



Comagine Health

Wraparound with Intensive Services (WISE)

Quarter Four Findings Summary & Recommendations

Quarter Four Review Period: 8/7/2017 – 10/8/2020

Quarter Four Review Dates: October 6 – December 10, 2020

Number of Records Reviewed: 47

Number of Agencies Reviewed: 6

This report was prepared under a subcontract with Comagine Health under contract K3866 with the Washington State Health Care Authority to conduct External Quality Review and Quality Improvement Activities.

Introduction

As the external quality review organization (EQRO) for Washington, Comagine Health is contracted to review behavioral health agencies (BHAs) throughout the state that have implemented the WISe service delivery model. Comagine Health contracted with MetaStar, Inc. to conduct the WISe record reviews. WISe is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs. It is a team-based approach that provides services to youth and their families in home and community settings rather than institutions.

Review Methodology and Scope of Review

This review evaluated BHAs to ensure quality behavioral health care provided to enrolled youth focusing on the components of the WISe service delivery model. The agencies reviewed include:

- Catholic Community Services (Olympia)
- Childhaven
- Comprehensive Life Resources
- Discovery Behavioral Health
- Y Social Impact Center
- You Grow Girl!

The review criteria are identified in the Washington Quality Improvement Review Tool (QIRT). The key areas evaluated during the review include:

- Care Coordination
- Child and Family Team (CFT) Processes and Transition Planning
- Crisis Prevention and Response
- Treatment Characteristics
- Parent and Youth Peer Support

The review team is provided a randomly selected list of names by HCA identifying records for review for each provider. Six (6) records, at a minimum, are reviewed per BHA with results entered into the QIRT database. Fourteen (14) of the 47 records reviewed were for children under the age of 5.

The review is based on what was documented within the records. In addition, each review was performed for one individual provider agency and may not reflect care provided outside the reviewed providers, if not coordinated and documented by the providers reviewed. The review period included the early days of the COVID-19 public health emergency, including the *Stay Home, Stay Healthy* orders. The requirements of the *Stay Home, Stay Healthy* orders may be a contributing factor in the agency's results.

Agency results varied, with strengths and opportunities for improvement noted in each agency's individual report. This report includes aggregated results for six WISe reviews conducted during calendar year 2020, including overall identified strengths and opportunities for improvement.

Summary of Findings

Care Coordination Elements

Initial Engagement & Assessment

A Child and Adolescent Needs and Strengths (CANS) screening is required to be offered within 10 business days of a WISe referral and an initial full CANS assessment completed within the first 30 days of enrollment. Documentation should include evidence of youth and family inclusion in the CANS process. Timely CANS screenings were identified in 87% of the records reviewed. Out of the 47 cases in these reviews, 14 received the 0-4 version of the CANS. There is not an algorithm for the 0-4 version of the CANS screening; therefore, these cases were not included in the calculation of WISe indicated youth. Of the remaining 33 records that received the CANS 5+ screening, 88% met the criteria for WISe indicated. The initial full CANS assessment was completed within the required timeframe in 81% of the records, with 55% reflecting a collaborative process to identify strengths and needs. Documentation identified 89% of reassessments occurred as required.

Care Planning

All needs identified by the initial full CANS are to be included in the youth's Cross System Care Plan (CSCP). Needs may be "deferred" on the CSCP if not currently being addressed. A comprehensive CSCP includes all needs and strengths identified in the CANS and includes prioritized needs, goals and expected outcomes. Aggregately, 40% of CSCPs were completed within the required timeframe and 64% showed a collaborative review with youth and families. Records reviewed demonstrated WISe team face-to-face contacts within the first 30 days of treatment averaged 6.73 hours across all agencies. In addition, the care coordinators averaged 0.47 hours non-CFT face-to-face contact per month with caregivers, 0.44 hours with youth, and 0.27 hours with other treatment partners.

CFT Processes and Transition Planning

Each youth has a CFT that develops and implements the youth and family's plan, addresses unmet needs, works toward the family's vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria. During the first 90 days of enrollment, 2% of youth had no CFT meetings, while 19% of youth had three or more CFTs. Two (2) CFT meetings occurred for 36% of youth and 43% had one (1) CFT. Community resource partners participated in 36% of CFTs for youth in the 0-4 age group and 2% in the 5+ age group. School partners attended none of the CFTs for the 0-4 age group and 3% in the 5+ age group. Needs were identified in both domains and in both age groups.

