Quality Management Plan
Wraparound with Intensive Services

December 19, 2014*

Developed pursuant to the

Settlement Agreement

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

U.S. District Court, Seattle

No. C09-1677-TSZ

*amended 1/2015; 5/2015

Washington State Department of Social & Health Services

Washington State Health Care Authority

Transforming lives

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Preamble to T.R. Quality Management Plan

This Quality Management Plan (QMP) prescribes the quality management goals, objectives, tools, resources, and processes needed to measure the implementation and success of the Commitments set forth in the *T.R. v. Quigley and Teeter* Settlement Agreement dated December 19, 2013 (DKT 119-1, paragraphs 18 – 64). The QMP is based on the requirements set forth in the Settlement Agreement at paragraphs 45 – 54 (Quality Management Commitments) and is informed by the terms of the WISe Implementation Plan dated August 1, 2014. Complete implementation of the QMP will occur on or before December 19, 2016. This QMP is not intended to expand or contract the Commitments, Exit Criteria, or any other obligations of the Settlement Agreement, which controls the terms by which Defendants' substantial performance shall be measured.

This Plan is intended to be a working document. It is neither filed with, nor approved by the Court, nor are its terms independently enforceable by the Court. Nonetheless, the Parties believe it is crucial to the successful implementation of the Settlement Agreement and to the state's substantial performance of the Commitments and Exit Criteria contained in that Agreement. At the core of the process is the Action Information Matrix (AIM) set forth at Appendix B to the QMP. The AIM articulates outcome oriented, operationalized criteria that, when measured, indicate whether the Settlement Agreement's Commitments are being met, prescribes the data source used to measure the criteria, and establishes the feedback mechanism used to implement improvements or sustain best practices.

As a result, the Parties intend that this Plan will continue to adapt and change over time to successfully meet the seen and unforeseen challenges to statewide implementation of WISe. Quality improvement is an enduring value and continuing commitment in the process.

Quality Management Plan for Children's Behavioral Health in Washington State: The Decision Points Model

I. INTRODUCTION

Health care systems and processes are complex. There are innumerable points in the care process at which one could choose to measure and act on performance. The decision points framework outlined in this Quality Management Plan (QMP) identifies performance metrics at critical points in care common to every client: access to care, engagement in care, provision of appropriate and effective services, and linkage to ancillary and follow-up services. Identifying and addressing performance issues at critical decision points reduces unnecessary and dangerous variation in healthcare processes and costs. Measures of system performance at these critical points provide a picture of how well persons in the system are employing practices that result in positive health outcomes for children and youth. This method of gauging and acting on system performance allows diverse stakeholders to meaningfully engage in quality monitoring and improvement activities. The QMP includes sections (Access, Engagement, Service Appropriateness, Service Effectiveness, and Linkages) based on this model.

Before describing the data to action feedback cycle at each decision point, the data feedback structures and processes used in quality improvement efforts in Washington State are described. The description includes delineation of the frequency with which collected data will be communicated to stakeholders and characterization of the mediums by and forums at which the information will be used to make or inform important decisions about system care processes and quality improvement. Because the QMP and the State's quality management system will evolve over the course of the settlement implementation, in some cases what is described in this initial plan is the process by which the relevant methodology for understanding an aspect of performance will be established. Implementation of such processes and their implications for the full QMP will be described in annual reports to the Court. Revisions made to this document shall be consistent with the Settlement Agreement and Implementation Plan.

II. USING DATA TO IMPROVE OUTCOMES

There are at least four data feedback structures and processes that are being developed or leveraged to (1) promote fidelity to the WISe practice model and the Settlement Agreement, and (2) improve the children's behavioral health system performance over time. They are:

1. The Behavioral Health Assessment System (BHAS), an online Child and Adolescent Needs and Strengths (CANS) data entry and reporting system provides CANS data in real time to clinicians, supervisors, agency administrators, RSN administrators and DSHS staff for quality improvement purposes. The reports in this system are explicitly designed to provide on-demand, multi-level feedback and are updated in real-time. Thus, they are suited to the needs of stakeholders at all levels of the system, including clients and clinicians who need timely decision supports.
2. The Measures of Statewide Performance produced by the DSHS Division of Research and Data Analysis (RDA) in consultation with the Children's Behavioral Health Data and Quality Team.
3. Topical annual reports produced by a variety of contracted internal and external experts, including the University of Washington (UW), Washington State University (WSU), Portland State University (PSU) and the state's External Quality Review Organization (EQRO); and
4. Lessons learned from a planned Quality Service Review (QSR) of WISe system performance including adherence to practice components outlined in the WISe manual and practices that result

in positive youth outcomes. Key findings will be reported to the DBHR QIC and incorporated into ongoing quality improvement processes.

Quarterly Reports

Quarterly Reports include information relevant to stakeholders at each level of the system. These reports are designed to help decision-makers review areas of variation in performance which, among other things, is intended to identify exceptionally effective performance, or performance needing improvement. The DBHR Office of Decision Support and Evaluation will send a Quarterly Report to stakeholders to facilitate this data review and minimize the effort needed to access these reports. Many of these reports are part of the BHAS online information system. Quarterly reports by RSN and statewide will also be posted online to inform stakeholders and insure transparency. Quarterly reports will be aggregated so that they contain no personally identifiable protected health information and to comply with the Health Insurance Portability and Accountability Act (HIPAA).

Examples of multi-level BHAS outcomes reports, which are currently being built and tested by the contracted BHAS developer (RCR Technology Corporation) and the state's DBHR and RDA staff, are provided in Appendix A. The reports produced via the BHAS system will reflect up-to-the moment assessments of clinical performance at each level of the system, and may be configured to provide assessments of previous performance. System-level reports are being developed in consultation with various quality management committees with internal and external stakeholder membership and in consultation with a performance management system design expert from Chapin Hall for Children at the University of Chicago. Revisions to the reports may be made as needed, consistent with the foregoing purposes and processes.

Annual Reports

In addition to the standard information contained in the quarterly reports, additional information will be available on an annual basis and included in the 4th Quarter Quarterly Report. Annual reports will involve a mixture of existing quality management processes and structures that are being redesigned to better address quality management needs identified by the Settlement Agreement, and for the individuals included in the Plaintiff class. For instance, use of an EQRO is a federally-mandated Medicaid requirement. However, the content of the services provided by the EQRO can be aligned with some of the quality management needs of the Plaintiff class and settlement exit conditions. For example, the annual statewide satisfaction survey will be adapted to survey WISe-involved youth and caregivers about important aspects of WISe services. The expertise provided by the UW's Evidence Based Practice Institute (EBPI) regarding assessing model fidelity and the PSU System of Care Institute regarding workforce preparedness will be used to ensure that the content of service process and workforce readiness measures are appropriate to the WISe practice model.

Also, information about the child, youth and family experiences of Wraparound services will be available annually. Measures of Statewide Performance (Data Dashboard) also will be updated annually. The Measures of Statewide Performance uses cross-system administrative data to generate information on a set of priority outcomes for publicly insured children in Washington with behavioral health needs. The broad set of measures was developed in collaboration with a cross-system team that includes family and youth advocates. A subset of the measures will be produced and updated quarterly for putative and actual

class members to aid ongoing quality improvement pursuant to the Settlement Agreement. The data included in the Quarterly and Annual Reports are summarized in the Action Information Matrix, attached as Appendix B. The AIM outlines the objectives for critical points of care and lists reports that will provide data to monitor progress toward objectives as well as the feedback mechanisms for making improvements.

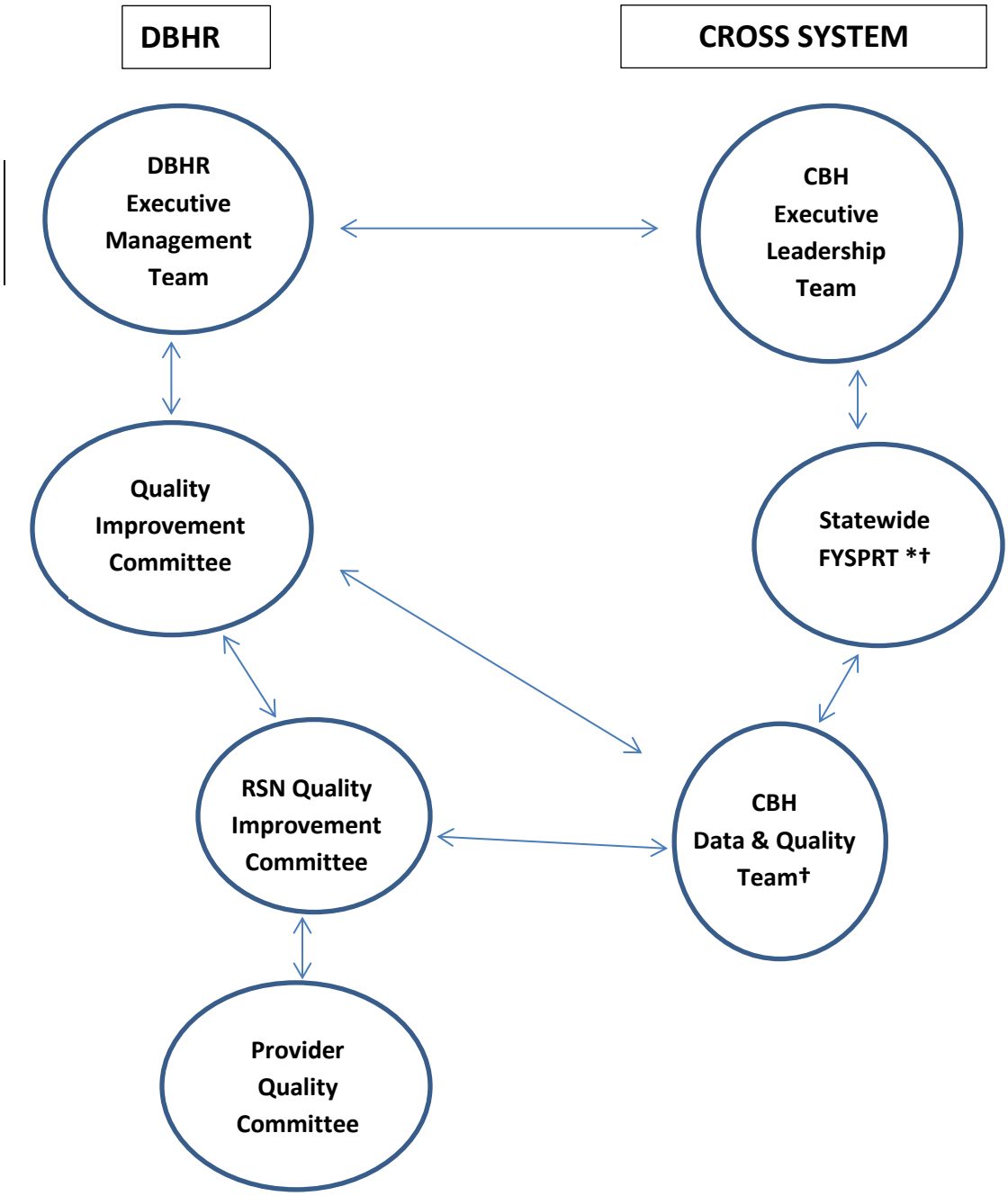
The full extent of data to be included in the Annual Reports will be identified in 2015, and described in the 2015 annual report to the Court. Moreover, included data may change over time as quality management efforts develop and evolve over time, taking into consideration the requirements of the Settlement Agreement, Implementation Plan, and the need to maintain reporting continuity over time.

III. DATA AVAILABLE FOR IMPROVING OUTCOMES

A multi-level quality improvement infrastructure that meets regularly to review data, sets goals for improvement, monitors progress and communicates outcomes will be implemented across the state. Performance at critical decision points outlined in this QMP will be identified and addressed as needed within the infrastructure outlined below. Systems change efforts begin at the local level with a focus on the child and family experience of assessment, treatment planning, and progress in goal attainment. Thus, system-improvement needs are expected to be identified and addressed at the provider agency level first. Local priorities for practice change, and any recommended policy or procedure changes needed to address those concerns, are reported to the RSN Quality Improvement Committee on a quarterly basis. These performance improvement efforts are summarized and needed changes identified for state policy executives to consider system-wide policy change on an annual basis.

The lead person for each of the committees/teams outlined below will receive the quarterly and annual reports and assure that data is reviewed, changes needed to correct gaps in performance or policy are identified and implemented, and outcomes of those changes are monitored over time. (For example, at the RSN level the Quality Manager leads the review and action based on those reports are then sends a summary to the chair of the DBHR Quality Improvement Committee.) The Quarterly Data Review Protocol in Appendix D provides guidance for reviewing, acting on and reporting planned practice improvements as well as effective practices to be disseminated. Needed technical assistance for reviewing and analyzing the data will be provided by the DBHR Decision Support and Evaluation section. If the outcome data does not improve within a year of implemented improvements, the problem will be referred to the next level of the system. Additionally, if a concern or emerging effective practice is identified by local stakeholders and judged by them to be of sufficient merit to warrant system-level consideration, they can directly communicate this information to appropriate state-level bodies.

