Implementation Status Report

November 17, 2014

Submitted under the

Settlement Agreement

in *T.R. v. Quigley and Teeter*

Hon. Thomas S. Zilly

U.S. District Court, Seattle

No. C09-1677-TSZ

Washington State Department of Social & Health Services

Transforming lives

Washington State Health Care Authority

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Wraparound with Intensive Services (WISe) Implementation Status Report

Introduction

In December 2013, the State of Washington settled *T.R. v. Quigley and Teeter,* which was filed four years earlier and asked the state to provide Medicaid children and youth with intensive mental health services in homes and community settings. In the settlement, Washington State committed to developing intensive mental health services, based on a "wraparound" model, so that eligible youth can live and thrive in their homes and communities, and avoid or reduce costly and disruptive out-of-home placements. As part of the Settlement, Washington State developed Wraparound with Intensive Services (WISe), which will be rolled out across the state over the next four years. WISe is designed to provide comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to 21 years of age, with complex behavioral needs and to assist their families on the road to recovery.

Paragraph 59 of the 2013 Settlement Agreement provides that each year, by November 15, the State will provide the Court, the Plaintiffs, and the public with an Implementation Status Report that describes progress in meeting obligations under the Agreement. The report is to include accomplishments, remaining tasks and identify potential or actual problems, as well as remedial efforts to address them. This Implementation Status Report represents the first annual report, detailing the State's accomplishments in developing the WISe program.

On August 1, 2014, the State submitted a WISe Implementation Plan to the Court, which was subsequently approved. The Implementation Plan was organized around seven Objectives necessary to accomplish the commitments and exit criteria of the Settlement Agreement. The layout of this first Implementation Status Report follows these same seven Objectives so that progress and concerns can be tracked in a logical and consistent manner, as the WISe program evolves over time.

This Implementation Status Report is organized into two sections. Section 1 has a description of accomplishments made prior to approval of the August 1, 2014 Implementation Plan, and then sets forth accomplishments and remaining tasks. Section 2 identifies several potential implementation challenges and proposals for addressing those areas of concern.

This report briefly addresses the requirement to develop a quality assurance program (QAP). The draft of the QAP is currently under review and on time to meet the December 19, 2014 deadline for completion.

1. Progress in Meeting Obligations under the Settlement Agreement and Status of Remaining Tasks

a. Progress leading up to Approval of the Implementation Plan

In preparation for the implementation of WISe services, a number of tasks were needed to prepare the system and system partners for service delivery changes. Prior to the approval of the WISe Implementation Plan in August 2014, these initial efforts included:

- In April 2013, efforts were focused on creating an initial financing plan to coordinate resources for WISe implementation.
- In July 2013, a Memorandum of Understanding (MOU) with system partners across the Department of Social and Health Services (DSHS) and Health Care Authority (HCA) was established and signed; this agreement among system partners addresses coordination, training, and quality assurance. The MOU is included as Appendix E in the WISe Program, Policy and Procedure Manual.
- The DSHS Division of Behavioral Health and Recovery (DBHR) adopted a governance structure, which includes youth, family, and cross system partners across child and family serving sectors, to provide feedback in the decisions and policies necessary to implement the Settlement Agreement.
- In July 2013, the governance structure, named Family, Youth, and System Partner Round Tables (FYSPRTs), adopted their initial charter.
- In October 2013, DBHR provided leadership training on system change to members of the statewide Family, Youth, and System Partner Round Tables.
- In December 2013, the Court conducted a fairness hearing and approved the final Settlement Agreement between the parties.
- In March 2014, DBHR established an initial estimate of utilization by each Regional Support Network (RSN). These initial estimates will be used to inform and monitor the statewide rollout of WISe over time.
- Through the spring and summer of 2014, diligent work from the Plaintiffs' Counsel, Attorney General Office, and DBHR staff achieved consensus on the WISe Implementation Plan.
- In state fiscal year 2014, $250,000 of general state funds was allocated for infrastructure development and WISe training costs.

On August 6, 2014, the Honorable Thomas S. Zilly signed the Order approving the Department's and HCA's Implementation Plan as called for in the *T.R. vs. Quigley and Teeter* settlement agreement. A copy of the WISe Implementation Plan is available on the DBHR website at

http://www.dshs.wa.gov/pdf/dbhr/MH/TR.ImplementationPlan.8.1.2014.pdf.

b. Progress on Implementation Plan Objectives and plans for Year Two Implementation

Objective 1: Communication regarding WISe

Communicate with families, youth, and stakeholders about the nature and purpose of WISe, who is eligible, and how to gain access to Wraparound with Intensive Services (WISe).

Objective 1 Strategies - Progress and Accomplishments:

One of the strategies to communicate with families, youth, and child-serving partners and stakeholders about the nature and purpose of WISe, is to develop informational materials to be distributed to these various groups during the WISe rollout. Communications will be tailored to meet the needs of these groups, herein referred to as "affinity groups". The Division of Behavioral Health and Recovery (DBHR) is working in collaboration with Portland State University to develop materials that inform youth, families, and child-serving system partners about WISe services. These materials include who WISe services are intended to serve, what WISe services are, how to make a referral, how medical necessity is determined, how youth and family can be involved in the WISe governance structure, and due process rights. DBHR will engage representatives from the identified affinity groups in the development of materials.

Fifteen affinity groups are identified (see list below) and points of contact for these groups are being identified; this work is being conducted between July and December 2014. Work with the Children's Administration, the Juvenile Justice and Rehabilitation Administration, Family/Youth Organization and Regional Support Networks (RSNs) is currently underway. WISe communication materials will be available in print and online after the work is completed, and vetted through the statewide FYSPRT and Plaintiffs' Counsel.

The Statewide FYSPRT which includes state system partners, family, and youth have expressed interest in partnering to create the affinity group materials. At the September 2014 Statewide FYSPRT meeting, youth and system partners asked to be a part of this process. Contracts with system partners and FYSPRTs will include a deliverable that provides for review and feedback on affinity group materials.

The goal is to deliver information through a variety of online, print, and in-person methods and deliver information in a way that conveys consistent messaging and content to audiences across the state. Once materials are approved, DBHR will disseminate the developed information to the affinity groups, system partners, and to youth and families about WISe services. Communication activities will prioritize providing information in regions where WISe is scheduled to roll out.

The DBHR WISe website link is located at:

http://www.dshs.wa.gov/dbhr/cbh-wise.shtml.

The website also offers an email address for feedback and questions, the address is WISeSupport@dshs.wa.gov. The website also lists an opportunity to sign up for the Children's Behavioral Health List Serv for those interested in receiving announcements and updates.

The expected results of this work are that youth and families in need of WISe services will receive sufficient information to be informed about and access WISe services, and system partners will understand how to best support them in understanding and accessing these services.

Objective 1 - Remaining Tasks:

Materials need to be developed for each of the following affinity groups with written guidance, communication plans, and education and training specific to each:

- Regional Support Networks (RSNs)
- WISe Mental Health Agencies
- Children's Administration
- Juvenile Justice and Rehabilitation Administration
- Developmental Disabilities Administration
- Schools
- Pediatricians
- Child Psychologists
- Behavioral Health Specialist/Therapeutic Aides
- Family/Youth Organizations
- Health Care Authority and their providers
- Juvenile Court Administrators
- Crisis Teams
- Tribes
- Participating youth and families

As of November 2014, communication materials for 11 different affinity groups are still in planning; four of the affinity groups' materials are under development or currently being reviewed. Materials will be disseminated within 60 days of completion and approved through the vetting process. Each affinity group is assisting DBHR in identifying strategies for sharing information specific to their network.

For printed materials or online fact sheets, DBHR has created a template that can be used with each of the affinity groups with specific elements including:

- Identifying youth that may benefit from WISe.

