

Wraparound with Intensive Services (WISE)

Quality Plan



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I. Introduction

This Quality Plan describes the goals, objectives, tools, resources, and processes used by Washington to assess, manage, and improve the quality of home and community-based intensive mental health services provided through the Wraparound with Intensive Services (WISe) program.

A. Background

The original WISe Quality Management Plan (QMP), adopted in December 2014, was developed pursuant to the Commitments set forth in the *T.R. v. Birch and Strange*¹ Settlement Agreement dated December 19, 2013 (DKT 119-1, paragraphs 18 – 64). The name has been simplified to “Quality Plan” to reflect the focus on the future, rather than the past, and to better describe the full scope and intent of Washington’s quality planning and activities. As with this Quality Plan, future iterations will continue to be informed and guided by the foundational T.R. principles and goals.

B. Components

The WISe practice model is built around collaborative goal-setting, individualized, strengths-based, intensive treatment, provided in the community. This Quality Plan provides a foundation for efficiently delivering high quality, effective care to Washington’s children and youth with complex behavioral health needs and their families.


The components of the Quality Plan facilitate both performance benchmarking and adaptation to better meet the needs of children and youth. Specifically, the access protocol outlines the process whereby children and youth who may need intensive mental health supports are identified, screened and routed to effective care. The on-demand reporting system provides CANS data at every level of the WISe behavioral health 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 consistent and tailored responses to children and youth with complex support needs.

C. Future development

This Quality Plan is a component of the WISe Manual. As such, and because the State’s quality management system is expected to evolve in response to new information and system changes, both the WISe Quality Plan and the WISe Manual are expected to be reviewed and updated periodically in a manner that is consistent with the overall WISe program goals, quality processes, and the T.R. Principles.

The principles and goals that guide this Plan are derived from and informed by the goals set forth in paragraph 17 of the T.R. Settlement Agreement, as well as quality management principles and practices, and the real-world knowledge and experience of stakeholders, clinicians, and WISe program managers. As such, they are not cast in stone, but are intended to evolve as our understanding of needs,

¹ Formerly *T.R. v. Dreyfus and Porter*



treatments, management techniques, and healthcare delivery systems evolve. What is not expected to change is the overarching purpose of the system: to ensure that all eligible children and youth are provided timely, effective, high quality, individualized care, appropriate in scope, intensity, and duration to correct or ameliorate behavioral health conditions, reduce disability, and restore functioning.

II. Quality Framework

A. Goals and Principles

The WISE Quality framework is guided by a number of key principles and goals, which focus on (1) overarching outcomes for the youth and families served, and (2) system functions and operations.


1. Outcome Goals and Principles

- (a) Youth and families achieve and maintain their health and wellness goals.
- (b) Youth and families experience improved clinical and functional outcomes.
- (c) Youth and families get appropriate services.
- (d) All youth and families who are eligible for WISE have access to services.
- (e) Youth and families receive the information they need to understand the WISE process and the possible benefits of WISE.
- (f) Barriers that prevent youth and families from participating in WISE are minimized, decreasing the burden of accessing treatment.
- (g) Services are experienced as collaborative, engaging, and timely.
- (h) Services are provided in the least restrictive environment(s).
- (i) Appropriate linkage services are provided to maintain success over time.
- (j) Care provided is consistent with the youth and family goals and needs.
- (k) WISE services are effective and of high quality.

2. System and Operational Goals:

The WISE Quality Framework uses data-driven tools and effective quality processes to:

- (a) ensure that the WISE program is focused on providing accessible, engaging, and effective supports;
- (b) ensure that eligible youth are identified, screened, assessed, and provided timely access to appropriate services;
- (c) ensure that assessment is experienced by youth and families as useful, timely, and collaborative;
- (d) ensure that the care provided is consistent with youth and family goals;
- (e) ensure that the WISE workforce is trained and supported in effective WISE practices;
- (f) ensure regular assessment of clinical indicators, especially CANS items and domain scores;
- (g) facilitate the use of regularly updated data sources to improve clinical and functional outcomes;
- (h) facilitate tracking of system trends, and consistently and regularly report trends over time;

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- (i) identify effective innovations to be emulated;
 - (j) identify ineffective practices needing improvement;
 - (k) identify and address clinical improvement needs at WISe provider agencies;
 - (l) identify and implement the changes needed to correct gaps in performance and/or policy;
 - (m) inform stakeholders about WISe quality and performance activities and ensure transparency;
 - (n) set and attain meaningful quality and performance goals at all levels of the system in collaborative manner;
 - (o) ensure WISe providers have the support and resources needed to effectively use data in order to identify needed changes and improve practices; and
 - (p) ensure that the WISe program engages in continuous quality improvement.

B. Key Processes and The Decision Points Model

Behavioral healthcare service episodes typically involve five key processes: access, engagement, service appropriateness, service effectiveness, and linkages.


- (I) **Access:** the conditions under which a person approaches and connects to services
- (II) **Engagement:** process by which services are made meaningful to the individual's health and wellness goals
- (III) **Service Appropriateness:** matching of individual needs and strengths to supports most likely to help individuals meet their goals
- (IV) **Service Effectiveness:** ability of the services to result in meaningful progress towards meeting goals
- (V) **Linkages:** provision of supports sufficient to maintain or build on gains

These key processes are distillations of service processes. These processes are not limited to this sequence, but commonly become important in this sequence. For instance, determination of system eligibility (access) commonly precedes engagement and treatment processes. Using these processes, or *decision points*, as a framework allows us to understand how important decisions about care are being made at each level of the system. These processes can be defined, tracked, and used to identify where practices are beneficial to youth and families, and where they may need improvement. Each process has implications for the actions of persons at every level of the system (*see Table 1 below*).

Table 1. Examples of Collaborative System Levels, Processes and Outcomes

	Access	Engagement	Service Appropriateness	Service Effectiveness	Linkages
<i>Youth / Family Level</i>	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
<i>Caseload Level</i>	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
<i>Program Level</i>	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
<i>System Level</i>	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 Goals	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





Even when decision-making principles are aligned, this does not mean that exactly the same data have the same meaning for decision-making for all stakeholders. Data must be aggregated at each level of the system in order to have meaning for persons making decisions at that level. This means that:

- (a) Families most need data about their own progress.
- (b) Front line staff need data about individual families' progress and about the group(s) of families whom they serve.
- (c) Supervisors need data about individual children and families, aggregate data about the children and families served by each supervisee, and aggregate data about all of the children and families served by all of the front line staff whom they supervise.
- (d) Stakeholders need data at the level of the system for which they are responsible, as well as the ability to drill down to each of the levels below.

Having these reports available is not sufficient: there must be continuous feedback on the effectiveness of decision-making. This feedback allows people at every level to identify and perpetuate successful decisions. Continuous feedback at every level also allows for the rapid detection and improvement of inappropriate or ineffective decisions.

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. The reports described in Appendix B (the "Action Information Matrix") 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. To that end, the decision point's model is used to organize the measures collected to track system performance, with objectives and indicators identified for each key 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. The groups at each level that are responsible for these processes are described below in the Quality Improvement Infrastructure section below. This feedback structure insures that stakeholders at all levels have access to necessary reports and includes 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.



C. Quality Improvement Infrastructure (QII)

The Quality Improvement Infrastructure (QII) provides formal pathways by which the practice and policy-related needs which arise in the WISe system can be communicated and addressed, and solutions to these needs can be developed, disseminated, and implemented effectively.

