BLOOM WORKS

Discovery Sprint: Complex Hospital Discharge

DRAFT

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Agenda

- What we've done
- What we've learned
  - Process pain points
  - Systemic barriers
- Recommendations

What we've done

Defining our scope

- Washington Thriving is a collaborative statewide effort to develop a strategic plan for equitable behavioral health for children, youth, young adults from before they are born through age 25, and their families and caregivers.
- As part of this strategic planning effort, Bloom Works conducted a discovery sprint looking into the challenges facing youth with complex behavioral health needs in Washington state, specifically focused on the experiences of youth and their caregivers who repeatedly navigate hospital emergency departments for behavioral health-related crises.

How might we better support youth / young adults with complex behavioral health needs and their caregivers after a behavioral health-related hospital discharge?

What we've done: Who we talked to

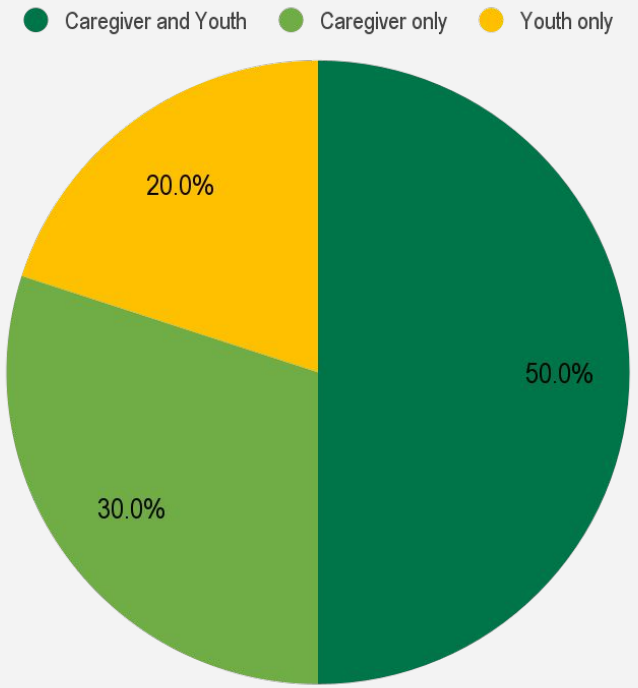
Youth and Caregivers

15 Participants

8 Caregivers

7 Youth

Conversation breakdown



Demographics of youth represented

ASD/IDD and aggressive behavior
50% of youth

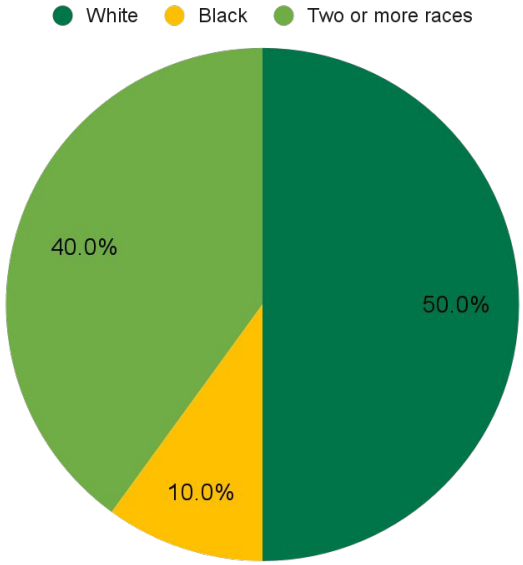
Substance Use Disorder
30% of youth

Suicidal Ideation
40% of youth

Property Destruction
30% of youth

Psychosis
30% of youth

Non-verbal or Minimally verbal
30% of youth



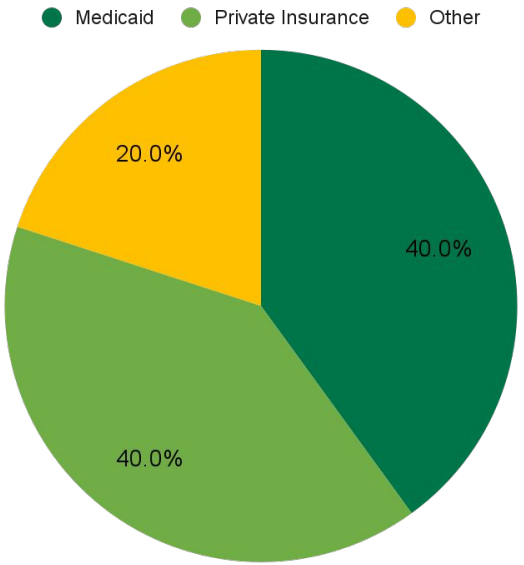
The youth represented in our conversations were ages 14-18+