- Tools within the affinity group systems that can be used as "flags" for referral to WISe.
- When a referral is mandatory.
- How to refer – who to contact/what information is needed.
- Individual roles and responsibilities of cross system partners.
- What to expect in the WISe model.

In-person community WISe trainings or e-learning modules will include education and training on the above elements and will also include: how affinity groups participate in the WISe model, including how to use and contribute to a single Cross System Care Plan for a child receiving WISe services. This work will continue through December 2014 with any necessary refinement through June 2015. Materials will match the needs of the regions currently implementing WISe and the materials will be updated as needed during the WISe rollout. DBHR also will explore ways to expedite the review process for these materials. The process will be addressed in upcoming monthly meetings or calls with the Statewide FYSPRT and Plaintiffs' Counsel. Once the materials are approved, the information will be shared with FYSPRTs, system partners, affinity groups, and Plaintiffs' counsel and incorporated into the WISe manual during quarterly or annual revisions.

In compliance with current DSHS policies, materials will be developed and disseminated in a manner that recognizes the cultural and communication and linguistic differences of class members. Culturally diverse organizations will be included in the development of new materials.

Affinity groups will be encouraged to include these developed materials in their own system and community trainings.

Objective 2: Identification, Referral and Screening for WISe

Effectively identify, refer, and screen class members for WISe services.

Objective 2 Strategies - Progress and Accomplishments:

A WISe Access Protocol was established to identify and refer class members for WISe services. The Access Protocol includes the identification, referral, screening and intake/engagement process for WISe services. The WISe Access Protocol was included in the June 2014 WISe Manual. This section in the WISe manual provides uniform standards on the administrative practices and procedures for providing access to WISe and its services. WISe providers and RSNs use the protocols to meet requirements related to:

- Identification of youth who might qualify/benefit from WISe.
- Elements of the WISe screening.
- Conducting a WISe screen.

As requested by Plaintiffs' Counsel, the field example of the Access Protocol will be removed from the manual in the next update scheduled to be completed by December 31, 2014.

Memorandum of Understanding: In July 2013, the Department of Social and Health Services (DSHS) and Health Care Authority (HCA) signed a Memorandum of Understanding (MOU). The MOU describes the mutually supportive working partnership between Behavioral Health and Service Integration Administration (BHSIA), Children's Administration (CA), Developmental Disabilities Administration (DDA), Economic Services Administration (ESA), Juvenile Justice and Rehabilitation Administration (JJ&RA), and Health Care Authority (HCA). This agreement describes the mutually supportive partnerships between BHSIA, CA, DDA, ESA, JJ&RA 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 needs and their families. A copy of the MOU is included in Appendix E in the WISe Manual.

Representatives from CA, DDA, JJ&RA and HCA are active partners on the interagency governance structure, the Statewide Family, Youth, and System Partner Round Table (FYSPRT), and participate on the workgroups convened under the FYSPRT. These workgroups include the Cross Systems Initiative Team, the Children's Behavioral Health Data and Quality Team, the Children's Behavioral Health Finance Team, Workforce Development and Ad Hoc groups.

Children's Administration, in preparation for WISe Implementation, completed a number of action items from May 2013 – May 2014, including:

- Email communication to Behavioral Rehabilitation Services (BRS) contractors regarding upcoming contract changes related to WISe implementation.
- Updated BRS contract template to include WISe information and anticipated requirements.
- Regional BRS managers informed and educated regarding WISe and the potential requirements regarding BRS:
    - Continued to update BRS regional managers during the regular monthly meetings regarding the Settlement Agreement, policy and contracts changes.
    - DBHR representative presented at a BRS managers monthly meeting regarding WISe in preparation for full implementation of WISe.

Juvenile Justice and Rehabilitation Administration (JJ&RA). JJ&RA serves Washington State's highest-risk youth. Youth committed to JJ&RA are typically adjudicated of serious juvenile offenses. JJ&RA uses an Integrated Treatment Model which is a research-based treatment approach that utilizes cognitive-behavioral and family therapy principles. The model is tailored for use in both residential and parole programs in the JJ&RA continuum of care.

JJ&RA is an involved partner in the Washington State Systems of Care (SOC) Project, in support of youth with cross-system involvement with complex behavioral health needs. The MOU describes the statewide mutually supportive working partnerships 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 served by more than one administration in order to have ready access to supports and services. This includes implementation of WISe.

JJ&RA staff will continue to inform policy and practice that supports and reinforces JJ&RA Transition and Reentry and Evidence Based Program initiatives. JJ&RA staff will use the SOC information, resources, and community collaborations – Family Youth System Partner Round Tables (FYSPRTs) - to support successful and sustainable programs for youth transition and re-entry into their communities. Referrals for WISe services will be a key component for successful transition and re-entry into the community for eligible youth involved in the juvenile justice system.

Each system partner will also work to develop and use training materials specific to the population they serve. This work started in July 2014, prioritizing Children's Long Term Inpatient Programs and Children's Administration, with both systems meeting their identified deadlines of September 2014 and October 2014, respectively. As system communication materials are developed, they will be included in WISe manual revisions as appendices and reviewed annually.

Specific language is included in the WISe manual to ensure WISe-active RSNs accept referrals from youth, parents, and child-serving systems. On page 9, the manual requires "all requests for WISe services will result in an initial screening regardless of referral source." Compliance with the WISe Manual is a RSN contractual requirement effective July 1, 2014.

Child and Adolescent Needs and Strengths: Per the Settlement Agreement, a Washington version of the Child and Adolescent Needs and Strengths (CANS) screen and assessment tool was developed and an initial CANS screening algorithm was put in place July 2014. CANS is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning, to facilitate quality improvement initiatives and to allow for the monitoring of service outcomes through the mental health system. CANS trainings have been offered in-person and on-line.

DBHR and its contractor, RCR Technologies, have developed an online data system to store and report on CANS related data. The Behavioral Health Assessment Solution (BHAS) data system was launched July 2014. BHAS captures and communicates youth and family needs and strengths for treatment planning purposes. CANS data reports will be available at local (clinician, supervisor, agency), regional (RSN, county), and state levels for quality

improvement purposes. The initial reports are scheduled to be available beginning December 2014.

For this report, DSHS's Research and Data Analysis Division (RDA) was able to extract initial CANS data from the BHAS system. Between July 1 and September 30, 2014, a total of 257 CANS screens were completed and closed using the BHAS system (this does not include screens submitted to DBHR on paper forms or via spreadsheet format). For all but one of these screens, the results of the current WISe screening algorithm have been computed by the BHAS system. Note that algorithm results did not always correspond with the screening outcome. Some youth have multiple CANS screens, and are represented multiple times in the table below. Continued work on refining the BHAS data system may yield changes; these estimates are subject to change.

Algorithm Results for CANS Screens in BHAS System (July - Sept., 2014)

		Algorithm Results			
	Total	Algorithm Recommended WISe		Algorithm Did Not Recommend WISe	
	N	N	%	N	%
STATE TOTALS	257	203	79%	54	21%
Algorithm Results by RSN - Providing WISe					
Greater Columbia	99	82	83%	17	17%
North Sound	56	40	71%	16	29%
Pierce	31	29	94%	2	6%
Southwest	22	14	64%	8	36%
Thurston-Mason	49	38	78%	11	22%
Algorithm Results by County with WISe Services					
Benton	30	27	90%	3	10%
Clark	19	13	68%	6	32%
Cowlitz	3	1	33%	2	67%
Franklin	1	0	0%	1	100%
Kittitas	12	9	75%	3	25%
Klickitat	4	3	75%	1	25%
Mason	6	5	83%	1	17%
Pierce	31	29	94%	2	6%
Skagit	22	14	64%	8	36%
Snohomish	0	0	--	0	--
Thurston	43	33	77%	10	23%
Walla Walla	14	13	93%	1	7%
Whatcom	34	26	76%	8	24%
Yakima	38	30	79%	8	21%

WISe Manual: DBHR, in collaboration with Portland State University (PSU), University of Washington (UW) and the WISe Manual Advisory Workgroup, developed the initial WISe Manual that was completed June 2014. This manual was disseminated to WISe provider sites, the statewide FYSPRT, Plaintiffs' Counsel, and is available on line at:

http://www.dshs.wa.gov/pdf/dbhr/MH/WISe%20manual%209-30-14.pdf.

