



March 6, 2019

The Honorable Ivy Spohnholz
State Representative
Co-Chair, House H&SS Committee
Alaska State Legislature
State Capitol Room 421
Juneau, AK 99801

The Honorable Tiffany Zulkosky
State Representative
Co-Chair, House H&SS Committee
Alaska State Legislature
State Capitol Room 416
Juneau, AK 99801

Dear Representatives Spohnholz and Zulkosky:

Re: Ltr to Providence from Rep. Zulkosky and Rep. Spohnholz

Providence Health & Services has a long history of serving Alaska, and set the standard for modern health care in the state. Today, Providence is the state's leading health care and behavioral health provider and its largest private employer with nearly 5,000 caregivers across the state.

In 2002 Providence Alaska Medical Center opened the state's only Psychiatric Emergency Department. The department is designed to serve the community as a single-point-of-entry for urgent psychiatric services, supporting Alaska Psychiatric Institute (API) by avoiding hospitalizations and providing evaluation and treatment for those experiencing a mental health crisis.

As API has been able to admit and treat fewer Alaskans, the length of stay for patients awaiting transfer to API has significantly increased. In 2015, 294 patients waited at Providence for longer than 24 hours. In 2018 that number grew to 639 patients; one person waited 333 hours. These patients are not being treated in appropriate care settings, thereby placing both them and their clinical caregivers at greater risk. This situation is not unique, as our colleagues across the state are struggling with growing demand for behavioral health services and ongoing bed closures at API.

This is not a crisis born overnight. Gov. Walker and Commissioner Davidson deserve recognition for addressing the need for a culture shift at API. We also appreciate Gov. Dunleavy, Commissioner Crum, and Deputy Commissioner Wall for their efforts to quickly address the serious safety concerns for patients and caregivers at API and to stabilize conditions and the delivery of care at the facility. The community will also benefit from open conversations about API's long-term operations.

To answer your questions about Providence's behavioral health experience:

- 1. Has Providence Alaska ever offered to take over management of API?**
- 2. If so, when were the offers made and to whom?**

Conversations about the best use and operations of API have been ongoing for many years, and Providence has long been transparent about a potential partnership and/or agreement with the state. Providence was engaged in the feasibility report issued in 2017 and has served on numerous task forces and committees in an attempt to chart the best path forward. Recent meetings with administration personnel that specifically included the management of API:

- Bruce Lamoureux, previous CEO of Providence Health & Services Alaska, met with Commissioner Davidson on May 31, 2016, to inform her that Providence would have an interest in operating API. At the time, DHSS was working on the privatization feasibility study and Lamoureux shared the interest in anticipation of the report findings, and a corresponding Request for Proposal. DHSS chose not to privatize API and no RFP was issued.
- On Sept. 6, 2018, Emily Ford, our advocacy manager, and I met with Commissioner Davidson and expressed Providence's interest in partnering on the long-term operations of API.
- After a missed message from the day prior, I spoke with Deputy Commissioner Wall on Feb. 1. The deputy commissioner was calling hospital and facility CEOs about the critical concerns regarding safety at API and the threat of losing CMS certification. I offered Providence's help to the administration and to Deputy Commissioner Wall in any way possible. As part of this conversation, I connected him with Arpan Waghray, MD, chief medical officer for the Providence St. Joseph Health Well Being Trust.
- Later that day, Waghray and Deputy Commissioner Wall discussed the current crisis at API, the potential loss of CMS certification and how Providence could potentially assist the state with the long-term operations of the facility. The deputy commissioner stressed the urgent need for immediate stabilization, but indicated a willingness to partner on acute, civil commitment and post-acute care to engage Providence and others in creating a long-term strategy for API.
- On Feb. 14, 2019, I met with Commissioner Crum to discuss the state's behavioral health network, Providence's delivery of behavioral health services, and the future of API. I was not yet aware of the full contract with Wellpath, but did share with the commissioner that I understood the need to bring in a firm like Wellpath on an emergent basis to address safety and certification issues facing API. I reiterated our offer to provide the resources of Providence in partnership with the state and community partners to develop a long-term solution for API and that we wanted to be considered for any RFPs for the ongoing management of the facility when that opportunity became available. I also discussed similar facility-management and operating agreements between Providence and the communities of Seward, Kodiak, and Valdez.
- On Feb. 14, 2019, Laurie Herman, Providence Alaska consultant and lobbyist, and I met with Gov. Dunleavy and reiterated Providence's willingness to partner with the state on the operations of API.