Demographics of caregivers represented

Single caregivers
50%

White caregivers
70%

Mixed race caregivers
20%



What we've done: Who we talked to

Providers

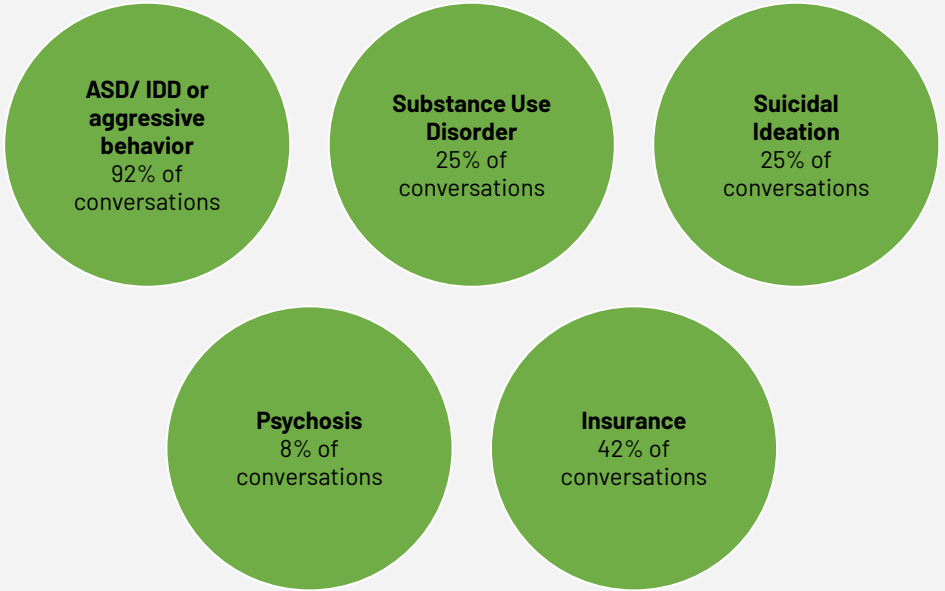
20 Participants

11 System Partners

6 Agency Representatives

3 Behavioral Health Providers

Conditions Mentioned



What we've learned:

Process pain points

Identified by youth and caregivers, supplemental perspective from system partners, agency representatives, and behavioral health providers

Pain points: Youth, caregiver, and provider perspective

1. Youth with complex behavioral health needs have limited access to care that meet their and their caregivers' holistic needs

- Due to the need to travel long distances, in-crisis transportation to care can be dangerous and traumatic.
- Emergency departments are mostly set up for acute crisis stabilization, not long-term support. There is a lack of services that youth can otherwise go to during and prior to a crisis.
- Caregivers have no or limited options for non-crisis respite.

2. Washington state emergency departments are not always designed to support behavioral health crises.

- A crisis is a snapshot in time and does not provide emergency department staff with a clear picture of the issue or what long-term supports are needed.
- Mental and behavioral health is not treated as seriously as physical health.
- Hospital staff can be significantly injured when treating youth they aren't equipped to serve.
- Hospital environments are inherently traumatizing to youth and may exacerbate behavioral health challenges and behaviors.

3. Youth and caregivers often do not feel ready for or have support to navigate services after discharge

- There is a strong desire for a clear action plan at discharge that outlines each step in the continuum of care.
- Youth need support systems, especially when transitioning from "no/low demand" treatment centers to home and school.
- Services aren't designed around holistic youth and family needs and often have variable quality.
- Piecemeal services create navigation and access challenges for both caregivers and providers.

