Children and Youth Behavioral Health Work Group – Youth & Young Adult Continuum of Care Subgroup (YYACC) Subgroup

August 24, 2023

Glossary of Terms

BHC: Behavioral Health Catalyst

DCYF: Department of Children Youth and Families

ESG: Emergency Solutions Grant

HB: House Bill

HCA: Washington State Health Care Authority

HOST: Homeless Outreach Stabilization and Transition

MSCC: Multi-Systems Care Coordinator

PACT: Program for Assertive Community Treatment

PAL: Partnership Access Line

SUD: Substance-Use Disorder

WISe: Wraparound with Intensive Services Washington

Meeting Topics

- Homeless Outreach Stabilization and Transition (HOST) Program – Presentation by Meta Hogan
  See page 5 for slide Deck
- House Bill 1580 Updates by Kashika Arora
- Collaborative Activity: Shaping the Future of Health led by the BHC (Behavioral Health Catalyst)

Discussion Summary

1. Homeless Outreach Stabilization and Transition (HOST) Program – Presentation by Meta Hogan
   a. The HOST program is a behavioral health program that provides outreach, stabilization, and transition services to people experiencing homelessness and behavioral health challenges.
   b. The program is tailored to promote integration and recovery with highly tailored client-driven services.
   c. The primary goals of the HOST program are to engage people who are experiencing homelessness and who have behavioral health challenges, provide intensive case management and stabilization services, develop, and maintain linkages to critical

resources, and transition stabilized individuals to long-term behavioral health and other appropriate ongoing services.
d. The HOST model is a lower-barrier model than the PAC model.
e. The HOST model is designed for people who are pre-contemplative about their recovery path.
f. The HOST model allows people to engage intermittently with services.
g. The target population of the HOST program are adults 18 years of age or older, unhoused or at imminent risk of losing housing, and have severe substance use disorder or co-occurring mental health disorder. The HOST program has expanded to 6 regions and served thousands of people.
h. The Guiding Principles of HOST are:
    i. Individualized care: Services are tailored to the specific needs of each client.
    ii. Recovery-oriented: The focus is on helping clients achieve their own recovery goals.
    iii. Strengths-based: Clients are seen as capable and resilient individuals.
    iv. Person-centered: Clients are respected and involved in all decisions about their care.
    v. Culturally responsive: Services are delivered in a way that is respectful of clients' culture and values.
    vi. Holistic: Services address the physical, mental, emotional, and social needs of clients.
i. The original HOST program at the ESG was tailored to people with serious mental illness. However, the program's expansion statewide was part of the Blake Bill (ESB 5476 – 2021-23), which targets people with more substance use disorder (SUD). As a result, it is expected that many of the people served by the HOST program will have co-occurring mental health and chronic health issues.
j. Challenges + Solutions
    i. Challenge: The lack of appropriate and accessible housing resources is a major challenge for the HOST program.
    ii. Solution: The HOST program is working to stabilize people with or without the housing component, and with unconditional positive regard.
    iii. Challenge: People eligible for the HOST program often have difficulty engaging with coordinated entry systems and other housing vision systems.
    iv. Solution: The HOST outreach workers are seeking to build rapport and trust and keep the conversations around housing limited to maintain that rapport and trust.
2. House Bill 1580 Updates by Kashika Arora
a. Youth with significant behavioral health challenges or challenging behaviors are falling through the gaps in our systems of care.
b. Families feel like they have been failed by the systems that were designed to support them.

c. Youth and families often quickly exhaust the options available to them – in-home, outpatient, and emergency department visits – because there are not enough services, providers, and facilities available to handle the capacity.

d. When these youth are ready to be discharged from the hospital, families often cannot take them home.

e. With new statutory interpretations DCYF (Department of Children, Youth, and Families) no longer accepts these youth into foster care.

f. A new bill was passed to address this issue and create multi-system care coordinator (MSCC) positions. The governor's office requested multiple full-time MSCC positions.

    i. The bill includes a data collection component to determine gaps in service types along the continuum.

g. These positions will be housed in the governor's office and can take referrals of kids stuck in the hospital.

    i. The MSCC will be able to take referrals of kids who are stuck in the hospital and make a plan to get them access to the care and support that they need.

    ii. The MSCC position will be accountable to the executive level.

    iii. This effort will begin to take referrals 01/01/2024.

    iv. The governor's office is leading implementation planning for a January 1 start, with input from the Seattle Children's team and other partners.

h. Other multi-systems care coordination initiatives

    i. A few years prior, House Bill 1905 created a rapid response team different than the HB 1580 rapid care team with a focus on housing.

    ii. HB 1580 resources are expected to be allocated to focus on outpatient services and behavior management

    iii. Youth regional in-patient navigators were established to provide a team in each region to support these kids. It was started in Pierce County and has now become Kids Mental Health Washington.

    iv. There are ongoing discussions about how the rapid response teams, rapid care teams, and regional navigators will work together.

    v. The Crisis Care Clinic of Seattle Children's – a new intensive outpatient service with partial hospitalization that includes eight hours a day of care.

i. Emergent needs

    i. A feasibility study of therapeutic residential schools.

    ii. A group at Seattle Children's is interested in floating a Partnership Access Line (PAL) program equivalent for Emergency Departments (EDs).