Crisis Prevention and Response

Each CSCP must include a crisis plan that addresses potential crises that could occur for the youth and family to ensure safety. An effective crisis plan includes:

- Crisis identification and prevention steps, with CFT members' roles
- Crisis response actions based on the severity level of a crisis
- Post-crisis evaluation of the youth's behavioral health status and the effectiveness of the crisis plan

Twenty-eight (28) of the 47 youth records reviewed included crisis plans. Of the crisis plans available, 86% were timely, defined as completed within 45 days of enrollment. The crisis plans reviewed were created collaboratively 50% of the time.

Treatment Characteristics

Qualified clinicians provide individual clinical treatment sessions to the youth/family in the amount, duration and scope appropriate to address the identified medically necessary needs. Documentation should reflect needs identified in the CSCP, indicate how the therapeutic intervention benefited the youth's functioning or symptoms, and the impact of the services for the youth at home, school and/or in the community. Therapist involvement in the WISe service model was evidenced by participation in 87% of all CFT meetings and an average of 3.41 treatment sessions monthly. The reviews indicated 52.97% of treatment sessions were attended by the youth alone. The youth and caregiver participated in 23.09% of sessions and only the caregiver attended 23.94% of treatment sessions. Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 85% of the sessions.

Specific treatment content was not consistently documented. Skill development and enlisting treatment support were the most frequently documented content at 13.4% and 12.2%, respectively. However, the youth and/or caregiver's response to the treatment content was not consistently documented.

Documentation of progress reviewed was identified in 11% of records, while 3% of records included celebrating success.

Parent & Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent support partner. These partners are formal members of the CFT who support the parent/youth in the WISe process through active engagement and informed decision making. Out of the 47 youth records reviewed, 14 received the 0-4 version of the CANS. Since children under age 5 are not eligible for youth peers, these cases were not included in the Youth Peer metrics. Youth Peer Partners averaged 2.42 hours of face-to-face contact per month with youth, 1.29 hours with caregivers and 0.45 hours with others. Parent Peer Partners averaged 1.32 hours per month face-to-face with caregivers, 1.32 hours with youth and 1.33 hours with others.

Conclusions

Strengths

The agencies reviewed exhibited strengths in the following areas of the WISe service delivery model:

- In the records reviewed, 87% of the records illustrated CANS screenings and 81% of the CANS initial were completed within the required timeframes
- Caregivers in the 0-4 age group attended 98% of CFTs and 93% of CFTs in the 5+ age group
- Evidence of timely reassessments and crisis plans were found in 89% and 86% of records, respectively
- WISe therapists attended 87% of CFTs and persistence in problem solving was evidenced in 85% of therapy sessions

Opportunities for Improvement

As a result of this review, the following opportunities for improvement were identified to support improvements in the quality of care and services provided to youth enrolled in the WISe service delivery model.

Review the organization's response to the COVID-19 public health emergency (PHE) to address gaps in the emergency or disaster plans to:

- Identify alternate methods for providing services and supports in the event of a PHE
- Ensure adaptation of the identified alternative methods for a rapid return to provision of the full range of services.

We recommend the agencies conduct a root cause analysis to identify the barriers to success in meeting WISe requirements. As interventions are identified, use Plan-Do-Study-Act (PDSA) cycles of improvement to measure the effectiveness of each intervention.

Recommended focus areas for improvement include:

- Conduct collaborative initial full CANS assessments. The CANS assessments indicate collaboration when:
 - Areas of the youth and caregiver feedback are addressed
 - Documentation reflects the changes that are incorporated
 - Consensus is clearly identified
 - Both strengths and culture are discussed
- Complete timely and collaborative CSCPs. Documentation that reflects collaboration may include:
 - Attendees and their titles
 - CFT members' contact information
 - Youth or family agreement with the CSCP
 - Documenting a copy of the CSCP was provided to all CFT participants

- Complete collaborative crisis plans. Documentation of collaboration may include:
 - Specific action steps
 - Post-crisis follow-up activities
 - Identification of all CFT members' roles in crisis response
- Conduct CFT meetings at least every 30 days, ensuring each CFT includes educators and/or community partners when identified as areas of need
- Therapy notes that clearly reflect the following:
 - Interventions used in therapy sessions
 - Youth and/or caregiver responses to the intervention
 - Progress reviewed and successes celebrated
 - Document the specific content of treatment sessions such as psychoeducation, skill development or evidence-based practice components