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Alaska Psychiatric Institute (API)
STRATEGIC PLANNING PROCESS
April 2023 Partner Discussions
MEETING SUMMARY

In April 2023, two discussions were hosted to seek input from partners of API. Nearly 40 organizations were invited to participate in one or both of the following sessions via zoom.

April 25, 2023 - 12-1PM	**16 partner participants**
April 28, 2023 - 11AM-12PM	**13 partner participants**

AGENDA
The sessions were only 1 hour in duration, and yet they resulted in a great deal of input. The following three questions were asked of partners to first answer in the chat followed by discussion:

1. What's working well at API?
2. What could be improved?
3. What should be included in a 5-year strategic plan for API?

The meeting recording was transcribed using an AI program, then reviewed to identify themes from the discussion and chat log.

THIS DOCUMENT
The intent of this document is to summarize what was heard in these two sessions. This document organizes the input into themes that will be used to inform a 5-year strategic plan for API. The quotes are from either the verbal transcript or the chat log. The identified themes can assist the strategic plan and can also provide direction for follow up discussions with partners on specific topics. This document is one of several reports recapping stakeholder engagement that is being considered in developing the 5-year strategic plan for API.

More information about the API strategic planning project can be found at:
www.ddaalaska.com/API-strategic-planning

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ORGANIZATIONS REPRESENTED

Alaska Association on Developmental Disabilities
Alaska Behavioral Health Association (ABHA)
Alaska Hospital & Healthcare Association
Alaska Native Medical Center
Alaska Ombudsman (2)
Alaska Pioneer Homes. (3)
Alaska Regional Hospital
Bartlett Regional Hospital (3)
Center for Human Development
Central Peninsula Hospital (3)
Division of Juvenile Justice. (3)
Fairbanks Crisis Now
Fairbanks Memorial Hospital
Hope Community Resources
MethodWorks
North Star Behavior Health
Senior and Disabilities Services (4)
Steve Fishback, Architect

What's working well at API?

- RESPONSIVE COMMUNICATIONS
- WORKING COOPERATIVELY

RESPONSIVE COMMUNICATIONS - Partner organizations repeatedly praised the staff at API for their timely and helpful responses to requests and inquiries. While API was not always able to accommodate these requests from partner organizations, they made sure to respond and keep the service provider informed. Along with cooperatively developing systems and processes, this was frequently mentioned as an area where API could leverage the existing momentum and continue to improve through its inclusion in the strategic plan.

"…we've had some success us with getting the things that we need reviewing the applicants and figuring out what…their current meds are, and do they meet our criteria for admission to our neighborhood?"

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"The admissions department was very responsive and easy to get in touch with. Anytime we try to call to coordinate, they're very transparent with us about the likelihood and timeline of somebody being transferred to API."
"Whenever we have had an issue, there's always someone available."
"If we have to reach out, the admissions department is very responsive, they get back to us quickly. They're able to give us some answers about you know, opportunities for a transfer for our patients, and our discharge planners seem to have a good relationship as well."
"Communication and collaboration"
"Who [is] finding placement? Is it the social worker API…but it's really supposed to be the guardian. And I think a lot of times guardians don't even know that, especially when their families and don't really understand, you know, their actual roles and responsibilities as a guardian."
"I would say in the last few years, the partnership with Scott has been very helpful for us."

WORKING COOPERATIVELY - When API was able to take a patient in through a request from the partner organization, the process was usually smooth and cooperative according to many session participants. Staff were also commended for offering alternatives and help beyond what they could provide and for working with patients and partners to find solutions. Many participants requested that API work in tandem with partner agencies and organizations on refining and systematizing intake and discharge processes as part of any future planning efforts.
"We had a recent transfer to API and their willingness to accept a patient in an unusual situation was really appreciated."
"[We have] Better access to the hospital for cbc consultants."

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"…publicly informed governing body; transparency in success and challenges - including publicly noticed meetings and publicly available Quality Improvement data dashboards; strong patient advocates."

What could be improved?

- **ADDRESS BED SHORTAGE**
- **IMPROVE RECORDS REQUEST SYSTEM + PROCESS**
- **OFFER TELEHEALTH SERVICES**
- **INCREASE AVAILABLE YOUTH SERVICES IN ALASKA**
- **HOMELESSNESS COORDINATION**

ADDRESS BED SHORTAGE - At API, there continues to be a chronic shortage of capacity and beds available for the patients that need them. When API is not able to accommodate a critical case, there are few other options for service providers across the state. This has been a long-standing and historically prominent issue for API and is one of the primary issues discussed by partner organizations when thinking about a long-range strategic plan.
"I think some of the good things is helping to reestablish the bed capacity obviously…It was a big challenge for so many"
"When we do have an urgent need, and a youth is beyond our capacity for care is difficulty with transferring the youth to the appropriate setting for API. And that has been due to bed capacity."
"Bed space"
"Just general bed space"
"More ability to take on patients…today, I have nine patients boarding in my hospital. So just lack of bed availability in the community."
"Increase capacity."
"Looking at the current population trends along with incidence rates for SMI, we can expect to see increasing need and decreasing availability for inpatient psych beds. Having a designated space/services specific to individuals with neuro-psych disorders or intellectual disabilities could potentially increase inpatient psychiatric capacity." [Serious Mental Illness - SMI]
"…re-establishing bed capacity"
"It has been a challenged to experience successful transfers due to limited bed capacity."

