Note to the reader

Bloom Works used this deck during a discussion of draft recommendations with the Washington Thriving co-chairs on October 15, 2024.

While this is document captures draft recommendations at a high level, the final report presents the complete set of findings and recommendations and is the 'source of truth' for the project's results.

Meet the team

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(she / they)
User Researcher

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(she / her)
User Researcher

Today

Goals

- Discuss sprint recommendations

- Get feedback to fold into final deliverables
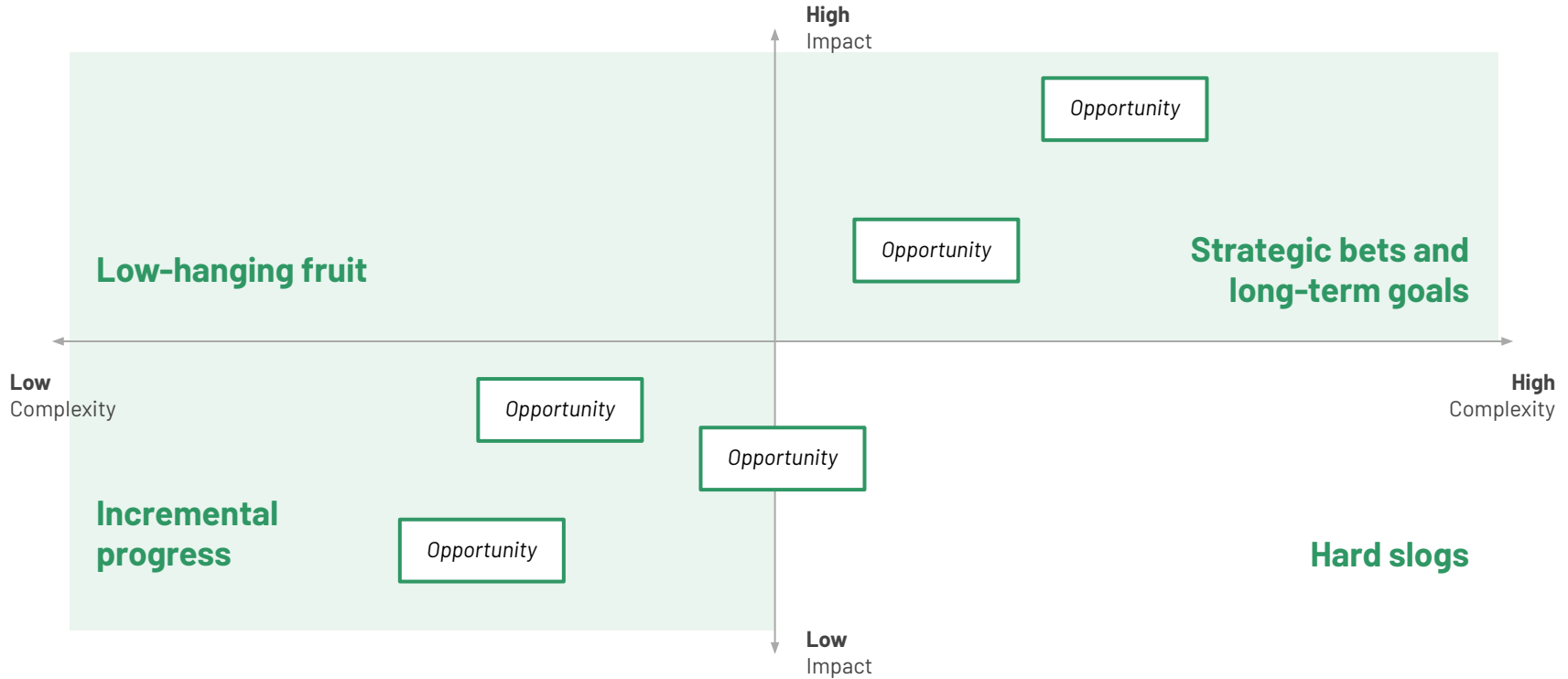(delivery by Mon, Oct 21)

Agenda

- Research overview

- Recommendations

- Conclusion

- Discussion

Discussion questions

1. What recommendations do you want to discuss further?

2. What recommendations are high priority for Washington Thriving to promote?

3. What does Washington Thriving need from these recommendations (in final form) to move them forward?

Comparing opportunities on an impact matrix

High
Impact

Opportunity

Opportunity

Low-hanging fruit

Strategic bets and long-term goals

Low
Complexity

High
Complexity

Opportunity

Opportunity

Incremental progress

Opportunity

Hard slogs

Low
Impact

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Research overview

How can the State of Washington improve the experience for youth and young adults with complex behavioral health needs by creating a more integrated approach that addresses service gaps and is designed with their direct input to meet their needs?