Quality Infrastructure for Children's Behavioral Health in Washington State



*see Appendix C for the local substructures of the statewide FYSPRT
†cross system quality structures report here

Designated Authority	Quality Responsibility
Key WISe contact identified on attestation; agency administrator	Review Quarterly and Annual Reports with local quality committee; identify gaps, areas of improvement and successful practices and implement local practice adjustments to improve outcomes.
RSN Quality Improvement Committee	Review Quarterly and Annual Reports; set targets for improvement in collaboration with counties and agencies and recommend practice and policy changes to DBHR QIC.
DBHR Quality Improvement Committee (QIC)	Review Quarterly and Annual Reports to assess statewide performance; set targets for improvement with RSNs and counties and recommend practice and policy changes, including contract changes and corrective action, to DBHR Executive Management Team for implementation.
DBHR Executive Management Team	Review Quarterly and Annual Reports to assess statewide performance; reviews and acts on policy recommendations made by the Quality Improvement Committee. Provides direction and support for QI activities.
Children's Behavioral Health Data and Quality Team	Review Quarterly and Annual Reports to assess statewide performance; develops and refines cross-system indicators included in the Measures of Statewide Performance; recommends policy and practice changes to statewide FYSPRT.
Statewide Family, Youth, System Partner Round Table (FYSPRT)	Review Quarterly and Annual Reports to assess statewide performance and make recommendations through collaborative engagement of youth, families and system partners. If no improvement seen, submit decision memo to CHB ELT with recommended practice or policy changes.
Children's Behavioral Health Executive Leadership Team (CBH ELT)	Review Quarterly and Annual Reports to assess statewide performance; make policy decisions related to cross-agency/cross-administration children's Behavioral Health initiatives to improve the effectiveness and efficiency of the children's behavioral health system.

DBHR and its agency partners will develop a Transformational Collaborative Outcomes Management (TCOM) plan, in close collaboration with the T.R. Implementation Advisory Group or its representatives, for describing, rating, and guiding development of core system and cross-system program administration and management competencies necessary for system reform. The plan will be used to evaluate system and infrastructure strengths and needs in order to identify and prioritize actions necessary to ensure the success of the Implementation Plan and the overall reforms called for in the Settlement Agreement. The Supplement to this QMP specifies our TCOM plan to improve competences. Other efforts under way include:

1) Measuring post-training mastery scores on perceived competencies to delivery WISe services to inform future training and coaching needs.

2) Adjusting both clinician and supervisor training programs based on post-training scores as well as participant feedback.

3) Supporting acquisition of leadership competencies throughout the governance structure by disseminating tools and resources for changing from a technical to an adaptive approach more useful for systems undergoing change.

4) Developing a governance structure Guideline Manual including definitions, roles and tasks of state, regional and local FYSPRTs and community collaboratives to guide their functioning and effectiveness in carrying out their role.

5) Continue to identify the resources necessary to support successful implementation and the steps needed to secure them. The first Decision Package was submitted to the Court November 17, 2014 and identified the funding required to meet the Settlement Agreement commitments. Funding in this package provides analytic, financial and contract support to monitor WISe program implementation, costs and outcomes. Funding will also provide enhanced training and coaching on use of the CANS, social marketing and communication activities and additional support for implementing an effective governance structure. Fidelity, cost and outcome data, as WISe implementation proceeds, will inform supplemental budget requests and biennial decision packages.

Efforts to consistently and accurately monitor and report on progress in implementing WISe statewide are described in detail in the Multi-Level Communication Plan section of the attached Supplement and include:

1.) Affinity group communication materials (printed and video) are being developed and will be reviewed prior to dissemination early next year.

2). Quarterly and annual reports organized by critical points in care will be distributed and reviewed as described above and in more detail below.

DBHR will also continue to use the FYSPRT governance structure to communicate and reach out to stakeholders about WISe availability, progress toward meeting goals and outcomes. FYSPRTS will have an opportunity to review and comment on all materials. BHR will post T.R. and WISe related information on the website for public review and distribute via the Children's Behavioral Health List Serv. Quarterly and Annual Reports will be included.

Critical Points in Care: Access, Engagement, Appropriate and Effective Services, and Linkage to Ancillary and Follow-Up Services

Access to appropriate, intensive services is the core goal of the TR Settlement Agreement and is spelled out in the Access Protocol, Appendix C of the Agreement. There is inherent overlap with other critical points of care – Engagement, Service Appropriateness, Service Effectiveness and Linkages- each of which are addressed separately below. Details regarding system objectives, measurement tools, feedback mechanisms and frequency of data reporting are in the AIM in Appendix B. As stated in the Preamble, the AIM outlines the objectives for critical points of care and lists reports that will provide data to monitor progress toward objectives as well as the feedback mechanisms for making improvements, in order to achieve key Quality Management requirements set forth in the Settlement Agreement and Implementation Plan.

ACCESS

Children and youth are identified, screened, assessed and provided access to appropriate services.

Access is predicated on the idea that there is both the capacity and the identification and referral mechanisms to deliver services to the population needing them. As a first indicator of system performance, the number of persons screened for and receiving WISe will be reported each quarter, and will be available at any time as a BHAS report. This number will be compared to the estimated number of children and youth needing WISe services in order to understand how close the state is to the goal of serving all children and youth needing these services. The estimated service population will be updated annually, first based on proxies of clinical need, and then based on more direct assessments of need over time as they become available. Evidence of inability to increase capacity to meet demand due to financial constraints will be referred to the Budget and Finance Committee for review and action.

Access to WISe services must be timely. As a first measure of timeliness, the proportion of screenings that occur within 10 business days of referral will be tracked and reported. This BHAS report will be available at all levels of the system and will be included in the Quarterly Report for review at all levels of the system.

Point of Identification

The proportion of WISe screens by referral source type (e.g., CMHA, CA, schools, JJ&RA, individuals and families) is an important performance indicator that will be monitored. Referral source types with a particularly high or low volume of referrals, or with a particularly high or low proportion of referrals meeting algorithm criteria, will trigger review by the Children's Behavioral Health Data and Quality Team. These data are available in the BHAS system and will be included in the Quarterly Report. Improvement strategies will be developed if warranted, and monitored for effectiveness.

Outcomes of those screened and of those not screened (e.g., hospitalization or other out-of-home placement, ED utilization) will be monitored and reported annually (state FY) beginning November 2015. Patterns of unmet need will be analyzed and strategies for improvement outlined at the most local level of the quality infrastructure possible.

Referral and Intake Process

The proportion of WISe screens by referral source will be reviewed annually to examine penetration of communication materials as WISe rolls out across the state. Variation will be addressed to seek solutions to local issues and learn from those that are successfully identifying and referring potential WISe clients.

Each state FY the number and characteristics of youth who were screened and received varying screening outcomes (WISe services, outpatient mental health, BRS/CLIP/other out-of-home treatment placements) will be reviewed, again as a check against systematic screening out of youth who would have benefited from WISe. Characteristics to be examined are listed in the Action Information Matrix, Appendix B, and include, for example, demographic variables, CANS domain scores, behavioral health diagnoses and prescription of psychiatric medications in addition to scope, duration and intensity of services delivered. If the process is systematically excluding youth who would have benefited from WISe or including youth for whom WISe services are not appropriate, the WISe screening algorithm, identification or referral processes will be modified.

Care Planning

Youth in BRS or CLIP will be screened with the CANS tool prior to entry and during regularly scheduled reauthorizations. CLIP and BRS will be tracked as Referral Sources in BHAS and compared with CLIP and BRS enrollment figures. Screening outcomes indicating WISe eligibility that do not result in a WISe referral will be assessed by DBHR staff, referred to CA or CLIP administrators for resolution and reported to the Children's Behavioral Health Data and Quality Team.

Cross-system involvement will be evaluated by the Children's Behavioral Health Data and Quality Team using BHAS data. Chart reviews of documentation of cross-system Child and Family Team membership and participation in care planning will be included as part of the ongoing WISe implementation assessment.

Service Delivery

The number and types of services received by WISe participants as well as the length of time in WISe will be monitored over time and compared across RSNs to evaluate the match of services with identified needs and strengths and associated outcomes. Evidence of insufficient or excessive services will be shared with the RSN Quality Improvement Committee for initial problem-solving.

Delivery of the full WISe service array focused on needs and strengths and driven by youth and family voice and choice will be evaluated by:

a) Review of Service Encounters – semiannually.
b) Individual chart review – quarterly by supervisors, annually by state.
c) Feedback on service effectiveness to meet desired goals from youth/families through annual interviews.
d) Review of Notices of Action that reflect an adverse decision.
e) Review of Grievances and Appeals related to WISe.
f) Quality Service Review findings where available.
g) Additional elements as detailed in the AIM.

Transitions

Improvements in CANS scores (BHAS Report) will prompt planning by the CFT for transition to a less intense level of care. CANS scores of WISe youth as they progress through the program will be used to produce a protocol for transition planning. This will occur no later than February 2016.

Transition success will be measured both by service utilization at the subsequent level of referral and by clinical and functional outcome data.

ENGAGEMENT

Successful engagement of youth begins with the referral to WISe and continues through transition and discharge from WISe. Receiving care in a timely and collaborative fashion is key to successful engagement. Details regarding feedback mechanisms and frequency of data reporting are set forth in the AIM, Appendix B. The AIM outlines the objectives for critical points of care and lists reports that will provide data to monitor progress toward the objectives as well as the feedback mechanisms for making improvements.

Assessment is experienced as useful, timely and collaborative.

For children and families to receive a timely assessment, consistent with the WISe protocol, there must be a sufficient number of providers available to complete the assessment. For this reason, the number of practitioners certified on the CANS, both statewide and in a given local jurisdiction, is an indicator of the system's capacity for engagement. This number is fed from the CANS training and certification site to BHAS, and is available on demand. It will be reported and reviewed quarterly.

The timeliness of screening is defined as the number of days from referral to the completion of the CANS screen, and timeliness of assessment as the number of days from a completed CANS screen to the completion of the full assessment. Current standards are 10 business and 30 calendar days respectively. Timeliness reports allow multi-level stakeholders to review the data and make adjustments to meet standards so that children and families are engaged as intended. These reports are available on demand in the BHAS system (See Appendix A) and will be included in the Quarterly Report.

Services are experienced as collaborative and engaging.

Youth who screen into WISe but do not receive a full CANS assessment, as well as those who do not receive a 90-day follow-up assessment, are considered to have exited early from treatment. These individuals may not have been effectively engaged in treatment. Reports will examine the difference between the numbers of children screening positive for intensive services and the number of children receiving an initial CANS assessment, as well as those who receive an initial CANS assessment and also receive a 90-day follow-up assessment. These data will be included in the Annual Review.

In addition, WISe youth and caregivers will be interviewed annually beginning in 2015 to understand, among other things, the extent to which services are perceived by youth and families as collaborative and engaging. Providers and RSNs will use these data to inform their supervision and training efforts, and the state may use these data to define practice areas for training and set performance improvement priorities. The results will be available in the Annual Review.

SERVICE APPROPRIATENESS

To be effective, services received need to address identified needs. Therefore, regular assessment that the care provided is consistent with the youth and family goals and needs is an essential piece of this QMP. Details regarding feedback mechanisms and frequency of data reporting are set forth in the AIM, Appendix B.

Workforce is trained and supported in effective use of WISe, including use of Child and Family Teams.

The ability to deliver appropriate services statewide to the service population is dependent on statewide treatment capacity. To monitor capacity, a number of elements are available and will be reported. These are set forth in the AIM, Appendix B, and include: the number of WISe-qualified PIHPs; number of WISe-qualified agencies; number of providers meeting requirements for CFTs and crisis services; number of WISe-trained staff; and the number of CANS-certified staff. The number of agencies and providers meeting these requirements, and changes over time will be reported on an annual basis; the number of staff trained in WISe and the number certified on the CANS will be reported and reviewed quarterly. Providers and RSNs attest to their capacity to provide WISe services. Capacity to provide WISe services will be reported annually and reviewed by the DBHR Children's Team and QIC for needed adjustments.

Delivering appropriate care is also dependent on guidelines for care and training in care delivery as well as ongoing coaching to adjust practice to expected performance. A WISe manual has been adopted and providers are being trained in the WISe program elements including the use of the CANS in Child and Family Teams. Changes in mastery scores are tabulated and qualitative feedback of training strengths and recommendations for improvement are summarized by UW EBPI and forwarded to the WISe Implementation Team. Training for supervisors to effectively support and coach staff in implementing these practice changes is underway. This includes training supervisors to use clinical and functional data to identify and act on areas of treatment excellence and treatment need. This training and coaching will explicitly address how CANS data can be used collaboratively within the WISe framework to improve youth outcomes. All WISe training is evaluated by the WISe Implementation Team and improvements to the training will be made based on data including participant feedback. Evidence of drop off in mastery scores post training will be monitored by the Children's Behavioral Health Team and reported to Agency and RSN Administrators so that corrective action can be taken.