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"Ideal: Enough youth beds to keep most youth out of being transferred out of state. Only possible if whole system of care steps up and is able to provide thorough behavioral health crisis care in their areas to leave only the most acute cases for API."

IMPROVE RECORDS REQUEST SYSTEM + PROCESS - When discussing areas where API could act strategically moving forward, a repeated issue for providers was the records request process. According to several session participants, this process is extremely slow and laborious for all involved. It is detrimental to the client and affects the provision of services when records are not received in a timely manner during the discharge and reentry phases. Improving these processes would show immediate results and could be an effective starting point when moving towards the implementation of API's strategic plan.
"Faster admissions if people could get there seamlessly. That'd be fantastic."
"…when we've had a patient who has been admitted to API and has undergone some level of treatment…restoration…the discharge planning process has been pretty quick. And oftentimes, we're not included until really close to that discharge…unfortunately, that doesn't give us time to be able to plan appropriately. And there are times when we've been reaching out consistently and really not included in discharge planning…which has resulted in delays in discharging."
"…if we got direct access to the medical records that would shorten how long it would take for someone to discharge from API to sunrise place."
"I think getting records is challenging, often challenging for most places. So, I would say, you know, obviously, we're a much smaller unit here. So, we often get somebody, and we only know after they arrive, they've been in another hospital, an extensive number of times. So, trying to get that the repository of information to be able to serve the patient well, and not reinvent the wheel has been just really difficult."

“For us to treat people effectively. And to make sure that we are to the best of our ability, not passing along the patient's experience without good meaningful interventions requires us to know their history. And the quicker we can know their history, the better we can treat them, and the more likely they're not going to be passed on to the next to the next provider. Having experienced inadequate care.”
“So, there's multiple places that folks would either return to care for or would get referred to care to. And we've tried multiple attempts at coordinating care better, but there are always a handful of folks every month who make it into the system. And then it turns into a mad scramble to get the discharge paperwork and try to figure out where they're going to best be served in our organization.”
“When we get somebody who we're not as familiar with, right, and [with] telehealth, hospitalization records…we just had a delay, I think one time it took a month.”
“Faster admissions if people could get there seamlessly. That'd be fantastic.”
“…obtaining medical records.”
“Having clear roles and the responsibilities outlined for API/SDS/DBH/CC/Family/Guardian/etc. This is specific to discharge planning.”
“Response time for records requests or better communicated process.”
“Faster admission”

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OFFER TELEHEALTH SERVICES - During the COVID-19 pandemic, API was able to expand telehealth to patients in need regardless of location. This was a positive and effective method to reach those located in areas beyond Anchorage. Partner organizations discussed the benefits of telehealth to patients when API staff were able to provide more extensive and long-lasting follow-up to those who had been discharged and had returned to their communities outside Anchorage. When thinking of API's long-and short-term plans, expanding telehealth was a frequent recommendation.
"API was willing to support us with some telehealth function in being able to keep that patient in the community. And I think more of that would be fantastic. Maybe even more of that, before the patients actually even get to them."
" telehealth evaluation availability" – "as opposed to looking to send somebody out that there would be a bill, you know, kind of a triage, mental health type triage ability where we could connect with you, electronically and have somebody take a look at this person, their medication regime, that history of things that are happening, you know, things that would enable them to stay here and let's not have to look at the resource of basically sending them out."
"I actually am using remote like in the lower 48 providers right now to help manage the patients that are boarding on our inpatient sites, I'd much rather use a local provider that either knows the patient population might even know the patients and organize the community resources, I just think it'd be a much better use of resources and a lower 48 provider."
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"Telehealth evaluation availability"
"increased capacity and telehealth"
"Telehealth options so we have to transport fewer and can better stabilize on return."
"Love the idea of the med bridge, telehealth expansion for youth who require emergent care whose needs could be met as they wait for admission. Telehealth for restoration to maintain rural youth in their communities."

INCREASE AVAILABLE YOUTH SERVICES IN ALASKA – More than one participant noted the need for improvements in youth community services.
"We have actually been seeing a lot of youths that are younger than APIs bar. And really having a hard time placing like eight nine-year-olds, I don't think that we have tried to send a youth to API in more than probably 24 months. So, we've had youth that just didn't kind of fit in their category, if you will, or could get someplace else much sooner."
"Both agencies have some things that need to be worked on in regard to the restoration process, that there's some missing specifics about that for juveniles."
"It sounds like most of the youth that are waiting at the hospitals here actually been sent out of state, so I don't know that because there are a level that API won't accept."