8 Transition-Age Youth (referred to as TAY)

4 Family, community of TAY

10 Providers / Subject matter experts

Organizations engaged*:
- The Bridge
- Enigma ASD Services
- The Polytech
- Lutheran Community Services
- Sunflower Mental Health
- UW Spirit Lab
- Clark County Juvenile Court
- Department of Children, Youth and Families
- Department of Commerce, Office of Homeless Youth
- Department of Health

* includes interviews during initial scoping phase

Complex behavioral and physical health*

Behavioral health

- Depression, Anxiety
- Developmental disorder (e.g., ASD, ADHD, learning disability)
- Dissociative Identity Disorder (DID)
- Neurodivergence
- Serious mental illness (e.g., psychosis)
- Substance use

Physical health

- Physical disability
- Medical conditions

not a comprehensive list

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Life experiences*

Access to Resources

- Housing
- Food
- Material goods (e.g., clothing, furniture)
- Transportation
- Education
- Employment
- Pet care
- Child care
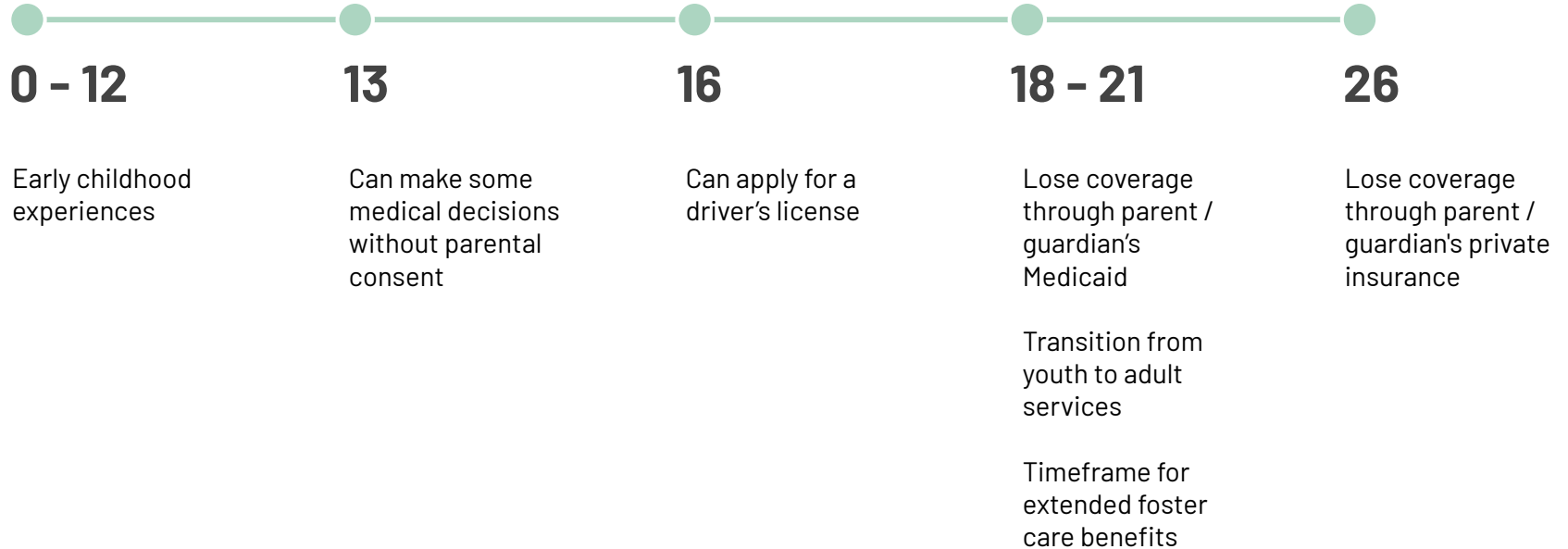- Internet / Technology