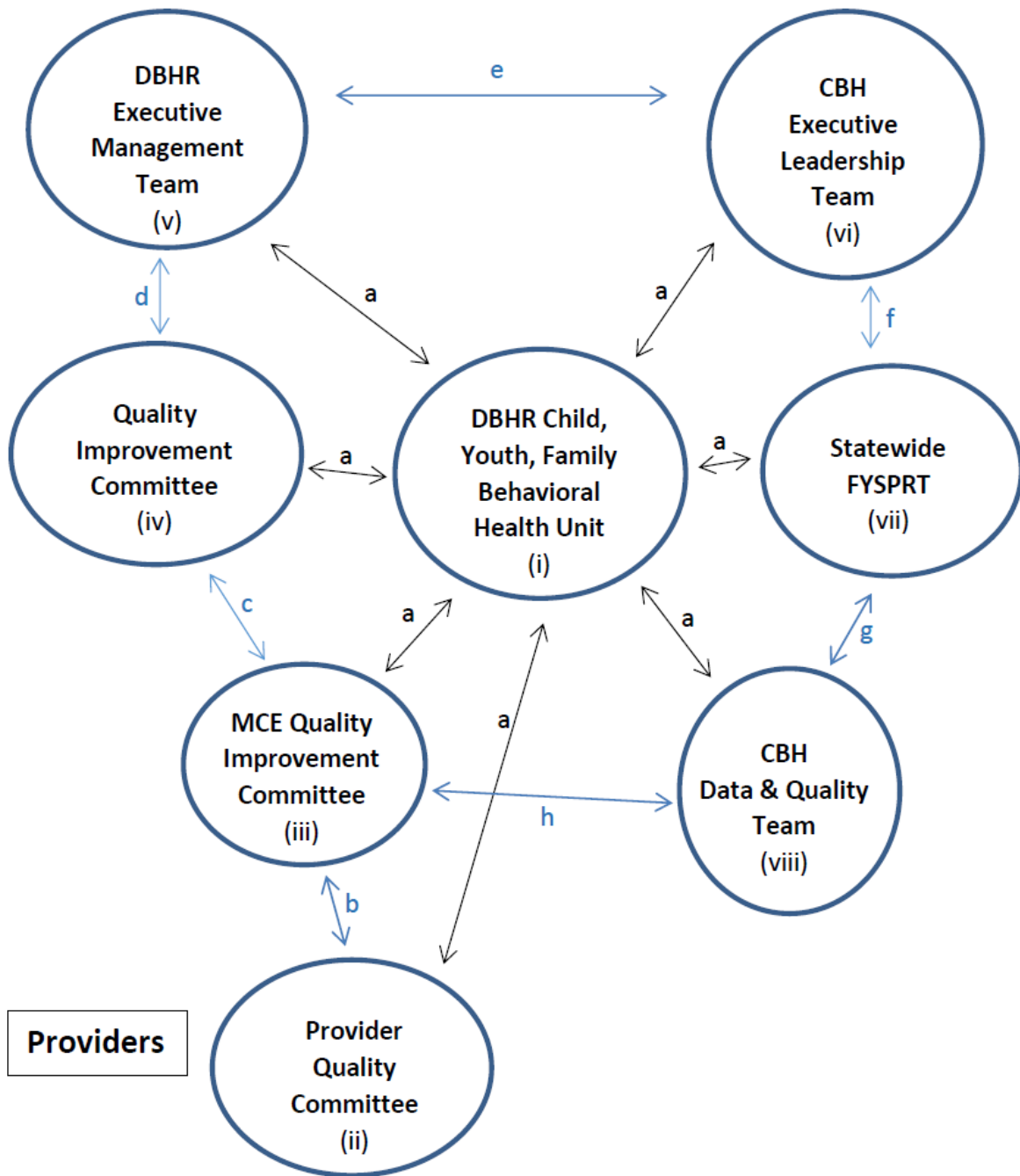
The Transformational Collaborative Outcomes Management (TCOM) framework that informs the Quality Plan is explicit that system change occurs when people at all levels are working together to achieve clearly-defined goals relevant to improving the functioning of children, youth, and families.

To that end, each group in the Quality Improvement Infrastructure (QII) is responsible for:

- (a) regularly reviewing and assessing performance, quality information, and data;
- (b) identifying challenges and opportunities that may impede or advance the QP goals and principles;
- (c) problem-solving, including identifying the means to improve performance and quality;
- (d) setting goals for improvement and implementing strategies to meet these goals;
- (e) monitoring progress on goals, and problem-solving and adapting in response to findings; and communicating this process, including improvements and outcomes.

Each element of the decision points model has implications for the decisions and practices of persons at every level of the system. This multi-level approach allows groups in the QII to target their efforts to the appropriate level of the system to improve service effectiveness. This method of gauging and acting on system performance allows diverse stakeholders to meaningfully engage in quality monitoring and improvement activities.

Figure 1. Quality Improvement Infrastructure (QII) diagram



The following subsections describe each group in the QII.



(i) DBHR Child, Youth, and Family Behavioral Health Unit (CYF Unit)

Members include: WISE Program Manager, CYF Unit Research Manager, WISE Communication staff, WISE System Coach


Key roles: Group lead – CYF Unit Supervisor; WISE lead – WISE program manager; Quality lead – CYF Unit Research Manager

The CYF Unit is the primary entity responsible for operationalizing the WISE quality management and improvement efforts. It operates as the “project manager” for WISE implementation and sustainability consistent with WISE quality principles and goals. In this capacity, the CYF Unit generates, reviews, assesses, and disseminates reports, and coordinates with all other groups in the Quality Improvement Infrastructure (communication paths a in the QII diagram), as well as the WISE Workforce Collaborative, quality improvement vendors, and other stakeholders.

In its central organizing role, the CYF Unit develops an annual WISE quality agenda, and ensures that all levels of the quality infrastructure are working to consistently and routinely promote and improve quality and to implement the quality agenda. To do this, the CYF Unit gathers information generated from the monitoring and reporting system and the quality infrastructure groups, provides technical assistance for reviewing and analyzing the data, identifies challenges and opportunities, and leads problem solving and/or directs strategies to leverage opportunities or resolve challenges. All of these activities are undertaken with the cooperation and support of the Statewide FYSPT, the Children's Behavioral Health Data and Quality Team (DQT), and the Quality Improvement Committees, and are conducted under the supervision of the Executive Management and Leadership Teams.

CYF Unit roles and responsibilities also include:

- (a) Provides WISE-specific system coaching to WISE providers and contracted entities (including MCOs, BHOs, and BH-ASOs), and identifying and coordinating technical expertise from other Health Care Authority (HCA) sections.
- (b) Coordinates with WISE Workforce Collaborative to help identify effective strategies and resources for quality improvement. Where specific provider issues are identified, the CYF Unit has developed a coaching model where the WISE Workforce Collaborative provides individualized, tailored improvement plans and support.
- (c) Helps coordinate and provides subject matter expertise to WISE-related QII and other groups at the provider, regional, managed care, statewide, and cross-system levels. (Examples include meetings those with contracted vendors, QII groups, monthly and quarterly quality improvement series, scheduled and ad-hoc technical assistance, regional and statewide FYSPTs, etc.)
- (d) Leads outreach to and coordination with other child-serving systems. To support this work, Memoranda of Understanding (MOUs) are in place across child-serving systems to facilitate collaboration and cross-system involvement. To further support WISE providers in effectively coordinating with other services and child-serving systems, the CYF Unit is available to provide



technical assistance to support system partners in developing protocols related to referral to WISE, participation in Child and Family Teams (CFTs), participation in FYSPTs, and transitions out of WISE.

(ii) Provider Quality Committees (PQCs)

Members include: WISE Agency leads, quality leads, other stakeholders


Key roles: Each PCQ develops a group charter, or other organizational document, that describes its structure, membership, decision-making roles, and expected activities. This document is to be shared with contracted MCEs and the CYF Unit.

Systems change efforts begin at the local level, with a focus on the youth and family experience of identification, referral, assessment, treatment planning, and progress in goal attainment. WISE provider agencies are key partners in assessing, managing, and improving the quality of care.

The provider quality committees must effectively communicate with “frontline” WISE staff, including care coordinators, family and youth partners, and clinicians. Communicating and collaborating with staff is a key strategy for identifying not only needed improvements, but also effective quality improvement strategies and innovative practices. The PQCs’ communication and collaboration strategies are decided at the local level to provide flexibility and increase engagement. The Managed Care Entities that contract with the WISE provider agencies, in conjunction with the CYF Unit, are responsible for ensuring that the PQCs formally describe their processes and demonstrate that they can meet the quality performance functions that rely on them. Charter documents for PQCs should lay out expected mechanisms for how they will accomplish, document, and communicate their quality improvement activities.

Responsibilities include:

- (a) Responsible for quality assurance and improvement practice and policy, including direction of local priorities for practice change and quality strategies.
- (b) Responds to youth and family feedback, including the annual WISE Youth and Family Surveys, and uses this information to inform quality improvement practices and policies.
- (c) Implements local practice adjustments to improve outcomes at the WISE agency level.
- (d) Identifies, develops, and participates in PDSA projects to improve results and outcomes for youth in their care.
- (e) Reviews HCA and MCE generated reports and agency level BHAS reports monthly and reviews trends quarterly with “frontline” staff and solicits feedback; reviews internal quality and QIRT data and tracks on-going progress; identify gaps, as well as areas of improvement and successful practices; provides information and gets feedback from Managed Care Entities and BHU (communication paths b and a).

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- (f) Coordinates with WISE Systems Coach and WISE Workforce Collaborative to help identify effective strategies and resources for quality improvement; monthly participation by (provider agency) representatives on the WISE System Coaching Call.
 - (g) Provides support for clinicians and other front-line WISE staff to participate in training and coaching provided by the WISE Workforce Collaborative, including tailored improvement plans when needed.

(iii) **Managed Care Entity Quality Improvement Committee (MCEQ)**

Members include: Designated staff such as the Children's Care Coordinator; MCE Quality leads

Key roles: The MCEQ develops a group charter, or other organizational document, that describes its structure, membership, decision-making roles, and expected activities. This document is to be shared with the Quality Improvement Committee (QIC) and the CYF Unit, and updated as needed.

