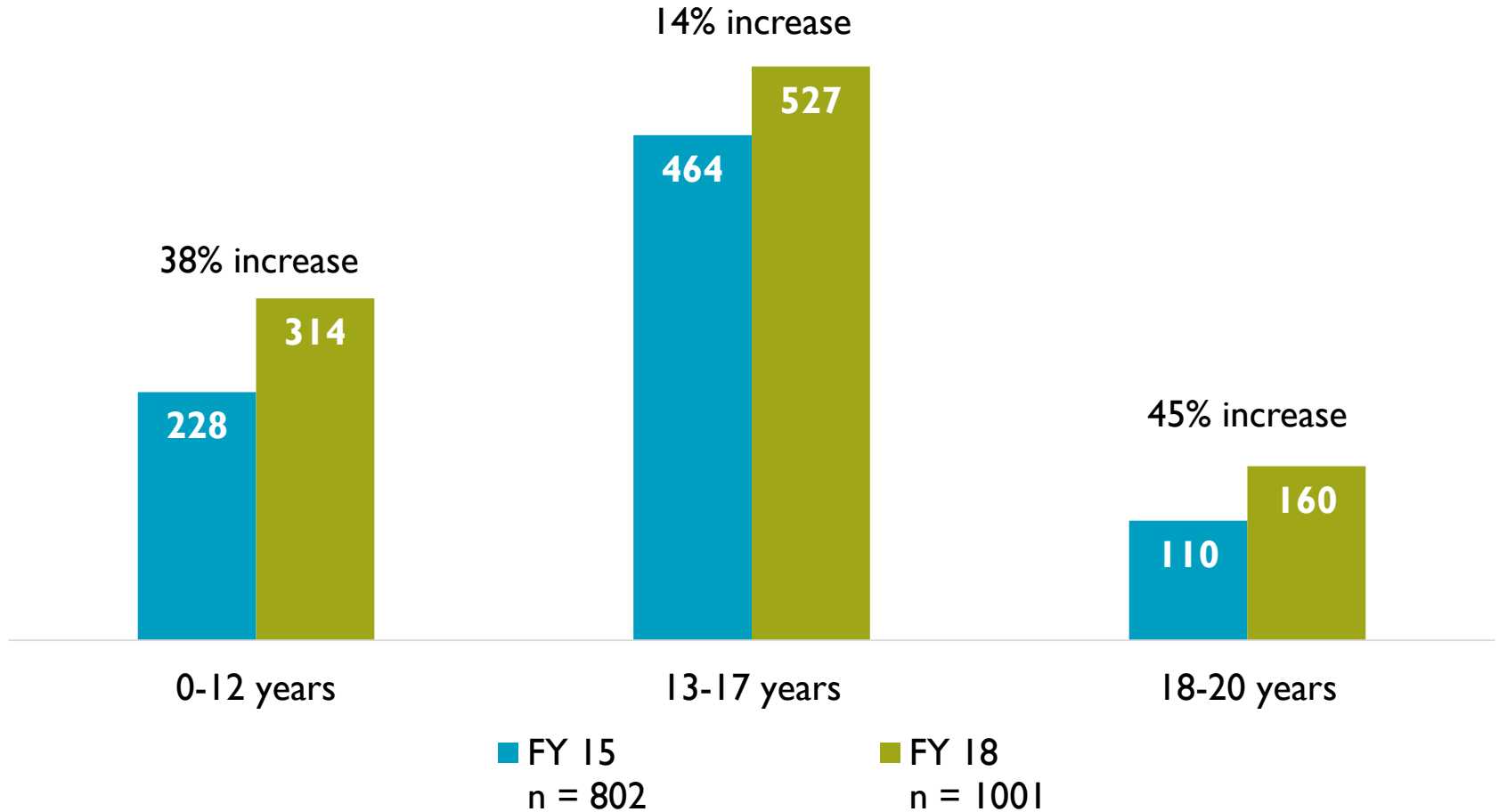
Age



Change in Admission by Age, FY 15 +18



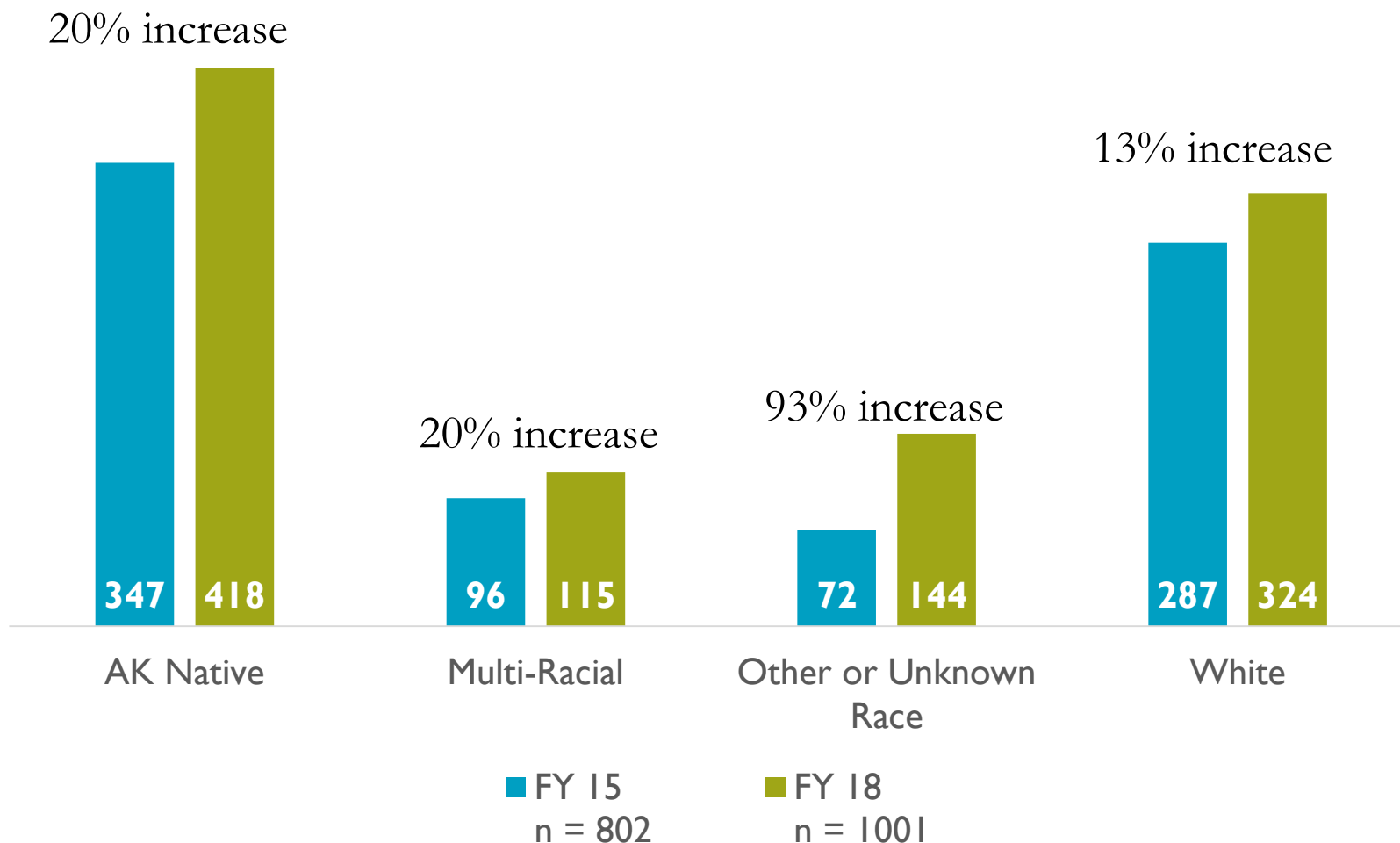
Acute Care
Services



Changes in Admission by Race FY 15 and FY 18



Acute Care
Services



Acute Care



Let's
talk!