Access to Support

- Access to a trust adult (parent, guardian, friend)
- Insurance / payment (e.g., Medicaid, private insurance, paying out of pocket)

Scenarios

- CPS / Foster Care / Family separation
- Gang involvement
- Legal system involvement
- Abuse
- Racism / Sexism / Ableism / Phobias
- Bullying
- Persecution
- Trauma
- Stigma / bias
- Loss of a loved one
- High-risk behaviors (e.g., drug use, gambling, sexual behavior)
- Pregnant and parenting
- Recently immigrated (documented / undocumented)

not a comprehensive list

Major TAY milestones

0 – 12

Early childhood experiences

13

Can make some medical decisions without parental consent

16

Can apply for a driver's license

18 – 21

Lose coverage through parent / guardian's Medicaid

Transition from youth to adult services

Timeframe for extended foster care benefits

26

Lose coverage through parent / guardian's private insurance

Charlie (TAY) and Sarah (Parent)'s journey

1 **Ages 0 - 9**

Charlies receives first diagnosis: language-based disability

2 **Age 14**

Early adolescence: Diagnosed with tic disorder, experiencing high anxiety

3 **Age 15**

Diagnosed with Autism Spectrum Disorder

4 **Ages 16 - 17**

Makes a suicide attempt and is admitted to the hospital

5 **Ages 18 – 25**

Ages out of youth-serving treatment, attempts college, depression and anxiety worsens

People illustrations by Storyset

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Recommendations

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Recommendations

1. **Support care navigation**: Help TAY and their support networks understand needs, navigate services, and coordinate care

2. **Expand and create TAY-centered services**: Provide TAY-centered services at the appropriate level, across the continuum of care

3. **Increase provider support**: Enable providers to work with TAY effectively and at the level that is needed

Help TAY and their support networks understand needs, navigate services, and coordinate care

Findings

- The systems TAY must navigate **often assume strong executive and physical functioning**, which can **create barriers** to access and engagement.

- A **diagnosis can be life-changing**, but not everyone gets one, or they may not get it when they need it most.

- Transition-age youth often thrive in programs and services where they **feel accepted and understood**.

- TAY are **more likely to succeed when they have natural supports or a trusted adult** in their lives, but not everyone has access to such resources. In the absence of these supports, direct service providers frequently step in to fill the gap.

Possible opportunities

1.1. Expand peer support: Increase access to peer support for TAY as part of BH services and Community-Based Organizations

1.2. Guidance for providers: Share guidance for providers on working with TAY (e.g., rights, confidentiality, etc.)

1.3. Marketing addressing stigma: Campaigns targeting TAY to normalize BH challenges and direct to resources

1.4. Guidance for people in support roles: Including families, parents, guardians. Publish resources on navigating BH needs (BH360 as an opportunity?).

1.5. Resource lines: Evaluate Teen Link to learn what's needed to improve and/or scale. Explore expansion of resource line to people in support roles.

