

# WISe Attestation for a Tribal Behavioral Health

The WISe Attestation must be completed by the Tribal Behavioral Health Agency upon the initiation and any expansion of WISe within their area.

## 1

### Agency information

Tribal Agency name

Agency NPI

Agency address(es)

Key WISe contact person

Phone number

Email address

## 2

### WISe key elements

- |   |     |    |
|---|-----|----|
| <b>1. Has the agency contacted DBHR regarding any questions on the WISe program, Policy and Procedure Manuel?</b>                         | Yes | No |
| <b>2. Is the Tribal Behavioral Health Agency licensed by the Department of Health (DOH) by either attestation, deeming, or licensure?</b> | Yes | No |
| <b>3. Does the agency have the following certifications?</b>  |     |    |
| Outpatient intervention, assessment and treatment (WAC 246-341-0737)  | Yes | No |
| Behavioral Health Support (WAC 246-341-0700)  | Yes | No |
| Behavioral Health Outpatient Crisis Observation and Intervention (WAC 246-341-0901)   | Yes | No |
| <b>4. Has WISe staff attended the WISe training?</b>  | Yes | No |
| If yes, please list staff, role, and training date.   |     |    |

If no, please indicate training plan.

- |  |     |    |
|--|-----|----|
| <b>5. Are family partners peer certified (or qualify for certification)?</b> | Yes | No |
| If yes, please note on staff list.   |     |    |
| If no, please indicate plan to certify on staff list.                        |     |    |
| <b>6. Are youth partners peer certified (or qualify for certification)?</b>  | Yes | No |
| If yes, please note on staff list.   |     |    |
| If no, please indicate plan to certify on staff list.                        |     |    |

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|--|--|
| <p>7. <b>Is WISE staff certified in CANS on each team?</b><br/>If yes, please note on staff list.</p> <p>8. <b>Are there established protocols for responding to crisis, in line with the WISE service delivery, policy, procedure, and resource manual?</b></p> <p>9. <b>Have WISE staff reviewed the <i>WISE Quality Plan</i>?</b></p> <p>10. <b>Additional comments</b></p> | <p>Yes                  No</p> <p>Yes                  No</p> <p>Yes                  No</p> |
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<b>3</b>	<b>Signatures</b>
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**Tribal representative**

Signature

Printed name

Date

**DBHR approval**

Signature

Printed name

Date

<p> <b>Submit completed WISE Attestation form to: <a href="mailto:WISupport@hca.wa.gov">WISupport@hca.wa.gov</a>.</b></p>
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