- What are the drivers behind the increase in admissions to general hospital settings?
- Is this increase beneficial, or not, to the out-of-home care continuum?
- If the need for acute care indicates a crisis for adult caregivers, how do we strengthen their ability to manage and stabilize crises with children?



BREAK

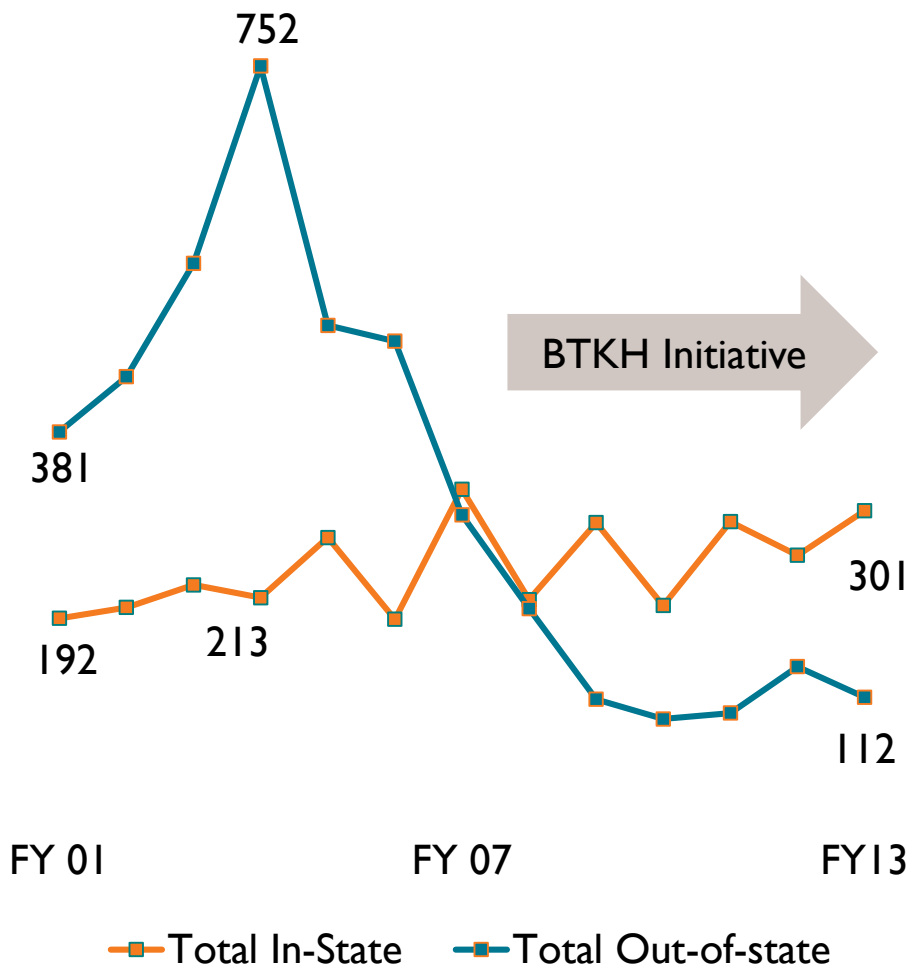


Residential Psychiatric Treatment Facilities

