Washington State Health Care Authority

Training providers for successful transitions 12-months post Behavioral Health discharge for youth ages 15-25

Developmentally appropriate training support by HCA: Current options, opportunities to grow, and barriers

Project Background

Origin

HCA published a report in June 2021 outlining best practice discharges for Transition Age Youth (TAY) ages 16-25 to ensure youth are discharged into safe and supportive communities. This work came out of previous reports from the Office of Homeless Youth and Away Home WA in 2020 showing **66% of** homeless youth had discharged from a behavioral health inpatient. **20% of total TAY** exiting behavioral health inpatient experienced homelessness within 12 months of discharge.

Workgroups

HCA approved a charter in December of 2021 to implement the recommendations in the report mentioned above. This document outlines what HCA is currently doing to support successful transitions followed by expansion opportunities, and barriers HCA faces. Workgroups were formed to compile these documents and the further the implementation process. Division of Behavioral Health and Recovery co-organized this work with subject matter experts from the following internal divisions: DBHR-Office of Financial Planning, Prenatal-25, MPD- CTRCS and MCP& PRC, and CQCT- Health IT.

Background and process

HCA holds contracts with both Medicaid and plans implementing Public Employee Benefits Board (PEBB) and School Employee Benefits Board (SEBB). These plans administer the insurance so that Washingtonians receive comprehensive healthcare. During the workgroup process, members examined managed care organization, behavioral health accountable communities of health, and PEBB and SEBB health plan contracting and correspondence.

Why training?

Transition age youths are in a unique phase of life and in the field of behavioral healthcare are often served by the child and adult systems. Unfortunately, neither system adequately meets their unique developmental needs. Developmentally appropriate training throughout various system levels for services could help alleviate this issue. For example, in behavioral health care systems youth ages 13 and older can consent to their own services. This necessitates education from providers to youth and caregivers on treatment rights. Additionally, young adults' lives can often overlap heavily with their family of origin (living at home, individuating) and could require the consideration family centered services.

Current training support

There are several expansion avenues already available that could support developmentally appropriate training.

- Within their budgets, manage care organizations often host specialized training opportunities for contracted providers (for more information on manage care organizations please see documents from WG2).
- Many federal contracts set aside dollars for technical assistance.

- The Division of Behavioral Health and Recovery within HCA offers both training opportunities for professionals such as peer counselors seeking to fulfill continuing education requirements and spearheads TAY specific behavioral health advancement throughout the state, supporting Washington communities as they roll out initiatives such as Healthy Transitions.

HCA expansion opportunities for WG4 II

Workgroup four plans to embark on both dismantling a barrier and uplifting an opportunity. Over the next year they plan to create steps towards forming standards of care (which are mentioned in the following paragraphs) and write a decision package for one FTE within DBHR. This position scope will include TAY specific innovation and leadership within Foundation Community Supports programming and remedy initiation for several identified barriers.

TAY standards of care co-designed with lived expert stakeholders, present a viable long-term solution to support developmentally appropriate care from a training lens. This solution requires significant financial and staff support.

While these standards may not be available in the short-term, there are three general guides to consider when developing these and other training options:

1. Independence: allowing communities to make trainings that fit their needs.
2. Alignment: agreement on terms and conditions of education.
3. Consistency: fluidity across system levels ensuring TAY receive developmentally appropriate care across those levels.

Workgroup four came up with several opportunities for further work in phase II The workgroup will continue to work out needs and considerations to reduce and eliminate barriers:

Opportunities
Implement developmentally appropriate modules in state funded trainings.
Promote trainings that already include TAY modules such as Mental Health First Aid and Motivational Interviewing.
Write a decision package to fund standards of care co-designed with peers and providers.
Collaborate with MCO and BH-ASOs to encourage linkages with community services, such as FCS and TCAT for TAY.
Create reporting deliverables across all-payer systems that illustrate a co-developed percentage of contracted providers have TAY specific training.
Assess and monitor training expectations within all-payer contracts.
Create a decision package for 1 Full Time Employee in foundational community supports to focus on TAY training.

HCA barrier to dismantle from WG4

As the workgroup was forming solutions, several barriers were also identified, the workgroup will use phase 2 of the project to develop and prioritize remedies for the barriers identified:

Barriers to dismantle
Staffing shortages across the state both within government and the field pose barriers for development, implementation, and oversight.

Providers fears about legitimate liability risks.

Peer counselors cannot be certified until 18 preventing youth peer support.

Limited understanding of what TAY are across the field of behavioral health.

Consistency can be challenging to balance with healthy payer independence and competition.

Agency and provider access to TAY targeted trainings can be limited.

Without clear standards of care initially created, expansion could cause more problems.

Contract requirements that are too strict can hinder payer innovation.

Regions relying on general practitioners may struggle to implement youth specific programming.

While moving through life transitions, TAY population may struggle to access insurance. Development of specific attention to supports for this age group in accessing coverage and effective care.