

Update on Pilot Partial Hospital and Intensive Outpatient Programs at Seattle Children's

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Thank You

Over the previous two sessions, the Washington State legislature allocated pilot funding at two sites for Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP).

Seattle Children's and Sacred Heart have both been piloting PHP and IOP.

Thank you for funding pilots of these critical services for youth in WA!



PHP and IOP Programs Overview

- PHP and IOP are intensive levels of care involving:
 - Group/milieu based treatment daily
 - Individual or family therapy 2-5 times a week
 - Medication consultation and management
 - Case management support including disposition planning
 - Parent partner for some programs, to help with parent change management and support

Partial Hospitalization Program Daily 9am-3pm	Intensive Outpatient Program 3-4 times/wk (morning) 9am-12pm
Home for dinner with family	Intensive Outpatient Program 3-4 times/wk (afternoon) 1pm-4pm
Home for dinner with family	Home for dinner with family
Minimum 20 hours/week	Minimum 9 hours/week



Pilot 1 Summary of Programs

All programs provided via Telehealth due to COVID physical distancing requirements

Virtual Anxiety IOP based at Seattle Children's Everett Clinic

- NEW program, started 3/9/21
- 3 hours per day, 4 days per week

Virtual Dialectical Behavioral Therapy (DBT) IOP

- NEW program, started 4/19/21
- 4 hours per day, 4 days per week

Virtual OCD-IOP

- Existing program (running prior to 1/1/21) now able to provide care to youth with Medicaid
- 3 hours per day, 4 days per week



Pilot 2 Summary of Programs

Four programs in development:

Step-Down/Step-Up PHP located at Seattle Children's Main Hospital Campus and Step-Down/Step-Up IOP at Federal Way Clinic

- Serving any youth who can participate in milieu group programming and whose needs may be too complex for a disorder specific program
- In-person program serving both Medicaid and Commercial

Virtual Eating Disorder IOP

- Serving youth with eating disorders
- Virtual program serving Medicaid

Virtual Disruptive Behavior Disorder (DBD) IOP

- Serving youth under 12 with disruptive behavior disorders, primarily parent focused
- Virtual program serving only Medicaid

Patient Populations Served



	Anxiety IOP	DBD IOP	Eating Disorder IOP	OCD IOP	DBT IOP	Stepdown PHP/IOP
Young Kids Ages 6-8		✓				
Tweens Ages 9-12	✓	✓	✓	✓		✓
Teens Ages 13-17	✓		✓	✓	✓	✓



Geographic Reach of Programs

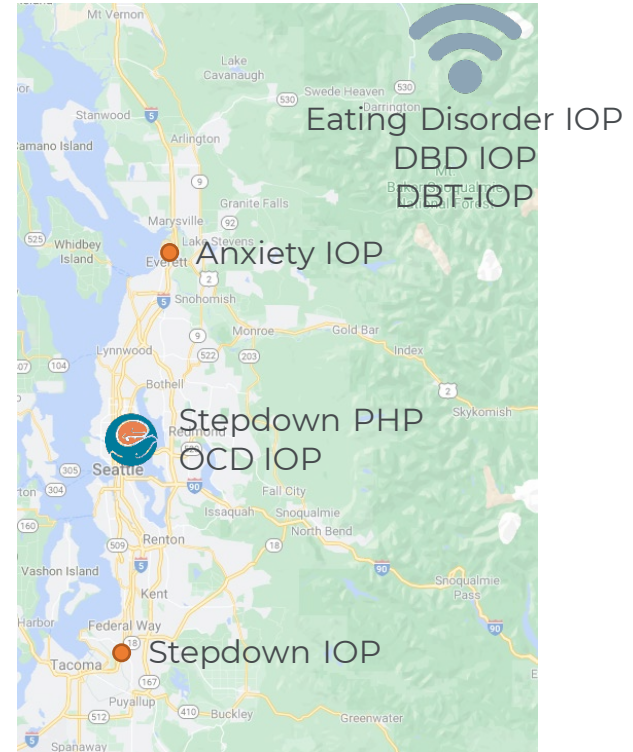
In-Person Programs

- Stepdown PHP at Main
- Stepdown IOP at Federal Way
- Anxiety IOP at Everett*
- OCD-IOP at Main*