The Managed Care Entities (MCEs) include Managed Care Organizations (MCOs) and Behavioral Health Organizations (BHOs). These organizations have a key role in assessing, managing, and improving access and the quality of services. Key activities include:

- (a) Responsible for quality assurance and improvement policy, protocols, and practice at the MCE level.
- (b) Specifically responsible for ensuring that the quality improvement processes of their contracted WISE provider agencies are sufficient and robust.
- (c) Reviews HCA-produced WISE reports and ensures they are distributed to their sub-contracted WISE providers.
- (d) Collects and monitors data from sub-contractors monthly; (communication path b).
- (e) Reviews HCA reports quarterly, and with the local provider quality committee.
- (f) Monitors on-going progress, and provides feedback on progress, trends and recommendations for consideration across regions/plans to system-level QII groups and HCA.
- (g) Identifies challenges, areas of improvement, and successful practices.
- (h) Determines local priorities for practice change consistent with the WISE practice model.
- (i) Implements local practice adjustments to improve outcomes. Participates in key statewide quality activities, including the use of the Quality Improvement Review Tool (QIRT) (including feedback from QIRT interviews with youth and caregivers), and identifies and participates in quality improvement projects using the Plan-Do-Study-Act (PDSA) model.
- (j) Summarizes and reports on performance improvement efforts.
- (k) Identifies and reports on needed policy or procedure changes to the Quality Improvement Infrastructure on a quarterly basis.
- (l) Coordinates with the CYF Unit and the WISE Workforce Collaborative to help identify effective strategies and resources for quality improvement.
- (m) Provides support to their contracted WISE provider agencies to assist WISE clinicians and other front-line staff in accessing needed training, coaching, and other quality improvement resources, including the WISE Workforce Collaborative.



(iv) Quality Improvement Committee (QIC)

Members include: Designated staff across HCA sections, Quality Leads, Contract Managers, Office of Consumer Partnership, members from CYF Unit, DBHR leadership

Key roles: Group lead – QIC Chair; WISE Quality lead – CYF Unit Research Manager

This group is responsible for directing quality assurance and improvement practice and policy at the regional and state level through monitoring, oversight, and contractual relationships with MCEs. Based on review of reports and feedback from other groups in the QII, the QIC:

- (a) Recommends and leads an annual statewide behavioral health quality agenda.
- (b) Summarizes performance improvement efforts and needed changes to the DBHR Executive Management Team.
- (c) Provides feedback and guidance related to WISE quality outcomes, policies and practice at the state level to MCE Quality Improvement Committee (path c) and DBHR Executive Team (path d).
- (d) Reviews Quarterly and Annual Reports to assess statewide performance, and identifies targets for improvement with MCEs and provider agencies.
- (e) Develops recommendations for practice and policy changes, including contract changes and corrective action, and communicates these to the DBHR Executive Management Team for implementation.
- (f) Recommendations and actions will be included in the annual summary produced by the Data and Quality Team.

(v) DBHR WISE Executive Management Team (DBHR EMT)

Members include: DBHR Director, DBHR Deputy Director, DBHR Section Manager for Prevention and Children's Behavioral Health, CYF Unit WISE Program Lead, CYF Unit Research Manager

Key roles: Lead – DBHR Director

- (a) Responsible for setting program direction and high-level policy goals, securing or allocating funding and resources, and achieving results consistent with legal and funding obligations under state law and policy.
- (b) Reviews and acts on policy, program, and resources recommendations made by the Quality Improvement Infrastructure.
- (c) Coordinates program and policy information and activities with the CBH Executive Leadership Team (communication path e).
- (d) Receives reports from QI groups, reviews monthly, quarterly and annual reports to assess statewide performance.
- (e) Provides direction and support to the CYF Unit, and oversees implementation of needed policy and program improvement activities (communication path a).



(vi) Children’s Behavioral Health Executive Leadership Team (ELT).

Members include: Delegates from HCA, DCYF, DSHS, DOH, OSPI, DBHR Family Liaison, DBHR Youth Liaison, and leadership from the Governor’s Office.

Leadership and oversight of Children’s Behavioral Health system, with key responsibility and decision-making authority. The inter-agency written agreement regarding the T.R. Settlement joins these agencies and agency administrations together in the provision of WISE.

Reviews Quarterly and Annual Reports and input from QII groups to assess statewide performance, and provides feedback and makes decisions regarding recommendations for policy, program, resources and funding changes, by the DBHR Executive Management Team (communication path e) and the statewide FYSPRT (communication path f). Sponsors new initiatives and policy changes.

(vii) Statewide Family, Youth, and System Partner Round Table (FYSPRT)

Members include: Regional tri-leads and representatives from various child and family serving systems

Key roles: Tri-led structure – youth, family, and system partner leads; additionally, the CYF Unit Governance Structure Lead provides logistical support.

- (a) Responsible for providing recommendations for cross-system initiatives, policies and practices related to WISE quality improvement needs and strategies.
- (b) Helps identify and disseminate information about promising practices and resources, and facilitates communication across regions.
- (c) Reviews data, reports, and recommendations produced by the CYF Unit (communication path a) and the CBH Data and Quality Team (communication path g) to assess statewide performance and make recommendations through collaborative engagement of youth, families and system partners.
- (d) If needed improvements are identified by the Statewide FYSPRT but not made by the QII, the Statewide FYSPRT submits a briefing paper to the Children’s Behavioral Health Executive Leadership Team (ELT) with recommendations for needed actions, including practice or policy changes and/or further assessment or investigation (communication path f).

Additionally, the Statewide FYSPRT is the lead entity for communicating and coordinating with regional FYSPRTs (see Governance Structure in Appendix A). Tri-leads from the regional FYSPRTs forward materials on to their members and may choose to include items from WISE reports on their regional FYSPRT meeting agendas. Contractually, regional FYSPRTs are required to review WISE reports quarterly. The statewide FYSPRT facilitates review of WISE data at regional FYSPRTs every quarter and helps regional FYSPRTs provide feedback on WISE reports, as well as local WISE-related challenges and successes.



(viii) Children's Behavioral Health Data and Quality Team (DQT)

Members include: CYF Unit Research Manager; CYF Unit BHAS Lead; Other WISE program staff (as-needed basis); DSHS/RDA representative(s); Regional FYSPRT tri-leads; Representatives from various child and family serving systems

Key roles: Co-chairs – CYF Unit Research Manager & CYF Unit BHAS Lead

The DQT is responsible for identifying key practice improvement needs, strategies, and innovations and making recommendations to improve WISE policy and practice changes statewide. Focus includes improving dissemination of data related to Children's Behavioral Health to FYSPRTs (path g) and cross-system partners (paths a and h), and identifying relevant connections across data sources.


- (a) Provides feedback and recommendations related to use of cross-system indicators included in the WISE Dashboards and other data reports related to Children's Behavioral Health, and identifies and assists with dissemination and outreach strategies.
- (b) Monitors and assesses statewide performance, service appropriateness, and service needs through review of WISE-specific reports and overall system indicators from other reports and data sources relevant to Children's Behavioral Health.
- (c) Annually reviews the Annual WISE Dashboard and the WISE Service Characteristics report that includes indicators of service appropriateness.
- (d) Reviews and provides feedback on WISE quarterly reports, and reviews QIRT findings at least annually.
- (e) Develops and Produces annual summary report of WISE-related quality improvement activities.
- (f) Recommends policy and practice changes to statewide FYSPRT (path g), MCE Quality Improvement Committee (path h), and the Executive Management Team (path a via the CYF Unit) for implementation.

III. Gathering, Analyzing, and Sharing Information

Consistent collaborative action must take place across multiple levels of the system in order to ensure quality. Indicators of performance using data must be regularly produced, reviewed, explained, acted on, with actions and recommendations communicated to other levels of the system. This section aims to clarify the communication structure and responsibilities of the Quality Improvement Infrastructure (QII) and other stakeholders at every level of the system. To achieve this, it describes the expectations for quarterly reviews and provides an overview of the sources of data and reports.

A. Reviewing and Communicating Quality Information

Quarterly review of performance indicators and quality improvement activities is required at every level of the system. Standardized reports are available each quarter for review and action. At least once per fiscal year, each group reviews the full range of available measures as detailed in the Action Information Matrix (AIM, see appendix B), including, for example: demographic variables, CANS domain scores, and



behavioral health diagnoses of youth served, in addition to scope, duration, and intensity of services delivered.


The lead person for each of the QII groups receives the quarterly and annual reports and assures 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. The CYF Unit and the WISE Workforce Collaborative provide technical assistance for QII groups in needing additional guidance for quarterly reviews.

In addition to regular review of WISE-related data reports, each group in the QII is expected to review communications and recommendations from and to other groups in the QII. To ensure timely and ongoing review and use of data to drive quality improvement at each level of the system, these review processes feed into existing quality improvement infrastructures and processes as appropriate, such as the performance improvement projects (PIPs) and EQR reviews contractually required of BHOs and MCOs. A report summarizing quality improvement activities at all levels of the QII is produced annually (see Appendix B, item IV-5). The CYF Unit and the WISE Workforce Collaborative also offer technical assistance for developing and implementing quality improvement strategies at the MCE and Provider levels. (See also section IV below for details on quality improvement processes.)

Every quarter, the people and entities described in the QII are responsible for taking action to ensure that data is reviewed and that appropriate steps are taken to track and improve quality. The Action Information Matrix (Appendix B of this Plan) provides guidance for review activities and frequency. Failure by persons or groups at one level of the system to take actions for which they are responsible does not absolve other levels of responsibility for action. When a group has not substantially completed their communication and action cycle for a quarter, the other affected groups will move communication up a level in the system to ensure 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, and is summarized in the annual WISE QI activities report (see Appendix B, IV-5).