Assessment of providers' capacity to implement child family teams and other WISe service components will be integrated into the Quality Service Review (QSR) to begin in 2016. DBHR will plan this review in consultation with national experts including Chapin Hall and UW EBPI. The QSR will test approaches (including team observation, chart reviews and youth/family interviews) to identifying and measuring core practice components related to positive outcomes for children, youth and their families. Useful elements of these approaches will then be integrated into ongoing quality improvement activities and reported on an annual basis.

Administrative and service encounter data will also be used to identify and monitor service appropriateness. The number of Notices of Actions that reflect an adverse decision and grievances will be tracked and reported quarterly to understand disjuncture in client and provider perception of service appropriateness. Audit and compliance review data will be provided annually to understand whether basic federal and state requirements for service provision are being met. These data will be reviewed and

acted upon by the DBHR QIC. Building on the current Measures of Statewide Performance, the WISe-specific data dashboard will also include indicators of service appropriateness such as, for example, the number of children who receive psychotropic medication as a treatment who also receive therapy services. The Children's Behavioral Health Data and Quality Team will review this data annually. Together, this multi-pronged approach to using existing service review processes and service data will provide the ability to monitor and report on service appropriateness and service need and to take action when gaps are identified and improvements needed.

Administrative and clinical activities (including CFT and cross-system care plan components) of agencies currently implementing WISe were assessed with an EQRO survey. The report, due December 2014, will be reviewed by the WISe Implementation Team to inform needed improvements to training and TA activities as WISe implementation goes forward. Audits and compliance reviews will also be included in the Annual Reports.

SERVICE EFFECTIVENESS

Once a youth begins receiving appropriate services to address identified needs, regular assessment of clinical indicators, especially CANS item and domain scores, is required to achieve desired outcomes. Details regarding frequency of data reporting and feedback mechanisms are set forth in the AIM, Appendix B. The AIM outlines the objectives for critical points of care and lists reports that will provide data to monitor progress toward objectives as well as the feedback mechanisms for making improvements.

Regularly updated data sources are used to benchmark and improve clinical and functional outcomes at every level of the system.

BHAS reports will be targeted at treatment needs and service effectiveness to gauge change over time in individual level outcomes, see Appendix A. The reports use CANS as a multi-level performance improvement strategy. Key clinical and functional improvement reports are available on demand and will be included in the Quarterly Report. These reports will show service effectiveness at the youth, family, agency, and system levels and support collaboration to achieve outcomes. For example, both WISe program values and recent empirical data support the use of natural supports to maintain clinical gains. Consistent with this approach, BHAS reports support examining changes in child, family and community strengths over time to support success in natural settings. This multi-level approach will allow managers to target their efforts to the appropriate level of the system to improve service effectiveness.

Performance levels of PIHPs will be determined by provider-level analysis of BHAS reports and allow system stakeholders to identify where effective practices are being used and which practices may serve as models for replication across the system. Over time, this continuous identification and promotion of locally effective practices is expected to improve practices statewide.

In addition, a Measures of Statewide Performance report (data dashboard) on the population of WISe youth will be updated quarterly beginning November 2015. This report will include, among others, data on psychiatric facility and ED utilization for those screened for and receiving WISe services.

Practice improvement is targeted based on outcomes data

System practices that support effective care emphasize outcomes. CANS items will be used to guide need-driven implementation of EBPs. This will be reported in the Annual Report. In addition, lessons learned from QSR findings will be used to identify specific practice changes to be supported by the state and implemented system-wide.

LINKAGES

Cross-system communication and collaboration at the beginning of treatment, during treatment and at transition from one level of care to another promotes engagement and the maintenance of gains made during treatment. Ultimately effective communication and collaboration can prevent the unnecessary use of restrictive and more intensive treatment services. See the AIM, Appendix B, for details regarding the frequency of data reporting and feedback mechanisms.

Children and youth are provided services in the least restrictive environment; appropriate linkage services are provided to maintain success over time.

Memoranda of Understandings (MOUs) have been established across child-serving systems to lay the groundwork for collaboration and cross-system involvement. To further identify how WISe providers will coordinate with other services and supports, DBHR and system partners are finalizing the development of protocols related to referral to WISe, participation in Child and Family Teams, participation in Community Collaboratives, and transitions out of WISe. These protocols will be implemented beginning January 2015 and reviewed and updated as part of the Annual Review. Of particular interest will be the proportion of youth admitted to CLIP or BRS who were screened prior to entry and throughout their stay, as well as the receipt of timely services following discharge. Examining whether a child's internal, family, and community strengths are expanding is one marker of readiness for linkage to less formal services. These longitudinal reports can be obtained on demand and will be included in the Quarterly Report. Results will be reviewed at each level of the system and improvements made as indicated.

Cross-system referral and practice protocols support linkage and success across sectors.

The MOUs referred to above are on file with the Children's Team and will be updated annually and included in the Annual Report. BHAS reports (on demand and included in the Quarterly Report) will provide data on cross-system involvement at assessment. The QSR process will specifically assess fidelity to transition planning and linkages including CFT participation. Youth and family interviews will include questions about individual experiences with linkages and transition planning. These data will provide a multi-faceted picture of the use of transition planning and linkage practices to support the ongoing success of children and families.

SUMMARY

This QMP describes the development of a practice, performance monitoring, and clinical improvement system designed to afford children and youth across the state access to appropriate, effective, intensive mental health services. The components of the system facilitate performance benchmarking and the capacity to adapt to the needs of children and youth. Specifically, the access protocol describes the

process whereby children and youth who may need intensive mental health supports are screened and routed to effective care. The practice model is built around collaborative goal-setting and is able to accommodate any identified, locally effective treatment practice. The on-demand reporting system provides for data at every level of the system so that variations in effectiveness can be tracked, studied, and lessons learned disseminated. Finally, cross-system care coordination, information dissemination, and decision-making structures allow for a coherent and rational response to children and youth with complex support needs. This QMP sets the foundation for increasingly accessible, effective, and coordinated care for Washington's children and youth with complex behavioral health needs and their families.

GLOSSARY OF ACRONYMS

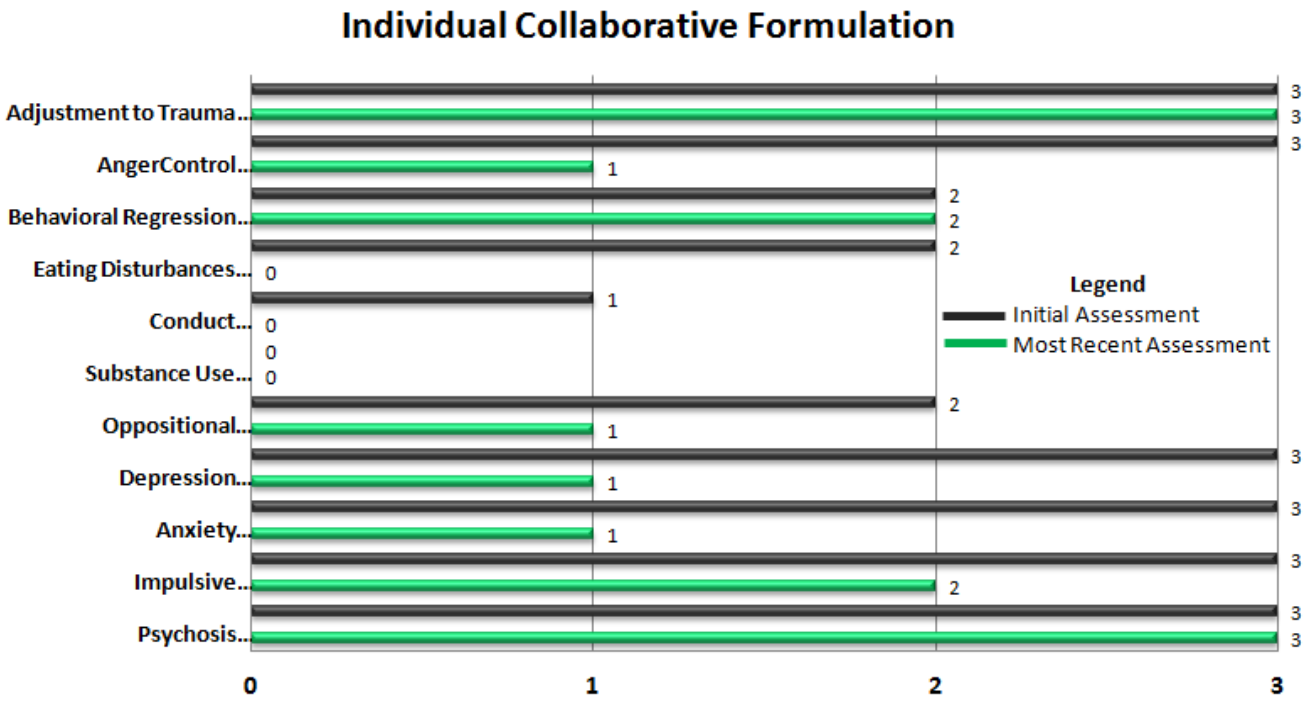
PIHP	Prepaid Inpatient Health Plan
WISe	Wraparound with Intensive Services
BHAS	Behavioral Health Assessment System
CANS	Child and Adolescent Needs and Strengths
RDA	DSHS Division of Research and Data Analysis
EQRO	External Quality Review Organization
DBHR	DSHS Division of Behavioral Health and Recovery
EBPI	Evidence Based Practice Institute
MoU	Memorandum of Understanding
FYSPRT	Family Youth System Partner Round Table
RSN	Regional Support Network
CA	Children's Administration
JJ and RA	Juvenile Justice and Rehabilitation Administration
DDA	Developmental Disabilities Administration
HCA	Health Care Authority
DoH	Department of Health
CBH	Children's Behavioral Health
ELT	Executive Leadership Team
QMP	Quality Management Plan
CMHA	Community Mental Health Agency
TCOM	Transformational Collaborative Outcomes Management
BHO	Behavioral Health Organization
QSR	Quality Service Review
DSHS	Department of Social and Health Services
UW	University of Washington
WSU	Washington State University
PSU	Portland State University
HIPAA	Health Insurance Portability and Accountability Act
AIM	Action Information Matrix
PIP	Performance Improvement Plan
OSPI	Office of the Superintendent of Public Instruction
ED	Emergency Department
BRS	Behavioral Rehabilitation Services
CLIP	Children's Long-term Inpatient Program
QIC	Quality improvement Committee

Appendix A. BHAS Multi-Level Clinical Report Examples

Individual Collaborative Formulation (Effectiveness by Child / Youth)

This chart provides a bar graph representing the client's score on each need and strength item, by domain. Each bar within an item represents a particular assessment. The chart should display items from all domains relevant to service planning. This generally includes all items which repeat on the Initial and Reassessment or Closing assessments. Examples of included domains from the CANS Comprehensive are: Behavioral and Emotional Needs, Impact on Functioning, Risk Behaviors, Child Strengths, Caregiver Strengths and Needs, Foster Caregiver Resources and Fit, and Trauma Symptoms.

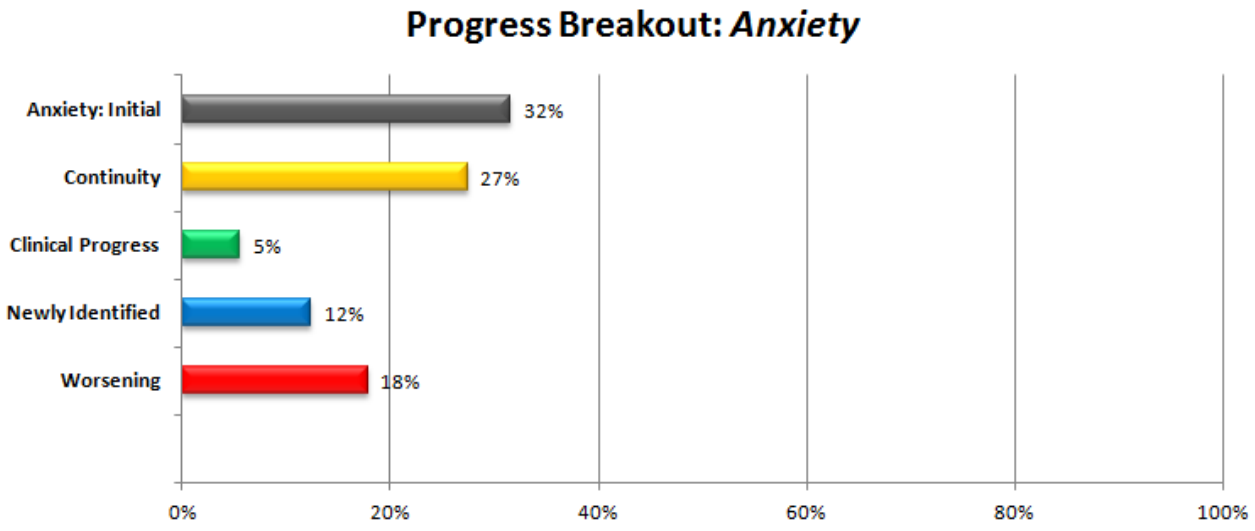
The graph should have room for multiple assessments to be represented for each item, beginning with the Initial Assessment.