What we've learned: Process map

This process map represents the major pain points that surfaced for youth and caregivers across their journey from initial behavioral health crisis to post-discharge care.

This map is **not comprehensive of all pain points experienced.** It is meant to illustrate the pain points with the most saturation across the audiences we spoke to for this research.

Key:

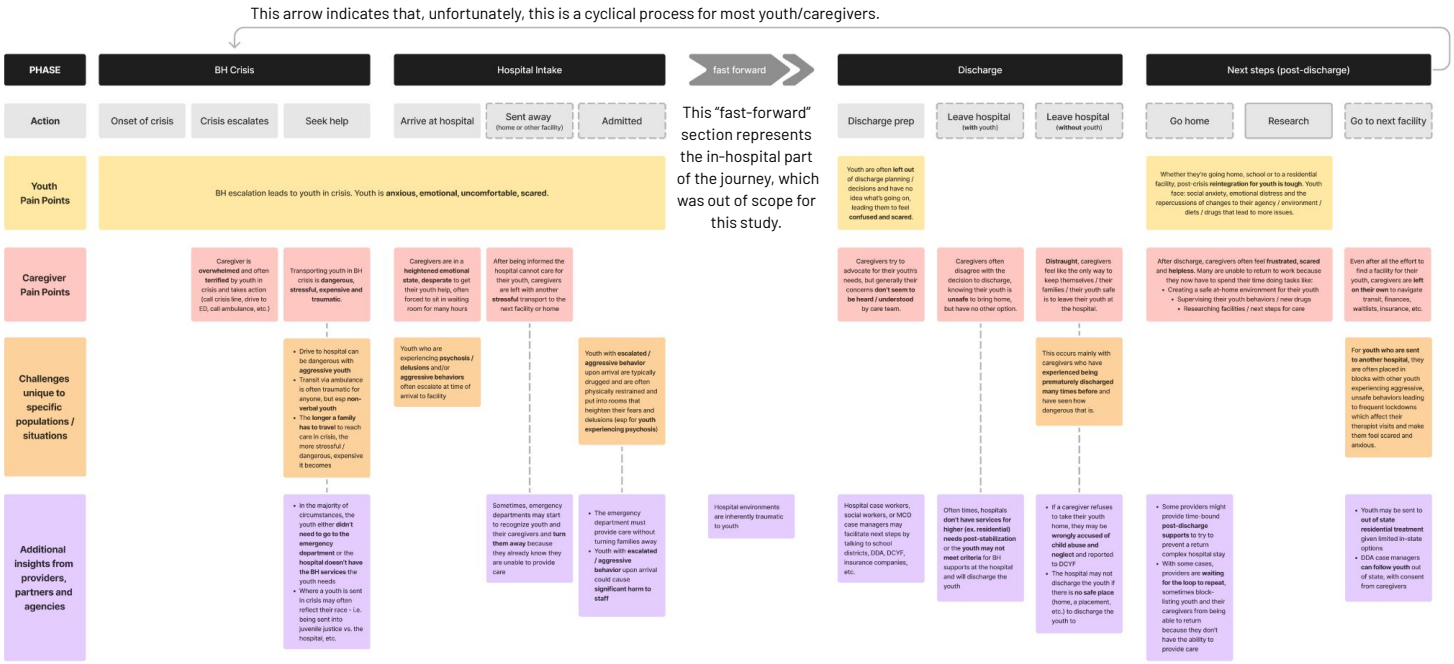
Grey: Steps of the journey (dotted lines indicate steps that happen for some, but not all)

Yellow: Youth pain points

Red: Caregiver pain points

Orange: Challenges unique to specific populations

Purple: Additional perspective from providers, partners and agencies



This "fast-forward" section represents the in-hospital part of the journey, which was out of scope for this study.

Visit this link to download and view a higher resolution version of this image: Process Map.

What we've learned:

Systemic barriers

System needs identified by all perspectives (youth, caregivers, system partners, agency representatives, and behavioral health providers)

Systemic barriers

1. Behavioral health cuts across many different systems, expertise, and needs

Given the complexity and interrelated needs of behavioral health, coordinated provider collaboration and/or a holistic assessment of needs is essential to successfully support youth and their caregivers.