Balancing quick wins and long-term goals

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High Impact

1.1. Expand Peer support

1.2. Guidance for providers

1.4. Guidance for people in support roles

1.3. Marketing addressing stigma

Low Complexity

High Complexity

1.5. Resource lines

Low Impact
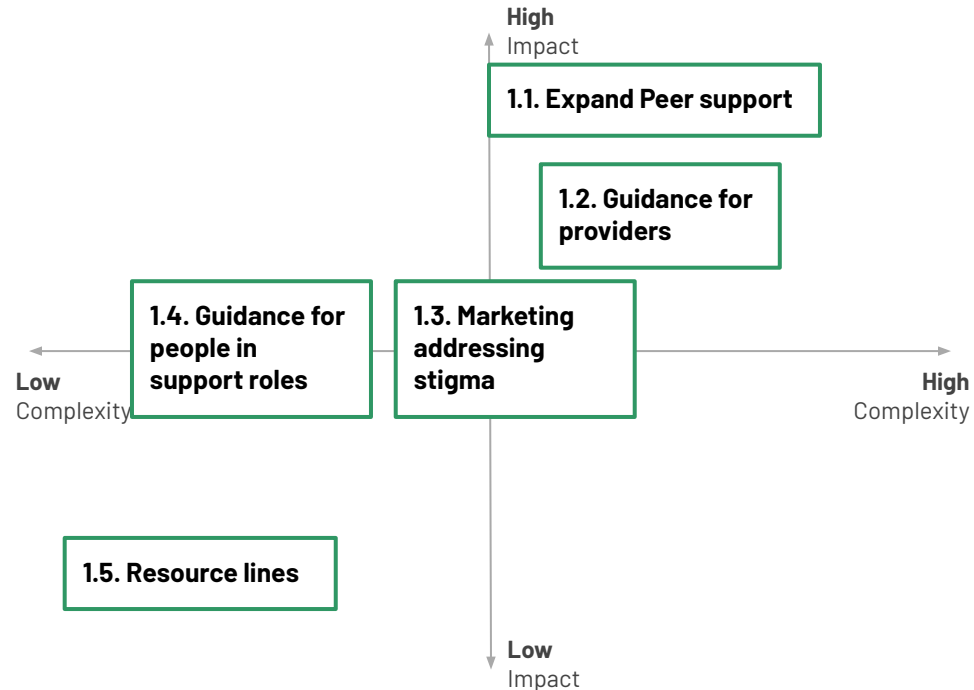
Questions to consider in planning action

- What funding and programs currently exist for TAY peer support?

- What partnerships are necessary to effectively share guidance with providers and ensure it is implemented (e.g., MCOs, associations, insurance, etc.)?

- How are resource lines like like Teen Link or other outreach/marketing efforts evaluated? How are they working and not working for TAY?

Provide TAY-centered services at the appropriate level, across the continuum of care

Findings

- Due to high demand and limited resources, many **services prioritize treatment over prevention**, missing chances for early intervention and often causing harm.

- There are **more care options for people with high-intensity needs than for those with middle to lower-intensity needs**, creating a counterproductive incentive for health conditions to worsen before getting treatment.

- **Gaps in services create breaks in care** for transition-age youth. At 18, many TAY lose benefits, age out of programs, or get dropped from Medicaid without their knowledge, disrupting their care and setting them back.

Possible opportunities

2.1. TAY-competent guidance: Share guidance on welcoming and working with TAY

2.2. Provide parity to Medicaid: Private insurance wraparound

2.3. Medicaid mid-intensity wraparound: Create mid-intensity wraparound within Medicaid (pilot opportunity)

2.4. Medicaid transition at 19: Help Medicaid enrollees navigate the transition from household to individual Medicaid at age 19 without a loss of coverage

- A.   Push transition to age 25
- B.   Implement auto-enrollment
- C.   Redesign communications and guidance

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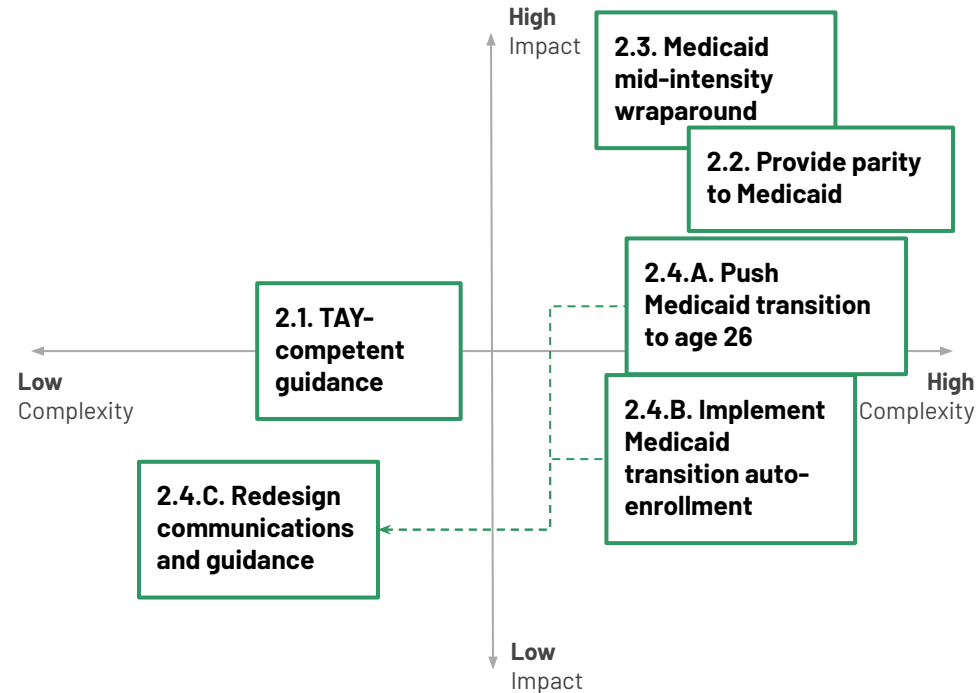
Balancing quick wins and long-term goals