Possible filters: Client; Reassessment or Closing assessment.

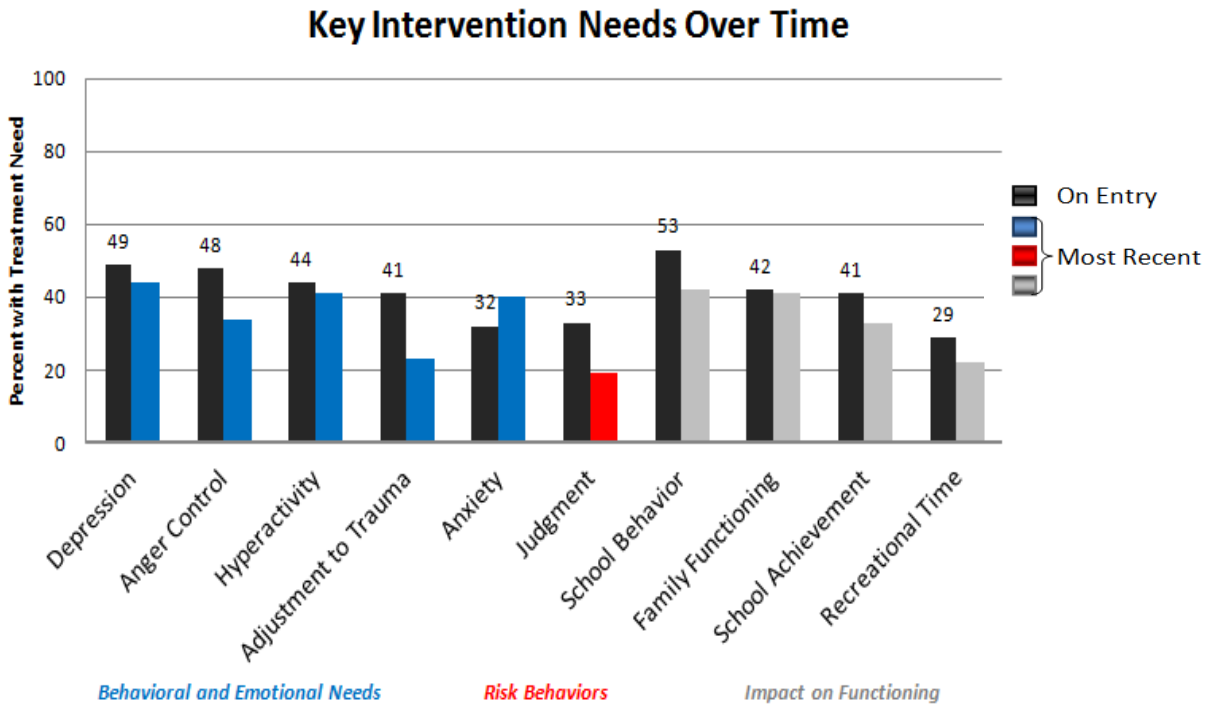
Item Breakouts (Effectiveness by Particular Need)

This report allows individuals at every level of the system to better understand treatment progress over time. This chart displays five metrics which can be applied to any item which has been assessed at two time points. The first metric is simply the percentage of clients which have this item identified as a treatment need (rated as a '2' or a '3'). The second metric indicates the percentage of clients who previously had the item identified as a treatment need (rated as a '2' or a '3'), and for whom it continues to be a treatment need (rated as either a '2' or a '3'). The third metric, 'Clinical Progress,' displays the percentage of clients with this identified need who have shown at least a 1-point improvement over time. The fourth metric, 'Newly Identified,' reflects the percentage of clients who currently have this item identified as a treatment need, but who did *not* initially have this item identified as a treatment need. The final metric, 'Worsening' reflects the percentage of clients who had at least a 1-point increase in the level of support need associated with the item.



Multi-level Collaborative Formulation over Time (Effectiveness by Program or System)

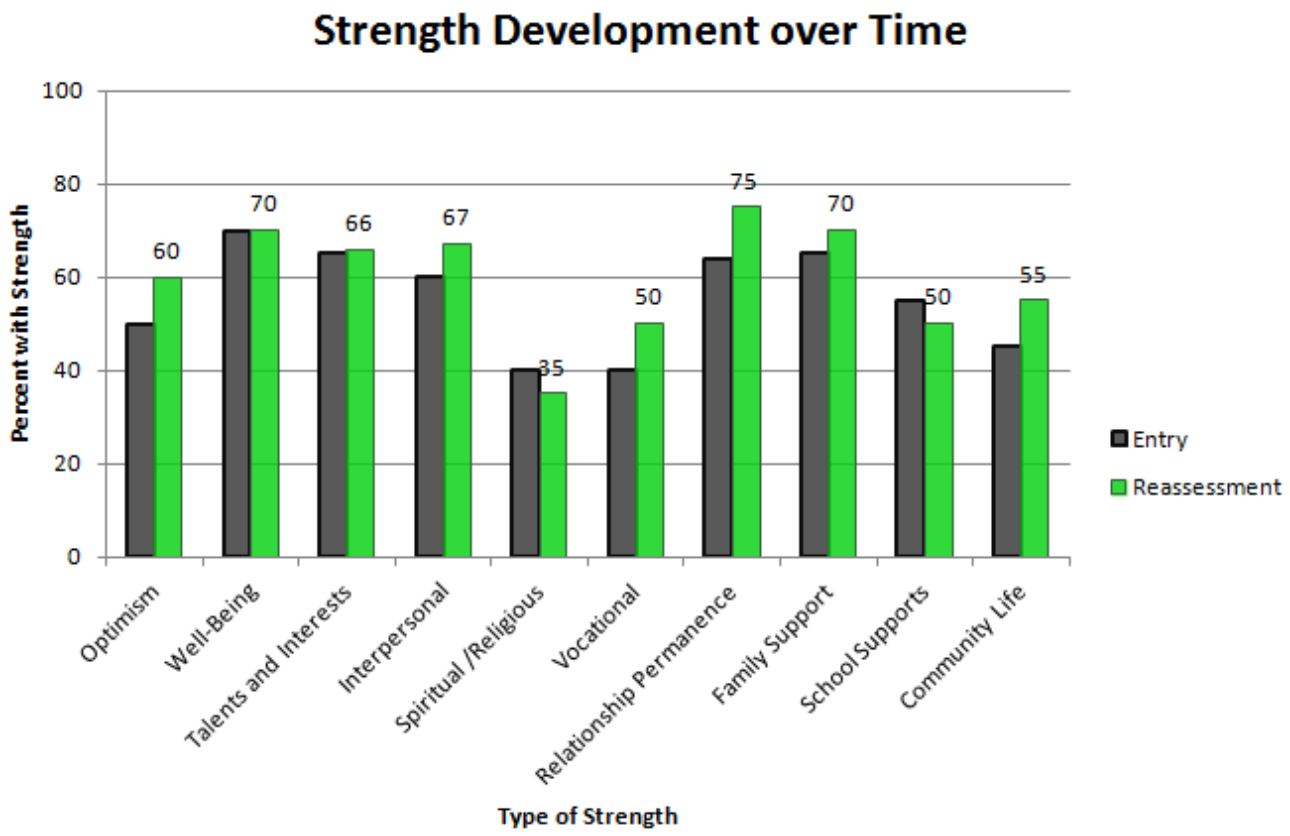
To be included on this graph, the client had to have both an Initial Assessment and a Reassessment/Closing. This allows us to determine what percentage of the *cohort* improved over time. Then, all items must be dichotomized. Items scored a '0' or '1' must be recoded as a '0.' Items scored a '2' or '3' must be recoded as a '1.' Items recoded as a '1' are treatment needs. For the item to be included, it has to be **one of the six most frequently endorsed treatment needs at entry from the Behavioral / Emotional Need or Risk Behavior Domains** (items in blue for Behavioral / Emotional needs; the item in red for Risk Behaviors) or **one of the four most frequently endorsed treatment needs from the Life Domain Functioning domain (**items in grey**).** Bars are computed as the percentage of clients with a '1.' The denominator for this is the total number of clients in the cohort (with both an Initial Assessment and a Reassessment/Closing). The first bar represents the percentage of persons who had an item rated as a '2' or '3' at the initial assessment; the second bar shows the percentage of clients who had an item rated as a '2' or '3' on the Reassessment/Closing.



Possible filters: Clinician, Supervisor, Program, Agency, System; Reassessment or Closing assessment; Time point; Reassessment or Closing date range.

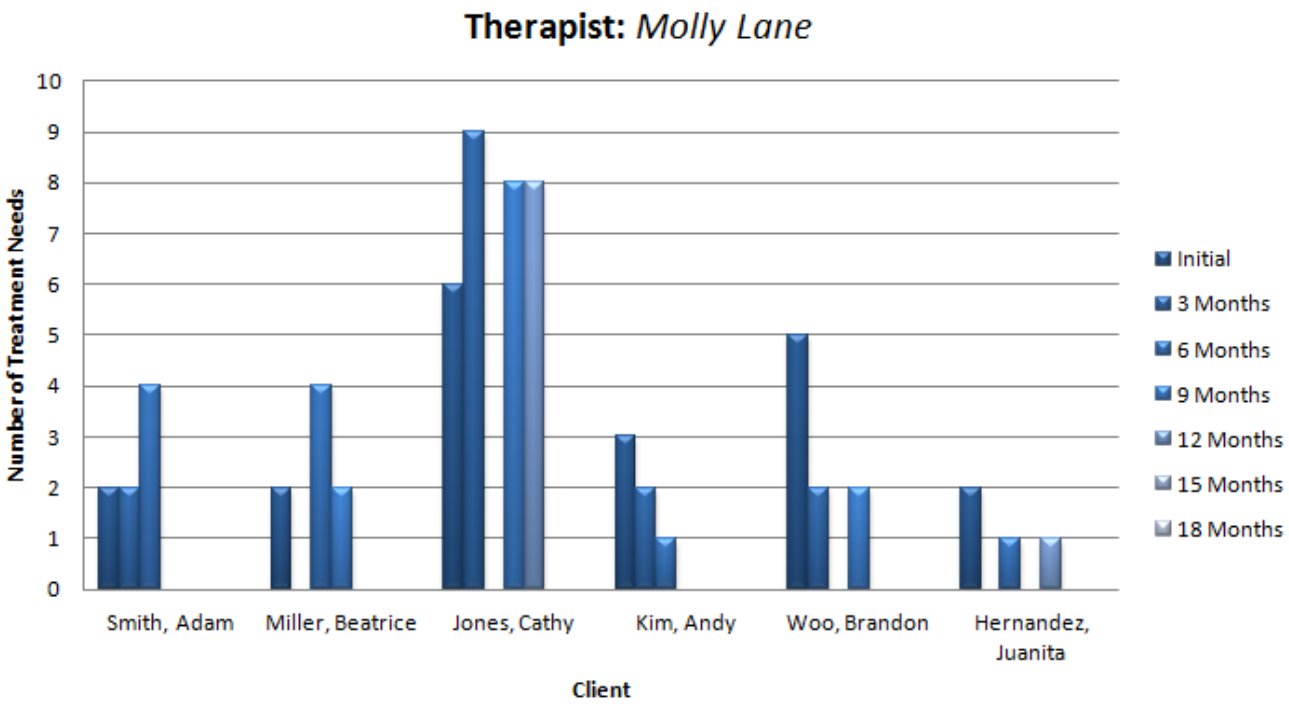
Multi-Level Collaborative Formulation: Strengths Development

This graph builds on the last, but is specific to the Child / Youth Strengths domain. Again, to be included on this graph the client had to have both an Initial Assessment and a Reassessment/Closing. This allows us to determine what percentage of the *cohort* improved over time in the Child / Youth Strengths domain. Then, all items must be dichotomized. Items scored a '0' or '1' must be recoded as a '1.' Items scored a '2' or '3' must be recoded as a '0.' Items recoded as a '1' are developed / developing strengths. All items on the Child / youth Strength domain are included in the graph. Bars are computed as the percentage of clients with a '1.' The denominator for this is the total number of clients in the cohort (with both an Initial Assessment and a Reassessment/Closing). The first bar represents the percentage of persons who had an item rated as a '0' or '1' at the initial assessment; the second bar shows the percentage of clients who had an item rated as a '0' or '1' on the Reassessment/Closing.



