

Request for Information



State of Alaska
Department of Health
Division of Public Health

Date Issued: May 10, 2023

PAL PAK CONTINUATION GRANT

Introduction:

The Alaska Department of Health, Division of Public Health, Section of Women's, Children's, and Family Health is seeking letters of interest from qualified parties capable and interested in improving pediatric mental health access across Alaska. The purpose of this program is to promote behavioral health integration into pediatric primary care by supporting statewide pediatric mental health care tele-consult access. Services will be offered by a pediatric mental health care team that includes a care coordinator, a licensed psychologist, counselor, or social worker, and at least one licensed pediatric psychiatrist. Together they will provide tele-consultation, training, technical assistance, and care coordination support for pediatric primary care providers and non-prescribing healthcare providers, and school counselors and nurses across the state. The focus will be to diagnose, treat, support, and refer children with behavioral health conditions to additional resources.

Background Information:

Data from the State of Alaska's Health Facilities Data Reporting (HFDR) program provides data on the volume, characteristics and support needs of children and adolescents ages 0-17 presenting to hospital for behavioral health needs. A recent study by Agnew::Beck (A::B) for the Alaska Hospital and Healthcare Association (AHHA), funded by the Alaska Mental Health Trust Authority found the following:

- In 2021, there **2,273 treatment episodes** for children and adolescents with a behavioral health diagnosis at hospital emergency departments (EDs). An additional **613 treatment episodes** occurred in hospital inpatient units.
- Of all 2021 treatment episodes, **25% of ED visits and 24% of hospital inpatient visits had a discharge diagnosis of suicidal ideation**. ED visits with suicidal ideation as a discharge diagnosis increased 6% over prior years, while inpatient visits with this diagnosis decreased 3%.
- Children and adolescents with a behavioral health diagnosis **stay longer** in EDs and inpatient units than their non-behavioral health counterparts and **lengths of stay are increasing**.
- **Most** children and adolescents with a behavioral health diagnosis **discharge to home/self-care** from EDs and hospital inpatient units.¹

¹ Alaska State Hospital and Nursing Home Association. "Alaska State Hospital and Nursing Home Association Community Benefits Report." Alaska State Hospital and Nursing Home Association, accessed March 27, 2023.

https://www.alaskahha.org/_files/ugd/ab2522_ac2ea6eb4e074397b9f5c7499a003f6f.pdf.

² State of Alaska Primary Care Office. "Alaska State Primary Care Office Needs Assessment Report 2021." State of Alaska Primary Care Office, May 2021. https://alaskapca.org/wp-content/uploads/2021/05/SOA_PCO_NA_20211865-1.pdf.

³ United States Department of Labor, Bureau of Labor Statistics. "May 2022 State Occupational Employment and Wage Estimates Alaska." Bureau of Labor Statistics, updated March 23, 2023. https://www.bls.gov/oes/current/oes_ak.htm.

Children and adolescents presenting to hospital emergency departments and inpatient units with behavioral health diagnoses are often unable to access services to meet their needs in less restrictive settings. Key service gaps identified by the AHHA study include:

- Care coordination
- Support for children and families in Office of Children's Services (OCS)/Division of Juvenile Justice (DJJ) custody
- Access to outpatient behavioral health care for Medicaid-enrolled children and families
- Transitional and navigation support
- Respite care
- Limited integration of behavioral health services into school and primary care settings
- Robust crisis services outside of hospital settings
- Specialized residential settings
- Inpatient care

While the demand for behavioral health services is high, the supply of behavioral providers is very low. According to the 2021 Alaska Primary Care Needs Assessment, Alaska "26 of Alaska's 19 boroughs and 10 US Census Bureau defined areas had a geographic or a special population HPSA designation".¹² The Bureau of Labor Statistics indicates the location quotient (LQ), or the number of providers per location is just .57 for psychiatrists in Alaska.³ Nationwide, on average, states have twice as many psychiatrists than in Alaska. This statistic points to the high need for psychiatry support for patients and for primary care providers. Conversely, Alaska has a high location quotient of pediatricians at 2.37. The low LQ of psychiatrists combined with the high LQ of pediatricians indicates that integrating behavioral health supports into primary care can help support Alaska children and adolescents experiencing behavioral health issues.