2.1. TAY-competent guidance: Share guidance on welcoming and working with TAY

2.2. (pilot opportunity) Provide parity to Medicaid: Private insurance wraparound

2.3. (pilot opportunity) Medicaid mid-intensity wraparound: Create mid-intensity wraparound within Medicaid

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High
Impact

2.3. Medicaid mid-intensity wraparound

2.2. Provide parity to Medicaid

2.4.A. Push Medicaid transition to age 26

2.1. TAY-competent guidance

Low
Complexity

High
Complexity

2.4.B. Implement Medicaid transition auto-enrollment

2.4.C. Redesign communications and guidance

Low
Impact

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Questions to consider in planning action

- Pilots: What is the smallest way you can test an opportunity to gather evidence about its impact and feasibility?
- What federal or policy action would be required to make changes like Medicaid auto-enrollment or changing the age of transition?
- What providers or regions might already be providing something close to mid-intensity wraparound?
- Where have there been successful transitions from WISe to other high-intensity programs and resources?

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Enable providers to work with TAY effectively and at the level that is needed

Findings

- Providers of TAY struggle with unstable funding and complicated insurance, leading to **resource shortages that disrupt programs and stifle consistent service**.

- Workforce shortages are common in behavioral health, especially in Washington. **Poor working conditions and low pay increase turnover**, pushing providers into private practice and limiting access to services for TAY.

Possible opportunities

3.1. Expand funding for outreach, peer support, and care coordination

A.   Map out existing funding streams that can resource this work
B.   Assess existing data to help understand the effectiveness of current funding and identify where more resources are needed

3.2. Grants process: Streamline application and reporting requirements

3.3. Grants portal: Redesign funding portal that spans multiple state agencies

A.   Redesign communications about funding opportunities to improve awareness and lower provider barriers

BLOOM WORKS

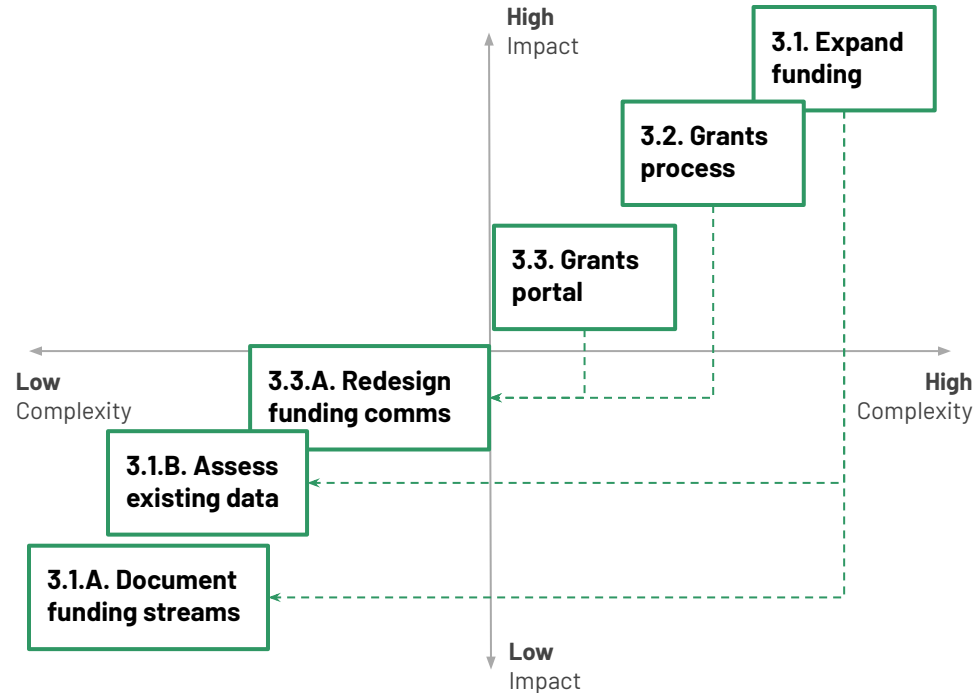# Balancing quick wins and long-term goals