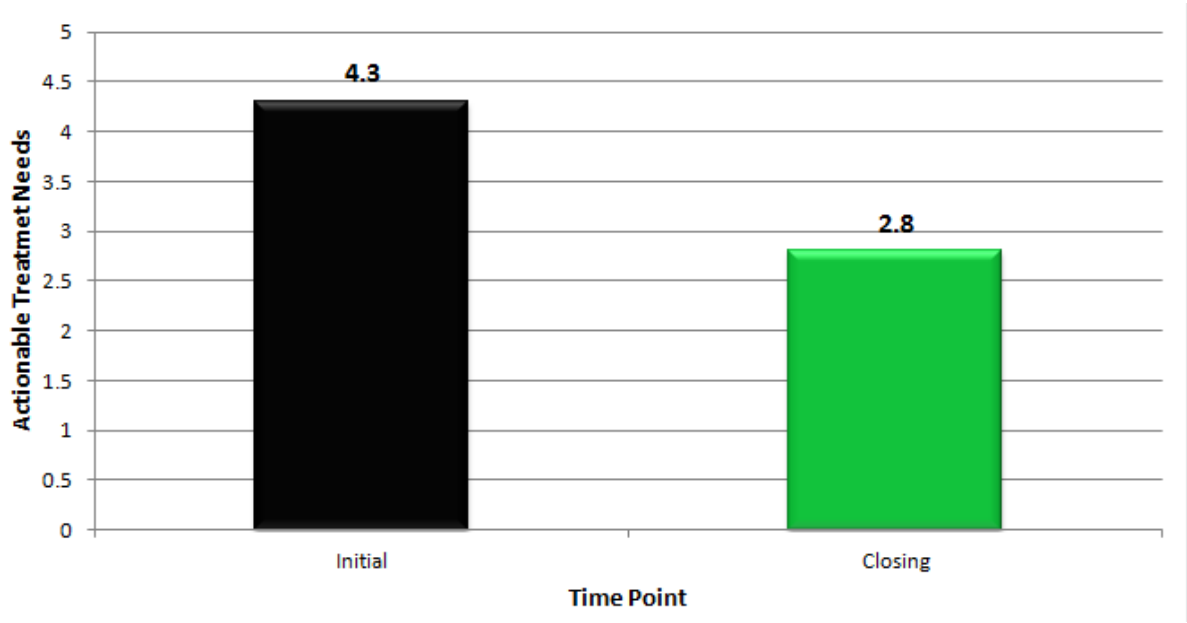
Supervision: Caseload Progress Report (Effectiveness by Caseload)

This report is designed to let Supervisors and clinicians quickly assess client progress over time. It is designed to display the total number of actionable needs across **all** entered assessments: Initials, Reassessments and Closing. Again, all items included in this report are dichotomized for action, as in the previous report. The number of actionable items across three domains (Behavioral and Emotional Needs, Functioning, and Risk Behaviors) is totaled. The graph is designed to display these results for all clients of a given clinician (filter by clinician).



Average Impact Report

This report looks at the change in CANS ratings of needs over time. This graph represents a cohort of clients (those for whom both an Initial Assessment and a Reassessment or Closing assessment is available, within a given time period). For each cohort, the average intensity of needs at entry and a defined end point (e.g., 6 months, 9 months, 12 months, Closing) is computed across all treatment domains. The intensity of needs at the two time points is graphed. A reliable change score can also be computed and superimposed as a horizontal reference line within this graph.



Appendix B Action Information Matrix

Outcome Domain Objectives	Operationalization	Data Source	Feedback Mechanism (+frequency)
		***See Glossary of Acronyms**	**[BHAS data available in real time at multiple user levels for QI purposes; Annual reports provided to DBHR QIC and Children's Behavioral Health Data and Quality Team and included in Annual Implementation Status updates.]**
A. ACCESS			
WISE Access protocol is being used such that children and youth are identified, screened, assessed, and provided access to appropriate services	Unduplicated number of youth receiving WISe services over each state FY (statewide, by PIHP)/Estimated service utilization	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report; Estimated Service Utilization updated Annually in Annual Report
	Proportion of those screened that are referred to WISe, outpatient, BRS, CLIP, other	BHAS Report on Screening Outcome	BHAS On-Demand; Quarterly Report
	Proportion of WISe screens by referral source type (e.g., school, mental health agency, family)	BHAS Report by Referral Source Type	BHAS On Demand; Quarterly Report
	Percent of individuals receiving a CANS screen within 10 business days of referral	BHAS Report on Screening Timeliness	BHAS On-Demand; Quarterly Report
	Check for systematic exclusion by measuring characteristics of persons		

	screened for and receiving WISe services including:		
	i. Basic characteristics (gender, age, ethnicity, PIHP)	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report
	ii. CANS domain scores and/or relevant clinical items (where available)	BHAS Reports on Outcomes	BHAS On-Demand; Quarterly Report
	iii. Functional impairments as defined in prior 'proxy' analyses (e.g., criminal conviction, crisis encounter, suicidal behavior, overdose, multiple psychiatric ER visits, inpatient stays, and /or substance abuse)	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report
	iv. Behavioral health diagnoses and psychiatric medications	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report
B. ENGAGEMENT			
Assessment is experienced as useful, timely and collaborative	Number and percent of CANS certified staff	BHAS Report on Staff Certification	BHAS On-Demand; Quarterly Report
	Percentage of all individuals having an assessment completed within 30 calendar days of completed screening and referral	BHAS Reports on WISe Assessment Timeliness	BHAS On-Demand; Quarterly Report

Services are experienced as collaborative and engaging	Number and characteristics of persons screened in for WISe services who do not receive services	DBHR / RDA Reports	Annual Report
	Perception of Engagement in Services	Annual WISe Participant Survey	Annual Report
	Increasing numbers of service providers demonstrate competence in engaging youth and families	Annual WISe Participant Survey	Annual Report
C. SERVICE APPROPRIATENESS			
Workforce is trained and supported in effective use of WISe, including use of Child and Family Teams	Size of WISe-trained workforce is sufficient to meet needs of estimated WISe service population, as evidenced by:		
	a) Number of WISe-qualified PIHPs	a) Attestation by WISe providers/RSNs;	Annual Report
	b) Number and geographic distribution of WISe-qualified agencies	b) Attestation by WISe providers/RSNs;	Annual Report
	c) Number of WISe-trained staff	c) WISe training records and evaluations provided by PSU, then WSU (future staff training through WSU Workforce Collaborative);	Annual Report
	Set of WISe fidelity and supervision items for family, youth in QSR	a) survey for participating families; QSR report	Report on Lessons Learned from QSR

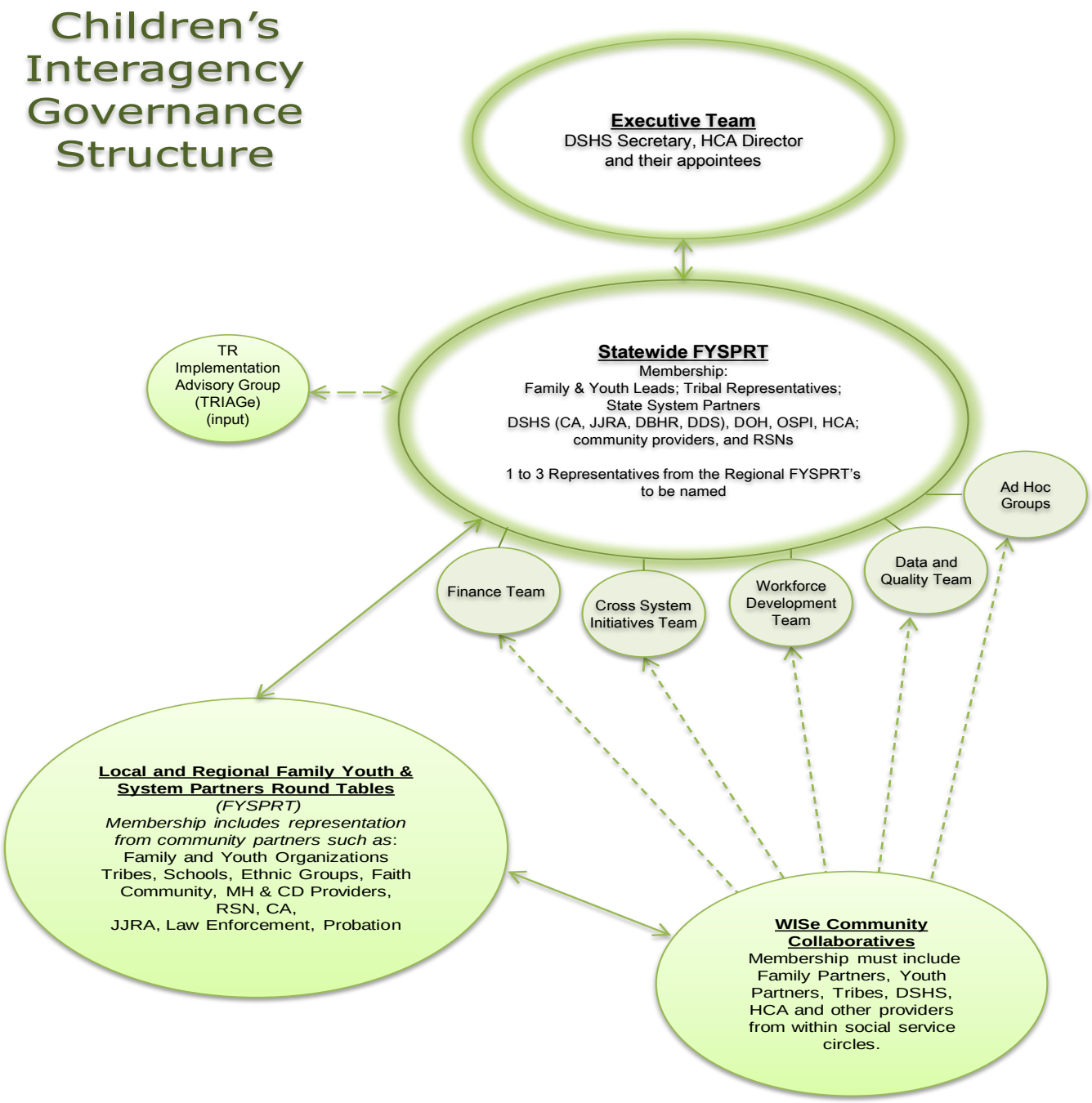
	Providers meet requirements for CFTs, crisis services	b) Attestation by WISe providers/RSNs;	Annual Report
	Number of Notice of Actions and grievances filed by RSNs (using Model Form)	RSN reports on Notice of Actions	Quarterly Report
	Audits, compliance reviews and analysis of data are used to monitor compliance	EQRO Reports to DBHR	Annual Report
	Percentage of children and youth with psychotropic use who also receive mental health treatment	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report
	QSR methodology will be developed, tested, and incorporated into QI processes thereafter, consisting of:		
	a) Initial identification of high, medium, and low performing sites. Performance level of providers will be determined by provider-level analysis in BHAS automated reports, as well as responses to engagement specific interview questions.	a) BHAS/CANS; Implementation data to include WISe attestations, available training data, and available child and family engagement data from interviews	BHAS On-Demand; Implementation data in Annual Report

	b) Protocol to be piloted; practice review at sites identified as low, medium, and high-performing; WISe file review using fidelity components: observation, interview, record review	b) File sampling strategy will be developed and used for clients in identified agencies	Annual Report
	c) Protocol development based on data gleaned re: what activities are most positively associated with improved clinical and functional outcomes.	c) Protocol change reflected in updated versions of file review protocols	Annual Report
	d) Written report will identify elements of practice most associated with treatment effectiveness, including policy recommendations to spread effective practices	d) Planning to occur in 2015, implementation and reporting beginning in 2016.	Report on Lessons Learned from QSR
D. SERVICE EFFECTIVENESS			
Are using regularly updated data sources to benchmark and improve clinical and functional outcomes.	a) Each RSN has at least one qualified WISe agency	a) description of roll-out status	Annual Report
	b) Change in CANS item or domain scores over time, as seen in:		
	Percentage of people with reductions in actionable needs from T1 to T2.	BHAS Reports	BHAS On-Demand; Quarterly Report

	Percentage of people with increases in useful strengths from T1 to T2.	BHAS Reports	BHAS On-Demand; Quarterly Report
	c) Reliable Change Index (RCI) of CANS scores over time	BHAS Reports	BHAS On-Demand; Quarterly Report
	d) Improvement over time in Measures of Statewide Performance	WISe Version of Measures of Statewide Performance (Data Dashboard)	Quarterly Report
	Performance level of PIHPs will be determined by provider-level analysis of BHAS automated reports	BHAS Reports	BHAS On-Demand; Quarterly Report
	PIP based on CANS and WISe model fidelity information will be completed	Once WISe is implemented in a specific locale, providers complete PIP using their local data	Annual PIP report from EQRO (as WISe is implemented; in 2018 for all.
Practice improvement is targeted based on outcomes data	CANS items are used to guide targeted (need driven) utilization of EBPs.	a) BHAS Reports	Annual Report
	QSR is used to identify specific practice changes to be supported by the state and implemented system-wide	Planning to occur in 2015, implementation and reporting in 2016.	Report on Lessons Learned from QSR
E. LINKAGES			
Children and youth are provided services in the least restrictive environment; appropriate linkage services are provided to maintain success over time	As seen in: a) Proportion of youth admitted to CLIP, BRS in a FY who were screened for WISe prior to entry	DBHR reports	Annual Report

	b) Timeliness of WISe screens for youth in CLIP and BRS	BHAS reports	BHAS On-Demand; Quarterly Report
	c) CANS data on need by level of care (over course of treatment)	BHAS reports	BHAS On-Demand; Quarterly Report
	d) Receipt of timely mental health services following discharge from CLIP, BRS.	DBHR reports	Annual Report
Cross-system referral and practice protocols support linkage and success across sectors	a) Cross-system protocols and MOUs on file with Children's Team	a) DBHR records	Annual Report
	b) CANS data on cross-system involvement at assessment and discharge	b) BHAS reports	BHAS On-Demand; Quarterly Report
	c) youth/family interview questions on linkages and transition planning	Annual WISe Participant Satisfaction Survey	Annual Report
	d) QSR items on Wraparound fidelity related to transition planning and linkages	d) One time QSR Report	Report on Lessons Learned from QSR

Appendix C


Children's Interagency Governance Structure
Executive Team
DSHS Secretary, HCA Director and their appointees
Statewide FYSPRT
Membership:
Family & Youth Leads; Tribal Representatives;
State System Partners
DSHS (CA, JJRA, DBHR, DDS), DOH, OSPI, HCA;
community providers, and RSNs
1 to 3 Representatives from the Regional FYSPRT's to be named
TR Implementation Advisory Group (TRIAGe) (input)
Ad Hoc Groups
Finance Team
Cross System Initiatives Team
Workforce Development Team
Data and Quality Team
Local and Regional Family Youth & System Partners Round Tables
(FYSPRT)
Membership includes representation from community partners such as:
Family and Youth Organizations
Tribes, Schools, Ethnic Groups, Faith Community, MH & CD Providers,
RSN, CA,
JJRA, Law Enforcement, Probation
WISe Community Collaboratives
Membership must include Family Partners, Youth Partners, Tribes, DSHS, HCA and other providers from within social service circles.

