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

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)
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)

• 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)

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)

• 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)

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

- 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

**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)

• 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

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 Data Unduplicated
Medicaid Recipients by Setting
FY 15-18

- **Acute Care**:
  - FY 2015: 37%
  - FY 2016: 40%
  - FY 2017: 42%
  - FY 2018: 40%

- **Therapeutic Foster Care**:
  - FY 2015: 28%
  - FY 2016: 27%
  - FY 2017: 27%
  - FY 2018: 31%

- **Residential Psychiatric Treatment Facility**:
  - FY 2015: 20%
  - FY 2016: 20%
  - FY 2017: 19%
  - FY 2018: 18%

- **Residential Behavioral Rehabilitation Services**:
  - FY 2015: 15%
  - FY 2016: 14%
  - FY 2017: 13%
  - FY 2018: 11%

*Medicaid Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Setting</th>
<th>FY 2015</th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute Care</td>
<td>37%</td>
<td>40%</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>Therapeutic Foster Care</td>
<td>28%</td>
<td>27%</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Residential Psychiatric Treatment Facility</td>
<td>20%</td>
<td>20%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Residential Behavioral Rehabilitation Services</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Rate of Medicaid Recipients: Acute Care Details
FY 15-18

All Acute Care

North Star Acute Care

General Hospital – Inpatient

Alaska Psychiatric Institute

FY 2015: n=2319
FY 2016: n=2304
FY 2017: n=2424
FY 2018: n=2609

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

All Acute Care
- FY 2015: 37%
- FY 2016: 40%
- FY 2017: 42%
- FY 2018: 40%

North Star Acute Care
- FY 2015: 24%
- FY 2016: 25%
- FY 2017: 23%
- FY 2018: 21%

General Hospital – Inpatient
- FY 2015: 8%
- FY 2016: 9%
- FY 2017: 14%
- FY 2018: 15%

Alaska Psychiatric Institute
- FY 2015: 5%
- FY 2016: 5%
- FY 2017: 4%
- FY 2018: 4%

Medicaid Data

FY 2015: n=2319
FY 2016: n=2304
FY 2017: n=2424
FY 2018: n=2609
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?
Who are the children + youth in out-of-home behavioral health care?
Gender of Children in Out-of-Home Care
FY 15-18

Medicaid Data

Count

4-Year Average By Setting

Therapeutic Foster Care
41% 59%

Residential BRS
45% 55%

RPTF
45% 55%

All Acute Care
52% 48%
Age Ranges of Children in Out-of-Home Care
FY 15-18

Four Year Average

By Year

13 – 17 years

1119
1076
1084
1232

8 – 12 years

325
348
353
366

143
123
205
208

0 – 7 years

2015
n=1791
2016
n=1777
2017
n= 1884
2018
n= 2074

0-7 years
8-12 years
13-17 years
18 + years

Medicaid Data
### Age and Setting of Children in Out-of-Home Care

**FY 15-18: Four-Year Average**

<table>
<thead>
<tr>
<th>Category</th>
<th>0-7 years</th>
<th>8-12 years</th>
<th>13-17 years</th>
<th>18+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>*<em>Residential BRS</em></td>
<td>13%</td>
<td>79%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td><strong>Therapeutic Foster Care</strong></td>
<td>34%</td>
<td>57%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td><strong>Acute Care</strong></td>
<td>1%</td>
<td>18%</td>
<td>54%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>RPTC</strong></td>
<td>1%</td>
<td>18%</td>
<td>76%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* Breakdown of 1-12 age group not available

* Medicaid Data
### Race of Children in Out-of-Home Care by Setting

**FY 15-18: Four-Year Average**

<table>
<thead>
<tr>
<th>Setting</th>
<th>AK Native</th>
<th>Multi-Racial</th>
<th>Other/Unknown</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Care</strong> n=3619</td>
<td>42%</td>
<td>12%</td>
<td>13%</td>
<td>34%</td>
</tr>
<tr>
<td><strong>RPTF</strong> n=1845</td>
<td>34%</td>
<td>11%</td>
<td>13%</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Residential BRS</strong> n=1257</td>
<td>48%</td>
<td>11%</td>
<td>9%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Therapeutic Foster Care</strong> n=2716</td>
<td>50%</td>
<td>13%</td>
<td>9%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Race of Children in Out-of-Home Care, FY 18
Compared to Total Child Population in Alaska, July 2017