1. Coordination by the DBHR Children, Youth, and Families (CYF) Unit

In its central role, the CYF Unit monitors statewide performance by region on an ongoing basis. The CYF Unit also continues to use the FYSVRT governance structure to communicate and reach out to stakeholders about WISE availability, progress toward meeting goals and outcomes. FYSVRTs have an opportunity to review and comment on all materials. The CYF Unit also supports FYSVRTs in building leadership skills throughout the governance structure via technical assistance, training, and professional development. The focus of this work is on skills that are useful for working with systems undergoing change, and moving from a technical to an adaptive approach. The CYF Unit Governance Structure Mini-Team leads efforts to sustain the state, regional, and local FYSVRTs, and to support their functioning and effectiveness in carrying out their role, consistent with the FYSVRT Manual.



The CYF Unit, with support from the DBHR Executive Management Team (WMT), continues to identify the resources necessary to support successful implementation and the steps needed to secure them. Fidelity, cost and outcome data, as WISE implementation proceeds, inform supplemental budget requests and biennial decision packages.

To ensure that QII groups and stakeholders at all levels have access to necessary reports, the CYF Unit posts T.R. and WISE related information on the website for public review and disseminates it via the Children's Behavioral Health email subscription list. The CYF Unit continues to develop and update affinity group communication materials, which are available through the WISE website and are reviewed on an annual basis.


Summary reports that describe change over time in CANS data (BHAS Quarterly Trends Reports) are produced and posted online each quarter by the CYF Unit. The CYF Unit also sends links to these BHAS Quarterly Trends Reports to Regional FYSPRT Tri-leads, MCEs, WISE providers, and other stakeholders to facilitate this data review and minimize the effort needed to access these reports. MCEs, DCYF staff, FYSPRTs, DQT, QIC, and the CYF Unit will review regional and statewide trends documented in these reports, and will recommend and implement improvements as needed.

2. Key Elements Included in Review Processes

The key goals of the quality review process are to ensure that the WISE program is driven by youth and family voice and choice, is focused on needs and strengths, and is appropriately delivering the full service array. The CYF Unit, in coordination with the QIC, ensures that the quality review processes include the following:

- (a) Review of Service Encounters: semiannually using WISE service characteristics report.
- (b) Individual chart review: review of aggregated QIRT reports annually. In addition, supervisors at WISE Provider Agencies are expected to review a sample of individual charts on a quarterly basis.
- (c) Feedback on service effectiveness to meet desired goals from youth/families through annual interviews: annually via the Annual WISE Youth and Family Survey and QIRT interviews.
- (d) Review of Notices of Adverse Benefit Determination: semiannually using the Due Process Summary Report.
- (e) Review of Grievances and Appeals related to WISE: semiannually using the Due Process Summary Report, including data by category (services denials, timely access, etc.).
- (f) Network adequacy and timely access reports, ongoing via established HCA monitoring processes, with semi-annual communication to the QIC;
- (g) Feedback on timeliness of service access from youth/families through the Annual WISE Youth and Family Survey and/or QIRT interview module annual summary reports;
- (h) Quality Improvement Review Tool (QIRT) findings: annually using QIRT summary reports.
- (i) Additional elements as detailed in the Action Information Matrix (AIM, see Appendix B).

Stakeholder review and feedback is a key source of quality improvement information, including recommendations for improvement strategies. The primary channel for this information is via the



regional and statewide FYSPRTs, as well as the Data and Quality team (DQT). Recommendations for statewide quality initiatives for WISe are informed by the work of Data and Quality Team (DQT) and the statewide FYSPRT. The statewide FYSPRT is responsible for providing recommendations for cross-system initiatives, policies and practices related to WISe quality improvement strategies to the Executive Leadership Team. The ELT is responsive to the statewide FYSPRT and in communication with the DBHR Executive Leadership Team.

Additionally, if a concern or emerging effective practice is identified by youth, families, WISe providers, local system partners or other stakeholders and is deemed by these parties to be of sufficient merit to warrant system-level consideration, they can directly communicate this information to anyone in the QII infrastructure, including the statewide and regional FYSPRTs and the DQT. The contacted member of the QII has a responsibility to bring that information into the QII structure on the stakeholder's behalf.

Below, section III-B provides additional detail on the AIM and data sources, and section IV-A provides review guidance for selected measures.


3. Quality at the clinical, front-line, and provider agency level

In order to maximize system improvements, key staff, frontline WISe practitioners, and their supervisors are to actively participate in informing practice. System improvements are expected to be identified initially and addressed first at the provider agency level. The Provider quality groups in the QII set and direct quality strategies at their respective WISe agencies, and report on their progress to the Managed Care Entities with which they contract. This level of the QII (path b in diagram above) is responsive to the other groups in the QII, including review and feedback from Managed Care Entities, the CYF Unit, and the QIC. Charter documents for POCs should lay out expected mechanisms for how they will accomplish, document, and communicate these activities.

WISe agencies, through their internal Provider Quality Committees, monitor data monthly and review trends quarterly. Based on quarterly quality reviews, local priorities for practice change are reported to the MCE Quality Improvement Committee. The CYF Unit also coordinates and sends agency-specific BHAS Quarterly Trends Reports to each WISe Provider Agency. In partnership with MCEs, the CYF Unit and the WISe Workforce Collaborative provide needed technical assistance and support to WISe Provider Agencies and front-line/clinical staff to ensure that quality review and improvement are effective "from the ground up".

4. Annual Summary of Review Findings and Recommendations

Each quarterly review includes comparison of current data with prior data to monitor trends and the impact of improvement strategies. Each QII group reviewing data is responsible for identifying if changes are needed and developing recommendations for making changes. To effectively communicate this information, the CYF Unit and DQT produce an annual summary report that describes findings from the quarterly reviews by the QII, corresponding recommendations, and related quality improvement



activities, including how quality improvement activities are expected to benefit youth and families. The report also frames issues and priorities for the coming year. This report is posted to the WISE website and disseminated via the Children’s Behavioral Health email subscription list.

5. Linking review and action

A key goal of the QII review process is to identify changes needed to improve the quality of and access to WISE services. Once needed changes are identified by a QII group, they are expected to develop recommendations for quality improvement interventions and strategies. The QII group next identifies the entities responsible for implementing these recommendations and or improvement strategies. These entities may be provider agencies, MCEs (BHOs, MCOs, ASOs, etc) or other regional organizations, parts of HCA, or other state partners. The QII group will refer any strategies requiring policy level decisions to the Executive Management and Executive Leadership teams. Below, section IV-B-2 provides additional guidance for developing quality improvement strategies, and a model for problem-solving.

Implementation of quality improvement strategies is tracked by the QIC and CYF Unit, and is reviewed as a part of regular quarterly data reviews; this includes comparison of current data to prior data to monitor effectiveness of improvement strategies.

B. Key Data Sources and Reports


1. The Action Information Matrix (AIM)

The Action Information Matrix (AIM, included in this Quality Plan as Appendix B) outlines key objectives for the key processes of care and lists detailed operational items and measures to assess performance and quality. Each operational item or measure is linked to a report or reports that provide(s) data to monitor progress toward objectives. Expectations for review and feedback, using the reports and data to inform and improve decisions and practice, are also described. The reports described in the AIM provide essential information for understanding the outcomes of key service processes.

Generally, the AIM process tracks performance indicators linked to the decision points model (see section II-B above) and the Goals and Principles of the Quality Framework (see section II-A above); this specifically includes indicators tied to access, timeliness, appropriateness of services, fidelity to the WISE practice model, satisfaction of youth and families, youth and family outcomes, and system outcomes. The specific measures, data sources, and reports included in the AIM may change over time as quality efforts develop and evolve in keeping with the Goals and Principles, taking into consideration the need for reporting continuity over time.

2. Overview of Information Sources

This Quality Plan uses many sources of data to report on and assess quality. Key sources and reports include the Behavioral Health Assessment Solution (BHAS), the WISE Dashboards, administrative and service encounter data, satisfaction surveys and interviews, reports on benefits determinations, and the



WISe Quality Improvement Review Tool (QIRT). This subsection provides a brief guide to these data sources.

Reports available for public release include only aggregated and de-identified data, with small numbers suppressed to protect client confidentiality. These reports are posted to the HCA WISe website; previous reports will be available in an online archive on the site, with archived reports available for at least five years following publication. Additional guidance and technical assistance, including assistance with finding and accessing specific data and reports, is available from the CYF Unit.

a. Child and Adolescent Needs and Strengths (CANS) data

The Child and Adolescent Needs and Strengths (CANS) tool is an assessment strategy that is designed to be used for decision support and outcomes management. The CANS was developed from a communication perspective; in part, this means that the CANS focuses on describing a youth and family's needs and strengths, instead of explaining why they have those needs and/or strengths or focusing solely on diagnosis. The CANS provides a critical source of information for decision support and quality improvement for the WISe program.

See appendix E for more CANS resources. The WISe Workforce Collaborative provides trainings on understanding and using the CANS; additional technical assistance is available from the CYF Unit.


b. The Behavioral Health Assessment Solution (BHAS)

The Behavioral Health Assessment Solution (BHAS) is an online Child and Adolescent Needs and Strengths (CANS) data entry and the current reporting system that provides CANS data in real time to clinicians, supervisors, agency administrators, MCO/BHO administrators and state agency (HCA, DCYF) staff for quality assessment, management, and improvement purposes. Staff from the CYF Unit are in charge of oversight of BHAS administration.

BHAS includes an on-demand ("ad-hoc") reporting platform, as well as a data download ("flat file") tool. The on-demand reports in this system are explicitly designed to provide 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. Revisions and updates to the reports are made as needed in response to feedback from system users.