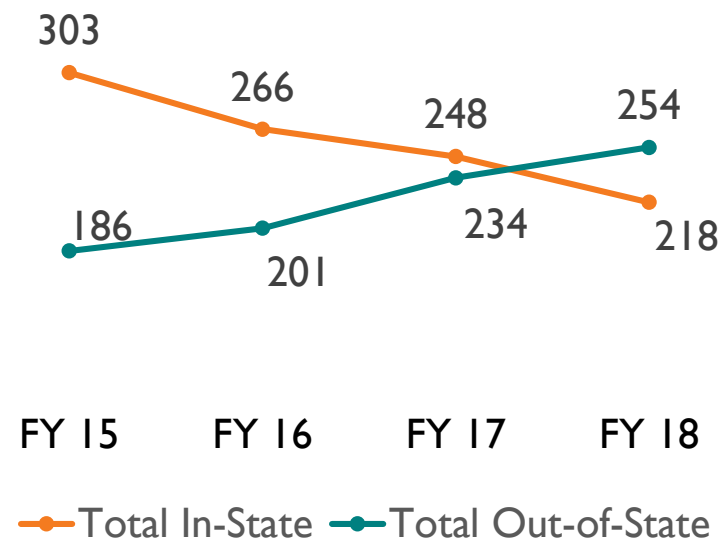
Annual Client Counts, FY 01 – FY 18



Residential Psychiatric Treatment Facilities



Decrease of 85 in-state
Increase of 68 out-of-state

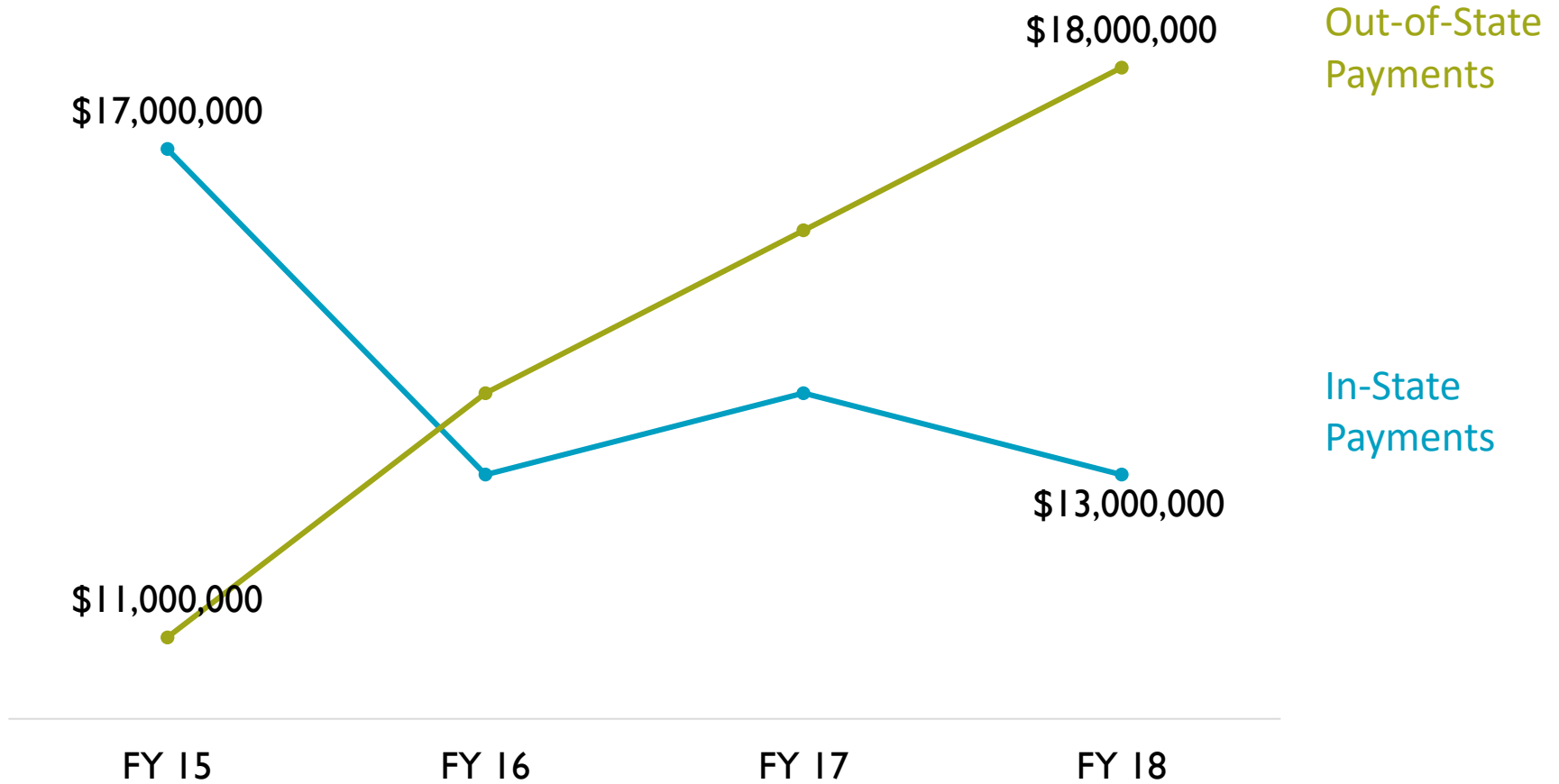


Medicaid Payments + Average Costs

FY 15 – FY18



Residential
Psychiatric
Treatment
Facilities



Demographics

FY 15-18, Four-Year Average