3. Introduction of the prioritization process facilitated by Behavioral Health Catalyst (BHC)

a. BHC introduced an online collaboration tool for using the group to collaborate during subgroup meetings and offline between meetings.

b. The group worked interactively to provide additional context to previously introduced ideas and explore ideas yet to be addressed.

    i. A need emerged to address the gap in HOST service provision for people other than those with substance-use disorders (SUD).

      ii.   Indigenous youth support, suicidality, and the opioid crisis; and peer support services were determined to be ideas to monitor.

      iii. The group is interested in exploring investments in in-patient facilities for young people, 18-25, with mental health issues comorbid with or independent of SUD.

          1. There is a desire to hold convenings with young people with lived experience to determine appropriate needs

          2. Explore adapting existing programs to add more beds and add culturally and contextually specific training.

      iv. There is interest in pulling together a working group around WISe for future sessions. Workforce & Rates (W&R (Workforce & Rates)) subgroup is working on addressing administrative burdens and complexities with WISe. There is an opportunity for collaboration on WISe evaluation.

c. BHC started a collaborative conversation with the subgroup to begin brainstorming evaluation criteria, core values and desired outcomes for the supplemental session and beyond.

Next Steps:

- The group needs to finalize which recommendations to submit to HCA (Health Care Authority) by September 8th.

Next Meeting: Sept 14, 4-5:30 pm

Homeless Outreach Stabilization & Transition (HOST)

Promoting Integration and Recovery with Highly Tailored, Client-Driven Behavioral Health Services

Background of HOST

- Started by DESC in Seattle in the early 90s to engage with folks who were experiencing homelessness, weren't seeking assistance, and were struggling with behavioral health conditions

- Evolved over the years to include more team members and more methods of support, bringing services directly to people, wherever they are

- The Washington State Legislature funded HOST's expansion across the state, and DESC partnered with the Health Care Authority to bring this model to six regions throughout the state (King County, Pierce County, Thurston-Mason, Southwest, North Sound and Spokane).

HOST's primary goals:

- Engage people experiencing homelessness and behavioral health challenges who are unable to unwilling to access traditional services

- Provide intensive case management and stabilization services with a range of treatment options

- Develop and maintain linkages to critical resources including housing, psychiatric and physical health care, financial support services and other support services

- Transition stabilized individuals to long-term behavioral health or other appropriate ongoing services

HOST is modeled on (P)ACT, so what's the difference?

Traditional Care	ACT	HOST
• Barriers to care	• Lower barrier	• Lowest barrier
• Little outreach	• Assumes the person will seek help	• Level of participation benefits those in the pre-contemplative stage
• Go to the provider	• Care may require consent, compliance and use of services	• Allows a person to engage intermittently

HOST Eligibility & Priority Population

CRITERIA*

- Adult (18 or older)
- Unhoused or imminent risk of housing loss
- Severe substance use or co-occurring mental health disorder (often observable by behaviors)
- Unable/unwilling to access behavioral health services

PRIORITY

- Experiencing homelessness with a co-occurring disorder that obviously impacts functioning
- Low social functioning and/or behaviors impact ability to access places of care
- Highly marginalized and/or vulnerable to predatory behavior
- History of long periods of homelessness/repeated housing loss
- Difficulty advocating for self and need services brought to them for stability
- Increased barriers to care (lack of insurance, citizenship status, discrimination, etc.)

HOST Guiding Principles

- Whole-person care teams with small caseload ratios
- Community-based care
- Personalized treatment
- Recovery-oriented care
- Psychoeducational and integrated care coaching
- Development of natural supports and social integration

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Putting HOST Principles into Action

- Going literally to where people are staying, providing survival equipment
- Discussing goals and needs whenever, wherever
- Bringing medical care along on outreach
- Building relationships, building trust
- Offering resources whenever possible

Meeting people *where they are* is key

LITERALLY

- Where does your work take place?
- How accessible are you, personally, to the people you're serving?
- How accessible are the actual services you're offering, where you're offering them?
- Where are they most likely to be receptive to your assistance?