Appendix D

Quarterly Data Review Protocol

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Introduction

The data review processes outlined here for the current Behavioral Health Assessment System (BHAS) reports are designed to help you, over time, identify areas where practices are effective and where practice change can have the most positive impact on the children and families you serve. This guide first briefly describes the framework for understanding these reports. Next, it lays out the communication and decision-making structure outlined for acting on these reports. Then the guide walks through how personnel can interpret each report in the BHAS system in terms of its use in improving quality at relevant key decision points. Finally, the guide provides fill-able sheets which guide the data review and practice improvement process. These are to be completed quarterly and communicated within the organization and up the system to support individuals at every level of the system working together to best meet the needs and build on the strengths of Washington's children and youth.

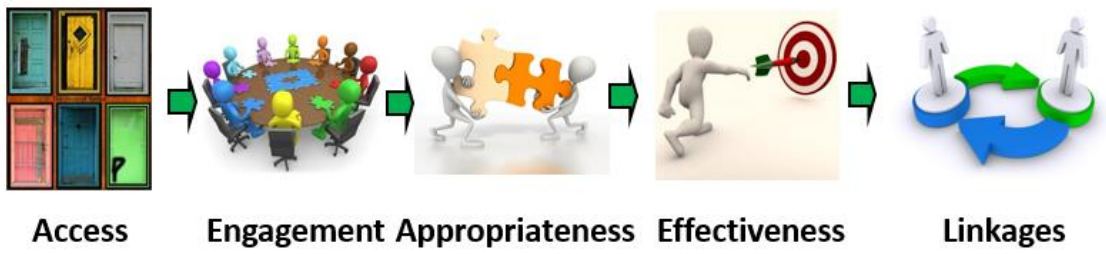
Framework: Transformational Collaborative Outcomes Management

The framework for the behavioral health systems improvement work is Transformational Collaborative Outcomes Management (TCOM). ***Transformational*** means that it is focused on the business of supporting personal change. ***Collaborative*** means that all system partners are working together toward a shared vision of responding to needs and building strengths. ***Outcomes*** means the measures are relevant to decisions about approach or proposed impact of interventions. ***Management*** means that this information is used in all aspects of managing the system from planning with individual families to supervision to program and system operations. This approach includes both values assumptions (i.e., the importance of shared visioning and empowerment) and specific processes (i.e., choosing measures, providing feedback, understanding and adapting practices based on outcomes). There is a voluminous literature, spanning multiple human service and scientific disciplines, supporting both working from these assumptions (Brenner, 2003; Cattaneo & Chapman, 2010; Hoagwood, 2005; Poston & Hanson, 2010) and using these processes (Cavaleria, et al., 2010; Garland, Bickman & Chorpita, 2010; Kauth, Sullivan, Culley & Blevins, 2011; Lasalvia & Ruggeri, 2007; Rubenstein, et al., 2010).

Creating a shared understanding of the impact of Wraparound with Intensive Services (WISe) in Washington State requires everyone involved in the system to be able to see how it operates. A series of reports were designed to provide stakeholders with a clear sense of performance at key decision points in the system. These reports are now available online on-demand (at the press of a button), and are also sent to key stakeholders quarterly by the Department of Social and Health Services Decision Support and Evaluation Section. These reports allow all persons involved to understand the outcomes of key service processes. In order for the system to learn and evolve its service approach to continually meet the needs of Washington's children and families, the results reported must be contextualized and acted upon.

The work being done in Washington as part of the TR Settlement and ongoing systems integration and development work is focused on providing *accessible, engaging, effective supports so that children and families achieve and maintain their health and wellness goals.* This work is also consistent with federal regulations specifying that Medicaid programs must have "an ongoing quality assessment and performance improvement program for the services it furnishes to its enrollees" (Code of Federal Regulations §438.240).

Figure 1. *Key Service Processes and Decision Points*



There are five key processes which drive outcomes in a health service episode. These are access, engagement, service appropriateness, service effectiveness, and linkages. Each is defined in turn:

Access: the conditions under which a person receives services

Engagement: process by which services are made meaningful to the individual's health and wellness goals

Service Appropriateness: matching of individual needs and strengths to supports most likely to help individuals meet their goals

Service Effectiveness: ability of the services to result in meaningful progress towards meeting goals

Linkages: provision of supports sufficient to maintain or build on gains

These processes can be defined and tracked. They can be used to identify where practices are beneficial to children and where they may need improvement. The reports provided online and distributed quarterly are organized to help you act on each of these five processes in order to maximize the positive impact of your work. Looking at these processes, it may be apparent that they have implications for the actions of persons at *every level of the system*. The TCOM framework is explicit that systems change occurs when people at all levels are working together to achieve clearly-defined goals relevant to improving the functioning of children and youth (Table 1).

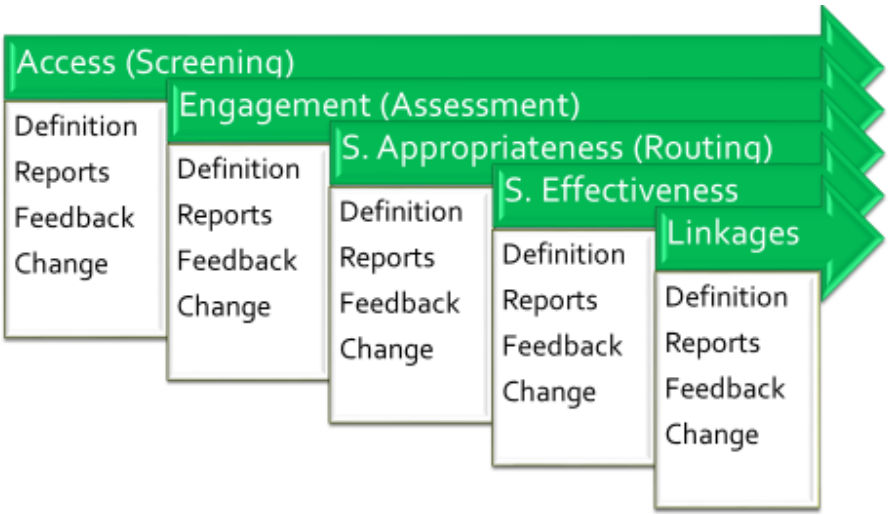
Table 1. *Examples of Collaborative System Processes and Outcomes*

	Access	**Engagement**	**Service Appropriateness**	**Service Effectiveness**	**Linkages**
Child / Family Level	Determine child / youth's fit for system services	Determine appropriate type and intensity of services in a timely fashion	Match needs and strengths to individualized supports	Monitor and adjust supports to maximize goal attainment	Provide internal and external supports to maintain and build on goals attained
Caseload Level	Ensure screening is timely and consistent with protocol	Ensure clients experience assessment as timely, collaborative and accurate	Match client to clinician based on caseload capacity and clinician strengths	Identify clinician treatment competencies and training needs	Develop relationships with internal and external stakeholders for frequently needed linkages
Program Level	Train on access protocols and monitor for appropriate use and access rates	Use client feedback to identify and train on core engagement practices	Match clients to program based on program's service intensity and effectiveness at addressing specific needs	Identify locally effective intervention practices used to treat specific needs	Use client strength and need data to identify needed linkages and develop internal and external resources to meet needs and develop strengths
System Level	Create access protocols which map to client needs and strengths; monitor and adjust protocols as populations change	Identify core engagement practices in assessment and treatment; provide consistent, automated feedback on practice use	Purchase services sufficient to address client intensity and types of needs	Create and enact infrastructure for effective practice identification and spread (uptake)	Enact cross-system linkage and funding protocols which allow children and families to access supports sufficient to meet and maintain goals; track child and family post-treatment needs and strengths
Ultimate Goal(s):	**Population experiences timely access to system services**	**Clients experience system services as useful and empowering**	**Clients experience services as specific to their intensity and types of needs**	**System is increasingly effective and efficient at supporting clients in meeting goals**	**Treatment gains maintained post-treatment, at or above scientific benchmarks**

Statewide Quality Improvement Decision Making Process

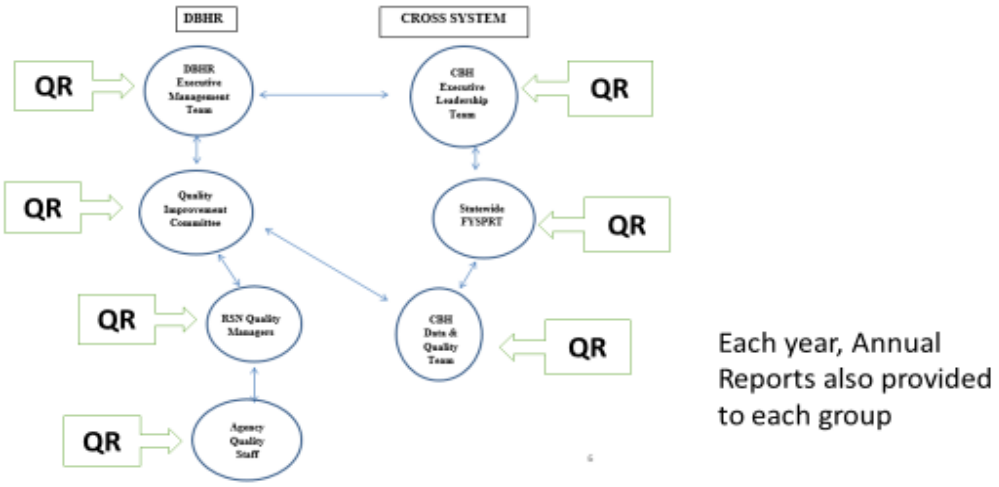
In order for consistent, collaborative action to take place across levels of a system, indicators of performance must be regularly produced, reviewed, made sense of, acted on, and actions and recommendations communicated to other levels of the system. This feedback structure insures that stakeholders at all levels can view relevant reports online and includes: a schedule and process for disseminating reports quarterly; this data review protocol to help you make sense of and act on those quarterly reports; a description of action expectations by role to clarify the communication structure and responsibilities of stakeholders at every level of the system. Ultimately, this process is designed to facilitate change resulting in better outcomes for children and youth (Figure 2).

Figure 2. *Quality Improvement Supports and Processes*



The information in the reports which have been developed in the BHAS system are available online, on-demand, at any time. These reports can be used to track progress as often as needed by direct service workers such as clinicians and Wraparound staff, agency and RSN administrators, and state administrators. In addition to this informal review of quality indicators, a formal quarterly review of indicators, and quality improvement activities is required at every level of the system. Standardized reports are provided each quarter (designated "QR" or Quarterly Reports, in the figure below) to key stakeholders for review and action. The arrows between each group indicate to where information from these review processes is communicated.

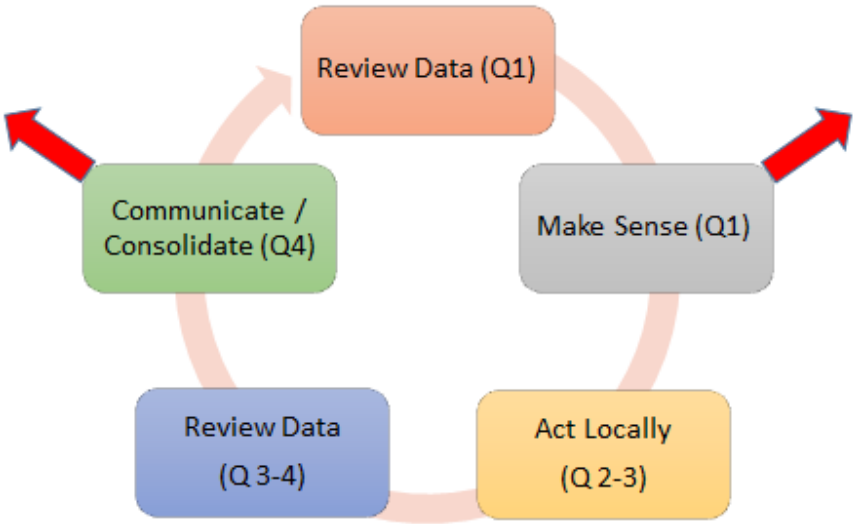
Figure 3. *Formal Indicators Review Structure*



The Performance Improvement responsibilities for persons at each level of the system (represented in Figure 3) are described on page 8 of this WISe Quality Management Plan.

