Intensive Outpatient and Partial Hospitalization Services Progress Report

Engrossed Substitute Senate Bill 5092; Section 215(39)(e); Chapter 334; Laws of 2021

December 1, 2022

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Summary

Senate Bill (SB) 5092 (2021) and SB 6168 (2020) (referred to in this report as proviso 76), require the Health Care Authority (HCA) to implement two pilot sites. These pilot sites are located on each side of the Cascade Mountains for children and youth-centered intensive outpatient services and partial hospitalization services. The pilot sites are **Providence Sacred Heart Hospital** (eastside) and **Seattle Children's Hospital** (westside).

The Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) began January 1, 2021. Startup of direct services began spring of 2021. As required by SB 5092, the sites are based in psychiatric hospitals serving children and adolescents. HCA established minimum standards, eligibility criteria, authorization and utilization review processes, and payment methodologies for the pilot programs.

The requirements from legislation include:

- Meeting the needs of an individual referred to the program. Children and adolescents discharged from an inpatient hospital treatment program who require the level of services offered by the pilot programs in lieu of continued inpatient treatment.
- Children and adolescents who require the level of services offered by the pilot programs to avoid inpatient hospitalization.

Services may not be offered if there are less costly, alternative community-based services that can effectively meet the needs of children and youth referred to the program.

In July 2022, HCA requested a report extension from December 2022 to December 2023 to allow for more robust data from the pilot program locations. This initial progress report provides information on the two bullet points above and contains specific data from the pilot sites and efforts with HCA's contracted actuary, Mercer Government Human Services Consulting (Mercer).

The final report, which HCA will submit in December 2023, will contain a review of clinical data and claims data and areas for consideration.

Impacts to timeline

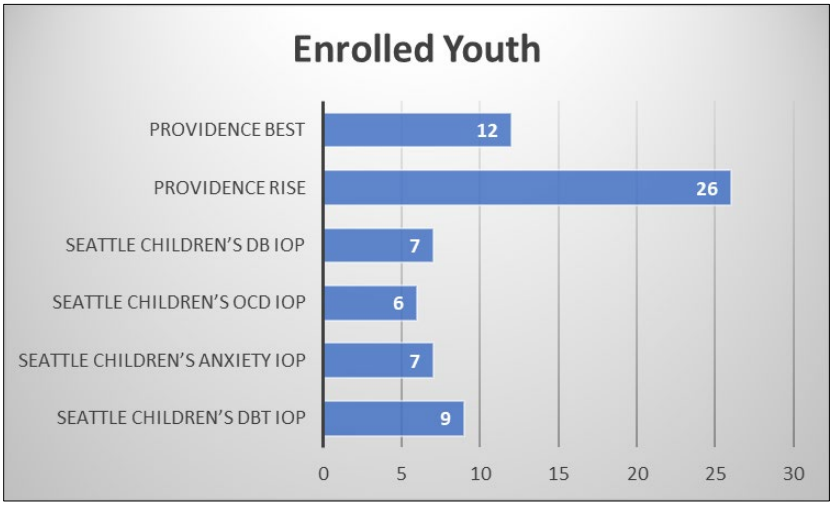
The timeline for starting the pilots was impacted by the COVID-19 pandemic. Between August 2021 and December 2021, Providence Hospital did not participate in the pilot, and instead provided pilot program services as an "in-lieu of" service in the fully integrated Medicaid managed care program. Therefore, the services shared in this report are from March 1, 2021, through February 28, 2022.

Findings

HCA worked closely with Seattle Children's Hospital, Providence Sacred Heart, and Mercer. See the Mercer report in **Appendix A** for a description of services, data, and limitations for the two pilot sites.

Youth served

Table 1: youth enrolled



PHPs and IOPs served 67 youth from March 1, 2021 through February 28, 2022.

- Behavioral and Educational Skills Training (BEST) and Resources, Insight, Support, and Empowerment (RISE) at Providence Sacred Heart Hospital served 38 youth.
- Seattle Children's Hospital's four programs served 29 youth.