Access to healthcare in Alaska is also extremely challenging for much of the population due to the state's expansive geography and inclement weather. Statewide, community behavioral health centers and primary care providers, both tribal and non-tribal, are the most prevalent patient access points for behavioral health care, especially in rural and remote locations. Across Alaska telehealth has become a tool for increasing access to psychiatric and behavioral health services by linking remote sites across the state with providers in more urban areas. Given this, the Alaska Department of Health, Division of Public Health, Section of Women's, Children's, and Family Health, is seeking letters of interest from qualified parties capable and interested in providing pediatric mental health access across Alaska. The purpose of this program is to promote behavioral health integration into pediatric primary care by supporting statewide pediatric mental health care tele-consult access. Services will be offered by a pediatric mental health care team that includes a care coordinator, a licensed psychologist, counselor, or social worker, and at least one licensed pediatric psychiatrist. Together they will provide tele-consultation, training, technical assistance, and care coordination support for pediatric primary care providers and non-prescribing healthcare providers, and school counselors and nurses across the state. The focus will be to diagnose, treat, and refer children with behavioral health conditions to additional resources.

Over the last four years the State of Alaska, Department of Health, Division of Behavioral Health, through a 5-year Health Resource and Services Administration (HRSA) grant has made tele-behavioral health services

⁴ Hilt RJ, Romaine MA, McDonnell MG, Sears JM, Krupski A, Thompson JN, Myers J, Trupin EW. The Partnership Access Line: Evaluating a child psychiatry consult program in Washington State. *JAMA Pediatrics* 2013 Feb; 167(2): 162-8; Hilt RJ, Barclay RP, Bush J, Stout B, Anderson N, Wignall JR. A Statewide Child Telepsychiatry Consult System Yields Desired Health System Changes and Savings. *Telemedicine and e-Health Journal*. 2015 Jul;21(7):533-7; Barclay RP, Penfold RB, Sullivan D, Boydston L, Wignall J, Hilt RJ. Decrease in statewide antipsychotic prescribing after implementation of child and adolescent psychiatry consultation services. *Health Services Research* April 2017 52(2); 561-578

⁵ <https://helpmegrownational.org/making-case-building-help-grow-evidence-base>

available to all pediatric patients in Alaska through provider-to-provider consultations, a common care guide, and educational tools available to all primary care providers and other healthcare providers, as needed. At this time, HRSA is offering another three-year grant, beginning September 30, 2023, to continue these services. The State of Alaska is interested in hearing from qualified parties who can offer or improve on the current services outlined below.

Services are currently offered through a combination of two evidence-based practice models: the Partnership Access Line (PAL) program⁴, and Help Me Grow Alaska (HMG-AK)⁵. Information on the current program is available at: <https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/pal-pak/>

The PAL program offers a team of ten Alaska licensed pediatric psychiatrists based in the state of Washington, who provide case consultation/team conference services to prescribing Alaska practitioners. PAL provides a staffed toll-free call line for Alaska primary care providers from 7am to 4pm Alaska Standard Time, Mon-Fri. Direct connect rates with a child psychiatrist at the time of the initial call have been averaging approximately 82%; if a child psychiatrist is not immediately available, call-backs occur as quickly as possible, usually the same day.

PAL also has an affiliation with University of Washington (UW), to offer psychologists to provide training for school wide personnel on mental health topics and offer the Brief Intervention for School Clinicians (BRISC) training developed through UW. Services offered include a school psychologist meeting virtually, on a regular basis (every other week) with a group of counselors serving rural Alaska communities including itinerant counselors. These consultations look to offer case presentations, assessment, diagnostic, and intervention questions, brief trainings on specific intervention or assessment strategies (e.g., exposure strategies) with opportunities for participants to implement new approaches with coaching and feedback at the next meeting.

PAL offers mental health care education through patient specific consultations and Category I Continuing Medical Education (CME) events covering a broad range of child mental health care topics are offered free of charge to primary care and other healthcare professionals wanting to increase their knowledge in this area. Due to Alaska's challenging travel logistics and high in-state travel costs, PAL augments two in-person events per year (hosted and/or in combination with existing events) in Alaska with additional education offerings using distance technology such as webinars. An Alaska version of the 100-page Washington treatment guide is also offered to assist pediatric primary care physicians with early detection, diagnosis, and treatment of childhood mental health issues. Finally, a monthly email newsletter discussing pediatric mental health topics with pertinence for primary care providers.

For in-state expertise regarding Alaska-based mental health supports and resources, PAL contracts with Help Me Grow Alaska (HMG-AK) to provide outreach and promotion to prescribing providers through an Alaska-based care coordinator. The Alaska-based care coordinator performs face-to-face outreach with primary care providers and all other types of medical providers who serve pediatric patients, including rural and remote, public health, and tribal health non-prescribers, school nurses, etc. Education about the program and how other medical providers can request their patients' physicians use the PAL physician consult services is offered. HMG-AK can connect pediatric primary care providers and other healthcare to a resource and referral network, while collaboration between the Alaska care coordinator and PAL to review existing annual in-state trainings and conferences attended by pediatric providers helps strategize "best fit" training opportunities. Slide sets from past conferences are also posted online and are freely available at the program's website.