The WISe manual is a living document that will continue to be informed by those working on implementation and monitoring the progress. The WISe Manual Advisory Workgroup has been invited to participate in quarterly reviews of the manual starting in November 2014. The UW Evidence Based Practice Institute in partnership with DBHR will manage logistics for these workgroup sessions. Monthly workgroup meetings will be held through June 2015. The manual will be updated quarterly, initially completed September 2014, then annually beginning July 2015.

WISe trainings: In March 2014, DBHR, in collaboration with PSU, provided inaugural training and technical support on compliance with the WISe Manual. To date, ten WISe trainings have been offered throughout the state with 284 participants in attendance. Participants included prospective direct WISe service providers such as care coordinators, family partners, youth partners, therapists as well as Administrators, Clinical Directors and Supervisors.

Children's' Administration enhanced an existing mental health training to include a module on the WISe access model. The training is provided through the Alliance for Child Welfare Excellence and is offered six times during a fiscal year in an in-service format. Participants in these trainings are: new and ongoing social workers, foster parents, Court Appointed Special Advocates (CASA's), attorneys and local service providers. Two trainings were offered, one for the urban Seattle area and the second in Spokane in June 2014. Trainings are voluntary. Approximately 20 people attended each training, 40 total.

In September 2014 and October 2014, JJ&RA staff provided WISe information at staff meetings. Additional in-depth staff training will be available beginning January 2015.

WISe Training Evaluation. Since March 2014, Eric Bruns, Ph.D., and staff at the UW Children's MH Evidence Based Practice Institute (www.uwhelpingfamilies.org) worked with Washington State DSHS Division of Behavioral Health and Recovery (DBHR) and Portland State University (PSU) to evaluate the rollout of training and workforce support for Wraparound with Intensive Services (WISe).

Data on the quality and effectiveness of these initial WISe training events were collected using the Impact of Technical Assistance and Training (IOTTA), a standardized assessment developed by the National Wraparound Initiative, as a

way to evaluate whether workforce development activities successfully results in improving staff content knowledge and practice skill.

IOTTA also provides a structured way to obtain feedback from staff in areas such as training strengths, needs for improvement, and recommendations for future trainings. The IOTTA measures change in staff mastery from baseline at two time points (immediately post-training) and two months following the training.

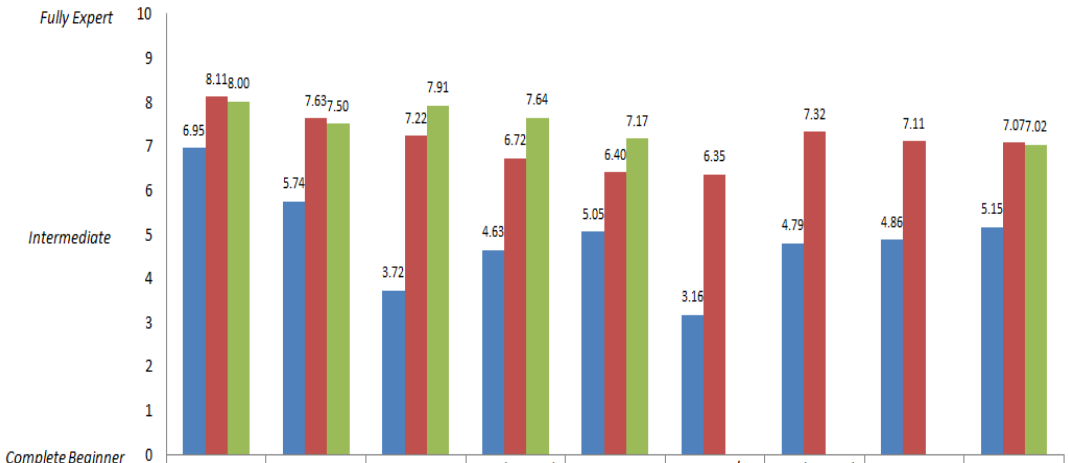
Through the IOTTA, the trainees were assessed on the following concepts:

- Understanding of the critical components of the wraparound process.
- The process of eliciting the family story from multiple perspectives.
- Reframing the family story from a strengths perspective.
- Identifying functional strengths.
- Developing vision statements and team missions.
- Identifying needs, establishing outcomes, brainstorming strategies.
- Creating a plan of care and crisis plan that represents the work of the team.
- Basic facilitation skills for running a wraparound team meeting.

The IOTTA also collected data on perceptions of training quality and level of training impact on trainees work. UW EBPI provided outcome data for the trainings provided through September 24, 2014. One hundred sixty-nine people in Washington received training on WISe principles and practice from the Center for Improvement of Child and Family Services (http://www.pdx.edu/ccf/home) at PSU.

Trainees reported a mean score of 4.86 (out of 10) on mastery initially (i.e., level prior to the training) and 7.11 for post-training mastery (i.e., level immediately following the training). As shown in Figure 1, these overall Washington means were at or above the national means for the IOTTA (5.15 for existing and 7.07 for post-training). Two month follow-up data has been collected for trainings held before July 2014, which limits the ability to create an overall "current mastery" mean for Washington. However, current mastery scores were all higher than the national mean of 7.02. The scores for trainings in Yakima and North Sound (7.91 and 7.64) were significantly higher.

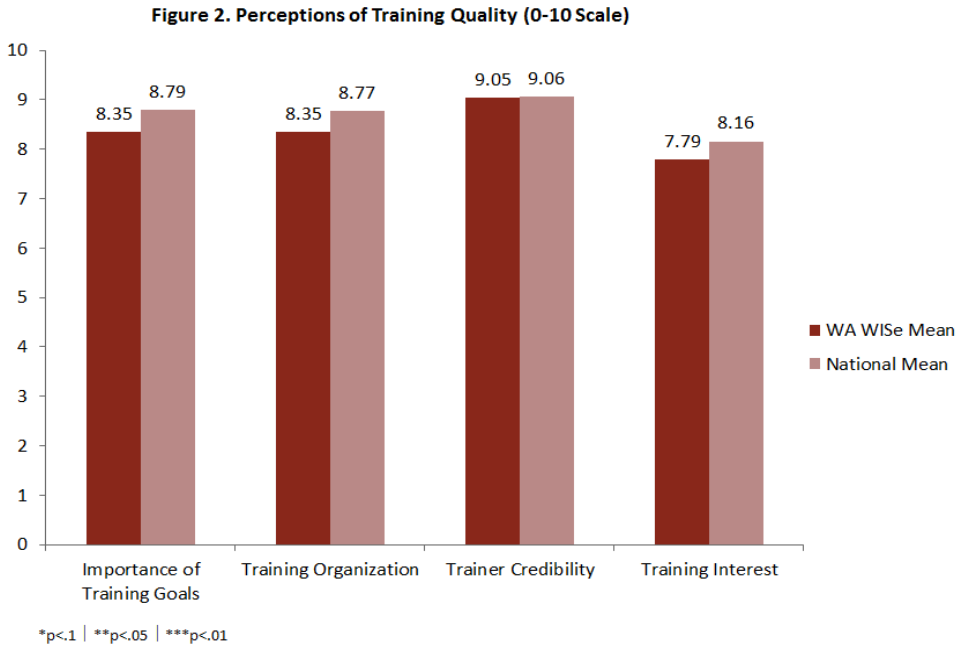
Figure 1. Change in Mastery (0-10 Scale)



