MEMORANDUM OF UNDERSTANDING

in connection with *T.R. vs Quigley & Teeter* Litigation

AMONG

WASHINGTON'S DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS):

Behavioral Health Administration (BHA),

Children's Administration (CA),

Developmental Disabilities Administration (DDA),

Rehabilitation Administration (RA),

Aging and Long-Term Support Administration (ALTSA)

AND

WASHINGTON HEALTH CARE AUTHORITY (HCA)

A. Background

In 2009, a class of children and youth in Washington State with serious emotional disturbances sued the State in federal court in the *T.R. vs. Dreyfus & Porter* case, *now known as T.R. vs Quigley & Teeter*. The class of plaintiffs argued that they had insufficient access to intensive services provided in home and community settings in violation of federal Medicaid requirements. On December 19, 2013, U.S. District Court Judge Thomas Zilly approved a Settlement Agreement to that lawsuit. The Settlement Agreement committed DSHS to infrastructure development for a system of care which provides culturally responsive services and supports that are individualized, flexible, and coordinated to meet the needs of the child and family, in the family home or community. The Settlement Agreement also contemplated that the State would develop an interagency Memorandum of Understanding (MOU) to coordinate certain services performed by the agencies pursuant to the Settlement Agreement.

B. Purpose

This MOU describes the mutually supportive working partnerships between BHA, CA, DDA, RA, ESA, and HCA as they relate to the community-based mental health needs and service delivery systems for children and youth with significant emotional and behavioral health needs, and their families, who are typically served by more than one state agency. Consistent with the Settlement Agreement, this MOU will support the agencies developing cross-system protocols to coordinate services for these youth and their families.

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C. Agreements:

The above-named agencies hereby agree to promote the **WA Children's Behavioral Health Principles:**

- **Family and Youth Voice and Choice**: Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and youth-centered from the first contact with or about the family or youth.
- **Team based**: Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and the youth and are connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the youth's and family's vision.
- **Natural Supports**: The team actively seeks out and encourages the full participation of team members drawn from the youth's and family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
- **Collaboration**: The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including youth in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
- **Home and Community-based**: Youth are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
- **Culturally Relevant**: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the participant/youth and family and their community.
- **Individualized**: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
- **Strength Based**: Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members.
- **Outcome Based**: Based on the youth and family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
- **Unconditional**: A youth and family team's commitment to achieving its goals persists regardless of the youth's behavior, placement setting, family's circumstances, or

availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.

These principles provide a framework for the success of cross-system work on behalf of children, youth and families served through the Medicaid funded behavioral health system and in compliance with the *T.R. vs Quigley & Teeter* Settlement Agreement.

D. The parties mutually agree that:

1. Working together cooperatively and collaboratively develops the best possible foundation to achieve shared, successful outcomes.
2. Planning will strive to balance mandates, interests and resources of participating agencies.
3. An integrated system of effective services and supports for treating children and youth with significant emotional or behavioral health needs must:

    a. Be based in organizations that are accountable for costs and outcomes.
    b. Be delivered by teams that coordinate medical, behavioral, and long-term services.
    c. Be provided by networks capable of addressing the full range of needs.
    d. Emphasize primary care and home and community-based service approaches while reducing the need for institutional levels of care.
    e. Provide information regarding available services, supports and client rights.
    f. Provide access to qualified providers.
    g. Respect and prioritize consumer preferences in the services and supports they receive.
    h. Align financial incentives to support integration of care.