It is expected that persons will take action to review and act on data every quarter at their level of responsibility. Failure by persons at one level of the system to take actions for which they are responsible does not absolve other levels of responsibility for action. As indicated by the red arrows in the picture below there is a 'skip' which can be introduced into the communication structure. Namely, when a group has not completed their communication and action cycle for a quarter, the other affected groups can move communication up a level in the system to insure that action occurs. Should a group fail to take action across two consecutive quarters, communication skips up two levels. This process supports coordinated action on the behalf of children by all persons in the system.

Data to Policy and Practice: Feedback Loops



The bulk of the work around quality improvement must take place in the exchanges between caregivers, youth, and front-line staff. The experiences of families and the practices of staff determine system outcomes. For this reason, the sense-making process regarding these reports must include caregivers', youths' and front line staff's input and stories. Most BHAS reports are available at the level of the individual client for this reason; they allow us to identify where it may be particularly important to understand practice. The rest of this Protocol will focus on understanding reports at each level of the system and using them in a consistent, structured manner to achieve ongoing quality improvement and better futures for Washington's children and youth.

Reports Overview and Data Review Protocols

Table 2. *Currently Available Automated Indicators of the Care Experience (BHAS Indicators).*

Access	Engagement	Service Appropriateness	Service Effectiveness	Linkages
Clinician Screening Results	*Staff Certification*	*Clinician Screening Results*	*Key Intervention Needs Over Time*	*Strengths Development Over Time*
Screening Timeliness Summary	*Initial Full Assessment Timeliness Summary*	*Reassessments System-wide*	*Strengths Development Over Time*	*Item Breakout*
	Open Assessments 60 Days		*Item Breakout*	
	Item Breakout		*Average Impact Report*	

Note: *CANS – based reports emphasize outcomes. The CANS is explicitly an Outcomes Management tool. It can be used to measure other processes, but is most directly a measure of outcomes. Several of these reports have data which are useful in understanding multiple processes and their outcomes. Additional reports provided quarterly or annually will provide additional measures of these decision points and their service processes.*

Data Review Process

Identifying the Representativeness of Data

The first step in understanding and acting on the data is to check the total number of clients represented in the reports provided to see if they match with internal data. Differences in the total number of clients represented in the reports may indicate a problem entering the data into the electronic record system in a timely fashion. This may result in misunderstandings of your program performance and client experience. Any un-entered data needs to be promptly entered into the BHAS system. The BHAS system will allow you to enter the date when the assessment was completed, even if this is well after the fact; it also records the time and date when the assessment was entered into the electronic system. This allows for accurate quarterly reports to be generated, or re-generated.

Identifying and Acting on Meaningful Variation in Outcomes

At every level of the system, there is likely to be some variation in performance. This is especially true as systems first adopt a comprehensive quality improvement system. Over time the goal is to bring all performance up to a designated, scientifically and ethically appropriate standard of practice. Variation exists within different outcomes for the same client, within caseloads, within agencies, within Counties, and within RSNs. Systematic quality improvement is about understanding and acting on meaningful variation - ceasing the use of ineffective or harmful practices, and increasing the use of health-promoting, locally effective practices.

Practices leading to desired outcomes are not often defined in the outcome data themselves. Instead, the outcome data *point to where to look for effective practices.* Once one knows where to look, a systematic effort to understand practice must be undertaken. This can include the use of formal, objective data, as well as the use of structured narrative or interview processes to identify which practices an individual or group of individuals are using to get the desired results. The state of Washington, via the Quality Service Review process, and annual surveys with children and youth will provide some data on specific practices in use in the system. However, these data are not collected frequently enough, and do not represent the breadth of practice information needed to perform routine ongoing quality improvement activities. RSNs and agencies must be able to describe and act on their practices on an ongoing basis.

Tools for a Structured Review and Identification of Action Steps

Included in this protocol are tools for reviewing data at each of the five key decision points. These review tools allow for the data to be understood in a consistent fashion. In addition to tools for reviewing the data, this protocol also includes prompts for understanding specific

practices which may be driving outcomes at each decision point. These are included after the data review tool for each decision point.

A summary sheet is provided to identify at which decision point(s) action can usefully be taken, and when the actions are expected to have their first discernible impacts. Finally, a sheet is provided to record policy recommendations to be considered by persons at the next level of the system. Summary sheets and policy considerations are expected to be communicated quarterly to the specific committees represented in Figure 3. The tools in this protocol serve as a guide for conducting a Plan-Do-Study-Act process at each key decision point.

Access

Access refers to *the conditions under which a person receives services.*

Screening a child or youth is the first step in providing access to services. The Screening Timeliness Summary report tells how many screens are being done, and whether screens are consistently being done in a timely manner; the Clinician Screening Results report tells how many children and youth are screened and the screening outcome. The projected utilization rate by RSN and County provides a benchmark for understanding the current rate of access compared to the expected access rate as the WISe implementation spreads and matures.

In mature, high-quality healthcare systems, it is expected that 85% of clients routinely receive the most effective practices. Applied to acting on these reports, it would indicate that systems would work towards timely screening for 85% of referred clients, and that the number of clients entering WISe services annually would fall near the mid-point estimate (~5,700 children and youth) provided in the projected utilization rate.

Programs beginning implementation of a performance management system are often well off of the 85% mark. Practices which are currently successful in improving the timeliness and output of screening must be identified through consultation with direct service and supervisory staff. Effective practices must then be clearly described, and promoted throughout the program. When practices are not sufficiently effective to result in the desire outcome, new practices may need to be identified, taught, coached, and their outcomes monitored.

Access Data Review Protocol

How much of a test is this of your current WISe practice at this decision point (check one):

- ☐ **Small Test (0 – 35% of WISe clients represented in these data)**
- ☐ **Medium Test (36-70% of WISe clients represented in these data)**
- ☐ **Large Test (71-100% of WISe clients represented in these data)**

What results, in numeric terms, were you expecting?

Why were you expecting these results (what data sources were you using to come to these expectations)?

Were the results you obtained in these reports consistent with what you were expecting (check one)?

- ☐ **Very Consistent**
- ☐ **Largely Consistent**
- ☐ **Inconsistent**
- ☐ **Very Inconsistent**

With whom did you talk and review these data to understand what practices are responsible for these outcomes?

Were there practices which helped make performance successful? If so, what were these?

Were there practices which would need to be changed in order to make performance more successful? If so, what are these?

What can you act on to grow success?

Who will take the lead on this?

When do you expect this action to be reflected in your data?

Table 3. Access: *Practice Prompts / Processes*

	Access Process and Outcomes	**How are we doing this / what do we need to do to improve practice?**
Child / Family	Determine individual / family's fit for system services	
Caseload	Ensure screening is timely and consistent with protocol	
Program	Train on access protocols and monitor for appropriate use and access rates	
System	Create access protocols which map to client needs and strengths; monitor and adjust protocols as populations change	
Ultimate Goal(s):	**Population experiences timely access to system services**	

Engagement

Engagement is the process by which *services are made meaningful to the individual's health and wellness goals*.

Integral to the engagement process is the presence of staff that is trained to use tools for collaborative assessment and treatment planning. CANS certification is one indicator of a workforce able to work collaboratively with families in these processes. Staff engaged in Wraparound, as well as staff providing clinical treatment services to the child or youth, are expected to be CANS-certified. As a minimum standard, the number of CANS-certified staff should mirror the client-to-staff ratios outlined in the WISe manual (no more than 15 clients to 1 certified staff member). More frequently, one would expect substantially higher ratios of trained staff to clients, as Wraparound services may involve multiple individuals from the same agency to be involved in supporting a child / youth's goals, and all benefit from being able to understand and meaningfully contribute to completing and updating the CANS over time.

Timely collaborative assessment of a child or youth's strengths and needs is a second indicator of engagement. The timeliness of this assessment is critical to ensuring that children and youth do not "fall through the cracks" and prematurely disengage from services. Again, it is expected that in a mature system, 85% of children and youth who screened into the WISe services would then receive a timely CANS assessment. Both the Initial Full Assessment Timeliness Summary and the Open Assessments 60 Days reports provide useful data on timely collaborative assessment.

Engagement Data Review Protocols

How much of a test is this of your current WISe practice at this decision point (check one):

- ☐ **Small Test (0 – 35% of WISe clients represented in these data)**
- ☐ **Medium Test (36-70% of WISe clients represented in these data)**
- ☐ **Large Test (71-100% of WISe clients represented in these data)**

What results, in numeric terms, were you expecting?

Why were you expecting these results (what data sources were you using to come to these expectations)?

Were the results you obtained in these reports consistent with what you were expecting (check one)?

- ☐ **Very Consistent**
- ☐ **Largely Consistent**
- ☐ **Inconsistent**
- ☐ **Very Inconsistent**

With whom did you talk and review these data to understand what practices are responsible for these outcomes?

Were there practices which helped make performance successful? If so, what were these?

Were there practices which would need to be changed in order to make performance more successful? If so, what are these?

What can you act on to grow success?

Who will take the lead on this?

When do you expect this action to be reflected in your data?

Table 4. Engagement: *Practice Prompts / Processes*

	Engagement	**How are we doing this / what do we need to do to improve practice?**
Child / Family	Determine appropriate type and intensity of services in a timely fashion	
Caseload	Ensure clients experience assessment as timely, collaborative and accurate	
Program	Use client feedback to identify and train on core engagement practices	
System	Identify core engagement practices in assessment and treatment; provide consistent, automated feedback on practice use	
Ultimate Goal(s):	**Clients experience system services as useful and empowering**	

Service Appropriateness

Service Appropriateness refers to the *matching of individual needs and strengths to supports most likely to help individuals meet their goals.*

The Reassessments System Wide report allows you to monitor how well clinicians are systematically checking in on the needs and strengths of individual children and youth. Combined with the Open Assessments 60 Days report one can monitor the extent to which assessments (and reassessments) are opened and then completed in a timely manner.

Service Appropriateness Data Review Protocols

How much of a test is this of your current WISe practice at this decision point (check one):

- ☐ **Small Test (0 – 35% of WISe clients represented in these data)**
- ☐ **Medium Test (36-70% of WISe clients represented in these data)**
- ☐ **Large Test (71-100% of WISe clients represented in these data)**

What results, in numeric terms, were you expecting?

Why were you expecting these results (what data sources were you using to come to these expectations)?

Were the results you obtained in these reports consistent with what you were expecting (check one)?

- ☐ **Very Consistent**
- ☐ **Largely Consistent**
- ☐ **Inconsistent**
- ☐ **Very Inconsistent**

With whom did you talk and review these data to understand what practices are responsible for these outcomes?

Were there practices which helped make performance successful? If so, what were these?

Were there practices which would need to be changed in order to make performance more successful? If so, what are these?

What can you act on to grow success?

Who will take the lead on this?

When do you expect this action to be reflected in your data?

Table 5. Service Appropriateness: *Practice Prompts / Processes*

	Service Appropriateness	**How are we doing this / what do we need to do to improve practice?**
Child / Family	Match needs and strengths to individualized supports	
Caseload	Match client to clinician based on caseload capacity and clinician strengths	
Program	Match clients to program based on program's service intensity and effectiveness at addressing specific needs	
System	Purchase services sufficient to address client intensity and types of needs	
Ultimate Goal(s):	**Clients experience services as specific to their intensity and types of needs**	

Service Effectiveness

Service Effectiveness is the extent to which services *result in meaningful progress towards meeting goals*.

There is a suite of reports available in BHAS which assess whether services are effective and what types of needs and strengths are most effectively addressed by services. The Average Impact Report is specifically designed to assess whether or not treatment services are effectively reducing treatment needs. The Average Impact Report provides a comparison of needs for a cohort between two specified assessment time periods (for instance, between the initial and 6-month reassessments). This allows you to answer the question: Are clinical services having a meaningful treatment impact?

The Key Intervention Needs over Time Report displays the most frequently occurring needs across three treatment-relevant CANS domains: Behavioral and Emotional Needs, Risk Behaviors, and Life Domain Functioning. These domains were chosen because they most closely map to the construct of 'Medical Necessity' as identified by the Centers for Medicare and Medicaid Services. These ten most frequently occurring needs are compared at two time periods to understand the extent to which treatment services have effectively addressed the need for treatment. This report allows you to answer the question: How well are we meeting clients most frequently occurring treatment needs? Effective systems are able to address treatment needs for two thirds to three quarters of all clients. In a system reflective of evidence-based practices, we would expect that for the most frequently occurring needs, 60-75% of clients have their treatment needs effectively addressed (Daleiden et al., 2006; Kazdin et al., 1990; Weisz et al., 2012; Weisz et al., 2013).