2. Fragmented entry points and services lead to fragmented support

Varied funding sources, agency responsibilities, and needs assessments result in piecemeal, siloed support that fails to comprehensively address all of a youth's needs.

3. The care youth and caregivers receive reflects system constraints, rather than youth and caregiver needs

Decisions on discharge, services, and treatment often reflect funding, insurance coverage, availability of beds, the entry point, etc., rather than need. This often leads to unmet needs and/or youth "recycling" through services.

4. Lack of services within the continuum of care

While care coordination is a critical support, all perspectives emphasized that without services at all levels of care that youth and their caregivers can access, coordination isn't enough to meet the need.

5. Lack of cohesion and coordination of efforts leads to frustration and mistrust for all perspectives

While there are many efforts to address systemic needs and provide care, the lack of cohesion across and visibility to all stakeholders leaves many duplicating work or missing opportunities for support.

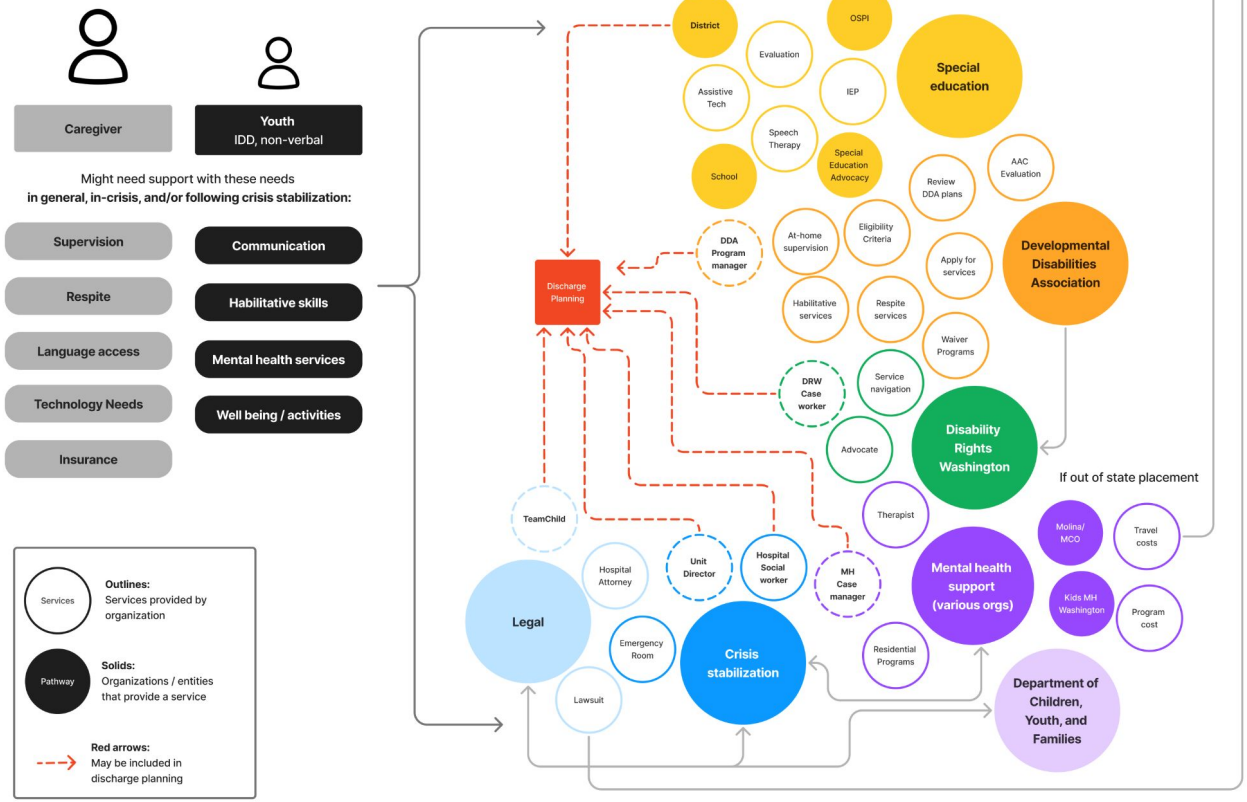
What we've learned: Navigating Systems Map

This systems map represents an example of the range of services a youth and caregiver may need in general, in crisis, and/or following crisis stabilization.