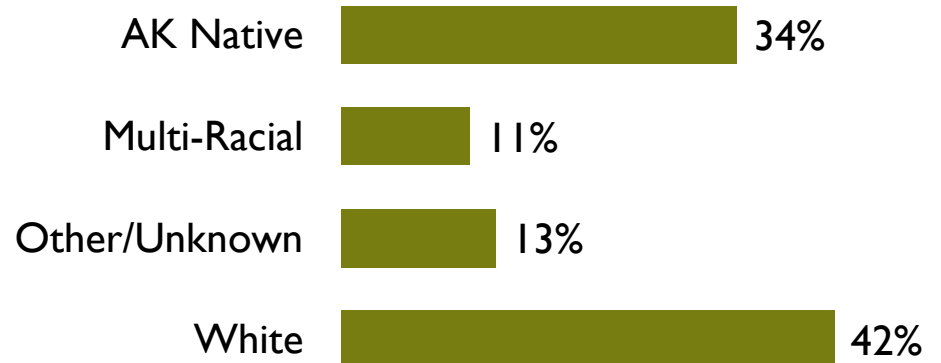


Residential
Psychiatric
Treatment
Facilities

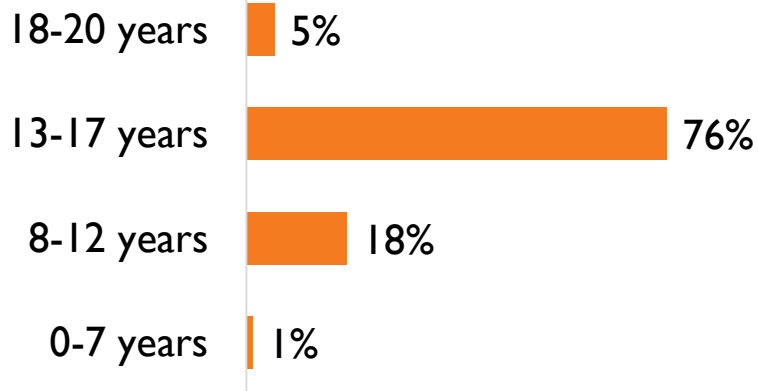
Sex



Race



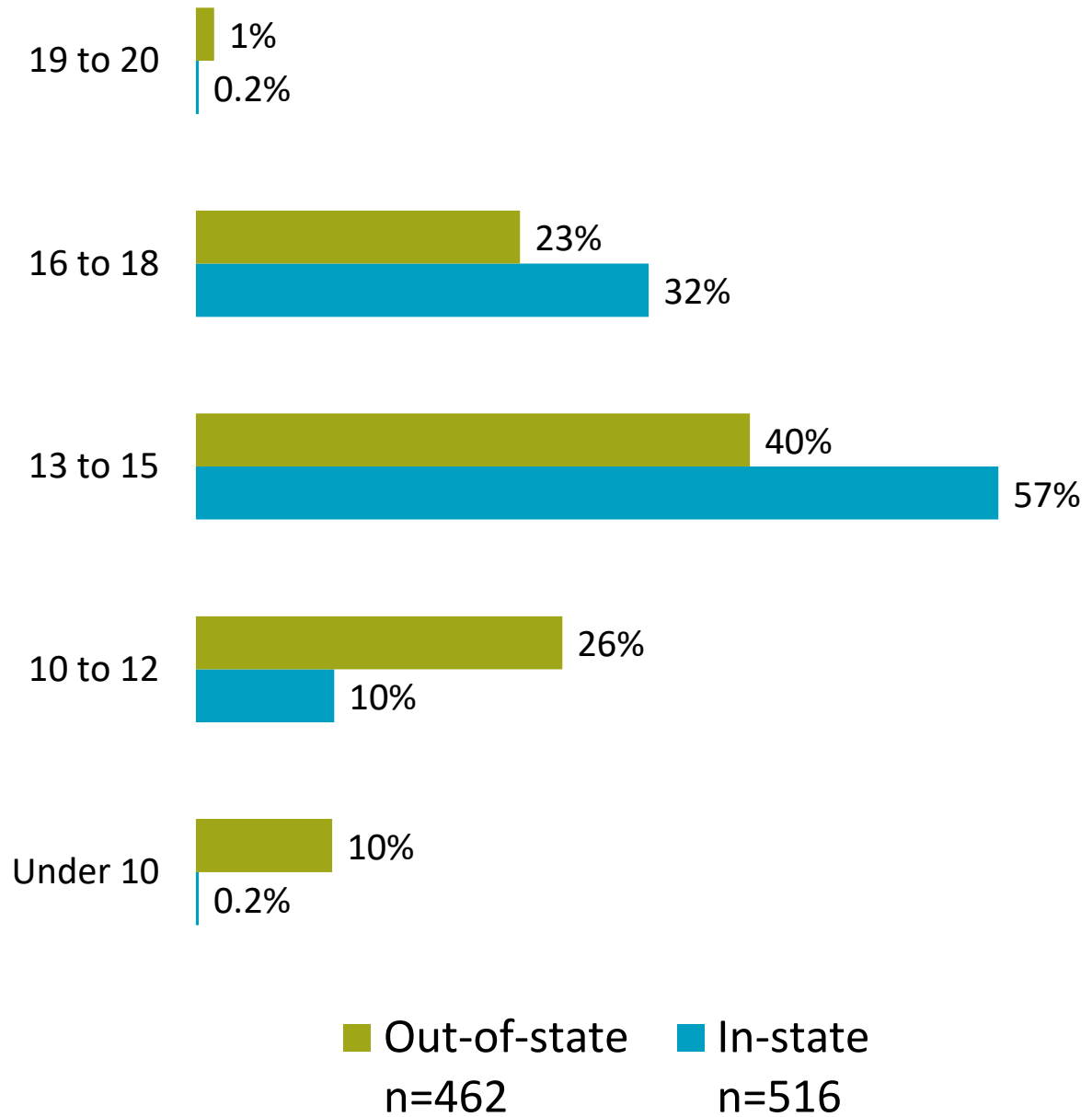
Ages



Ages at Admission by Location (FY 16-18)



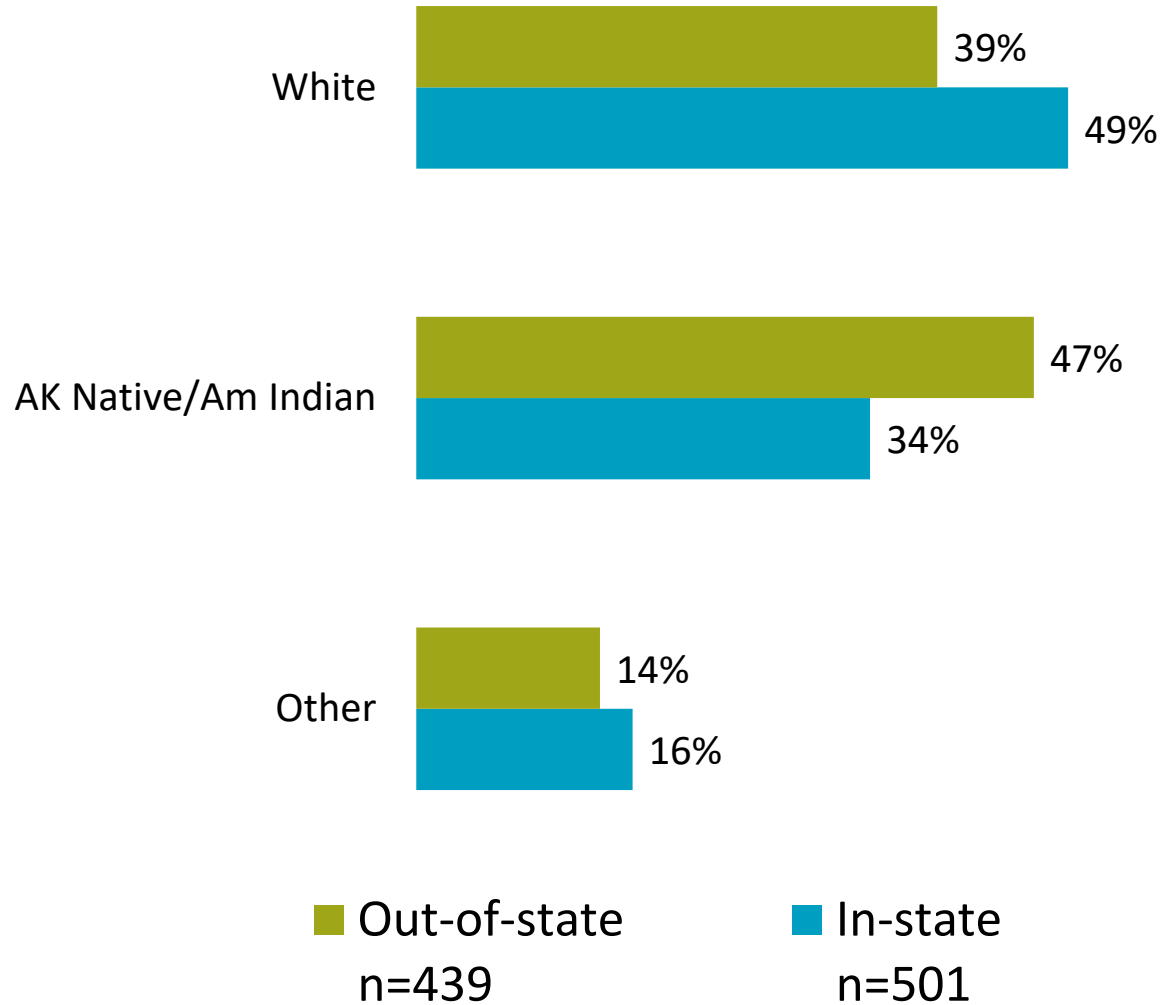
Residential
Psychiatric
Treatment
Facilities



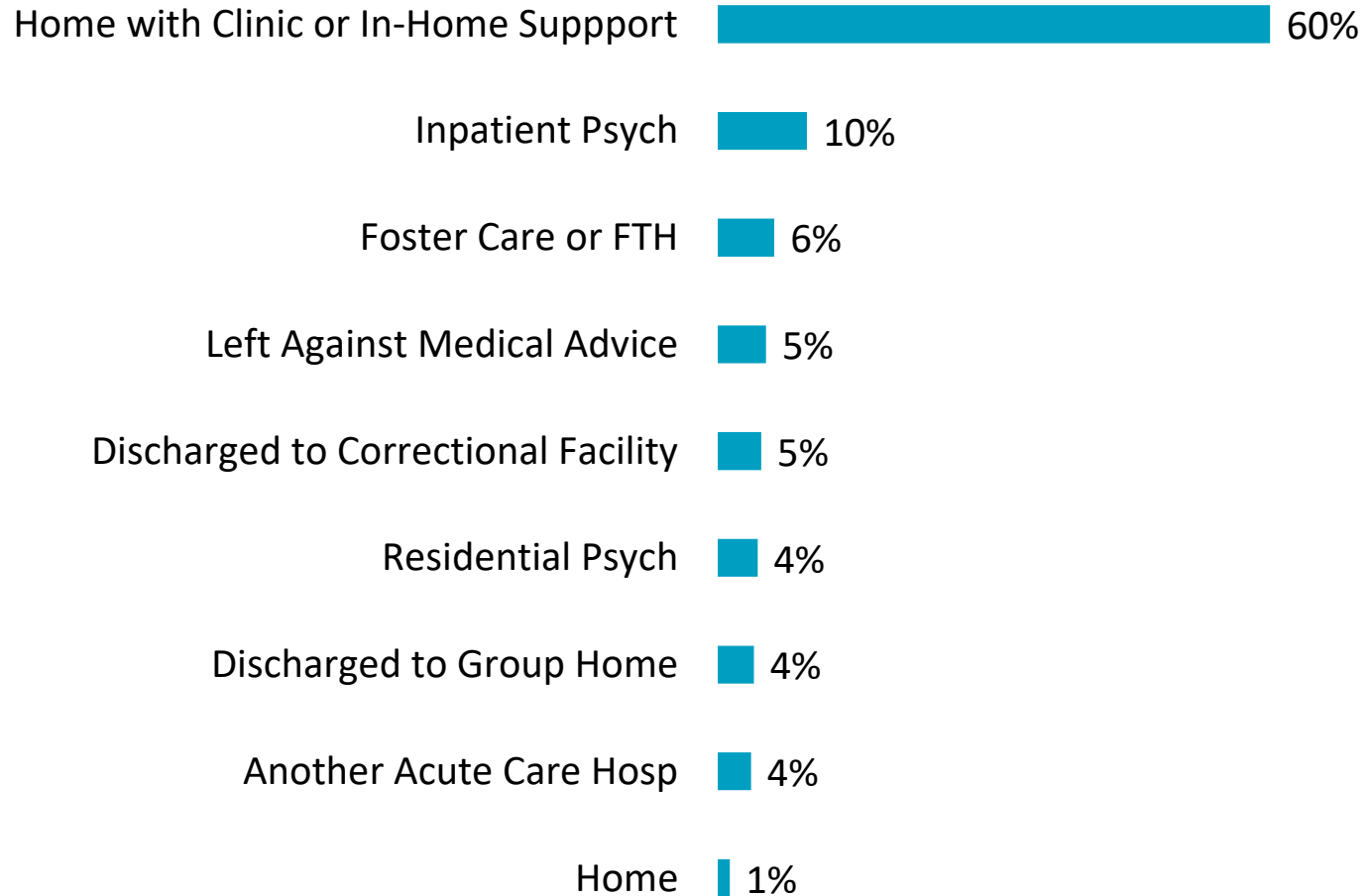
Race at Admission by Location (FY 16-18)