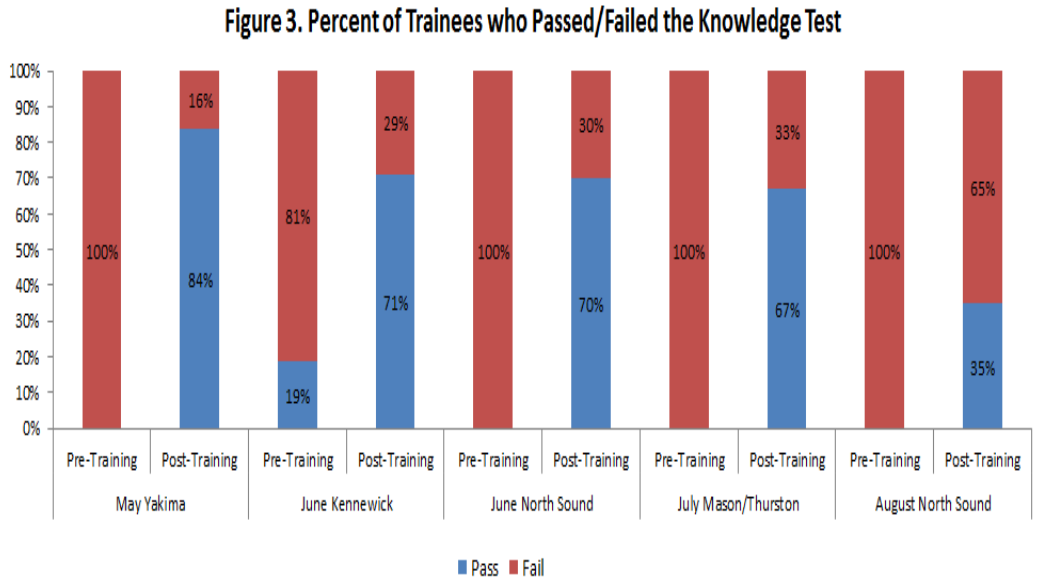
	Olympia WISe Trainees (n=19)	Vancouver WISe Trainees (n=26)	Yakima WISe Trainees (n=20)	North Sound #1 WISe Trainees (n=32)	Kennewick WISe Trainees (n=21)	Mason/ Thurston WISe Trainees (n=31)	North Sound #2 WISe Trainees (n=20)	WA Overall WISe Trainees (n=169)	**National Means**
Existing Mastery	6.95	5.74	3.72**	4.63	5.05	3.16***	4.79	4.86	5.15
Post-Training Mastery	8.11	7.63	7.22	6.72	6.40	6.35**	7.32	7.11	7.07
Current Mastery	8.00	7.50	7.91***	7.64***	7.17				7.02

*p<.1 | **p<.05 | ***p<.01

As shown in Figure 2, Washington scores were slightly lower, but not significantly lower, than the national means for importance of training goals and training organization (WA: 8.35 and 8.35, NM: 8.79 and 8.77). The same trend was present for trainer credibility and training interest (WA: 9.05 and 7.79, NM: 9.06 and 8.16). Finally, for the training's level of impact on trainee work, Washington's baseline overall mean was 8.08 compared to the national mean of 8.35, again, not significantly lower. Based on two month follow-up data collected thus far, many trainees reported impact was lower than the national mean (6.97), but the North Sound June trainees (6.04) and the Kennewick June trainees (5.28) both had significantly lower mean scores. This difference could be accounted for trainee uncertainty on how the information presented related to the work they were doing at the time (pre-WISe rollout).



The PSU pre- and post-test for knowledge assessment was created after the first two training months; hence, there is only data for five of the seven trainings. In order to pass the knowledge test, a trainee was required to score at least 75% of the questions correctly. The knowledge test had 45 questions. A score of 34 or higher was required to pass. The post-training average of 34.06 is just above the passing rate, while the pre-training average of 9.99 was below the passing rate. Figure 3 suggests that the majority of the trainees had very little knowledge on WISe information prior to the training week.



From qualitative feedback received, the majority (n=591) focused on the strengths of the training, while 162 comments noted areas needed for improvement, and 92 comments were recommendations for future trainings. The most commonly reported strength was that trainees felt the information was detailed, helpful, and applicable (n=132). The frequent need for

improvements were more specific information regarding roles within the WISe practices model and more techniques for intensive services (n=46). Twenty-six people thought more case examples and completed examples for trainee reference would be helpful for future trainings.

Acumentra Health is conducting a further evaluation of the WISe training completed from July through October. The report will be available in December 2014. This work will inform necessary refinements to the curriculum.

Transition into services: DBHR worked with WISe implementation sites to transition youth receiving "WISe like services" to WISe services by July 2014. DBHR will report on transition of services, retroactively, through RSN encounter data identified in Provider One. Based on current coding difficulties with Provider One, DBHR will not have the accurate data until January 2015.

For this report only, to assist with identifying the number of youth who transitioned from WISe-like services, Regional Support Networks provided data to DBHR. The goal described in the T.R. Implementation Plan to serve 250 youth with WISe services was exceeded, as 353 total youth transitioned into WISe services by July 31, 2014.

The below tables identifies the number of youth (unduplicated) by RSN currently provided services, and a break down by county.

Youth Transitioned from WISe-like services to WISe Services by July 31, 2014		
Unduplicated Count by RSN		
Greater Columbia		9
North Sound		72
Pierce		48
Southwest		93
Thurston-Mason		131
	Total	**353**
Unduplicated Count by County		
Benton		3
Clark		85
Cowlitz		8
Franklin		0
Kittitas		0
Klickitat		2
Mason		25
Pierce		48
Skagit		20
Snohomish		32
Thurston		106
Walla Walla		1

Whatcom	20
Yakima	3
Total	**353**

In partnership with Childrens Administration, additional communication materials, such as the affinity group "WISe Fact Sheet" and e-learning module, are under development to further clarify the WISe program and transition points for youth referred to or participating in Behavioral Rehabilitative Services (BRS), and youth in foster care.

WISe screening requirements and protocols are in place for youth referred to BRS or the Children's Long-term Inpatient Program (CLIP); a WISe screen is required at referral to CLIP or to BRS and at discharge when WISe programs are available in the youth's community. For youth in BRS, a WISe screen is required no less then every six months. Through BHAS reports, DBHR will be able to monitor these required screens and the Quality Management Plan will include a process for improvement for effectiveness of identification, referral, and screening.

Objective 2 - Remaining Tasks:

- Additional WISe Manual updates will include:
  - Further clarification of the screening process for youth referred to, within, or exiting BRS.
  - How qualified WISe providers will take steps to engage and timely link youth for who WISe is determined to be medically necessary
  - How DBHR will assess and promote compliance with the WISe screening protocol.
  - Referral and coordination of appropriate services for youth when WISe is not indicated.
- WISe Communication Sheets, for identified affinity groups, will be completed and routed for vetting by December 2014.
- In conjunction with a performance management system design expert from Chapin Hall for Children at the University of Chicago, the Children's Behavioral Health Data and Quality Team is producing a Quality Improvement Plan, due December 19, 2014.
  - A WISe Quality Assurance Plan (QAP) subcommittee of the Children's Behavioral Health Data and Quality Team was established to outline the information needs required for ongoing performance improvement.
  - A draft plan was sent to the QAP subcommittee, TRIAGe, and DBHR quality staff on October 30, 2014 with request for feedback by November 12, 2014.
  - The QAP subcommittee and Children's Behavioral Health Data and Quality Teams will review on November 19, 2014.
  - Further iterations will be reviewed and revised prior to December 19, 2014.