The data available in BHAS is used to monitor and track performance for multiple indicators, including:

- (1) Cross-system involvement at screening and WISe entry: the proportion of WISe screens by referral source type (e.g., community mental health agency, school, juvenile justice, DCYF, individuals and families) and cross-system involvement in the months prior to screening
- (2) As a first measure of timeliness, the proportion of screenings that occur within 14 calendar days of referral.

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- (3) Screening outcomes indicating WISE eligibility that do not result in a WISE referral, along with reasons why WISE was inappropriate and/or not provided
 - (4) The number of practitioners certified on the CANS, both statewide and in a given local jurisdiction, is used as an indicator of the system's capacity for engagement. The CANS training and certification site transmits certification verification data to BHAS, ensuring that up-to-date CANS certification information is available from BHAS.

BHAS reports targeted at treatment needs and service effectiveness are used to gauge change over time in individual level outcomes. The reports use CANS as a multi-level performance improvement strategy. Key clinical and functional improvement reports are available on demand and show service effectiveness at the youth, family, agency, and system levels and support collaboration to achieve outcomes.


In addition to the on-demand reports, the CYF Unit coordinates production of BHAS Quarterly Trends Reports. These reports facilitate tracking of trends over time and are designed to help decision-makers review areas of variation in performance. Statewide and regional BHAS Quarterly Trends Reports are posted to the WISE reports webpage, and agency-specific reports are shared with each agency and relevant QII groups. Provider-level analysis of BHAS reports allows system stakeholders to identify where effective practices are being used and which practices may serve as models for replication across the system.

c. WISE reports using administrative data

The Quarterly WISE Dashboards combine administrative data with CANS data (from BHAS) to report on the population of WISE youth, including basic demographic characteristics on youth screened for and receiving WISE services.

In addition to the quarterly Dashboards, an extended Annual WISE Dashboard includes additional analysis and reporting of administrative measures. Administrative outcome measures for participants in the WISE program reported on an annual basis include:

- (1) Mental health inpatient utilization;
- (2) Mental health crisis utilization;
- (3) Mental health services received, if prescribed psychotropic medications;
- (4) Substance use disorder (SUD) services received, if SUD treatment need indicated;
- (5) Emergency department visits;
- (6) Emergency department visits with mental health diagnoses;
- (7) Emergency department visits with SUD diagnoses;
- (8) Suicide/self-injury diagnoses;
- (9) Juvenile justice convictions;

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- (10) Foster care placement changes;
 - (11) Homelessness/housing instability;
 - (12) Any type of out-of-home placement (foster care, mental health inpatient, Juvenile Rehabilitation institution, Developmental Disabilities residential habilitation center);
 - (13) Deaths.

Administrative and service encounter data are also used to:

- a) Identify and monitor service appropriateness, via the WISE Service Characteristics report, including whether the full array of services is being provided; and
- b) Report descriptive statistics on the population of youth served in the Children's Long-term Inpatient Program (CLIP) with respect to length of stay in CLIP, and receipt of WISE services following CLIP discharge.

d. WISE Quality Improvement Review Tool (QIRT)

The QIRT uses a case file review process to measure core practice components related to positive outcomes for children, youth and their families. The QIRT includes assessment of providers' capacity to implement child family teams and other WISE service components, via a module that reviews documentation of cross-system Child and Family Team membership and participation in care planning.

The online QIRT platform generates reports that match data about WISE services and practices, obtained from documentation reviews, with CANS outcome data. The QIRT facilitates aggregation and comparison across multiple levels (e.g. within and across provider agencies and regions, as well as statewide). The QIRT online platform matches practice data, including length of episode of care, with CANS data from BHAS.


The QIRT also includes a youth and family interview module, which provides data linked to the QIRT file review modules, and supplements the information from the Annual WISE Youth and Family Survey (see below). This module provides additional information about the experiences of youth and families in WISE, including the care planning process.

e. Annual WISE Youth and Family Survey

The annual statewide satisfaction survey has been adapted to survey WISE-involved youth and caregivers about important aspects of WISE services, including the extent to which services are perceived by youth and families as collaborative and engaging. Aggregated information about the child, youth and family experiences of WISE services is available in the annual survey report.

f. WISE Due Process reports

The number of Notices of Adverse Benefits Determinations that reflect an adverse decision and the number of grievances and appeals are tracked and reported quarterly. Audit and compliance review data is provided annually to understand whether basic federal and state requirements for service



provision are being met. The T.R. settlement agreement provides an additional due process right for individuals receiving Wraparound with Intensive Services (WISe) beyond those required by the Code of Federal Regulations (CFR) for Medicaid. To ensure that WISe clients receive their right to adequate and appropriate notices, and to file grievances and appeals, denial data reported by MCEs undergoes additional structured review. *See section IV-A-2-h for details on this process.*

IV. PRACTICE IMPROVEMENT AND ACCOUNTABILITY

A key function of the Quality Improvement Infrastructure (QII) is to collaboratively set and attain meaningful performance goals at all levels of the system. To this end, this section provides guidance for understanding performance expectations and related indicators (subsection IV-A), as well as an overview of key quality improvement processes and mechanisms (subsection IV-B).

A. Quality Assurance Indicators

This subsection provides guidance about selected indicators to facilitate effective review by QII groups, including desired trends for quality improvement. The CYF Unit, MCEs, the statewide FYSPRT, the DQT, and the QIC will review trends in these indicators at each level of the system, and will recommend and implement any needed improvements. The other QII groups will review these recommendations and assist with the implementation of improvement strategies as needed. Provider Quality Committees are responsible for identifying and implementing needed improvements within their respective agencies, based on review of trends in agency-level data and comparison with relevant regional and statewide data. Provider Quality Committees are expected to report on these actions to their respective MCEs and the CYF Unit on a regular basis.

1. Performance Measures with established benchmarks

This sub-section describes the current performance benchmarks for evaluating performance. Evidence of consistent performance below benchmarks indicates a need for quality improvement intervention(s) (see section IV-B for quality improvement processes). Declining performance over time or failure to improve on essential service indicators also suggests a need for quality improvement intervention.

As implementation of WISe matures and additional data becomes available, the QII is expected to refine and potentially expand the list of benchmarks used to support program performance. Each year, the CYF Unit coordinates a process to elicit recommendations for and conduct review of proposed benchmarks. All QII groups review and provide recommendations on proposed benchmarks prior to adoption. The CYF Unit uses this information to provide a final recommendation report on proposed benchmarks; this is independently reviewed by the QIC. Final benchmark adoption is approved by the DBHR EMT, which also reviews and resolves any conflicting recommendations between the QIC and CYF Unit.



a. System capacity

Benchmark: The full statewide implementation target is to serve 7,000 youth annually or 3,150 youth monthly², with regional targets based on the Medicaid population with mental health treatment needs. *(last updated: July 2018)*

Relevant indicators: The number of persons receiving WISE, reported quarterly. The estimated service population is updated annually, based on the most recently available annual caseload growth rate for Washington’s age 0-20 Medicaid population.

Review Guidance: Comparing the number of children and youth receiving services, statewide and regionally, with estimated service population statewide and regional targets helps determine whether the state is meeting its goal of serving all children and youth who are eligible for WISE.

Other related measures: Number of WISE-qualified agencies; number of WISE-trained staff; number of CANS-certified staff; network adequacy reports from contracted MCOs; number of notices and/or appeals for denial of WISE services; timely-access reports.

b. Service intensity

Benchmark: The statewide and regional averages of service hours provided per WISE youth are at least 10.5 hours per month. *(last updated: July 2018)*

Relevant indicators: WISE service characteristics report – Average hours per WISE service month

Review guidance: Reviewing the monthly average of service hours per enrolled WISE youth helps determine whether the state is meeting its commitment to provide services at a sufficient intensity to meet youth and family needs.

Other related measures: QIRT measures of contact intensity between WISE participants (youth, caregiver, others) and core WISE team (Care Coordinator, Parent Peer Partner, Youth Peer Partner); Service modality distribution (from WISE Service Characteristics Report); network adequacy and timely-access reports from contracted MCOs.


c. Child and Family Team (CFT) meeting frequency

Benchmark: On average, at least 1 CFT per month per WISE youth

Relevant indicators: QIRT measure “Average CFT per month”

Review guidance: Assessing the frequency of CFTs per youth per months helps determine whether WISE providers are adhering to the established practice model described in the WISE Manual.

² 3,150 is the number of WISE clients who need to be served monthly to reach the target of serving 7,000 annually, assuming the average client remains in the program for 9 months



Other related measures: WISE service characteristics report – Service Modality averages – Child and Family Team Meeting (at least 1 per month)

2. Monitoring performance trends for improvement needs

This subsection provides guidance on selected indicator categories for which benchmarks have not yet been established: in these instances, performance trends are tracked over time and reviewed to determine if quality improvement interventions are necessary. Additional guidance for indicators and desired trends is provided in the Action Information Matrix (AIM, Appendix B).

Below, each indicator category includes guidance for determining when quality improvement interventions may be necessary. If the review process determines that such intervention is warranted, the QII will develop a tailored quality improvement strategy to address the identified issues. Alternatively, QII groups may determine that variation is within acceptable levels, choose to “flag” the indicator(s) for close tracking and follow up during subsequent quarterly review cycles, or determine that the indicator needs additional review and/or investigation.