Residential
Psychiatric
Treatment
Facilities

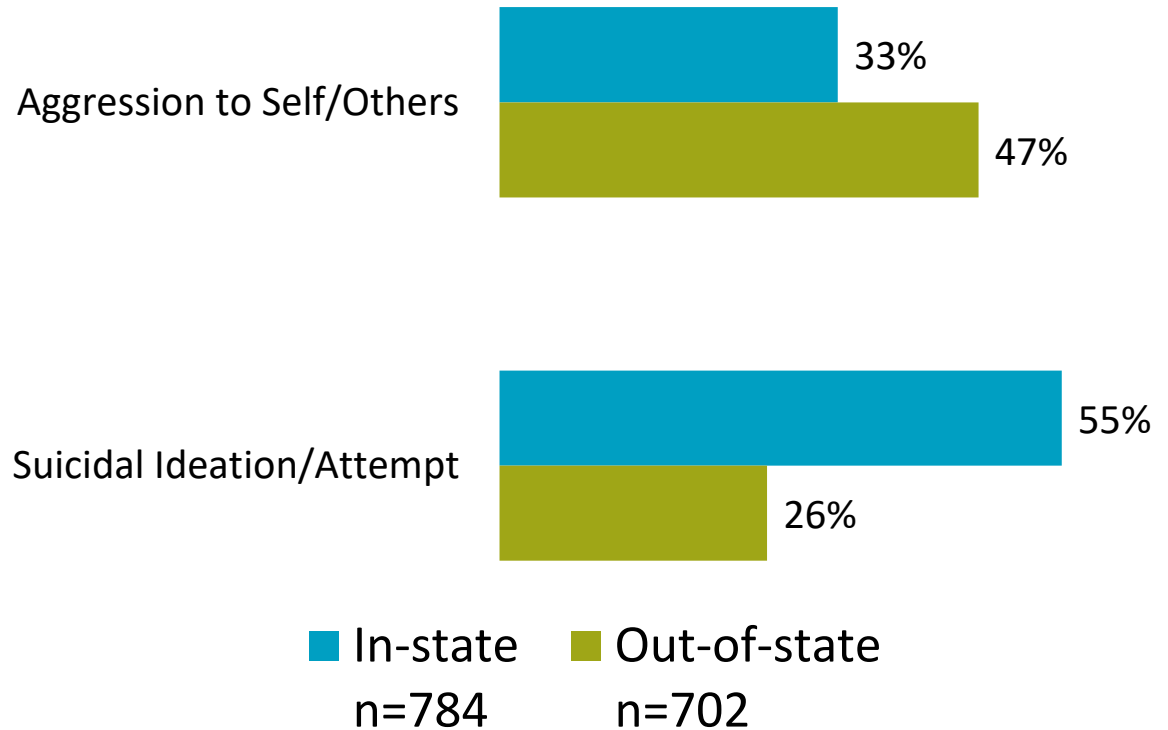


Discharge Placement (FY 16-18)



**Residential
Psychiatric
Treatment
Facilities**

Top Two Primary Reasons for Placement (FY16-18)



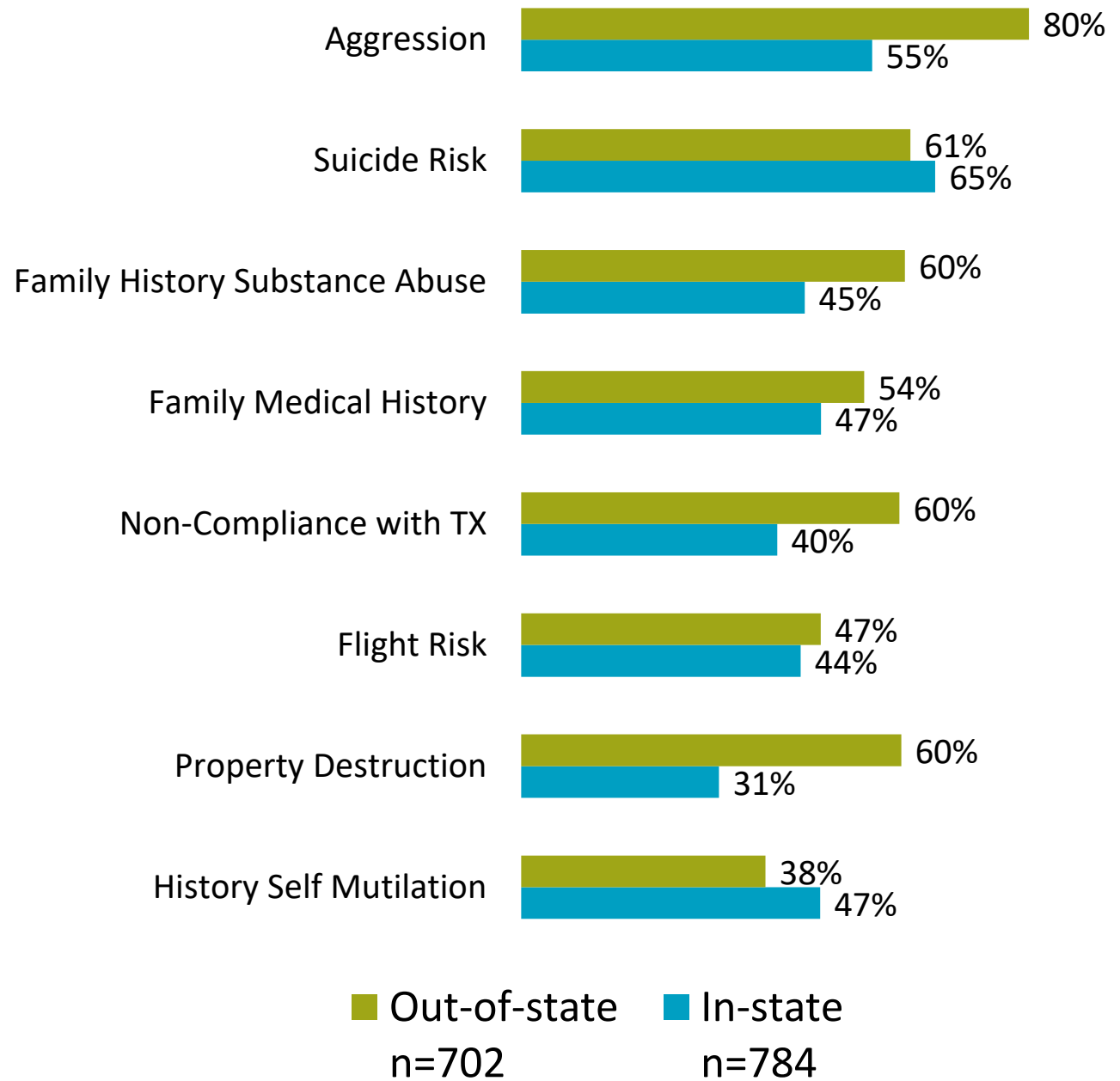
Residential
Psychiatric
Treatment
Centers