FIGURATIVELY

- What are they ready to talk about today?
- What needs are going unmet in this moment?
- What emotions are they experiencing?
- What can we meaningfully accomplish today?
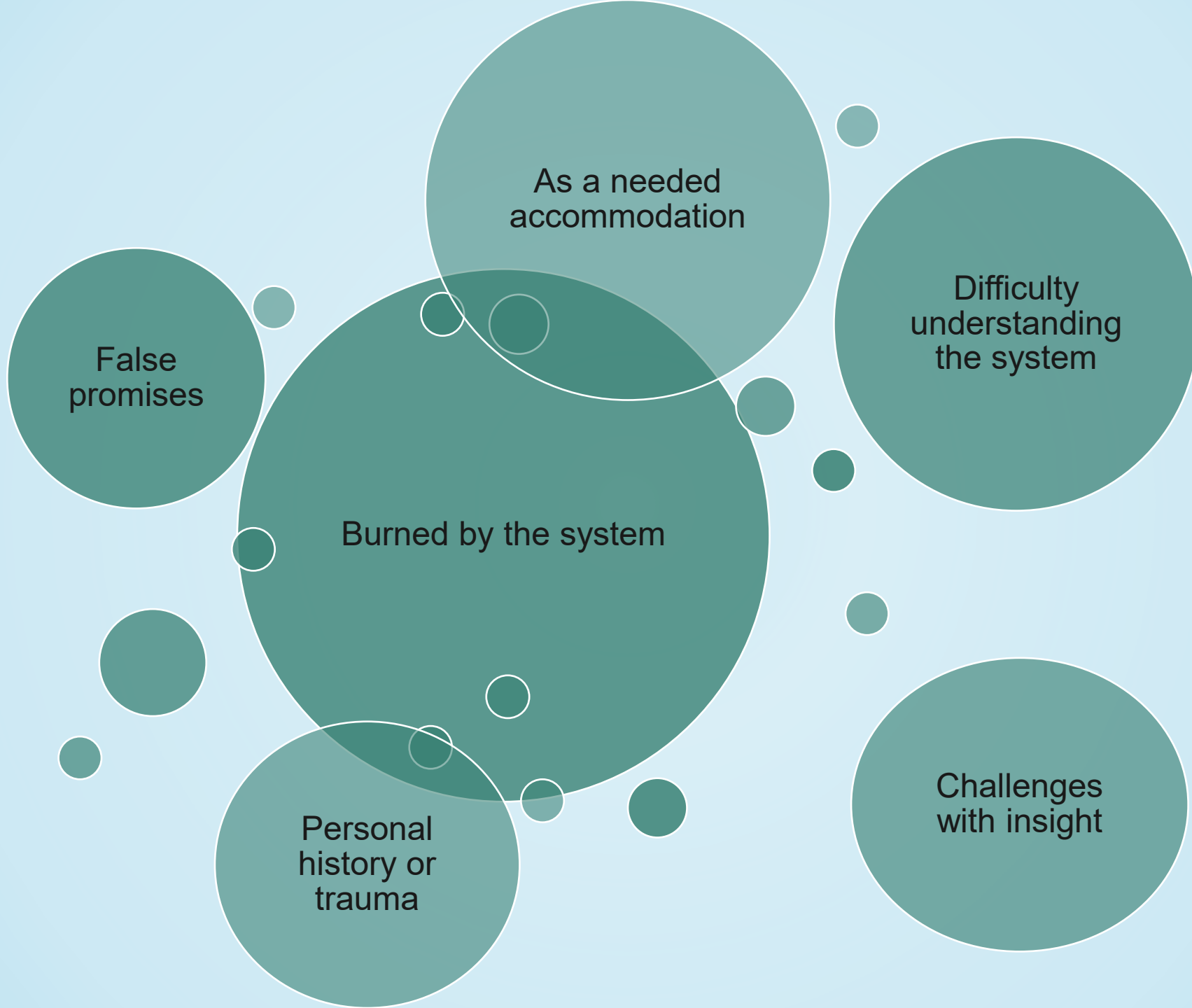
As a needed accommodation

Difficulty understanding the system

False promises

Burned by the system

Personal history or trauma

Challenges with insight

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When someone can't get the help they need, we bring resources to them – which has a significant impact on their quality of life.

- Creates opportunities to improve physical and behavioral health
- Decreases ED visits and contacts with law enforcement
- Puts the onus on providers to meet those they serve more than halfway
- Promotes dignity, independence, well-being, self-efficacy, leadership, camaraderie, and health outcomes – all of which have a ripple effect

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HOST teams are comprehensive, multidisciplinary outreach care teams comprised of:

Registered Nurses

Psychiatric Providers/prescribers

Mental Health Professionals

Certified Peer Specialists

Medical Assistants

Behavioral Health Case Managers

Outreach & Engagement Specialists

Physical or Occupational Therapists

Housing and Employment Specialists

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Scarcity of Resources and Accessibility

- In most communities, there is a lack of appropriate and accessible resources, or resources are provided in ways that are stigmatizing or retraumatizing

- HOST is assessing what is available and optimizing those resources

- The work continues no matter what – *with or without the housing component and with unconditional positive regard*

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A note about housing and barriers

- One might think the level of support and outreach for folks we're serving would mean they should have easy access to housing. The reality on the ground is that these folks are still largely left out of housing systems.

- Outreach workers seek to build rapport and trust, so conversations around housing are limited as a means of preventing false hope.

- Housing policy must strive to address the needs and circumstances of the most vulnerable, and right now it's not working.

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HOST Statewide Expansion

Blake Bill – ESB 5476 – 2021-23

 Section 5(1) of Chapter 311, Laws of 2021

The Blake Bill established a plan for recovery services to assist persons with substance use disorder in accessing outreach, treatment, and support services that are low barrier, person-centered, informed by people with lived experience, and culturally and linguistically appropriate.

RCW 71.224.155

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