This diagram is **not comprehensive of relevant services or organizations**.It intends to demonstrate the variety of paths through which youth and caregivers may need to navigate to have their needs assessed, be offered services, receive care coordination, and/or receive services.

This diagram aims to highlight the range of perspectives and organizations that may be needed as part of discharge planning, or other assessments of needs, to help youth and families access "holistic" care that reflects their needs.

The demonstrated complexity reflects existing fragmentation in funding and agency responsibility; **it does not represent the desired experience of stakeholders.**



Visit this link to download and view a higher resolution version of this image: Navigating Systems Map.

Recommendations

Approach to Recommendations

These recommendations are framed to address three primary findings that are essential to developing a strategic roadmap, informed by need:

1. Existing **needs assessments currently reflect the perspective and role of the provider**, not the holistic needs of youth and caregivers. As a result, there isn't currently an accurate understanding of the holistic needs essential for youth and families to be successful with behavioral health.
2. The **lack of services at all levels of care** leaves emergency departments and residential treatment as the solution that families often seek and request. As a result, there isn't currently an accurate understanding of which services or interventions are actually needed or impactful.
3. The previous findings, paired with the **lack of cohesive data and documentation of services**, prevents a comprehensive understanding of need, scale, and the impact of interventions. As a result, there isn't currently an accurate and comprehensive understanding of the need, scale, and impact of interventions to inform a strategic roadmap.

Recommendations Overview

- **Recommendation #1: Increase opportunities to assess and serve holistic needs for improved behavioral health care**
  - 1.1: Understand holistic needs consistently across entry points
  - 1.2: Offer comprehensive discharge planning and post-discharge supports for successful reintegration to community

- **Recommendation #2: Build out the continuum of care at all levels of intervention to inform a longer-term roadmap**
  - 2.1: Expand and enhance mobile/local crisis stabilization and treatment offerings
  - 2.2: Increase in-home services and options for ongoing non-crisis supports
  - 2.3: Create step up/step down options: partial, short-term, and intensive outpatient
  - 2.4: Expand in-state residential treatment and/or therapeutic schools
  - 2.5: Ensure unique needs and populations are designed for within all levels of the continuum of care

- **Recommendation #3: Develop a cohesive, strategic approach informed by data collection**
  - 3.1: Align efforts and available data to focus on populations with unique needs and significant system impact
  - 3.2: Strengthen mechanisms for quality management across programs and services

Recommendation #1:

Increase opportunities to assess and serve holistic needs for improved behavioral health care

Opportunity 1.1: Understand holistic needs consistently across entry points

- **Finding 1.1A:** Providers typically assess immediate needs in a crisis, rather than considering ongoing needs
- **Finding 1.1B:** Assessing holistic needs that influence behavioral health, such as academic and habilitative needs, is critical to early interventions and ongoing support
- **Finding 1.1C:** Needs assessments should consider any additional barriers that may limit youth and caregivers' ability to access services, such as technology and language

Opportunity 1.2: Offer comprehensive discharge planning and post-discharge supports for successful reintegration to community

- **Finding 1.2A:** Discharge decisions and planning processes can be abrupt and leave youth, their caregivers, and providers feeling unprepared for discharge
- **Finding 1.2B:** Caregivers, schools, and other community supports need to be part of a youth's plan to reintegrate
- **Finding 1.2C:** Post-discharge, caregivers are often left on their own to conduct significant research, reach out to providers, and coordinate access to services
- **Finding 1.2D:** Caregivers need resources and support to take care of themselves so that they can best support their youth and caregiver after discharge

Recommendation #2:

Build out the continuum of care at all levels of intervention to inform a longer-term roadmap

Opportunity 2.1: Expand and enhance mobile/local crisis stabilization and treatment offerings