The Strengths Development Over Time Report, like the Key Intervention Needs Over Time Report, allows you to compare strengths items at two time points. The metric in the graph reflects the percentage of clients who have a developed (Useful or Centerpiece) strength in that area. This allows you to answer the question: How well are we developing clients' specific strengths?

The Progress Breakout Report allows you to select a single identified need and understand change in that need over time. The report provides a series of metrics for identifying treatment effectives, including the percentage of clients identified as having the concern at the first assessment who continue to have that treatment need, the percentage that show any clinical improvement, the percentage who worsen on that indicator, and the percentage who are newly identified as having that need. These fine-grained-indicators allow for a careful understanding of the cross-time dynamics of progress in treating a specific identified need. This report allows you to answer the question: How well are we addressing this *specific* identified

treatment need? Again, the benchmark for this indicator provided by the clinical literature is that 60-75% of clients have the treatment need effectively addressed (Daleiden et al., 2006; Weisz, Jensen-Doss & Hawley, 2006; Weisz, et al., 2013).

Taken together these four reports allow you to understand the extent to which treatment services are effective, the specific frequently occurring needs and strengths which are best addressed in treatment, and the treatment dynamics of particular needs over time. In action terms, these reports allow a person to drill down to specific needs which may be driving or undermining their overall treatment effectiveness, and address those needs or spread the effective practices which are in place.

Service Effectiveness Data Review Protocol

How much of a test is this of your current WISe practice at this decision point (check one)[1]:

***N/A:* Small Test (0 – 35% of WISe clients represented in these data)**

***N/A:* Medium Test (36-70% of WISe clients represented in these data)**

***N/A:* Large Test (71-100% of WISe clients represented in these data)**

What results, in numeric terms, were you expecting?

Why were you expecting these results (what data sources were you using to come to these expectations)?

Were the results you obtained in these reports consistent with what you were expecting (check one)?

- ☐ **Very Consistent**
- ☐ **Largely Consistent**
- ☐ **Inconsistent**
- ☐ **Very Inconsistent**

With whom did you talk and review these data to understand what practices are responsible for these outcomes?

Were there practices which helped make performance successful? If so, what were these?

Were there practices which would need to be changed in order to make performance more successful? If so, what are these?

What can you act on to grow success?

Who will take the lead on this?

When do you expect this action to be reflected in your data?

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[1] This question will be answerable once the numbers represented in each report are added to the Longevity reports by RCR, Inc. Until that time, no response is required on this prompt.

Table 6. Service Effectiveness: *Practice Prompts / Processes*

	Service Effectiveness	**How are we doing this / what do we need to do to improve practice?**
Child / Family	Monitor and adjust supports to maximize goal attainment	
Caseload	Identify clinician treatment competencies and training needs	
Program	Identify locally effective intervention practices used to treat specific needs	
System	Create and enact infrastructure for effective practice identification and spread (uptake)	
Ultimate Goal(s):	**System is increasingly effective and efficient at supporting clients in meeting goals**	

Linkages

Linkages refers to the *provision of supports sufficient to maintain or build on treatment gains*

Currently there are few reports which measure linkages. However, additional reports are anticipated to come online or be available in future. For example, items in the annual survey of youth and families will directly ask about linkages. In the meantime, there are reports which allow for the *indirect* measurement of linkage processes.

Consistent with the above definition of linkages, Wraparound service processes include a movement over time from the use of formal supports to community and natural supports. These community and natural supports are thought to support clinical and functional gains made while receiving Wraparound. There are a number of ways in which the use of more community-based and natural supports can be tracked using BHAS reports. Specifically, a series of CANS items measures the use of effective formal and informal supports in a child or youth's life. These include: Educational System (Strengths); Community Connection (Strengths); Spiritual / Religious (Strengths); Natural Supports (Strengths). Other items can be used to identify whether cross-sector linkages may need to be a focus of efforts: School Behavior (Impact on Functioning), School Attendance (Impact on Functioning), School Achievement (Impact on Functioning); Crime / Delinquency (Impact on Functioning); Medical (Impact on Functioning); Physical (Impact on Functioning). Treatment needs on these items in the Impact on Functioning section indicate a need to work across sectors with relevant parties to coordinate effective care. Items in the Strengths section can be tracked via the Strengths Development Over Time Report. Items in the Impact on Functioning section can be tracked using the Progress Breakout Report.

Linkages Data Review Protocols

How much of a test is this of your current WISe practice at this decision point (check one)[2]:

***N/A:* Small Test (0 – 35% of WISe clients represented in these data)**

***N/A:* Medium Test (36-70% of WISe clients represented in these data)**

***N/A:* Large Test (71-100% of WISe clients represented in these data)**

What results, in numeric terms, were you expecting?

Why were you expecting these results (what data sources were you using to come to these expectations)?

Were the results you obtained in these reports consistent with what you were expecting (check one)?

- ☐ **Very Consistent**
- ☐ **Largely Consistent**
- ☐ **Inconsistent**
- ☐ **Very Inconsistent**

With whom did you talk and review these data to understand what practices are responsible for these outcomes?

Were there practices which helped make performance successful? If so, what were these?

Were there practices which would need to be changed in order to make performance more successful? If so, what are these?

What can you act on to grow success?

Who will take the lead on this?

When do you expect this action to be reflected in your data?

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[2] This question will be answerable once the numbers represented in each report are added to the Longevity reports by RCR, Inc. Until that time, no response is required on this prompt.

Table 7. Linkages: *Practice Prompts / Processes*

	Linkages Process and Outcomes	**How are we doing this / what do we need to do to improve practice?**
Child / Family	Provide internal and external supports to maintain and build on goals attained	
Caseload	Develop relationships with internal and external stakeholders for frequently needed linkages	
Program	Use client strength and need data to identify needed linkages and develop internal and external resources to meet needs and develop strengths	
System	Enact cross-system linkage and funding protocols which allow children and families to access supports sufficient to meet and maintain goals; track child and family post-treatment needs and strengths	
Ultimate Goal(s):	**Treatment gains maintained post-treatment at rates which meet or exceed scientific benchmarks**	

Summary Functioning

	Access	Engagement	Service Appropriateness	Service Effectiveness	Linkages
Performance Level (High, Medium, or Low)					
Action Priority Level (High, Medium, or Low)					

Internal Recommendations

Successes / Strengths Identified:

Needs Identified:

Action Step 1:

How will this action, when taken, be reflected in changes in the data?

When do you expect to *first see* these changes?

When do you expect that these changes will be *fully* reflected in the data?

Responsible Party:

Action Step 2:

How will this action, when taken, be reflected in changes in the data?

When do you expect to *first see* these changes?

When do you expect that these changes will be *fully* reflected in the data?

Responsible Party:

Action Step 3:

How will this action, when taken, be reflected in changes in the data?

When do you expect to *first see* these changes?

When do you expect that these changes will be *fully* reflected in the data?

Responsible Party:

External Recommendations

Committees to Which These Recommendations Will Be Sent (see page 9):

Recommended Action Steps

Action Step 1:

Decision Point / Process this will impact:

How much of an impact would this action step make on *your* outcomes at this decision point?

Action Step 2:

Decision Point / Process this will impact:

How much of an impact would this action step make on *your* outcomes at this decision point?

Action Step 3:

Decision Point / Process this will impact:

How much of an impact would this action step make on *your* outcomes at this decision point?

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TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT

Transformational Collaborative Outcomes Management (TCOM) is a process that uses information about service delivery to improve the quality of services and the results of clinical interventions and is foundational to the Quality Management Plan for Children's Behavioral Health in Washington State. TCOM involves the use of the CANS and related information to collaboratively set and attain meaningful performance goals at all levels of the system. In the State of Washington, the use of the BHAS information and reporting system, the quarterly Data Dashboard, and annual and ongoing data on the process and outcomes of WISe training and services are all rich sources of information that will be acted upon within the TCOM framework. The process outlined below defines the feedback mechanism by which reports will be disseminated and discussed in a structured manner, recommendations made and actions taken at the policy and practice levels. The process is described in three sub-sections: TCOM training; quarterly data report content; and data use for improved outcomes.

TCOM Training

For stakeholders to be able to identify successes and areas for improvement they need to be apprised of the data they will receive, how to intervene at their level using those data, and then how to monitor and act on the outcomes of their intervention. The TCOM framework is explicit about the actions to be taken at each level of the system in order to improve system outcomes. These actions include the strategies described by its originator, John Lyons (2004), recently updated by John Lyons and Nathaniel Israel (2014) and shown in the Table below. For individuals at each level to be prepared to enact these strategies, they must be trained on how to connect the data on children's needs and strengths at their level of the system with appropriate practice and policy interventions.

TCOM Grid of Tactics

	Child and Family	**Agency / Program**	**System**
Decision Support	Collaborative Goal Setting	Determining Child – Agency Fit for Goal Attainment	Maximizing Probability of Goal Attainment
Outcome Monitoring	Success Generalization to Natural Settings	Locally Effective Practice Identification	Locally Effective Practice Uptake
Quality Improvement	Supervision for Competence	Meaningful Use of Data	Proactive, Transformational (Learning) System

The State of Washington has already committed to and begun providing certification training on the use of the CANS. This training allows end users to reliably rate the items on the measure. However, as is made clear in Table 1, this is not the same as using the measure at all levels for collaborative goal setting and goal attainment. Using the measure for goal setting and goal attainment first requires training of stakeholders at each level on using the reports they receive to improve practice and policy. Second,

consistent with research-based and cost-effective implementation models, it requires ongoing coaching to maximize impact and address local and contextual challenges to routine use. The core supports for this approach are outlined below.

Multi-Level Communication Plan

A formalized Multi-Level Communication Plan, including designation of state staff providing Quarterly and Annual Reports, will be developed. The Multi-Level Communication Plan will include routine data review procedures and procedures for rapid review of locally identified high-risk or highly effective practices. The state of Washington will provide the communication procedures; the TCOM consultant, Chapin Hall, will provide technical assistance in developing the data review protocol. The Multi-Level Communication Plan will be formalized in writing by the end of January 2015. This timing will allow stakeholders to have a consistent methodology for data review and communication as their first set of multi-level data is provided via the BHAS interface. The Plan will be reviewed each year by the Office of Decision Support and Evaluation, and any needed updates made in consultation with TCOM experts at Chapin Hall.

Data Review and Communication Training

Data review procedures and formal communication based on the data review is only as good as each person's ability to meaningfully internalize and routinely apply such procedures. A series of training events targeting staff at multiple levels of the system will be held to provide opportunities to learn and apply basic concepts in interpreting multi-level outcomes data, elicit a meaningful narrative regarding the data, and construct testable practice change hypotheses regarding the data. These trainings will be held in conjunction with the rollout of WISe services and the BHAS data infrastructure across the state.

Multi-Level Collaborative Performance Improvement Coaching

Testing local practice modifications requires ongoing commitment to the practice improvement process, and access to appropriate problem-solving structures and resources. TCOM systems-change plans specify a defined set of foci for systems change hypotheses and how these foci develop across the course of TCOM implementation. The framework also provides a set of systems indicators by which to gauge the implementation and sustainability of such changes. This QMP provides a formal pathway by which the practice and policy-related needs which arise in the development of the system can be communicated and addressed, and solutions to these needs can be disseminated. Because this pathway is new, and the focus of the pathway changes over the course of TCOM systems change implementation, training and coaching are required. Systems' coaching has been identified by the National Implementation Research Network as a core facilitator of the systems improvement process. A systems' coaching plan will be developed in consultation with TCOM experts from Chapin Hall by the end of January 2015, and will begin the second quarter of 2015. This coincides with the first formal data review cycle, as stakeholders will begin to make hypotheses about which clinical practices are driving more and less effective practice.

This coaching will facilitate the development of local implementation and peer-problem-solving groups. These groups will receive ongoing expert consultation to guide the process of reviewing and acting on data and help reduce commonly experienced data interpretation and policy implementation errors. For the most part, this coaching will be done remotely or virtually.

Annual in-person booster trainings will reinforce and extend use of these collaborative implementation and problem-solving practices. It is expected that within three years the state will achieve full implementation of the TCOM system. Key markers of progress at each year are depicted on the diagonal of the TCOM grid above. In year one, the focus and expectation is on collaborative goal setting at the child and family level. In year two, it is expected that there will be sufficient data to begin to identify sites demonstrating evidence of the use of Locally Effective Practices (LEPs). In year three, it is expected that the state will show evidence of using information on LEPs proactively to support and expand effective practices.

As the system's use of these strategies and practices matures, it is expected that multi-level stakeholders will require less formal and outside assistance in identifying and implementing needed practice improvements. The coaching plan will include a strategy for moving from formal consultation and coaching with outside experts from Chapin Hall to the development of multi-level internal coaches with expertise in the TCOM collaborative systems improvement strategies and practices.