Minimums

⁶ statewide antipsychotic prescribing after implementation of child and adolescent psychiatry consultation services. Health Services Research April 2017 52(2); 561-578

- Vendor must have at minimum 5 years of experience providing mental health consultation via telehealth and provider education training on a variety of mental health topics.
- Vendor must have at minimum 5 years of experience working with the healthcare system in Alaska including special populations, behavioral health access, and geographical and cultural considerations.
- Vendor must have at minimum 5 years of working with or knowledge of Alaska Medicaid.
- The case coordinator must work for an agency with a statewide centralized intake and referral service (CIRS) in Alaska, which for at least 5 years has offered mental health resources.
- A standardized evidence-based mental health provider care guide is already available to share with pediatric primary care and other healthcare providers.

The following performance measures that establish baseline numbers must be tracked and reported annually:

1. Number of trainings held by topic, mechanism used (e.g., in-person, web- based).
2. Number and types of providers trained.
3. Number and types of providers participating in a statewide or regional pediatric mental health care access program (e.g., contacting the program for consultation or care coordination support services).
4. Number and types of providers enrolled for and participating in consultation (teleconsultation or in-person) and care coordination support services.
5. Reasons for provider contact with the pediatric mental health team (e.g., psychiatric consultation, care coordination, or both; and suspected or diagnosed behavioral health conditions such as depression, anxiety, ADHD, Autism Spectrum Disorder).
6. Number of consultations (teleconsultation or in-person) and referrals provided to providers by the pediatric mental health team.
7. Number of consultations (teleconsultations or in-person) and referrals provided by each discipline type (e.g., psychiatrist, counselor, care coordinator) of the pediatric mental health team.
8. Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team for consultation (teleconsultation or in-person) or referral during the reporting period.
9. Percentage of children and adolescents, 0–21 years of age, for whom providers contacted the pediatric mental health team for consultation (teleconsultation or in-person) or referral during the reporting period, from rural and underserved counties.
10. Number of children or adolescents, ages 0-21 years of age, served through teleconsultation, who were recommended treatment by the participating provider, were recommended referral to behavioral health or support services, or were recommended both treatment by the participating provider and referral to behavioral health or support services.
11. Number of children and adolescents, 0–21 years of age, for whom a provider contacted the pediatric mental health team, who received at least one screening for a behavioral health condition using a standardized validated tool.

Scope of Work

The Alaska Department of Health, Division of Public Health, Section of Women’s, Children’s, and Family Health is seeking qualified parties capable and interested in improving pediatric mental health access across Alaska. The purpose of this program is to promote behavioral health integration into pediatric primary care by supporting

statewide pediatric mental health care tele-consult access and access to children's behavioral health services for schools and rural and under-resourced communities in Alaska. Services will be offered by a pediatric mental health care team that includes a care coordinator, a licensed psychologist, counselor, or social worker, and at least one licensed pediatric psychiatrist. Together they will provide tele-consultation, training, technical assistance, and care coordination support for pediatric primary care providers (PCPs) and non-prescribing healthcare providers, and school counselors and nurses across the state. The focus will be to diagnose, treat, support, and refer children with behavioral health conditions to additional resources.

Goals:

1. Increase availability and accessibility of a statewide network of pediatric mental health teams composed of child and adolescent psychiatrists, school psychologists, and Alaska based care coordinators through telehealth consultation to pediatric primary care practitioners caring for children and adolescents with behavioral health needs and other healthcare professionals seeking resources.
2. Provide information to pediatric primary care providers about, and assist them in accessing, pediatric mental health care providers, with the overarching goal of providing timely detection, assessment, treatment and referral of children and adolescents with behavioral health disorders through telehealth, using evidence-based practices and methods such as web-based education and training sessions.
3. Improve access through telehealth to treatment and referral services for children and adolescents with identified behavioral health disorders, especially those living in rural and other under-resourced areas.
4. Provide a mental health care guide that is culturally relevant for Alaska for use by pediatric primary care and other healthcare providers.
5. Conduct trainings and provide technical assistance to pediatric primary care providers and other non-prescribing healthcare professionals to enable them to conduct early identification, diagnosis, and treatment for children with behavioral health conditions.
6. Psychiatry consultant services are available to take phone calls during Alaska business hours, Monday through Friday 8am to 5pm.
7. Consult call information and clinical care advice will be recorded in a HIPAA compliant program database to help with data collection and for quality review and consistency of care provided. A summary of the written follow-up notes and faxed to the pediatric primary care provider the next business day.
8. Training will be provided to school wide personnel on mental health topics and clinical trainings for school clinicians.
9. Consultation with the school psychologist will be available to school counselors and school nurses.
10. Data collection, reporting, evaluation as required by the HRSA grant and the Division of Public Health.