Virtual Programs

- DBT-IOP at Main
- Eating Disorder IOP
- DBD-IOP

**Currently virtual programs with plans to return to clinic in 2022 based on COVID*



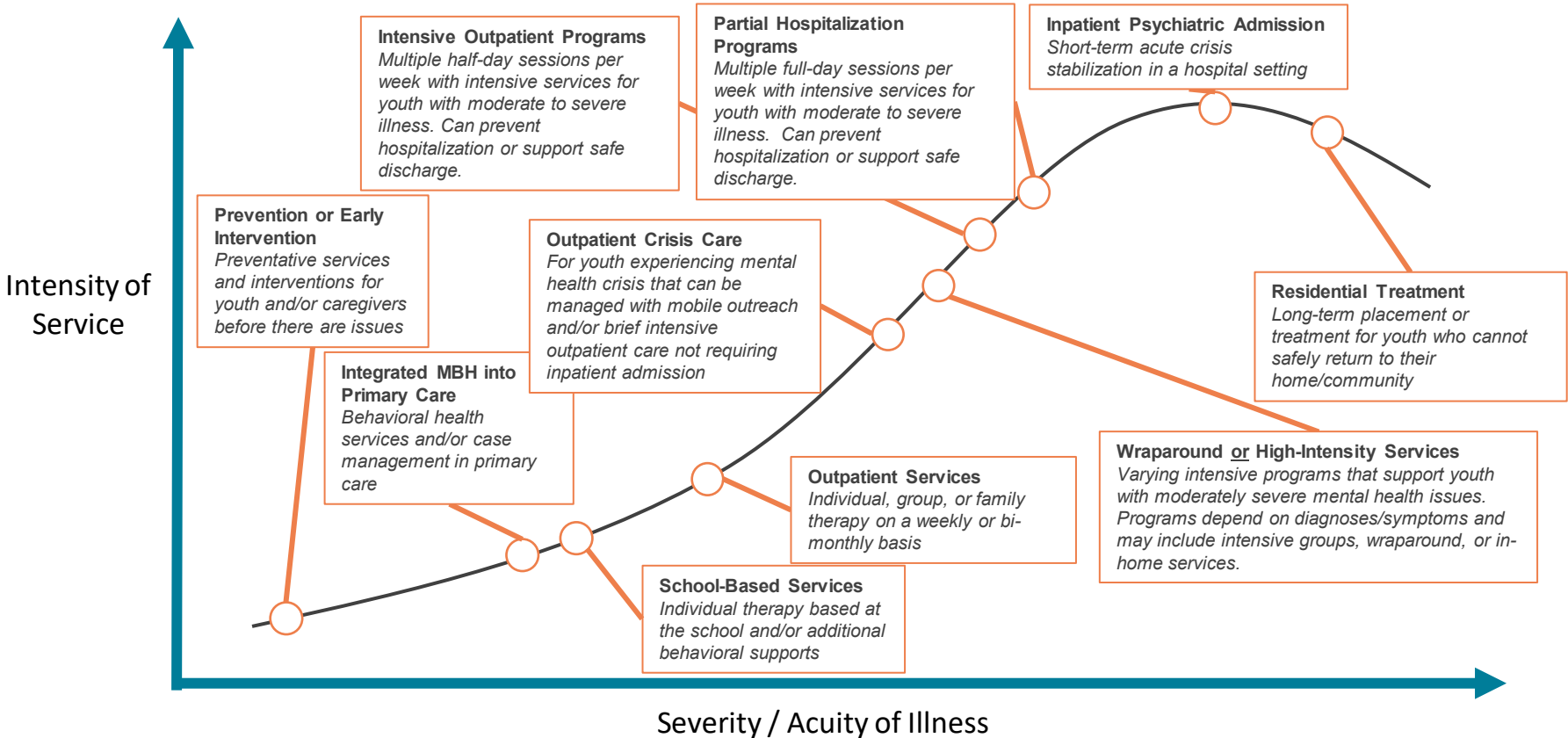


Equity in PHP and IOP Programs

- Access to care in your community is equitable
 - Current state, access only exists in two main city centers
- BIPOC and LGBTQ+ youth are more likely to have Medicaid coverage – not having access to PHP and IOP programming disproportionately impacts them
 - Black youth have the highest increase in suicide attempts over the past 20 years (Lindsey et al, 2019).
 - LGBTQ+ youth are 5 times as likely to attempt suicide (CDC, 2016).