See section IV-B for description of the processes generally used for quality improvement interventions.

a. Timeliness of screens and initial full CANS

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. Screens are to be completed within 14 calendar days of referral, and initial full CANS within 30 calendar days of screening that results in a referral to WISE. The percentage of on-time screens and initial full CANS are reported in the BHAS Quarterly Trends reports.


Guidance: A trend reflecting an increase in the percentage of timely screens and initial full CANS indicates improvement. If data indicate a significant decrease in timeliness and/or lack of needed increases (e.g. progress on timeliness is “stalled”), quality improvement intervention may be needed.

Key Processes: Access, Engagement

b. Screening Outcomes

The number and characteristics of youth who were screened and received varying screening outcomes (WISE services, outpatient mental health, BRS, CLIP, other) are tracked. Screening outcomes indicating WISE eligibility that do not result in a WISE referral (algorithm “override”) are tracked in the BHAS and reported quarterly, along with reasons why WISE was inappropriate and/or not provided (“override rationale”). The CYF Unit regularly assesses this information, in coordination with DCYF staff and CLIP administrators, with review summaries and recommendations reported via the QII.

Guidance: Changes in the proportion of youth meeting screening criteria, in the context of youth referred and screened, will be monitored closely for change in patterns and trends. If review of override



rationale data indicates evidence of inappropriate referrals, the CYF Unit and DCYF will develop recommendations for quality improvement interventions, consistent with IV-B and the QII review process.

Key Processes: Access, Linkages

c. Referral Sources

The BHAS Quarterly Trend Reports include the proportion of WISE screens by referral source. These trends serve as indicators of: the penetration of communication materials and the reach of cross-system protocols, as well as flagging other potential identification barriers. Review of referral data includes comparison to proxy data to identify disproportionality at local, regional, and state levels and develop improvement strategies for targeted outreach, education, or remediation.

Guidance: 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 may indicate a need for quality improvement intervention.

Key Processes: Access, Linkages

d. Service modalities


The WISE Service Characteristics report provides data on the number and types of services received by WISE participants, with averages for the state overall and each region.

Guidance: Evidence of insufficient or excessive services that appears inconsistent with the WISE practice model (e.g. is inconsistent with the WISE manual), as well as substantial regional variation that appears inconsistent with statewide service modality averages, suggests a need for additional review. This review can use relevant QIRT modules or other methods designated by the QII. If additional review also indicates inconsistency with the WISE practice model, then quality improvement intervention may be needed.

Key Processes: Service Appropriateness, Service Effectiveness

e. Service appropriateness

The two main sources of data about service appropriateness come from (1) QIRT reviews (see II-B-2-d) , and (2) administrative data (see II-B-2-c). QIRT reports describe the match between areas of need (from CANS data) and engagement of natural and formal supports (from QIRT measures) to ensure that youth and families receive the supports they need. Administrative outcome measures for WISE participants include information such as mental health inpatient treatment, emergency department utilization, and others listed in II-B-2-c. Additional information about experience with WISE services is available via feedback from youth and families participating in WISE via the annual WISE Youth and Family Survey and the QIRT interview module.



Guidance: Aggregated QIRT reports that demonstrate mismatch between needs and provided supports, and/or trends in administrative data measures that suggest challenges with service appropriateness may indicate a need for quality improvement intervention.

Key Processes: Service Appropriateness, Service Effectiveness, Linkages

f. Practice alignment with WISe manual

The QIRT assesses the fidelity of actual practices to the WISe practice model (as described in the WISe Manual), including: length of episode of care, treatment characteristics (including use of EBPs), engagement of formal and natural supports in CFTs, transition practices, use of peer partners, and care planning practices. The QIRT online platform matches CANS data from BHAS with WISe practice data.

Guidance: Findings from the QIRT indicating practices inconsistent with the WISe practice model (such as ineffective transition practices or lack of appropriate supports) may indicate a need for quality improvement intervention.

Key Processes: Engagement, Service Appropriateness, Service Effectiveness, Linkages

g. Linkage between CLIP/BRS and WISe

The population of youth admitted to CLIP or BRS who were screened eligible for WISe prior to entry and throughout their stay will be monitored for the receipt of timely services following discharge from BRS or CLIP using administrative data.


Guidance: An increasing trend in the percentage of youth who enter WISe following discharge from BRS or CLIP indicates improvement. A lack of consistent improvement will receive additional formal review (conducted in coordination between the CYF Unit and DCYF), and may indicate a need for quality improvement intervention.

Key Processes: Linkages

h. Due process and client rights

To ensure appropriate protection of client rights to due process, additional structured review of this data is conducted on a quarterly basis. Data for this review process come from contractually required MCE reports that describe the number of Notices of Adverse Benefits Determinations issues, the number of grievances filed, the number of appeals, and the number of Administrative (Fair) Hearings.

Each quarter, the CYF Unit Due Process Lead reviews the MCE reports and randomly selects one of the reports to audit. Two grievances, two appeals, and three denials are selected for “spot-check” inspection. Grievances/appeals are reviewed to ensure that Federal regulations and guidelines, including client rights to notice and timelines, are followed.



Denials are assessed using data from CANS screens and 90 day CANS follow-ups to ensure (1) accuracy of all decisions to deny or terminate a WISE service and (2) that the clients' due process rights are followed. This review includes matching BHAS records with reported denials to ensure that Notices of Adverse Benefits Determinations are issued as required.

Other relevant data sources include: The MCE-reported data will be cross-walked with review of plan policies and procedures, audits and onsite inspections and reviews, as available. Data from surveys and interviews with youth and families is also reviewed on an annual basis to identify any due process related issues, including: problems with the notice, grievance and appeals, or inconsistencies with data reported by MCEs; failures to comply with notice requirements; excessive or problematic denials of services; failure to provide timely access; and other concerns related protecting clients' rights.

Guidance: Findings from the structured Due Process data review, or from other relevant data sources, that are inconsistent with due process requirements indicate a need for additional review. If additional review also indicates inconsistency with due process requirements, then quality improvement intervention is indicated.

B. Quality Improvement Processes


A key purpose of the quality review process is to identify areas needing improvement and generate recommendations to achieve those improvements. This subsection describes the processes typically used to implement recommendations and improve quality.

1. Coordination and Approach

The CYF Unit leads coordination of quality improvement strategies, in collaboration with other QII groups and HCA divisions.

Initial quality improvement efforts typically include targeted outreach, education, or remediation. Monthly WISE system coaching calls for providers and MCEs have been developed to discuss system performance issues. Where specific provider issues are identified, CYF Unit has developed a coaching model where the WISE Workforce Collaborative provides individualized, tailored improvement plans and support. For issues in need of more intensive intervention, quality improvement strategies can include more intensive and formalized approaches, such as developing required performance measures for inclusion in contracts.

The CYF Unit collaborates with the Medicaid Program Operations & Integrity (MPOI) division and other HCA programs to provide additional structured support to Managed Care Entities. For example, MPOI hosts a structured Continuous Quality Improvement (CQI) meeting series to bring together WISE staff from the CYF Unit and MCO WISE leads, in order to collaboratively identify and address quality improvement.



The CYF Unit provides technical assistance and guidance for development and implementation of quality improvement interventions. Recommendations for quality improvement interventions from the QII use the Plan-Do-Study-Act (PDSA) framework, unless an alternative process is better suited to address the needed improvements. If additional information is needed to develop a quality improvement strategy, QII groups are encouraged to use a root cause analysis approach.

2. Identifying Quality Improvement Strategies

Identifying strategies for improving quality is a key role of all QII groups. To aid QII groups in identifying and selecting strategies to address quality improvement needs, this section provides a model for problem-solving. Other problem-solving approaches may also be effective, and QII groups may already have alternative problem-solving processes in place. QII groups are encouraged to identify, document, and share the problem-solving strategies that prove most effective over time.


a. Initial assessment of quality improvement need

Once a need for improvement has been identified, start by assessing the context and existing approaches.

- (1) How does this issue intersect with the key processes in care?
Use the information from the key processes and decision points model (described in section II-B above) to help describe the scope, scale, and impact of the issue.
- (2) What have you tried so far?
If this issue is related to a known problem, assess the strategies that have been tried so far. Did they work? Partially work? Not work at all? Cause new problems?
- (3) Is there an established method for changing the problem?
A best practice or known solution may already exist.
- (4) Is there already a process in place to address this problem, or others like it?
For example, an existing PDSA project may be relevant to this issue, or already be addressing issues like this.
- (5) How have others addressed this problem?
QII groups are encouraged to ask other QII groups for help, or seek out advice from peer organizations. Consider consulting the local, regional, and/or statewide FYSPRT, as these groups offer multiple avenues for collaborative information gathering.

b. Identify relevant factors

Next, assess what factors contribute to the problem. If you have conducted a root cause analysis or other process for identifying contributing or determining factors, that information should inform this step.



Often, it is useful to describe these factors as *predisposing* (something that makes the issue more likely to occur), *enabling* (something that makes the issue more likely to persist), or *reinforcing* (something that makes changing the issue more difficult). This can help you describe how multiple factors related to each other, or help determine the timing of interventions. For example, a strategy to address an *enabling* factor is more likely to be successful early in the “workflow” that gives rise to an issue, while a *reinforcing* factor might be successfully addressed at a later time.