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- B. Assess existing data to help understand the effectiveness of current funding and identify where more resources are needed

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- A. Redesign communications about funding opportunities to improve awareness and lower provider barriers

High
Impact

3.1. Expand funding

3.2. Grants process

3.3. Grants portal

Low
Complexity

3.3.A. Redesign funding comms

High
Complexity

3.1.B. Assess existing data

3.1.A. Document funding streams

Low
Impact

Questions to consider in planning action

- Is the current amount of funding for TAY outreach, navigation, coordination, and support sufficient to meet the need?
- What data would help prioritize where funding is most needed?
- What appetite and resources are there to review and improve the grants process?
- What would be needed to change communications with grant applicants and grantees?

Opportunities: Workforce support

Align this sprint's insights and solutions with CYBHWG Workforce and Rates subgroup (recognizing they have done a lot more work on how to encourage wellness and workforce recruitment/retention). Could include:

- Loan forgiveness
- Funding or contracting for wellness programming for BH workforce

Provide (or contract for) BH provider training on working with TAY. Could include:
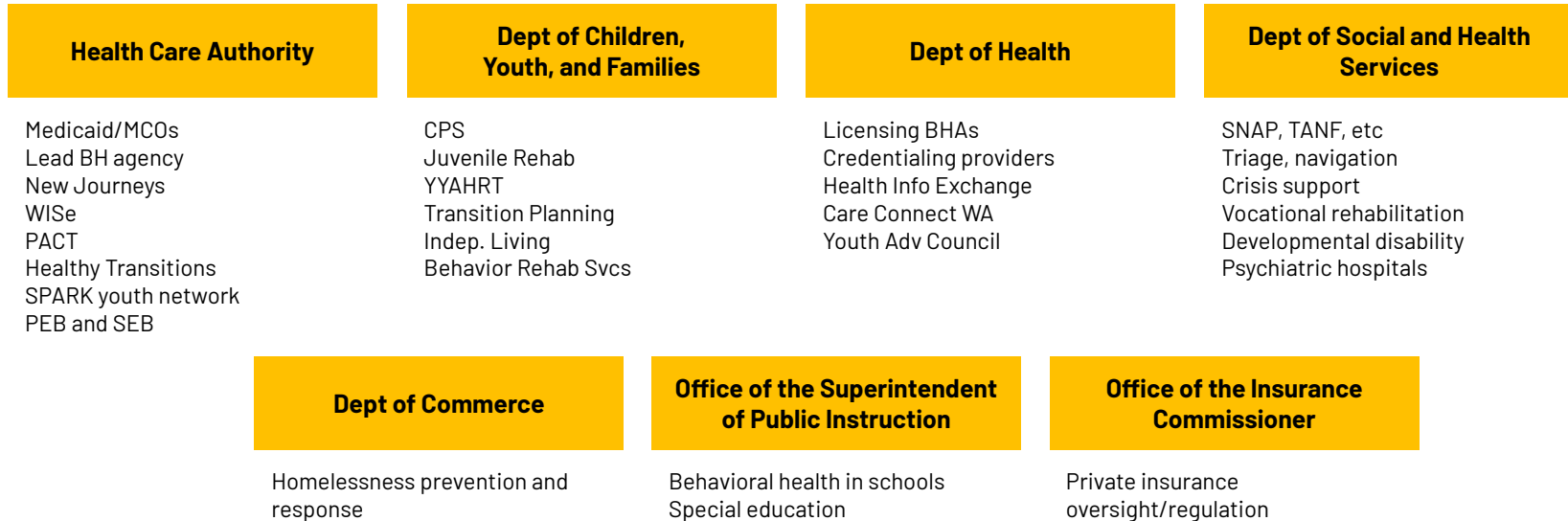
- Unique TAY needs
- Building trust
- Effective outreach
- Work with state offices that are already doing some of this (e.g., DCYF transition planning)