WA Pediatric Mental Health System of Care





Expected Outcomes

As step-down programs, PHPs and IOPs can:

- Reduce length of stay on inpatient units and in emergency departments
 - Reduce boarding time in emergency departments
- Reduce readmissions to inpatient psychiatric units
- Support transition back to community care

As step-up programs, PHPs and IOPs can:

- Prevent inpatient admissions either by direct referral from outpatient programs or referring from emergency department

Overall, these programs can contribute to better health outcomes for youth.



Ongoing concerns with WA State Youth Mental Health system

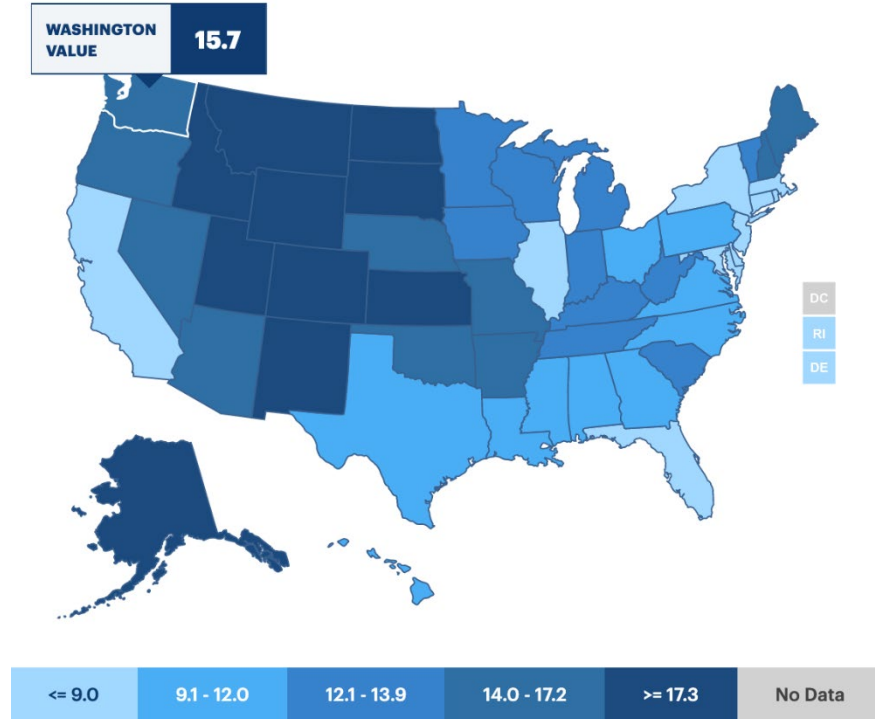
- Workforce shortages
- Long waitlists for programs
 - Leads to worsening mental illness if not treated early or when crisis first identified
- Continued boarding in emergency departments and medical floors due to high need for inpatient beds
- Difficulty discharging youth from inpatient facilities due to lack of lower levels of care options
- Most programs focused in specific areas (King County, Spokane, Tacoma), limiting access in other communities
- Need to “exhaust” lower levels of care before consideration for higher levels of care possible



What Are Other States Doing?

- Rhode Island has the lowest rate of suicide in the country at 5.0 per 100,000
 - Has 3 times the PHP/IOP slots compared to inpatient psychiatric beds
- PHP and IOP programs are a funded benefit in 29 states

Number of deaths by suicide per 100,000 adolescents ages 15-19





Need for Expansion of Medicaid Benefit

- PHP and IOP programs should be accessible to everyone in WA – not just folks in urban areas
- Ultimately, we want Medicaid to cover PHP and IOP regardless of provider (including community programs), not just Seattle Children's or Sacred Heart – **we need to embed these programs in communities**
 - Other institutions across the state want to create programs in their communities
- Including these programs as Medicaid covered benefit pulls down a **Federal match** not currently being accessed through pilot funds



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