Finally consider how the issue is related to administrative factors, and how it is affected by policies and/or regulations.

c. Assess factors and resources

Once you have a list of relevant contributing factors identified, prioritize them. A common method for this step is to rate each factor with respect to (1) how important it is and (2) how easy it is to change. Also consider the available resources, and what could make a factor easier (or harder) to change. For example, a problem related to communicating between providers might be more changeable in an organization that has a dedicated communications liaison. Another organization that doesn't have a communications liaison and also doesn't have funding to create an analogous role might rate this problem as less changeable.


Don't forget to consider how support from other QII groups can help support implementation of a change. A key function of the QII structure is to lower the barriers to identifying and implementing quality improvement strategies. How can other QII groups help you make important factors more changeable?

d. Identify and implement

Once potential strategies have been identified, the group should identify which strategy or strategies to use. Next create a plan for making the change(s), including how the activities will be monitored and how success will be measured. For new quality improvement strategies, QII groups are encouraged to use the PDSA framework to provide structure and guidance.

3. WISe Workforce Collaborative

The WISe Workforce Collaborative works to advance best practices for youth and their families in the state of Washington. They offer training and coaching on a variety of subjects, including effective use of the CANS in WISe to inform shared decision-making processes. The WISe Workforce Collaborative plays a key role in quality improvement and ensuring that the WISe Workforce is well trained and supported. Quality improvement strategies supported by the WISe Workforce Collaborative include tailored training, coaching, and improvement plans.



All WISE training is evaluated by both the Workforce Collaborative and the CYF Unit, and improvements to the training are made based on data. Training evaluation includes measuring trends in post-training mastery scores on perceived competencies to deliver WISE services, and is used to inform future training and coaching needs. Evidence of drop off in mastery scores post training is monitored by the CYF Unit and reported to Provider Agency and MCEs so that corrective action can be taken. The WISE Workforce Collaborative also adjusts both clinician and supervisor training programs based on post-training scores, as well as participant feedback.

The WISE Workforce Collaborative also uses other data sources to guide its quality improvement work, including QIRT reports and the Annual WISE Youth and Family Survey. The expertise provided by WISE Workforce Collaborative is used to ensure that the content of service process and workforce readiness measures are appropriate to the WISE practice model.

Additional information about the WISE Workforce Collaborative is available online, see link in Appendix E


4. QIRT review and action cycle

The Quality Improvement Review Tool (QIRT) is a highly flexible, modular tool for assessing fidelity of practices to the WISE manual. In addition to regular annual reviews, the QIRT can be used for rapid-cycle feedback, targeted supervision and coaching, and assessing quality improvement efforts.

At the Provider and MCE level, Information about successes, challenges, and innovations identified by the QIRT is expected to be integrated into ongoing quality improvement activities and reported on an annual basis. WISE providers are required to use the QIRT on an annual basis to assess the fidelity of care planning processes to the WISE practice model. This will use this information to monitor trends, identify needed improvements, and make recommendations on how to achieve progress. Providers and MCEs use these data to inform their supervision and training efforts, and MCEs are expected to conduct at least one PDSA using QIRT data each year. The WISE Workforce Collaborative supports this work by using QIRT information to develop individualized coaching plans and technical assistance for provider agencies.

In addition, lessons learned from QIRT findings will be used to identify specific practice changes to be supported by the state and implemented system-wide. For example, findings from the QIRT indicating ineffective transition practices or lack of appropriate supports will be used to develop individualized coaching plans and technical assistance for provider agencies. Matched data from QIRT reviews and CANS will be used to guide need-driven implementation of Evidence Based Practices (EBPs). Quality improvement strategies include coordinating training and technical assistance to providers that demonstrate limited utilization of EBPs, in order to increase ability to appropriately provide EBPs.

QIRT findings will be reviewed at least annually by the QIC and CBH DQT to identify statewide trends and priorities related to key practice improvement needs, strategies, and innovations. Recommended



statewide practice and policy changes will be communicated to the DBHR Executive Management Team for implementation.

5. Supports for implementing system change


DBHR and its partners have developed a Transformational Collaborative Outcomes Management (TCOM) plan for describing, rating, and guiding development of core system and cross-system program administration and management competencies necessary for system reform. This plan is used to evaluate system and infrastructure strengths and needs in order to identify and prioritize actions necessary to ensure success. (See appendix D for TCOM plan)

The progress of the TCOM plan will be evaluated annually via statewide survey, using a Washington-specific adaptation of the Implementation Supports Survey. Results will be reviewed and recommendations developed by the following groups in the QII: CYF Unit, QIC, and DBHR Executive Management Team.




V. GLOSSARY OF ACRONYMS

AIM	Action Information Matrix
BHAS	Behavioral Health Assessment System
BHO	Behavioral Health Organization
BRS	Behavioral Rehabilitation Services
CA	Children’s Administration
CANS	Child and Adolescent Needs and Strengths
CBH	Children’s Behavioral Health
CFT	Child and Family Team
CLIP	Children’s Long-term Inpatient Program
CMHA	Community Mental Health Agency
CYF Unit	Child, Youth, and Family Behavioral Health Unit, part of DBHR in HCA
DBHR	Division of Behavioral Health and Recovery (formerly in DSHS, now part of HCA)
DCYF	Department of Children, Youth, and Families
DDA	Developmental Disabilities Administration
DOH	Department of Health
DQT	Data and Quality Team
DSHS	Department of Social and Health Services
EBPI	Evidence Based Practice Institute
ED	Emergency Department
ELT	Executive Leadership Team
EQRO	External Quality Review Organization

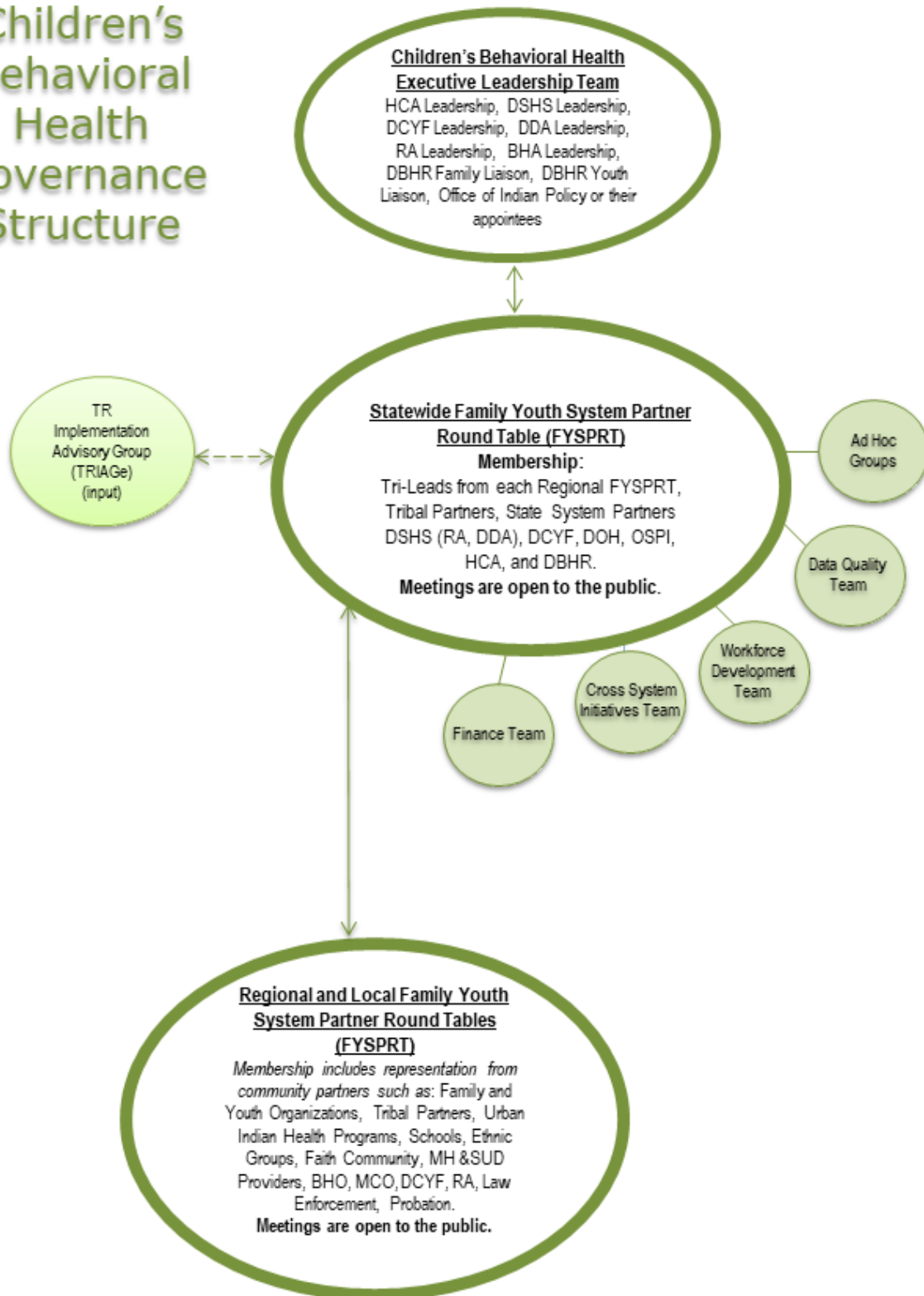


FYSPRT	Family Youth System Partner Round Table
HCA	Health Care Authority
HIPAA	Health Insurance Portability and Accountability Act
JR (or JRA)	Juvenile Rehabilitation Administration
MCE	Managed Care Entity (a BHO or MCO)
MCEQ	Managed Care Entity Quality Improvement Committee
MCO	Managed Care Organization
MOU	Memorandum of Understanding
OSPI	Office of the Superintendent of Public Instruction
PDSA	Plan-Do-Study-Act (framework for quality improvement)
PIP	Performance Improvement Plan
QIC	Quality Improvement Committee
QIRT	Quality Improvement Review Tool
QMP	Quality Management Plan
QP	Quality Plan
QSR	Quality Service Review
RDA	DSHS Division of Research and Data Analysis
TCOM	Transformational Collaborative Outcomes Management
TR	Children’s mental health lawsuit and settlement agreement in Washington state
UW	University of Washington
WISe	Wraparound with Intensive Services
WSU	Washington State University