- Timeliness standards are included in the RSN contracts for WISe services. For services provided after July 2014, BHAS data on timeliness will be available for analysis in January 2015.
    - For timeliness standards, DBHR will review and report first quarter services in January 2015 and continue to report within 90 days of the end of each quarter.
- Beginning in January 2015, refine the identification of class members over time as data becomes available and include education system information.
- No later than January 1, 2015, RSNs must coordinate with providers serving youth in residential and inpatient mental health treatment setting to screen for WISe prior to discharge for continuity of care.
    - This requirement will be added to the WISe manual with the December 31, 2014 revision.
    - Currently, CANS screening at the four CLIP facilities is being implemented with expectations of CANS full assessments on new cases, every three months, and prior to discharge. As a current ramp-up strategy for priority cases, programs have been informed to prioritize cases nearing discharge to WISe service communities as the first priority for current CANS assessments.
- Review the WISe Access Protocol annually starting in July 2015.
- The WISe Manual must adequately describe the youth likely to benefit from WISe services. This is currently identified in the Manual under the Objective on page 2 and in the Identification section on page 9. The WISE Manual Advisory Workgroup will review the language to determine whether it is sufficient, or, if additional information related to the proxy identifiers should be included during upcoming quarterly WISe Manual revisions. The WISe Manual revisions are set for:
    - December 31, 2014;
    - March 31, 2015;
    - June 30, 2015; and
    - Annually, starting June 2015.
- Work with each system partner to develop and use specific indicators and training materials. This work began in July 2014, and is scheduled to be completed by December 2015.
    - Under the Implementation Plan, system specific indicators for CLIP were developed in September 2014 and for Children's Administration were developed in October 2014.

Objective 3: Provision of WISe

Provide timely and effective mental health services and supports that are sufficient in intensity and scope, are individualized to youth and family strengths and needs, and delivered consistently with the WISe Program Model as well as Medicaid law and regulations

Objective 3 Strategies -Progress and Accomplishments:

Named plaintiffs, eligible for Medicaid and under the age of 21, participated in a Child and Adolescent Needs and Strengths (CANS) screen. Full CANS screens occurred in July and August 2014. As of October 2014, five named plaintiffs are currently in services or 'WISe Like' Services. Named Plaintiff Workgroups were identified in August 2014, with the first meetings held in September 2014. The Named Plaintiff Workgroups will continue to meet on a quarterly basis and with more frequent communication, if indicated.

The T.R. Implementation Advisory Group set a quarterly in-person schedule and a plan for monthly conference calls through 2015. The schedule will be updated annually.

The WISe Manual, in Appendix F, provides a link to the Service Encounter Reporting Instructions (SERI) for Regional Support Networks, which identifies the WISe service array.

Additional information on service descriptions and transition planning may be included in future WISe Manual revisions based on input and recommendations from the WISe Manual Advisory workgroup, the statewide FYSPRT and outcome data.

To assist building sufficient provider capacity to meet the statewide need for WISe services within five years, DBHR with the support of RDA, developed initial estimates of WISe capacity needs by each RSN. These initial estimates were included in the WISe Implementation Plan as Appendix A. DBHR will review capacity needs on an annual basis and make adjustments as needed.

DSHS developed a WISE rollout model that is available on the DBHR website at: http://www.dshs.wa.gov/dbhr/cbh-wise.shtml. Key 2014 implementation sites included North Sound counties, Pierce, Thurston, Mason, Clark, Cowlitz, and many of the counties comprising the Greater Columbia Regional Support Network. The model will adjust for growth, needed capacity and provider readiness with the end point being full statewide capacity by June 30, 2018. A list of current qualified WISe providers is available on the DBHR website and will be updated throughout the implementation process.

DBHR established a reimbursement method for WISe providers. DBHR worked with its actuary to develop and implement actuarially sound rates, including a case rate for WISe. The rate is established through June 30, 2015. This rate will be updated annually. DBHR will start to monitor Provider One for case rate payments for WISe services. Rates will be paid retroactively starting in October 2014, back to July 1, 2014.

For State Fiscal Year (SFY) 2015, the total budget for WISe implementation is $15.2 million with $8.0 million from General Funds State (GF-S). SFY 15 runs July 1, 2014 through June 30, 2015.

For the forthcoming 2015-2017 biennium, the following chart describes the carry forward level and decision package request by the Department for intensive mental health services for high needs youth to continue implementing the commitments set forth in the T.R. Settlement Agreement.

Carry Forward Level Budget	**SFY16**	**SFY17**
GF-State	11,790,598	11,821,565
GF-Federal	11,255,298	11,207,616
Total	**23,045,896**	**23,029,181**
Decision Package ***Request***	**SFY16**	**SFY17**
GF-State	4,303,563	12,248,273
GF-Federal	4,303,562	12,249,273
Total	**8,607,125**	**24,497,546**
Total WISe Budget	**31,653,021**	**47,526,727**

This Decision Package is a request only from the Department. The Governor's Budget will not be available until December 2014.

Objective 3 - Remaining Tasks:

- Implementation of CANS at CLIP programs is progressing with multiple venues addressing use of CANS prior to CLIP admission, how to assess properly within the regulated residential care environment, and how to use CANS for care planning for transitioning youth back into the community. The CANS tool itself emphasizes youth and family strengths and needs which aid in service planning for youth placed at CLIP.
- In 2015, WISe is scheduled to rollout in parts of Spokane RSN, from Spokane County in the east to Grant, and Lincoln to the west. Other counties will include Kitsap and Skamania Counties.
- By December 2014, to further identify how WISe Medicaid services and providers will coordinate with other services and supports. DBHR, with system partners, will finalize the development of and utilize protocols related to: referral to WISe; participation in Child and Family Teams and Community Collaboratives; and transitions out of WISe.
    - This will be reviewed and updated at least annually starting in December 2015.
- Further review of transition planning via the Child and Family Team process for all participants, including needs of transition age youth and those transitioning into and out of intensive services. Again, this work will be completed collaboratively with input and recommendations from the WISe Manual Advisory workgroup, the statewide FYSPRT and related outcome data.
- Monitor utilization of WISe services to assist with state rollout strategies.

Objective 4: Coordinating Delivery of WISe across Child-serving Agencies

Coordinate delivery of WISe services across child-serving agencies and providers

Objective 4 Strategies - Progress and Accomplishments:

In April 2013, an initial financing plan that coordinates resources to strengthen inter- and intra-agency collaboration, sustain WISe and improve long term outcomes was adopted. Per the WISe Implementation Plan, this finance plan will be reviewed for updates beginning in July 2015 and completed by December 2015.

In July 2014, the Behavioral Rehabilitative Services (BRS) Handbook was updated. The BRS Handbook was reviewed for clarifying updates and those revisions are under consideration. As mentioned in Section 1, Objective 1, additional communication materials are under review and will be disseminated.

In addition, from July 1 through September 2014 Children's Administration (CA) reports the following items were completed:

- BRS policy was updated to provide instruction to CA workers regarding WISe requirements per the settlement agreement.
- BRS referral form DSHS 10-166a was updated to include WISe requirements.
- BRS Handbook was updated to add more requirements to support WISe. BRS Contract Template was updated by adding more detailed and specific requirements regarding WISe per the settlement agreement. A copy of the BRS Handbook is available at http://www.dshs.wa.gov/pdf/CA/BRSHandbook.pdf.
- Provided detailed communication via email to CA staff offices located in all the counties where WISe was implemented. These emails included information regarding:
    - Lawsuit/settlement agreement.
    - Description of WISe.
    - Policy requirements.
    - BRS Contractor requirements.
    - How to access WISe.
    - Who to contact for a screen (which included DBHR WISe webpage hyperlink).
- Provided detailed communication via email to BRS Contractors located in all the counties where WISe was implemented. These emails included information regarding:
    - Lawsuit/settlement agreement.
    - Description of WISe.
    - How to access WISe.
    - Who to contact for a screen (which included DBHR webpage hyperlink).
    - BRS Contractor requirements.

- CA worker responsibilities.
- CA contacts regarding WISe.