Demographics data

Age

- PHPs served youth, ages 8- to 13-years-old, with an average age of 10.
- IOPs served youth, ages 13- to 18-years-old, with an average age of 15.

Gender and transgender identity

Of the 67 served by IOPs and PHPs, 38 percent identified as male, and 61 percent identified as female. This data included transgender youth.

Race and ethnicity

Most youth served by BEST, RISE, and Seattle Children's Hospital were Caucasian/white. The programs also served African American, Asian, Native American, and Pacific Islander youth.

Providence and Seattle Children's Hospital served Hispanic and Non-Hispanic youth.

Co-occurring disorders

Providence and Seattle Children's Hospital served youth with co-occurring mental health and intellectual or developmental disorders, or mental health and co-occurring substance use disorders.

Referrals

Some youth served by BEST and RISE programs were referred by an emergency department.

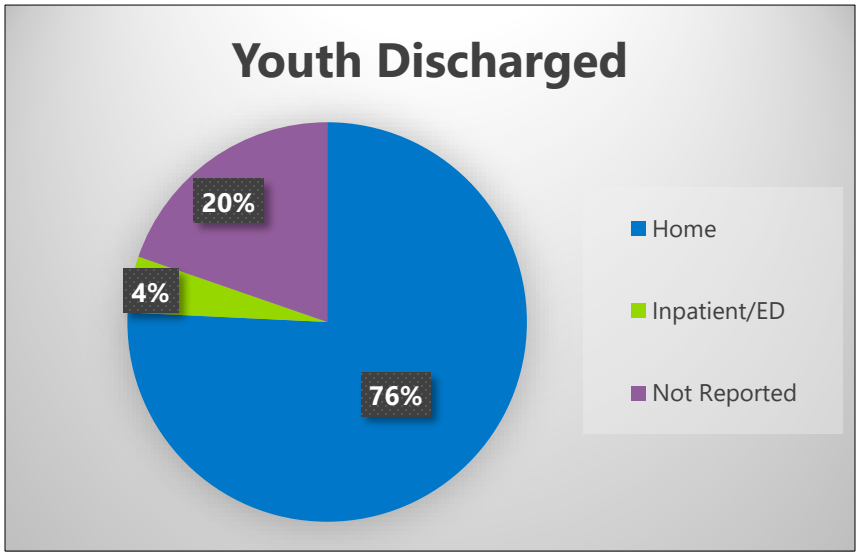
Services provided

Program descriptions and components are provided later in this report. Generally, children and youth served by PHPs moved into a lower level of care after an average of nine episodes of treatment. Children and youth served by IOPs received an average of 15 episodes of treatment.

Impact and outcomes

Prevented inpatient stays

Table 2: discharge placement



Data provided is for the 67 enrolled individuals from the 12-month reporting time.

Each program is required by contract to provide the number of inpatient days that were possibly diverted due to participation in the pilot program. Both Providence programs reported 76 percent of their enrolled individuals were diverted from inpatient admission.

BEST prevented a total of 145 days of inpatient stays and RISE prevented a total of 136 days of inpatient stays, for a total of 274 days of inpatient stays prevented across both programs. There was no data provided for 20 percent of enrolled individuals.

Next steps and conclusion

HCA will submit a final report to the Office of Financial Management and the appropriate committees of the Washington State Legislature by December 1, 2023. HCA will continue to work closely with Mercer on actuarial projections on the statewide need for services.

Appendix A

Proviso 40—Pilot Programs for Intensive Outpatient Services and Partial Hospitalization Services for Children and AdolescentsHCA contracted with Mercer, part of Mercer Health & Benefits LLC, to develop fees and determine fiscal impact for the pilot programs in response to proviso 76 and 40.

Per the proviso, the Legislature provided $8,027,000 of the general state appropriation to HCA to implement two pilot IOP and PHP programs for certain children and adolescents. In this initial progress report, the Mercer report describes:

- Information on clinical outcomes and estimated reductions in psychiatric inpatient costs associated with each of the pilot sites.
- Services provided at each pilot site and identification of any specific gaps the sites were able to fill in the current continuum of care.