- AK Native: 43%
- Multi-Racial: 11%
- Other or Unknown Race: 13%
- White: 33%

FY 18 Medicaid Recipients in Out-of-Home Care
n = 2074

Alaskans 0-19 by Race as of July 2017
n = 206,448

Medicaid Data
Allegations of Abuse among Children in RPTF and Acute Care FY 15 to FY 18

Office of Children’s Services Data

Counts of Allegations

<table>
<thead>
<tr>
<th>Counts of Allegations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>1 to 5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>6 to 10</th>
<th>11 to 20</th>
<th>21 to 30</th>
<th>31 to 40</th>
<th>Over 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td>306</td>
<td>249</td>
<td>246</td>
<td>212</td>
<td>186</td>
<td>1199</td>
<td>138</td>
<td>138</td>
<td>122</td>
<td>118</td>
<td>103</td>
<td>619</td>
<td>595</td>
<td>147</td>
<td>31</td>
<td>5</td>
</tr>
</tbody>
</table>

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.
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

Increase of 162

Medicaid Data
Demographics
FY 15-18, Four-Year Average

Gender
- Male: 59%
- Female: 41%

Race
- White: 28%
- Other/Unknown: 9%
- Multi-Racial: 13%
- AK Native: 50%

Age
- 18+ years: 13%
- 13-17 years: 60%
- 8-12 years: 18%
- 0-7 years: 9%
Therapeutic Foster Care

• 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?
Residential Behavioral Rehabilitation Services
Unique Medicaid Recipients
FY 15-18

FY 15: 341
FY 16: 318
FY 17: 304
FY 18: 294

Decrease of 47

Medicaid Data
Medicaid Payments
FY15-18 (data rounded)

<table>
<thead>
<tr>
<th>Year</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 15</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>FY 16</td>
<td>$6,000,000</td>
</tr>
<tr>
<td>FY 17</td>
<td>$6,000,000</td>
</tr>
<tr>
<td>FY 18</td>
<td>$4,000,000</td>
</tr>
</tbody>
</table>

n=341, n=318, n=304, n=294
Demographics
FY 15-18, 4-Year Average

**Gender**
- Male: 55%
- Female: 45%

**Race**
- AK Native: 48%
- Multi-Racial: 11%
- Other/Unknown: 9%
- White: 32%

**Age**
- 0-12 years: 13%
- 13-17 years: 79%
- 18-20 years: 8%
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

FY 15: 802
FY 16: 860
FY 17: 956
FY 18: 1001

Increase of 199

Medicaid Data
Acute Care Details

All Acute Care

North Star Acute Care

General Hospital – Inpatient

Alaska Psychiatric Institute

FY 2015: n=2319
FY 2016: n=2304
FY 2017: n=2424
FY 2018: n=2609

Medicaid Data
Unique Medicaid Recipients by Provider
FY 15 – FY 18

North Star Acute Care
General Hospital In-Patient
Alaska Psychiatric Institute

Medicaid Data
Medicaid Payments
FY 15 – FY 18

Total Medicaid Payments

North Star Acute Care
General Hospital – Inpatient
Alaska Psychiatric Institute

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

- General Hospital - Inpatient: 11 days
- North Star Acute Care: 32 days
- Alaska Psychiatric Institute: 21 days

Medicaid Data
Demographics, Four-Year Average

Gender

- Male: 48%
- Female: 52%

Race

- AK Native: 42%
- Multi-Racial: 12%
- Other /Unknown: 13%
- White: 34%

Age

- 18-20 years: 16%
- 13-17 years: 54%
- 8-12 years: 20%
- 0-7 years: 10%
Change in Admission by Age, FY 15 +18

- 0-12 years: 228 (FY 15) to 314 (FY 18), 38% increase
- 13-17 years: 464 (FY 15) to 527 (FY 18), 14% increase
- 18-20 years: 110 (FY 15) to 160 (FY 18), 45% increase

Medicaid Data
Changes in Admission by Race
FY 15 and FY 18

- **AK Native**: 347 to 418, 20% increase
- **Multi-Racial**: 96 to 115, 20% increase
- **Other or Unknown Race**: 72 to 144, 93% increase
- **White**: 287 to 324, 13% increase

*Medicaid Data*
Acute Care

- 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?
Residential Psychiatric Treatment Facilities
Annual Client Counts, FY 01 – FY 18