- In August 2014, CA in conjunction with DBHR created a frequently asked question one page document regarding WISe. This document is intended to be used broadly and educate CA workers and caregivers not involved with BRS, about WISe and how to access it.
- In September 2014, CA provided communication via email to BRS Contractors in all the counties where WISe was implemented. These emails included more detailed information and methodology for managing the WISe screens every six months and upon discharge. They were again provided a hyperlink to DBHR webpage.

To promote shared values and goals outlined in the Washington States Children's Mental Health Principles among child-serving agencies and institutionalize the values where possible, DBHR has included the principles in the WISe Manual and as a training component of WISe trainings. In addition, DBHR is utilizing the governance structure and the statewide Family, Youth, and System Round Table to promote the principles in policy and program development.

DBHR has directed all RSNs to implement the Washington State Children's Mental Health System Principles in the provision of services for children, adolescents, and young adults with behavioral health challenges. A copy of the Principles can be found on the DBHR website at:

http://www.dshs.wa.gov/pdf/dbhr/MH/cmhsocsystemprinciples.pdf.

Key components of the principles include the Wraparound with Intensive Services (WISe) program, the Child and Adolescent Needs and Strengths (CANS) assessment, and the Child and Family Team (CFT) meeting. Beginning in June 2014, Acumentra Health was contracted to begin review of RSNs for the implementation of the Principles. In this effort, for RSNs who are implementing WISe in 2014, Acumentra is reviewing clinical records for Cross System Care Plans and required elements of CFT meetings. The review covers cases for which the RSN submitted service codes for CFT services, High Intensity Treatment services, and Wraparound services. Before conducting the review at any RSN, Acumentra trained all reviewers to use a customized data collection tool and scoring criteria and guidelines approved by DBHR. In late October 2014, Acumentra sent out an online survey to RSNs to prompt responses from RSN staff, WISe clinicians, and youth and family participating in WISe services to obtain their direct feedback. This first report on the implementation of Children's Mental Health Principles is due to DBHR in December 2014.

Objective 4 - Remaining Tasks:

- In July 2015, DBHR will begin review of the financing plan for completion by December 2015.

- In partnership with the WSU Workforce Collaborative, DBHR will continue to refine training curricula for RSNs, providers, systems partners and community organizations that participate on Child and Family Teams.
    - These materials will be reviewed annually beginning in December 2015.
- CA will review the BRS Handbook annually for any updates with the next review completed by December 2015.
    - CA reviewed and updated the BRS Handbook in July 2014.
- Review the External Quality Review Organization (EQRO) report on the implementation of Principles in RSNs that is due to DBHR in December 2014.
- The Quality Management Plan, due on December 19, 2014, will include a process for improvement, including the effectiveness of out of home placements. The draft of this plan is currently under review and is on target to meet the deadline.

The expected results of this objective are that child-serving systems will coordinate care to support youth and family progress on individualized treatment goals. The expectation is that services will be consistent with the WISe Program Model and the Access Protocol.

Objective 5: Workforce Development and Infrastructure

Support workforce development and infrastructure necessary for education, training, coaching, supervision, and mentoring of providers, youth and families.

Objective 5 Strategies - Progress and accomplishments:

Training has been provided to prepare providers and RSNs to provide WISe at implementation sites. Currently, there are 48 WISe Teams in the five regional support networks providing WISe service. These teams include a Care Coordinator, a Therapist or Mental Health Professional, a Family Partner and/or a Youth Partner.

Number of WISe Teams November 2014	
WISe Teams By RSN	
Greater Columbia	12
North Sound	13
Optum/Pierce	7
Southwest	6
Thurston-Mason	10
Total	**48**

DBHR staff and members of the statewide FYSPRT have worked with Washington State University (WSU) to design an organizationally independent WISe Workforce Collaborative. The Workforce Collaborative will include representatives from WISe providers, RSNs, system partners and co-led youth and family representatives. The Workforce Collaborative will be established by January 2015. The Workforce Collaborative will sustain the local and statewide training curriculum, and will provide technical assistance, coaching and mentoring. A contract with Portland State University (PSU) is in place to provide training, coaching, technical assistance and consultation through June 2015. WSU will coordinate with PSU and DBHR to design a WISe "train the trainer" model that meets state and local needs as well as to transfer the training coordinating responsibilities from PSU to WSU.

DBHR has established a training calendar for WISe trainings through June 30, 2015. The number of training sessions and dates has been set. Training locations will be determined in partnership with Regional Support Networks implementing WISe, in an effort to better meet the needs of staff training. The training plan will be updated every six months by and through the Workforce Collaborative. The Workforce Collaborative will also be responsible for assessing ongoing training needs, completing a framework for statewide WISe trainings, and for completing a strategic plan by June 2015. The strategic plan will be adaptable to meet the needs of local implementation as more RSNs roll out WISe and current sites increase capacity. The plan will also address increasing training capacity for youth peers, family peers, and system partners. It will offer the following trainings: WISe half day community orientation, WISe Trainings, WISe clinical supervisor trainings. DBHR will also coordinate the state certified Family and Youth Peer Counseling Training through the Workforce Collaborative as well as other training initiatives for youth, families, and system partners.

Objective 5 - Remaining Tasks:

- The WSU Workforce Collaborative will develop a long term training and technical assistance plan that includes support for individual roles within the WISe model by June 2015. The completed plan will be included in the WISe manual.
- Half-day WISe community trainings will be provided to implementation sites to assist with education on identification, referral, participation in cross system care planning, and ongoing support/transition of WISe youth and families after WISe is determined no longer medically necessary.
- E-learning modules are being developed for ongoing training. Initial modules are scheduled to be completed by December 2014, with additional modules completed by June 2015.
- DBHR needs to develop sustainable training and technical assistance capacity through a "Train the Trainer" model established in partnership with trainers from Portland State University and WISe affiliated partners. Based on review of training needs and feedback from WISe providers, the

curriculum is under further review for editing, and training is scheduled to begin by March 2015.

- Continue to collaborate with system partners to include WISe modules in their trainings, manuals, and other workforce development efforts. This work is scheduled to be completed by December 2014.

This work is to establish a WISe workforce that will include a number of clinicians, staff and supervisors who have access to and have received adequate training to identify class members needing WISe, to use the CANS assessment for screening and clinical practice and deliver WISe services.

Objective 6: Maintaining Collaborative Governance Structure

Maintain a collaborative governance structure to achieve the goals of the Agreement.

Objective 6 - Progress and accomplishments:

DBHR has adopted a governance structure to provide feedback in the process of making decisions and develop policies necessary to implement the Settlement Agreement. The Children's Behavioral Health Governance Structure is composed of an interagency Executive Leadership Team, workgroups, and Family, Youth, and System Partner Round Tables (FYSPRTs) which include a statewide and regional structure. A list of members on the statewide FYSPRT can be found on the DBHR website at:

http://www.dshs.wa.gov/pdf/dbhr/MH/Statewide.FYSPRT.Membership.pdf.

Initially, DBHR identified four regional FYSPRTs across the state. Due to the dense population in western Washington and feedback from the four Regional FYSPRTs, there was an identified need to increase the number of regional FYSPRT from four to six. To meet this need, DBHR completed a contracting process to add two new FYSPRT regions. In May 2014, these two new regions started working to develop FYSPRTs in the north Puget Sound region and in the peninsula regions of the state. A map of the regional FYSPRTs is available at:

http://www.dshs.wa.gov/pdf/dbhr/MH/FYSPRT%20Map_June_2014.pdf.

A diagram of the Governance Structure, which identifies the established workgroups, can be found in the WISe Manual, on page 30 of the September 30, 2014, version. This manual is located at:

http://www.dshs.wa.gov/dbhr/cbh-wise.shtml.

Statewide FYSPRT meeting agendas are emailed to Statewide FYSPRT members one week before each meeting. Notes that reflect the discussion and follow-up items from the meeting drafted and sent to the Statewide FYSPRT members. Members have the opportunity to review the notes and provide feedback, additions and/or corrections, prior to the notes being finalized and posted to

the DSHS FYSPRT website. Statewide FYSPRT meeting dates, times and locations are posted to the DSHS FYSPRT website located at:

http://www.dshs.wa.gov/dbhr/cbhfysprt.shtml#dbhr.