Reasons for Placement less than 10% include dual diagnosis, sexual acting out, requires locked facility, homicidal ideation/attempt, self-mutilation, and eating disorder.

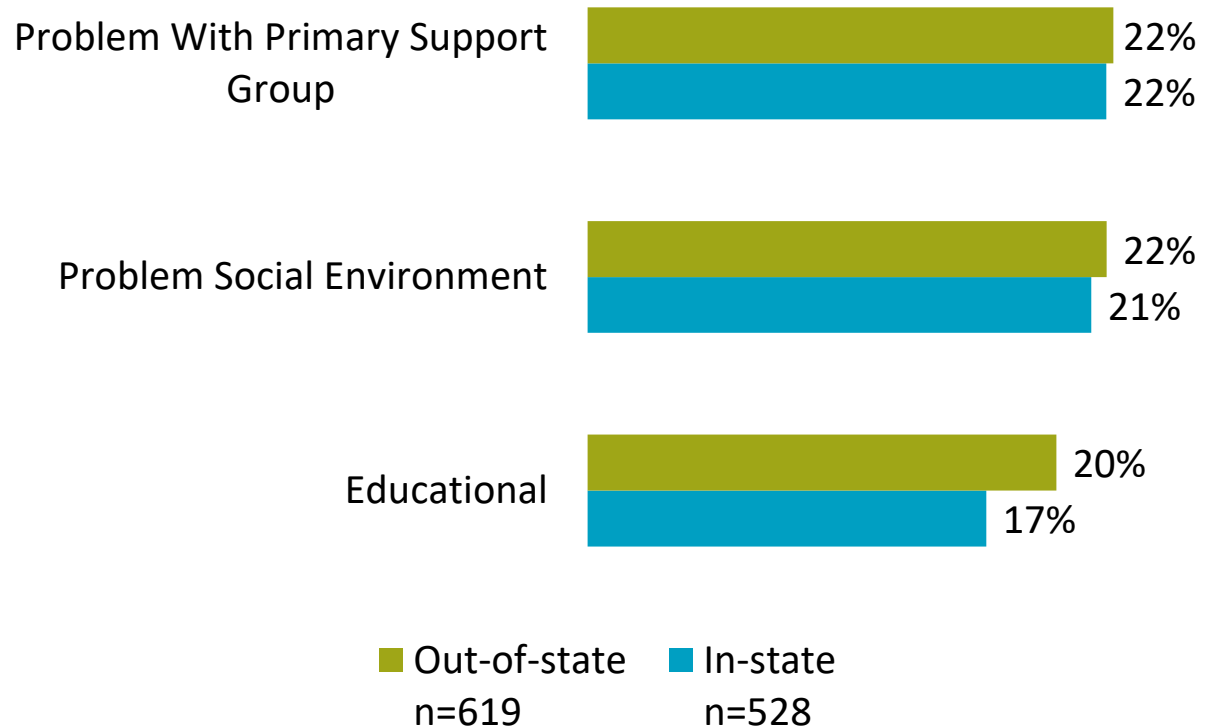
Top 8 Risk Factors (FY16-18)



Residential
Psychiatric
Treatment
Facilities



Top Three Psychosocial Factors (FY16)**



Residential
Psychiatric
Treatment
Centers

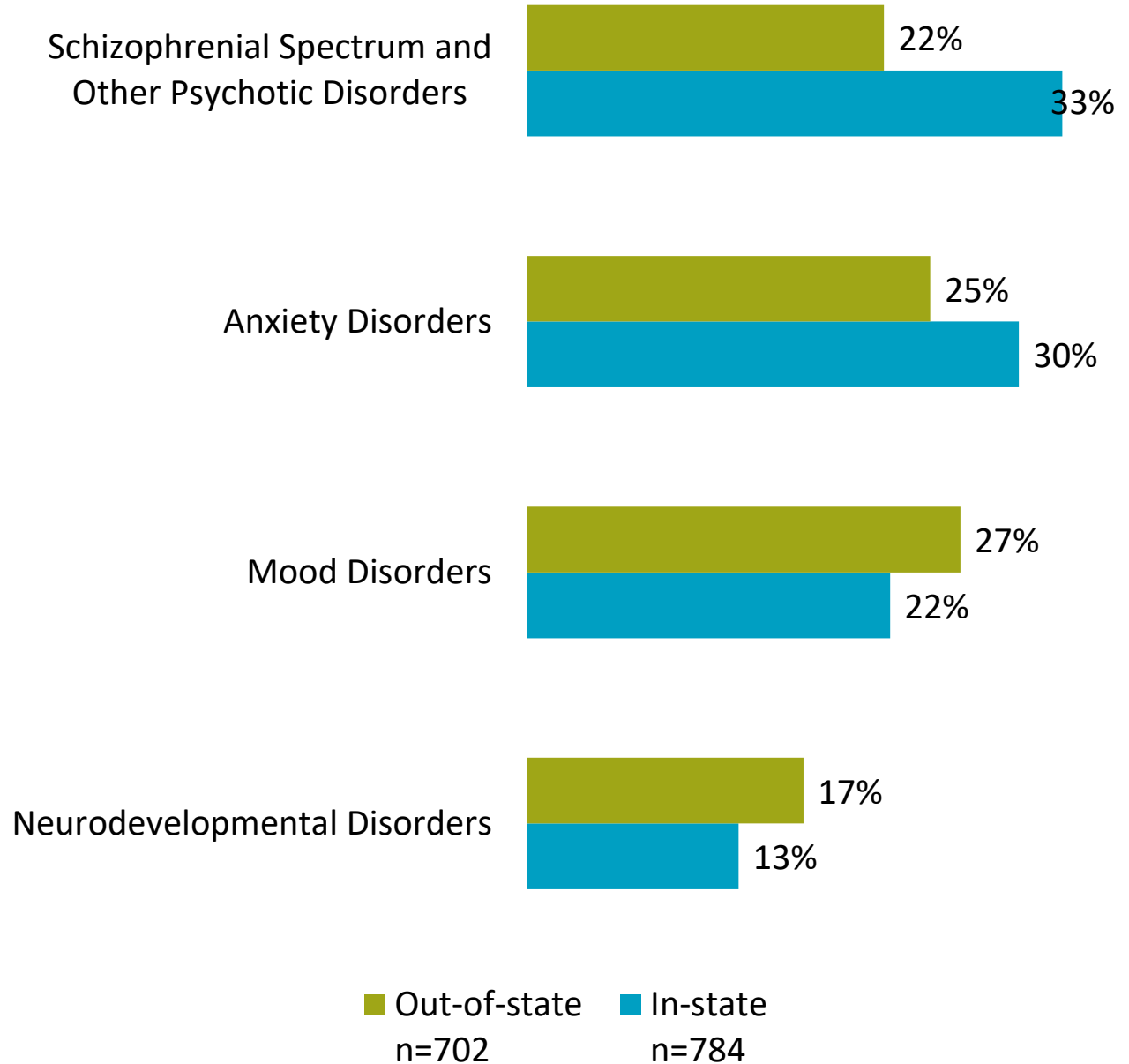
Factors less than 15% include legal, housing, access to health care, economic and occupational.