- **Finding 2.1A:** Traveling to services during crisis and emergency department settings can exacerbate crises
- **Finding 2.1B:** Mobile/local crisis teams may benefit from training and resources for ongoing stabilization and treatment rather than just crisis stabilization

Opportunity 2.2: Increase in-home services and options for ongoing non-crisis supports

- **Finding 2.2A:** In-home supervision is needed post-discharge and on an ongoing basis to support youth and caregivers with modified school schedules, maintaining employment, etc.
- **Finding 2.2B:** Respite centers are critical to supporting all caregivers, but may be particularly valuable for single caregivers
- **Finding 2.2C:** Youth and caregivers need access to non-crisis interventions to build skills over time

Opportunity 2.3: Create step up/step down options: partial, short-term, and intensive outpatient

- **Finding 2.3A:** Interim supports are needed to help youth and caregivers be successful as youth transition from no/low demand contexts to the higher demands of home, school, and community
- **Finding 2.3B:** The lack of step up/step down options may exacerbate the need for "boarding" in hospitals, residential placements, or "recycling" through services

Opportunity 2.4: Expand in-state residential treatment and/or therapeutic schools

- **Finding 2.4A:** In absence of residential programs, emergency departments are serving as the path to safety and stability which is detrimental to youth, caregivers, and providers
- **Finding 2.4B:** The lack of residential or therapeutic schools for youth with autism spectrum disorder, intellectual or developmental disabilities, or who are non-verbal, leads to many caregivers seeking out-of-state placements
- **Finding 2.4C:** Out-of-state treatments introduce many logistical challenges and barriers to long-term stability

Opportunity 2.5: Ensure unique needs and populations are designed for within all levels of the continuum of care

- **Finding 2.5A:** Providers shared that there are key populations that don't have sufficient support at different levels of care to meet their unique needs, particularly for neurodivergent youth
- **Finding 2.5B:** There is a need for culturally-responsive supports

Recommendation #3:

Develop a cohesive, strategic approach informed by data collection

Opportunity 3.1: Align efforts and available data to focus on populations with unique needs and significant system impact

- **Finding 3.1A:** The providers we talked to often highlighted the impact of the current lack of cohesion across existing efforts
- **Finding 3.1B:** Specific populations have unique needs that should be designed for and prioritized given their impact on the system

Opportunity 3.2: Strengthen mechanisms for quality management across programs and services

- **Finding 3.2A:** Care for complex behavioral health patients is not standardized across the state, including hospital staff training
- **Finding 3.2B:** Mental and behavioral health receive less state care and attention than physical health
- **Finding 3.2C:** Services are differently available based on insurance type

Suggested next steps

Given the current state outlined in our Recommendations and the urgent need to improve supports for complex hospital discharge, any next steps toward the recommendations should address:

- The **lack of an accurate understanding of the holistic needs** of youth and families
- The **lack of data and documentation on existing needs, services, and funding**
- The need to **repair trust with youth, caregivers, and stakeholders**

We recommend the following approach in order to repair trust and demonstrate progress with impacted youth, caregivers, and stakeholders: **Within the next year, if staffing and funding permits, Washington Thriving should collaborate with relevant stakeholders to:**

1. Determine 1-3 high priority or high impact needs to assess and/or address
2. Identify opportunities with existing programs and services to collect meaningful data on need, services, and funding in order to better assess need and inform the longer-term roadmap
3. Create useful and usable documentation on existing programs as part of this effort to inform future work
4. Proactively and publicly demonstrate a roadmap and proposed next steps

Topics for future research:

1. Better understand when, how, and why youth become dependents of the Washington Department of Children, Youth, and Families (DCYF) in these behavioral health crisis cases and how to best ensure youth and their caregivers access support through DCYF.

2. Better understand how school districts, special education, the Developmental Disabilities Administration (DDA), and other relevant stakeholders can support youth and their caregivers in accessing therapeutic schools (particularly for youth who have intellectual and developmental disabilities and/or are non-verbal).

3. Explore upstream interventions for intellectual and developmental disabilities through special education that may support behavioral health.

Thanks!