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Conclusion

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Conclusion

System alignment is critical

| **Health Care Authority** | **Dept of Children, Youth, and Families** | **Dept of Health** | **Dept of Social and Health Services** |

Health Care Authority

Medicaid/MCOs
Lead BH agency
New Journeys
WISe
PACT
Healthy Transitions
SPARK youth network
PEB and SEB

Dept of Children, Youth, and Families

CPS
Juvenile Rehab
YYAHRT
Transition Planning
Indep. Living
Behavior Rehab Svcs

Dept of Health

Licensing BHAs
Credentialing providers
Health Info Exchange
Care Connect WA
Youth Adv Council

Dept of Social and Health Services

SNAP, TANF, etc
Triage, navigation
Crisis support
Vocational rehabilitation
Developmental disability
Psychiatric hospitals

Dept of Commerce

Homelessness prevention and response

Office of the Superintendent of Public Instruction

Behavioral health in schools
Special education

Office of the Insurance Commissioner
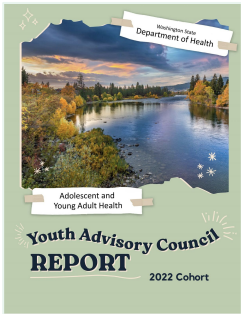
Private insurance oversight/regulation

Programs under of each agency are meant to describe roles in WA's behavioral health system.
They are not comprehensive and have not been reviewed outside of Bloom.

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Conclusion

Research and reports on TAY

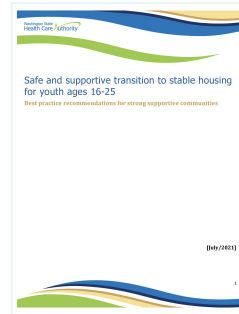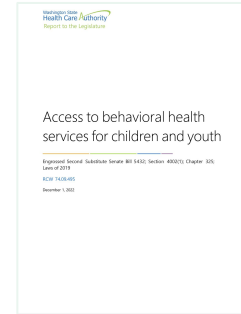Adolescent and Young Adult Health Youth Advisory Council Report (DOH, 2022)

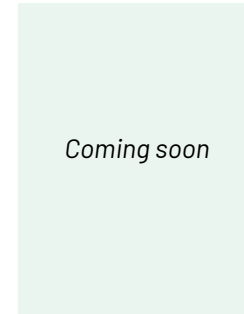Aged Out: How We're Failing Youth Transitioning Out of Foster Care (Think of Us, 2022)

Safe and supportive transition to stable housing for children and youth (HCA report to Lege, 2021)

Access to behavioral health services for children and youth (HCA report to Lege, 2022)

UW Spirit Center PACT assessment

Coming soon

...and more

Summary of recommendations and opportunities

1. Navigating care

1. Peer support
2. Guidance for working with TAY
3. Marketing addressing stigma
4. Guidance for people in support roles
5. Resource lines

2. TAY-centered services

1. TAY-competent guidance
2. Provide parity to Medicaid
3. Medicaid mid-intensity wraparound
4. WISe to 25
5. Medicaid transition at 18

3. Supporting providers

1. Funding
2. Grants process
3. Grants portal
4. Grants comms
5. Data-driven decisions

Next steps

By Monday, October 21, refine and deliver final deliverables:

- Presentation slides
- Written report
- Visual artifacts (journey map and excerpts)
- System insights memo (TAY+CHD)

Discussion

1. **What recommendations do you want to discuss further?**

2. **What recommendations feel like high priority for Washington Thriving to promote?**

3. **What does Washington Thriving need from these recommendations (in final form) to move them forward?**

Suggested next steps

- Opportunity 1.2. Share guidance for providers on working effectively with TAY.

- Opportunity 1.5. Evaluate the expansion of existing resource lines, like Teen Link.

- Opportunity 2.5. Help Medicaid enrollees navigate the transition from household to individual Medicaid at age 19.

- Opportunity 3.1.A. Catalog the existing funding and programs that can resource TAY outreach, navigation, and care coordination work

- Opportunity 3.3.A. Redesign communications about provider funding to better promote funding opportunities across agencies