** Data for FY 17-18 not shown. This data was not consistently entered during these years.

Top four diagnostic groups Diagnostic Groupings (FY16-18)



Residential
Psychiatric
Treatment
Facilities

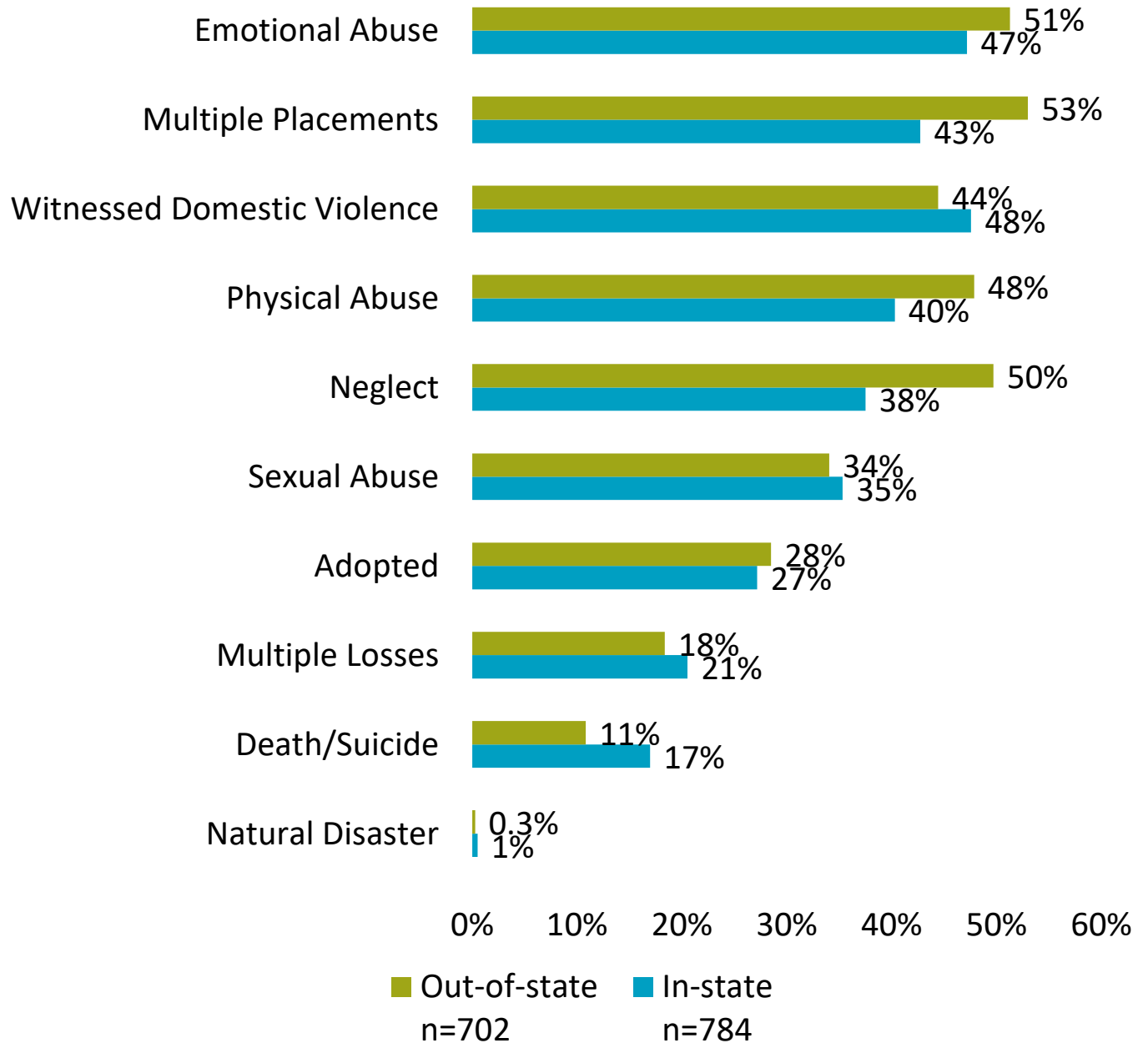


Traumas (FY 16-18)



Residential
Psychiatric
Treatment
Facilities

90%
have experienced
trauma.