There is a requirement that all Round Tables are led by a youth partner, a family partner, and a system partner. These individuals are referred to as the Tri Leads. From January to March 2014, Regional Tri Leads and community participants attended workgroups to further develop and create infrastructure documents to clarify the work and expectations of Regional FYSPRTs moving forward. These documents are posted to the DSHS FYSPRT website and include: the Regional FYSPRT charter, communication processes within the governance structure, mission and vision statements, frequently asked questions, and required elements for FYSPRT communication materials for the public, such as brochure and website requirements. Regional FYSPRT contracts for Federal Fiscal Year (FFY) 2015 will include deliverables related to making Regional meeting agendas and notes available to the public, most likely through the DSHS FYSPRT website. DBHR, through the System of Care grant funding, also will contract with UW EBPI to include coordination and collaboration with youth, families, and system partners to gather feedback and write a FYSPRT manual. This manual will assist with structure of the Regional FYPSRTs.

Completed tasks related to FYSPRTs include:

- In October 2013, DBHR offered an initial FYSPRT leadership training.
- In January 2014, a charter for the Children's Behavioral Health Executive Leadership Team (ELT) was established. The role of the ELT is to provide executive level policy decisions related to cross-agency/cross-administration children's behavioral health initiatives. Decisions made by the ELT are in the context of the Washington Children's Behavioral Health Principles. A copy of this charter can be found on the DBHR website, at: http://www.dshs.wa.gov/pdf/dbhr/MH/Children's%20Behavioral%20Health%20ELT%20Charter%20%201-7-14.pdf.
- In March 2014, a charter for the regional FYSPRT was established and can be found on the DBHR website at: http://www.dshs.wa.gov/dbhr/cbhfysprt.shtml.
- The June 2014. WISe Manual version 1.1 was published that includes protocols and procedures for Community Collaborative to oversee local WISe implementation.
- In September 2014, additional training was provided to FYSPRT leadership.
- In March 2014, a protocol was developed for regional and the statewide FYSPRT to bring local and statewide issues to the ELT. A diagram of the communication process is available at: http://www.dshs.wa.gov/pdf/dbhr/MH/Communication%20Diagram%20May%202014.pdf.

- FYSPRT evaluation tools were developed and are available on the DBHR website at: http://www.dshs.wa.gov/dbhr/cbhfysprt.shtml.

Objective 6 - Remaining Tasks:

- Include links to the FYSPRT charters in the December 2014 revision of the WISe Manual. Based on 2SSB 6312, DBHR will continue to align the work for Regional FYSPRTs with the planning for Behavioral Health Organizations.
    - 2SSB 6312 directs DSHS to integrate chemical dependency purchasing primarily with managed care contracts administered by RSNs, exempting the Criminal Justice Treatment Account, by April 1, 2016. On that date, RSNs are renamed Behavioral Health Organizations (BHOs). Counties corresponding to regional service areas or the RSN if the county has made a decision not to contract as an RSN prior to January 1, 2014, must submit a detailed plan demonstrating capacity to serve as BHOs. If an adequate plan is submitted, the counties or RSN must be awarded the contract in that region. BHOs must offer contracts to managed health care systems for co-location of behavioral health professionals in primary care settings, and managed health care systems must offer contracts to BHOs for co-location of primary care services in behavioral health clinical settings. Additional information can be located at: http://apps.leg.wa.gov/billinfo/summary.aspx?year=2013&bill=6312.
- Continue to review the protocols and procedures in the WISe Manual for Community Collaboratives to oversee implementation of local WISe programs.
- Continue to refine the protocol for regional and the statewide FYSPRT to bring local and statewide issues to the Children's Behavioral Health Executive Leadership Team (ELT). A copy of the "Briefing Paper/Communication Tool" is available under the *Infrastructure Packet* on the DBHR website located at: http://www.dshs.wa.gov/dbhr/cbhfysprt.shtml.

The intent of this objective is to further establish meaningful partnerships between family, youth, and system partners throughout the state at every level of the child-serving system. Through the identified strategies, providers will have the opportunity to work together cooperatively and collaboratively to build a delivery system with effective services and supports for their youth and their families.

Objective 7: Affording Due Process to Class Members

Afford due process to Class members by adopting legally appropriate, federally compliant due process rules and policies; modification of the Washington Administrative Code (WAC) that addresses Medicaid due process requirements for Medicaid enrollees; inform Class members of their rights to due process; and monitor compliance with due process requirement and address noncompliance.

Objective 7 Strategies - Progress and Accomplishments:

- In September 2012, contractual provisions related to the grievance system were made through amendments to the Prepaid Inpatient Health Plan/RSN contracts. These provisions apply the general grievance system requirements under 42 CFR 438 Subpart F, including the grievance process, notices of action, appeals procedures, fair hearings, and RSN recordkeeping and reporting requirements. "Action," as defined in Section 1 of the contract, includes "Enrollee disagreement with the treatment plan." Section 8.8.2.10 of the contract addresses delegation to subcontractors (providers) of notice requirements when actions are taken and requires the RSN to monitor the content of providers' Notices of Action.
- To inform Class members of their rights to due process, DSHS currently publishes information on Grievances and Appeals in its Medicaid Mental Health Benefits Booklet, available on the internet or by mail. The Benefits Booklet sets forth accessible information about complaint, grievance and appeals, as well as contact information for RSN Ombuds and the DBHR Office of Consumer Partnership, so that Medicaid mental health consumers may understand their rights. A copy of the Benefits Booklet can be found at: http://www.dshs.wa.gov/dbhr/mhmedicaidbenefit.shtml.
- Through contract amendments, effective September 2012, RSNs are required to provide Notice of Actions for all denials, terminations or reductions in services. RSNs also must provide information to clients regarding due process rights (grievance and appeals). Effective September 2012, RSNs are to develop a model Notice of Action and are required to use the model notice, or complete a checklist and attestation that their notice has all the same elements as the model notice.
- A model Notice of Action was provided to the RSNs by the DBHR Office of Consumer Partnerships on July 31, 2013. The RSNs have been required to use either the template provided or submit a sample document and attest that their notice has all the required elements. In addition, they were provided helpful explanatory guidance in a "grievance packet" that clarified current RSN contract requirements.
- The WISe Manual includes a section on the right to appeal denials, reductions, or terminations of services.
- Monitor compliance with due process requirements and address noncompliance.

- Require all RSN policies to be consistent with due process regulations and policies. Section 7 of the RSN contract details requirements of how clients access the RSN system and Section 10.1 states "The Contractor shall comply with any applicable Federal and State laws that pertain to Enrollee rights and ensure that its staff takes those rights into account when furnishing services to Enrollees".
- Require the RSNs to collect and report data on actions, grievances and appeals. The RSN contract currently requires that RSNs report grievance, appeals, and fair hearings on a regular basis. Current reporting of this data is in compliance. All RSNs are reporting to DBHR. Reports are analyzed and used by the RSN contract compliance staff members and provide input to audit activity by DBHR staff and EQRO external auditors.
- Monitor RSN compliance with due process requirements through audits, compliance reviews and data analysis. Acumentra Health's 2014 review (EQRO external audit) addressed RSN compliance with federal and state standards related to Enrollee Rights and Grievance Systems. The Enrollee Rights section assesses the degree to which the RSN has written policies in place on enrollee rights; communicates annually with enrollees about their rights; provides information in accessible formats and in language that enrollees can understand; and monitors provider agencies to ensure full implementation of enrollee rights provisions. The Grievance Systems section evaluates RSN policies and procedures regarding grievances and appeals, state fair hearings, and the RSNs' process for monitoring adherence to mandated timelines. In 2013, DBHR added a requirement for the RSNs to issue Notices of Action when an enrollee disagrees with his or her treatment plan. In addition, the Children and Youth Behavioral Health Team at DBHR gave a presentation regarding Notice of Action in reference to WISe, to the RSN Children's Care Coordinators and family partners at a Children's Mental Health Committee Meeting, held on September 11, 2014.
- Analyze and use the data as part of the WISe quality improvement program. Data being collected by DBHR contract compliance staff is currently being analyzed on a regular basis for adherence to contract requirements. Use of WISe specific data regarding due process rights is in the beginning phases of inclusion into the WISe quality improvement program.