4. Specific activities for collaboration are:

    a. To set up practices and procedures consistent with the WA Children's Mental Health Principles and Wraparound with Intensive Services (WISe) Program Model established under this MOU to guide inter- and intra-agency efforts to collaborate and coordinate delivery of care in order to improve the effectiveness of services and outcomes for children, youth and their families that are served by or may need services from more than one agency.
    b. To require relevant state, local and regional representatives of the above-named collaborating child-serving agencies to be invited and to participate and engage in Child and Family Teams (or care planning teams) for children and youth enrolled in WISe as well as governance structure meetings.
    c. To align and support efforts to secure funding sources, within funding restrictions, to strengthen inter- and intra-agency collaboration, support improved long-term outcomes, and sustain funding for WISe.
    d. To develop cross system training and technical assistance for the parties' respective staff and relevant stakeholders and government partners, including Washington Tribes, to address information sharing, the coordination of programs and services, enhancement of working relationships and increase the use of evidence and research-based practices across disciplines. Specifically, this may include training and

assistance on the implementation of Evidence and Research Based Practices, the Child Adolescent Needs and Strengths (CANS) tool, and the WISe access protocol, practice model, and service array.

e. To develop and implement data-informed quality improvement processes (utilizing the Measures of Statewide Performance) in order to strengthen and sustain the System of Care[1] over time.
f. To increase youth and family participation in all aspects of policy development and decision-making that will lead to increased system transparency.

E. Governance Structure

The interagency governance structure that is part of the Settlement Agreement is intended to improve the coordination of access to intensive community-based mental health services and thereby improve both effectiveness of services and outcomes for youths and their families. Governance informs decision-making at a policy level that has legitimacy, authority, and accountability.

The structure of the Children's Mental Health Governance will consist of chief operating bodies with clear roles and reporting guidelines:

1. Executive Team - The role of the Executive Team is to provide leadership, problem solving and decision making regarding progress in implementing system-wide practice improvements, fiscal accountability and quality oversight. Each agency will identify an executive leader to participate in the Executive Team meetings.
2. Regional Family, Youth, System Partner Round Tables (FYSPRTs) identify local needs and develop a plan to bring those needs forward to the Statewide FYSPRT, with recommendations about how to meet those needs. Representatives from the agencies that are parties to this MOU will attend the Statewide FYSPRT.
3. Work Groups comprised of but not limited to representatives from DSHS, HCA, Office of the Superintendent of Public Instruction (OSPI), Department of Health (DOH), Washington Tribes, youth and families, Behavioral Health Organizations (BHO's), Managed Care Organizations (MCO's), Administrative Service Organizations (ASO's) and service providers will be developed as needed.

    a. Cross Systems Initiatives Team - Policy and Practice - Works on behalf of the Governance structure to addresses cross system issues and initiatives through the facilitation and development of policies and procedures based on WA Children's Mental Health Principles.
    b. Children's Behavioral Health Data and Quality (DQ) Team - The mission of the Team is to provide a forum for developing and refining data collection and management strategies related to screening, assessment, performance measurement and quality improvement relevant to children's behavioral health in Washington State. Reporting, outcomes evaluation, and other types of accountability activities are another aspect of the Team purpose. Working in an inclusive and transparent fashion

[1] A "system of care" (SOC) is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with, or at risk of, serious mental health conditions and their families.

the Team will assure integration of data activities across systems involving children, youth and families.

c. Children's Mental Health Cross-Administration Finance Team - A cross-system team to address the need of aligning funding sources, costs of expanding service capacity and improving cost effectiveness.
d. Workforce Development - Develops and strengthens a workforce that operationalizes the WA Children's Mental Health Principles and WISe Program Model.

F. Period of Performance

This MOU will be reviewed every three years.

Effective Date: July 30, 2016

Signatories,

All signatures are affixed on behalf of all program and sub-division within each respective department. Each signatory agency is committed to the implementating the systemic changes necessary to support an integrated system of care for children, youth and families in Washington,

Carla Reyes, Assistant Secretary
Behavioral Health Administration

Bill Moss, Assistant Secretary
Aging and Long-Term Support Administration

John Clayton, Assistant Secretary
Juvenile Justice and Rehabilitation Administration

Jennifer Strus, Assistant Secretary
Children's Administration

Evelyn Perez, Assistant Secretary
Developmental Disabilities Services Administration

Dorothy Teeter, Director
Health Care Authority

Maryanne Lindeblad
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