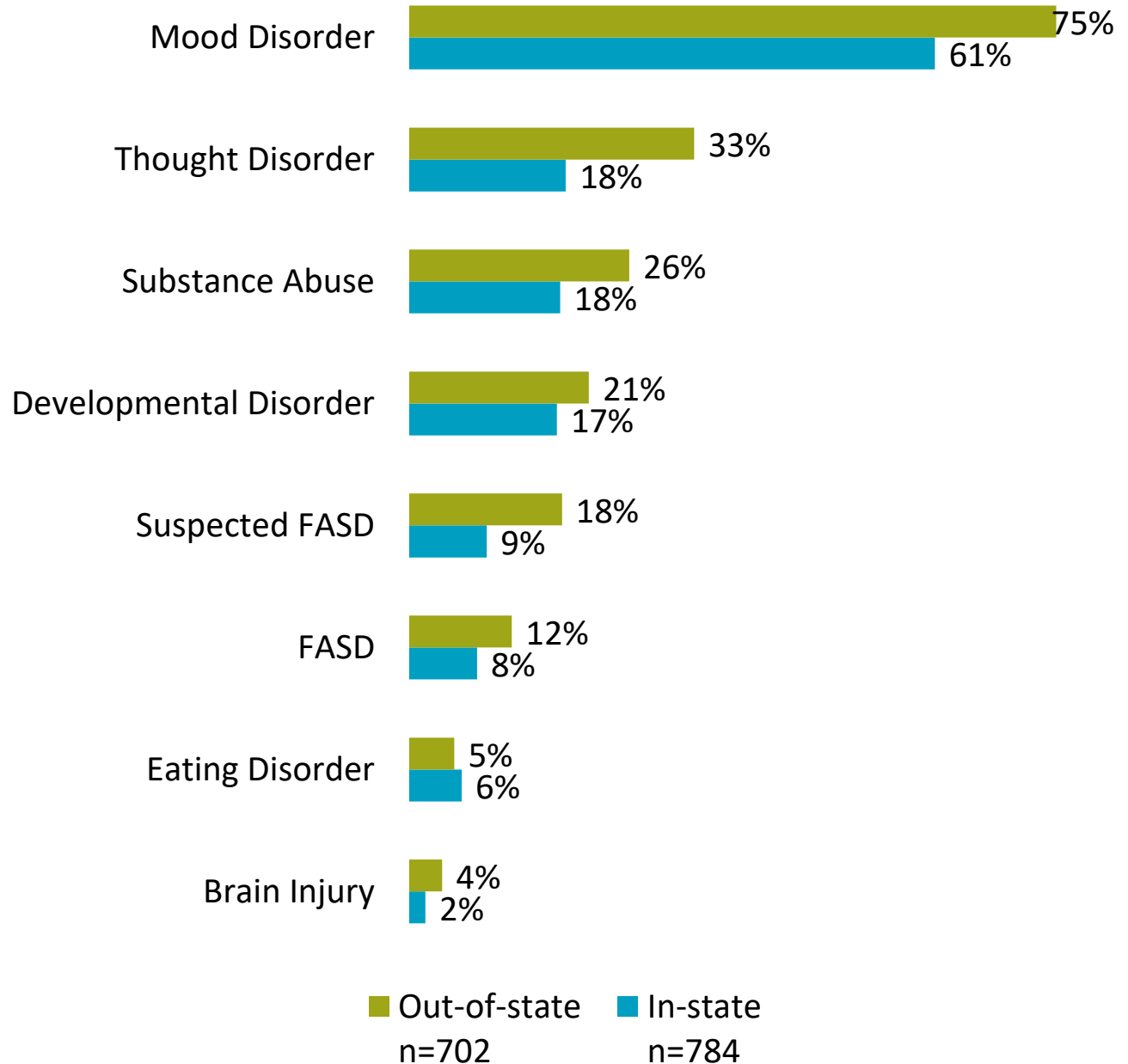


Comorbidity (FY 16-18)



Residential
Psychiatric
Treatment
Facilities

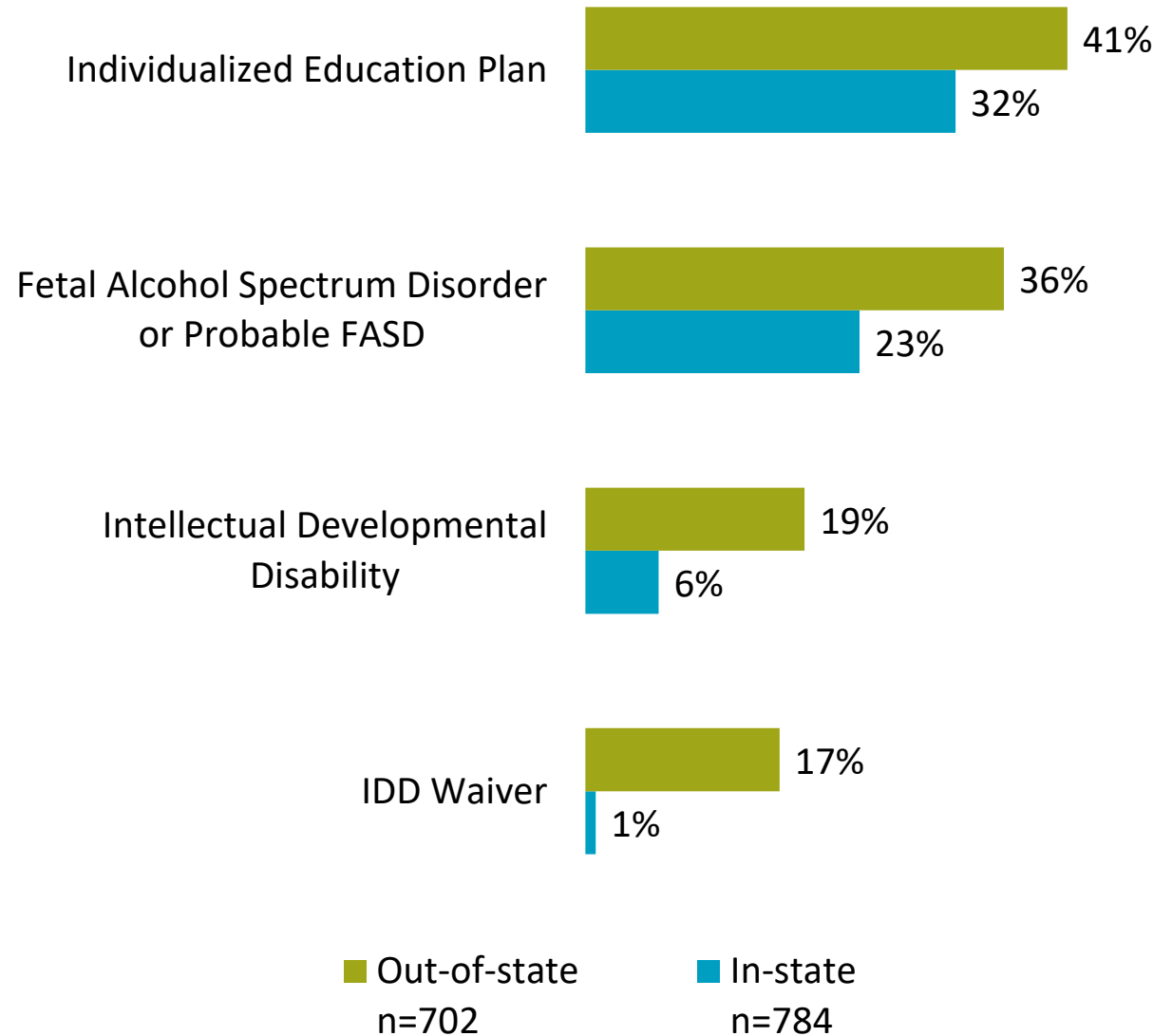
74%
have a diagnosed
comorbidity



Other Factors (FY 16-18)



Residential
Psychiatric
Treatment
Facilities





Let's
talk!

Residential Psychiatric Treatment Facilities (RTPF)

- Why are we seeing an increase in out-of-state placements and a decrease in in-state placements?
- What are the causes in the racial disparity between in and out of state placements?
- Given the high rate of trauma and co-morbidity, what are the barriers to earlier intervention?



Small Group Discussion

Small Group Discussion

- What are the top three takeaways from today's discussions?
- What are the top three goals we should work towards related to children in out of home care?
- Which data indicators should we track?