Outcomes:

1. Increase the number of primary care providers with tools for assessing behavioral health needs in children and youth. Currently 20% of prescribing pediatric providers have used the current teleconsultation line for help.
2. Teleconsultation services are available to pediatric primary care providers in rural and under-resourced areas of Alaska.
3. The pediatric mental health team offers community support to rural and under-resourced communities across Alaska to expand and strengthen existing pediatric mental health systems.
4. School nurses and counselors have tools to support the mental health needs of students.
5. Increase healthcare provider awareness of mental health resources both in local communities and across the state.
6. Integrate the work of the pediatric mental health access line with wider efforts across the state as part of the continuum of care for children and youth in need of mental health care.

Budget:

This contract will be for 3 years and offers between \$500,000 and \$700,000 per year. The exact amount available will be determined based on the funding amount awarded to the State.

Deliverables:

1. A standardized mental health care guide is available for pediatric primary care and other healthcare providers. This guide offers culturally relevant material developed in conjunction with an Alaska Native tribal health entity and an agency or group who work with other ethnic groups living in Alaska, including immigrant and refugee populations. This deliverable may require a subcontract.
2. An Alaska-based care coordinator is available to assist the pediatric primary care provider obtain treatments and support services for the patient as recommended by the psychiatrist consultant, as available in the patient's location, including for patients living in rural locations, and for additional telehealth options.
3. Performance improvement will occur through feedback provided by the pediatric primary care provider after each consult.
4. A plan will be available outlining how outreach for the consultation line and promotional and educational activities will be offered.
5. An up-to-date statewide centralized intake and referral service (CIRS) for Alaska will be used when working with primary care providers and other healthcare providers in need of mental health and other health related social needs resources for the patient and family.
6. Conferences and trainings will be offered addressing the needs of pediatric primary care and other healthcare providers working with pediatric patients needing mental health care in Alaska. Information provided will be evidence-based and through a variety of mediums including in person trainings and webinars.
7. Collaboration with the Department of Health, Division of Public Health will occur through attendance in advisory committee and other grant meetings and through reports submitted for ongoing planning and quality assurance, as needed.
8. Continually identify opportunities for community-based partnerships that will expand on the work of this project and the network to maximize reach and effectiveness.
9. Data collection will include but not limited to information about who, where, when, and for what reason the Pediatric Mental Health Access line was accessed. This data will continually help determine areas to target for outreach and education topics for provider trainings.

Questions:

In response to this RFI, please address the following questions:

- Please describe years and type of experience offering pediatric mental health consultations via teleconsultation in Alaska. Describe the successes and challenges of your previous endeavors.
- Please describe your experience and knowledge of Alaska of the unique challenges and opportunities that exist across the state when offering mental health services to pediatric providers, especially in rural and under-resourced areas.
- Please describe how you will form a pediatric mental health team and the professions you will include.
- Please describe how you will coordinate and collaborate with Alaska Tribal Health.
- How do you ensure outreach, education, and tele-consultation are equitable and trauma-informed given Alaska's diverse cultures and expansive geography?
- Please describe how you would sustain a project like this after grant funding ends.
- Please describe the timeframe needed to develop and offer the tele-consultation services and resources.
- Please describe how you will collaborate with the Department of Health and other stakeholders.

- Submit a budget outlining costs for services detailing personnel FTEs, travel, outreach, and publication materials.

Response Information:

Interested firms must indicate their interest by submitting an electronic response (.pdf format is preferable) with the following information:

- Firm Name;
- Individual authorized to sign contracts;
- Mailing address;
- Phone number;
- Email address;
- Address how applicant meets or exceeds the experience requirements;
- Confirmation that the firm can provide the project deliverables within the budget and timeline provided

Submit an electronic response no later than 1400 AKST on May 22, 2023, to the attention of:

Matt Meienberg
Procurement Specialist
(907) 465-5293
E-mail: matt.meienberg@alaska.gov

BIDDERS/OFFERORS WITH DISABILITIES: The State of Alaska complies with Title II of the Americans with Disabilities Act of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to submit a Letter of Interest should contact the Procurement Officer named above, no later than February 5, 2023.

Important Notice:

This RFI does not extend any rights to prospective vendors or obligate the state to conduct a solicitation or purchase any goods or services. Nor will the State be financially responsible for any costs associated with the preparation of any response for the requested information. This RFI is issued for the sole purpose of obtaining information as described in this notice. However, the information obtained from this request may be used to prepare a purchase, contract, or solicitation in the future.