3. What experience does Providence health system have in administering behavioral health institutions?

Providence is the largest and most comprehensive provider of behavioral health services in Alaska including outpatient, sub-acute, inpatient and residential treatment, primarily on a voluntary basis. We continue to work to integrate behavioral health in primary care settings, and to provide comprehensive and compassionate care to children who have experienced trauma from abuse at AlaskaCares. Our services include:

Outpatient

- **Breakthrough:** Chemical dependency treatment for patients 18-years-old and older. Provides partial hospitalization and intensive outpatient education and support services for those with chemical dependencies and their families.
- **Providence Medical Group Behavioral Health:** Outpatient psychiatric care serving all ages, providing medication management, psychiatric assessment, neuropsychological/psychological testing, and group, individual, and family therapy.
- **Psychiatric Emergency Department:** Psychiatric assessments, 24-hour psychiatric observation, and referrals for all ages in an emergency or crisis. Operating a 24-hour crisis line. Seven patient beds.

Sub-Acute

- **Directions- (Crisis Recovery Center):** Adolescent sub-acute voluntary psychiatric treatment, serving patients age 12 to 17. Residential short-term treatment, providing an alternative to inpatient hospitalization for emotional and behavioral issues and early intervention for adolescents through individual, group and family therapy. Average length of stay is 15 to 30 days. Eight patient beds.
- **Compass- (Crisis Recovery Center):** Adult sub-acute voluntary psychiatric treatment for patients age 18 and older. Stabilizes psychiatric symptoms and improves coping skills to effectively manage psychiatric symptoms and prevent frequent hospitalization. Average length of stay is three to seven days. Eight patient beds.

Inpatient

- **Adult Mental Health Unit:** Adult voluntary inpatient program serving patients age 18 and older by providing crisis stabilization, treatment programs, therapy, discharge planners, medication management, individual and group therapy. Average length of stay is five to seven days. Twelve patient beds.
- **Discovery: Adolescent Mental Health Unit:** Acute voluntary inpatient program for adolescents age 13 to 18. Provides intensive crisis intervention, stabilization, and behavioral health treatment. Average length of stay is 10 to 14 days. Fifteen patient beds.

Residential

- **Adolescent Residential Treatment:** Long-term psychiatric residential treatment serving girls age 12 to 18 who have been hospitalized and are unable to maintain safety in the outpatient setting. Provides individual and family therapy and academic services. Average length of stay is one-year. Ten patient beds.

4. What successes has Providence had in operating behavioral health care options in Alaska and in other states?

In addition to our strong behavioral health foundation in Alaska, we are part of the larger Providence St. Joseph Health system that serves seven states. We also created the Providence St. Joseph Well Being Trust to identify and advance innovative solutions in mental health.

Across our system, we are leading the way by integrating behavioral health into primary care settings, creating additional screening and assessment tools for caregivers, resources for patient and

family education and expanding treatment opportunities. We are creating a framework where the expertise in each of our regions informs best practices, sets standardization and continues to raise the bar as a leader in the delivery of behavioral health care.

Our services continually expand to meet community need, including behavioral health treatment in response to the opioid epidemic, increasing depression and anxiety in teens, and growing resources to treat and identify post-partum depression in new moms. As part of our Health 2.0 initiative we have expanded tele-psychiatry services to 21 hospitals and emergency rooms across the West Coast.

In addition to the Alaska programs above, Providence St. Joseph Health successfully operates voluntary and involuntary inpatient mental health units, including 11 psychiatric units, providing services ranging from pediatric to geriatric care. We have experience collaborating with state governments to provide behavioral health services.

Providence Health & Services Alaska currently has operating agreements with the communities of Seward, Kodiak, and Valdez to provide management and operations of Providence Seward Medical Center, Providence Kodiak Island Medical Center and Providence Valdez Medical Center, respectively.

**5. Would Providence Alaska currently be interested in managing the Alaska Psychiatric Institute?
If so, under what terms would you prefer?**

Yes, Providence would like to be included in the discussions about long-term operations of API and to be offered an opportunity to present a proposal. A stable, safe and healing environment at API is the primary concern for us all. Providence has a long history in Alaska and a steadfast commitment to provide care to all Alaskans. Caring for the poor and vulnerable is at the core of who we are and will never change. API has serious and immediate challenges that require attention and a need for a consistent long-term vision in order to be successful. Outlining a specific proposal in this letter, separate from any discussion about this long-term vision, is not possible. However we will continue to stand by the state, offer to partner with the state and others in solutions to support API, its caregivers, and Alaskans in crisis, in any way that we can, and extend this offer to Wellpath as well as they look toward the future.

Sincerely,



Preston M. Simmons, DSc., MHA, FACHE
Chief Executive, Alaska
Providence St. Joseph Health