Objective 7 - Remaining Tasks:

- DBHR will develop and modify Washington Administrative Code that addresses Medicaid due process requirements for Medicaid enrollees. On August 6, 2014, DBHR filed a notice in the State Register stating the intent to engage in rulemaking regarding Medicaid grievance and administrative hearings. The CR-101 is located at: http://www.dshs.wa.gov/pdf/ms/rpau/101-14-16-111.pdf.

Draft rules will be released for review by external stakeholders and interested parties at the end of October 2014. DBHR anticipates filing a CR 102 after receiving and reviewing the comments from external review portion of the process on or about November 28, 2014. The public hearing will be in January 2015.

- Use of WISe specific data regarding due process rights is in the beginning phases of inclusion into the WISe quality improvement program.
- Provide a systematic oversight plan for compliance with WISe enrollee right requirements. This plan will link with DBHR contract compliance staff, EQRO review staff, Children and Youth Behavioral Health team staff, and DBHR WAC rule development and monitoring staff.

The expected results of this objective is to ensure Medicaid beneficiaries (including class members) are aware of their due process rights; that RSNs and providers are complying with the Medicaid due process rights; beneficiaries have access to and can exercise their notice, grievance and appeal rights.

2. Anticipating Potential Implementation Challenges

Four months into the initial implementation of WISe Services, there have been and will continue to be startup challenges. Some challenges were anticipated, such as how to best navigate a phased in process for services across the state. Other challenges, such as meeting the WISe training needs at a local level, have been more recently identified in recent weeks and months as interest grows. DBHR recognizes that for the most successful outcomes, these challenges and the ones identified below will need to be addressed in partnership with the aforementioned system partners.

To assist with identifying and reviewing implementation issues (and successes), DBHR has access to the statewide FYSPRT and the related various workgroups associated, the Children's Behavioral Health Executive Leadership team, the Children's Behavioral Health Data and Quality Team and T.R. Implementation Advisory Group (TRIAGe). These groups are active and meet either on a quarterly and monthly basis and will be vital in the on-gong monitoring and refinement of the service implementation.

Our anticipated challenges for the next year are outlined below according the T.R. Implementation Plan Objectives. The below categories are current areas of focus for WISe implementation:

Rollout of WISe Services **(Objective 3)**

The staged rollout of WISe services poses challenges both in terms of geographic availability and capacity until June 2018. During the implementation period, the WISe program will not be available for all youth for whom the services may be appropriate. This challenge was recognized by both parties prior to implementation. There is a need to be targeted with communication materials

and training so that youth and families and system partners have an understanding as to where these services are available and when. DBHR is cautious not to create undo frustration for youth and families who are interested in a referral to WISe services only to learn they are not yet available in their community.

Capacity building for services also presents a challenge. As understood by both parties, capacity for WISe services will not only phase in geographically, but capacity to serve WISe services in early adopting regions will be increased over time. In addition to funding for capacity, there is also a ramp-up to meet the staffing requirements for WISe teams. RSNs have had to manage capacity and ramp-up for WISe services and will continue to meet unique challenges (e.g. staff turnover). RSNs are already reporting staff turnover on the WISe Teams. To mitigate the capacity issue, RSNs will continue to provide currently available and contractually required Medicaid State Plan services that focus on intensive treatment. Ongoing guidance will be provided to RSNs on expectations for serving children and youth for whom WISe may be necessary, but not currently available, while the program is brought to scale statewide.

Payment Mechanisms and Reporting (Objective 3)

Payment mechanisms for RSNs for the WISe services needed to be identified prior to implementation. In order to pay a specific case rate for WISe, the state's Medicaid payment system, Provider One, required modification. A team worked to set up the coding, tested the system, and identified a start date for the code to be available in early October. Unfortunately, the coding change has caused technical system errors that have caused delays. The delay affects both provider payment and data collection. In the interim, Provider One staff are manually processing claims to avoid payment delay. When the issue is resolved, DBHR will have payment data back to July 1, 2014. The issue should be resolved by December 31, 2014.

Reporting from Provider One is critical to monitoring of utilization and HCA is focused on correcting the coding issue.

Transition of Services and Cross System Coordination (Objective 4)

DBHR continues to work with child-serving system partners and the governance structure to further encourage participation and coordination with system partners (CA/BRS, DDA, JJ&RA, etc.) This work is addressed at the quarterly Executive Leadership Team meeting, statewide FYSPRT meetings, and the Cross System Initiative Workgroup meetings. Education and trainings for various system staff is needed to assist with implementation. As noted in Section 2 and Section 4, CA has started to provide staff training. DBHR is working with JJ&RA to create a training plan that best fits the needs of their internal staff. DBHR has offered to provide in service training to staff January 2015. DBHR will prepare data to estimate the staff coordination and time/cost to participate in WISe

related activities, such as the Child and Family Team meetings or attending a statewide or regional FYSPRT or Community Collaborative.

In addition to system coordination, youth receiving WISe have transitions in care that present challenges to access such as:

- Moving to an area that has not implemented WISe.
- Transitioning to and from higher and lower levels of care.

To address this issue, DBHR will continue to meet with RSNs, system partners and FYSPRTs to develop and refine protocols for continuity and coordination of care and incorporate necessary changes into the WISe manual.

WISe Training (Objective 5)

The training needs for WISe exists on a variety of levels, with our system partners, with youth and family members, and with RSNs and their WISe affiliated agencies. There is the need to communicate broadly about the services, but yet in a targeted way to match the rollout of WISe locations. There is the need to continue to work with Cross System partner for a better understanding on how and why a Cross Care Plan benefits youth and families. And, there is the need to have specific trainings for the staff providing the services. Feedback from the RSNs and their providers is that WISe trainings are not frequent enough to meet the roll-out needs and staff turnover. The curricula of the training needs continued refinement and re-design to match the experience of individual RSNs workforce.

There needs to be sufficient WISe training opportunities for sites implementing WISe services. DBHR will continue to work with Portland State University, UW EBPI, the newly forming Workforce Collaborative under Washington State University, to identify a plan to establish and sustain WISe provider trainings with sufficient frequency, depth, and scope to address capacity expansion, as well as staff turnover.

During the first quarter of the 2015, WISe community trainings will be offered in areas that are providing WISe services and later in the year for those that are starting to implement WISe in 2015. The goal is that this WISe orientation training, which will be open to youth, family and community system partners, will assist in understanding and engagement in WISe implementation.

Monitoring of WISe Implementation (Objective 6)

TRIAGe is currently a group comprised of the Plaintiffs' counsel, Attorney General representatives, and representatives of DSHS child-serving administrations (BHSIA, CA, DDA and JJ&RA) and HCA who have knowledge relevant to the services and processes identified in the WISe Implementation Plan. TRIAGe is utilized as a communication mechanism between parties to enable implementation.

To assist with the success of the staged rollout of the WISe Implementation Plan, the membership of TRIAGe needs to broaden. For this group, representation from youth partners, family partners, RSNs and WISe providers needs to be identified. In early 2015, the current members of TRIAGe will work on a plan to identify new team members and delineate responsibilities of each will be developed. DBHR, with support from Plaintiffs' counsel and the AGO, will invite representatives from the Regional Support Networks, WISE affiliated providers and youth and family partners to participate on TRIAGe.