**Medicaid Data**

- **Total In-State**
- **Total Out-of-State**

**Residential Psychiatric Treatment Facilities**

**FY 01**
- Total In-State: 381
- Total Out-of-State: 192

**FY 07**
- Total In-State: 112
- Total Out-of-State: 213

**FY 13**
- Total In-State: 301
- Total Out-of-State: 752

**FY 15**
- Total In-State: 303
- Total Out-of-State: 186

**FY 16**
- Total In-State: 266
- Total Out-of-State: 201

**FY 17**
- Total In-State: 248
- Total Out-of-State: 234

**FY 18**
- Total In-State: 254
- Total Out-of-State: 218

**Increase of 68 out-of-state**

**Decrease of 85 in-state**

**BTKH Initiative**
Medicaid Payments + Average Costs
FY 15 – FY18

- Out-of-State Payments
  - FY 15: $17,000,000
  - FY 16: $11,000,000
  - FY 17: $18,000,000
  - FY 18: $18,000,000

- In-State Payments
  - FY 15: $11,000,000
  - FY 16: $13,000,000
  - FY 17: $13,000,000
  - FY 18: $13,000,000
Demographics
FY 15-18, Four-Year Average

Sex
- Male: 55%
- Female: 45%

Race
- AK Native: 34%
- Multi-Racial: 11%
- Other/Unknown: 13%
- White: 42%

Ages
- 18-20 years: 5%
- 13-17 years: 76%
- 8-12 years: 18%
- 0-7 years: 1%

Medicaid Data
Ages at Admission by Location (FY 16-18)

- Under 10: 0.2%
- 10 to 12: 10%
- 13 to 15: 40%
- 16 to 18: 23%
- 19 to 20: 1%

Out-of-state: n=462
In-state: n=516

Qualis Data
Race at Admission by Location (FY 16-18)

- **White**: 39% Out-of-state (n=439), 47% In-state (n=501)
- **AK Native/Am Indian**: 39% Out-of-state (n=439), 47% In-state (n=501)
- **Other**: 14% Out-of-state (n=439), 16% In-state (n=501)

Qualis Data
Discharge Placement (FY 16-18)

- Home with Clinic or In-Home Support: 60%
- Inpatient Psych: 10%
- Foster Care or FTH: 6%
- Left Against Medical Advice: 5%
- Discharged to Correctional Facility: 5%
- Residential Psych: 4%
- Discharged to Group Home: 4%
- Another Acute Care Hosp: 4%
- Home: 1%
Top Two Primary Reasons for Placement (FY16-18)

- **Aggression to Self/Others**
  - In-state: 33%
  - Out-of-state: 47%

- **Suicidal Ideation/Attempt**
  - In-state: 55%
  - Out-of-state: 26%

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)

- Aggression: Out-of-state 80%, In-state 55%
- Suicide Risk: Out-of-state 61%, In-state 65%
- Family History Substance Abuse: Out-of-state 60%, In-state 45%
- Family Medical History: Out-of-state 54%, In-state 47%
- Non-Compliance with TX: Out-of-state 60%, In-state 40%
- Flight Risk: Out-of-state 47%, In-state 44%
- Property Destruction: Out-of-state 60%, In-state 31%
- History Self Mutilation: Out-of-state 38%, In-state 47%

Out-of-state n=702  In-state n=784
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)

- Schizophrenia Spectrum and Other Psychotic Disorders: 22% Out-of-state, 33% In-state
- Anxiety Disorders: 25% Out-of-state, 30% In-state
- Mood Disorders: 27% Out-of-state, 22% In-state
- Neurodevelopmental Disorders: 17% Out-of-state, 13% In-state

Out-of-state n=702  In-state n=784

Residential Psychiatric Treatment Facilities

Qualis Data
90% have experienced trauma.

Qualis Data

n=702

n=784
Comorbidity (FY16-18)

74% have a diagnosed comorbidity

- Mood Disorder: 75% (Out-of-state: 61%)
- Thought Disorder: 33% (Out-of-state: 18%)
- Substance Abuse: 26% (Out-of-state: 18%)
- Developmental Disorder: 21% (Out-of-state: 17%)
- Suspected FASD: 18% (Out-of-state: 9%)
- FASD: 12% (Out-of-state: 8%)
- Eating Disorder: 5% (Out-of-state: 6%)
- Brain Injury: 4% (Out-of-state: 2%)
Other Factors (FY 16-18)

- Individualized Education Plan: 41% (32% in-state, 6% out-of-state)
- Fetal Alcohol Spectrum Disorder or Probable FASD: 36% (23% in-state, 19% out-of-state)
- Intellectual Developmental Disability: 19% (6% in-state, 17% out-of-state)
- IDD Waiver: 17% (1% in-state, 16% out-of-state)

Qualis Data

Out-of-state n=702
In-state n=784
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?