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HOMELESSNESS COORDINATION Participants expressed a need for homelessness care after discharge and having a place for them to go after API. Some of the below comments were received via email after the meeting.
" 'Step-down' units or housing to provide more opportunities to demonstrate independence. This is similar to the community outings that we have done during transition and prepping for discharge."
"Med Clinic is great idea for people coming out of API into homelessness. It would be great if API had transitional housing for people who are discharged into homelessness. We have had many guests at Sullivan Arena who are discharged from API. "
"No one being transferred to homeless shelter would be ideal."
"We also have had many guests who get discharged from API to the Sullivan. As you can well imagine this is not an ideal transitional living situation for someone coming out of API. Getting into outpatient Mental Health Services is difficult, with long wait lists. Many of the clients with active mental illness and homelessness lack the perseverance required to access these services and most do not have family advocating for them."
"I would ask us to consider providing clients exiting API into homelessness with some Transitional Housing facility, preferably near API, where each individual can be carefully monitored for medication management and continue mental health therapy as needed. [in 5 years]"
"Is API currently using the ICD 10 Z59 codes for admission and discharge diagnoses? Z59.0 is the code for Homelessness. It would be great if this code was utilized so we could track the number of patients exiting to homelessness and do some population health data analysis and management to help improve their care."

What should be included in API's 5 year strategic plan?

Below are the exact chat entries with names redacted. Many are included in the above thematic analysis.

April 25 chat
• Telehealth evaluation availability • Building capacity to begin working on skill development similar to what Bri and Margaret do with some of the individuals with IDD.

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- Embrace the folks with intellectual disabilities and challenging behaviors' and plan for their presence at the hospital.
- increased capacity and telehealth
- Increase capacity
- Reacted to "Embrace the folks wi..." with 👍
- Step-down" units or housing to provide more opportunities to demonstrate independence. This is similar to the community outings that we have done during transition and prepping for discharge.
- Reacted to "Embrace the folks wi..." with 👍
- Maybe introducing ECT program
- Assist the bridge with those discharged
- Looking at the current population trends along with incidence rates for SMI, we can expect to see increasing need and decreasing availability for inpatient psych beds. Having a designated space/services specific to individuals with neuro-psych disorders or intellectual disabilities could potentially increase inpatient psychiatric capacity.
- Expand recreation therapy, raise the wages for recreation therapists. Very valuable service and teaching for people with IDD.
- Thanks for doing this. API is doing a lot of great things! We look forward to working API when we get a client who is there.

April 28 chat

- Smooth communication for admissions and decompensations
- Love the idea of the med bridge, telehealth expansion for youth who require emergent care whose needs could be met as they wait for admission, thank you.
- After 23 years work for DJJ the youth we have coming into our system now has significant mental health issues than we have seen many years ago. Having a large unit that serves youth since that is where it all starts would be wonderful.
- It would be great if API had transitional housing for people who are discharged into homelessness. We have had many guests at Sullivan Arena who are discharged from API.
- Telehealth for restoration to maintain rural youth in their communities.
- I think we want to be in a place where the role that API plays in the community is highly defined. I think we want to make sure that API is performing only the roles that it is designed to do and that it is not the de facto placement for patients who need a different kind of care. That said, the system needs to clearly develop the infrastructure to provide the needed services for individuals who are winding up at API, but don't belong there.

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- Ideal: Enough youth beds to keep most youth out of being transferred out of state. Only possible if whole system of care steps up and is able to provide thorough behavioral health crisis care in their areas to leave only the most acute cases for API.
- 5 years from now: stronger partnership between API and DD system, DD system has capacity to transition people with IDD out of API into a less restrictive setting more quickly (API is truly short-term stabilization for people with IDD or dual dx), and the transition process plus roles/expectations are better defined and API can provide ongoing support to individuals in the DD system as needed to prevent re-hospitalization.
- It would be amazing to have an increasingly robust psychiatric program for youth in the state of Alaska so that youth are able to receive the care they need both in and outpatient and are able to stabilize. As a nurse for a justice field, I feel this would help reduce the instances that youth are detained for assaults (IE: Blow outs etc.) and are provided with the actual care they need versus being put in "jail".
- Agree with [redacted]. No one being transferred to homeless shelter would be ideal.
- Continued Public informed governing body and outcomes. Strong communication with providers and community linkages to care. Would be great to re-establish telehealth clinic (FYI - I wonder if P&Ps, still exist from prior iteration) Overall, keep on the same trajectory! Lastly, I wonder if feasible to operate a forensic unit external of the existing hospital footprint to increase capacity for civil commitments and/or youth services.