APPENDIX A. GOVERNANCE STRUCTURE

Children's Behavioral Health Governance Structure





APPENDIX B: ACTION INFORMATION MATRIX [AIM]

The Action Information Matrix provides a list of key WISE quality indicators, as well as sources for each indicator, and review expectations and guidance.

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. The reports described in this “Action Information Matrix” allow all persons involved to understand the outcomes of key service processes. The decision points model is used to organize the measures collected to track system performance, with objectives and indicators identified for each key care process: Access, Engagement, Service Appropriateness, Service Effectiveness, and Linkages. Where feasible, information is presented and aggregated as multiple levels, providing useful support for decision-making processes at multiple levels.

Unless otherwise specified, reports are available via the WISE Reports page on the HCA website (see appendix E for link). For reports with multiple sections, the specific report section (and subsection, if applicable) that presents the indicator is referenced. Format is typically: Report name: section name – subsection name. The AIM Frequency column specifies how often each report is updated, as well as the expected timing of regular review cycles. In addition to these publically available reports, on-demand reports of identified CANS data are available to BHAS users.

The Review Cycle and Guidance columns provide information for WISE Quality Improvement Infrastructure groups, which are expected to conduct regular review and quality improvement activities informed by these indicators. For each report, both primary review (1°) and secondary review (2°) QII groups are designated. Other QII groups may also elect to review these indicators, but the designated groups are *required* to do so, and must report annually on their review processes as part of the Annual WISE Quality Improvement Activities report.

If an indicator is available from multiple reports, the QII group(s) reviewing the indicator can use any of the reports to conduct the review (e.g., you don’t have to use all of the reports just to review one indicator). QII groups are encouraged to identify and document which report(s) are most useful for their review process, and to report this information to the CYF unit. The CYF unit uses this information coordinate, improve, and streamline report production and dissemination. QII groups can also recommend additional guidance for any indicator, or suggest inclusion of new indicators as part of the annual WISE Quality Plan update process (coordinated by the CYF unit).

New reports, reports currently in development (including pilot testing), and reports undergoing revision are indicated in the AIM table. Additional details are provided in footnotes throughout this Appendix. These footnotes were last updated: *April 17, 2019*.

I. Access				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
Objective I-A: The WISE Access protocol is being used such that children and youth are identified, screened, assessed, and provided access to appropriate services				
1. Unduplicated number of youth receiving WISE Services during each state fiscal year. Reported statewide and by region.	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Annual WISE Dashboard: WISE Service Characteristics	Annually	Annual review by all QII groups	Meet the full statewide implementation target. Current target is 7,000 youth annually or 3,150 youth monthly <i>More information in § IV-A-1-a</i>
2. Service Utilization Reported statewide and by region.	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Quarterly WISE Dashboard: WISE Service Characteristics	Quarterly	1° by CYF Unit, MCEQ; 2° by QIC, PQCs	Monitor trends regionally and statewide, identify outliers to assess program model variation <i>Additional guidance TBD</i>
3. Proportion of those screened that are referred to WISE, outpatient, BRS, CLIP, or other	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) Quarterly WISE Dashboard: WISE Screened, Served, and Proxy Populations; (b) BHAS on-demand: System Wide Reports – Screening Results	Quarterly	(a) 1° by CYF Unit, DQT, PQCs, MCEQ; 2° by QIC, FYSPRT, DBHR EMT (b) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC	Monitor for changes in trends

I. Access				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
4. Proportion of those screened by referral source type (e.g. school, behavioral health agency, self/family)	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Quarterly Trends Report: Referral Source at Entry	Quarterly	(a) 1° by CYF Unit, DQT, PQCs, MCEQ; 2° by QIC, FYSPRT, DBHR EMT	Monitor for changes in trends, identify referral sources with low referral frequency
5. Percent of individuals receiving a CANS screen within 10 business days of referral	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Quarterly Trends Report: Screener Timeliness; (b) BHAS on-demand: User Reports – Screening Timeliness	Quarterly	(a) 1° by CYF Unit, DQT, PQCs, MCEQ; 2° by QIC, FYSPRT (b) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC	Desired trend: increasing percentages at the statewide, regional, and provider levels
Objective I-B: Monitor the characteristics of persons screened for and receiving WISE services to prevent inappropriate and/or systematic exclusion of WISE-eligible subpopulations				
6. Basic characteristics (gender, age, race/ethnicity, region)	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Quarterly WISE Dashboard: WISE Screened, Served, and Proxy Populations – Demographic and Geographic Characteristics	Quarterly	(a) 1° by CYF Unit and MCEQ; 2° by QIC and PQCs	Monitor subgroup trends for indications of disproportionality

I. Access				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
7. CANS domain scores and/or relevant clinical items (where available)	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Quarterly Trends Report: Treatment Needs at Entry; (b) BHAS on-demand: Longevity Reports – Key Intervention Needs	Quarterly	(a and/or b) 1° by CYF Unit and MCEQ, 2° by QIC and PQC	Monitor trends for indications of disproportionality
8. Functional impairments as defined in prior ‘proxy’ analyses (e.g. criminal conviction, crisis encounter, suicidal behavior, overdose, multiple psychiatric Emergency Department visits, inpatient stays, and/or substance use disorder)	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Annual WISE Dashboard: WISE Screened, Served, and Proxy Populations – Functional Proxy Indicators	Annually	(a) 1° by CYF Unit, DQT, and MCEQ; 2° by QIC and PQC	Monitor subgroup trends for indications of disproportionality
9. Behavioral health diagnoses, psychiatric medications, and cross-system involvement	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Annual WISE Dashboard: WISE Screened, Served, and Proxy Populations – Behavioral Health & Services <i>and</i> Social & Health Services (2 subsections)	Annually	(a) 1° by CYF Unit, DQT, and MCEQ; 2° by QIC and PQC	Monitor subgroup trends for indications of disproportionality or cross-system linkages in need of strengthening



II. Engagement				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
Objective II-A: Assessment is experienced as useful, timely, and collaborative				
1. Number of CANS certified staff	<i>Data:</i> BHAS user data <i>Report(s):</i> (a) BHAS on-demand: System Wide Reports – Staff Certification	On-demand, <i>reviewed at least annually</i>	(a) 1° by CYF Unit, 2° by QIC	Desired trend: Increasing number of staff with active CANS certification
2. Among those referred to WISe after screening, percentage with initial assessment completed within 30 calendar days of completed screening	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Quarterly Trends Report: Full Assessment Timeliness; (b) BHAS on-demand: User Reports – Assessment Timeliness	Quarterly	(a) 1° by CYF Unit, DQT, POCs, MCEQ; 2° by QIC, FYSPT (b) 1° as needed by POCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC	Desired trend: increasing percentages at the statewide, regional, and provider levels
Objective II-B: Services are experienced as timely, collaborative, and engaging				
3. Number and characteristics of persons screened in for WISe services who do not receive services	<i>Data:</i> CANS data from BHAS and administrative data <i>Report(s):</i> (a) Annual WISe Dashboard: WISe Screened, Served, and Proxy Populations – Demographic and Geographic Characteristics	Annually	(a) 1° by CYF Unit, MCEQ, CBH DQT; 2° by QIC, POCs, DBHR EMT	Monitor subgroup trends for indications of disproportionality

II. Engagement				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
4. Among those referred to WISE after screening, time between screening and receipt of first service	<i>Data:</i> CANS data from BHAS and administrative data (ProviderOne) <i>Report(s):</i> (a) Mental Health Services after Screening into WISE [in development] ³	Quarterly	(a) 1° by CYF Unit and MCEQ; 2° by QIC, DBHR EMT, and PQCs	Desired trend: increase in percent of youth who receive services within 30 days [additional guidance TBD] ³
5. Youth and family perceptions of engagement in services	<i>Data:</i> (a) Annual WISE Youth and Family Survey (b) QIRT interview module ⁴ <i>Report(s):</i> (a) Annual Report on the WISE Youth and Family Survey (b) Annual Report on QIRT Interviews [in development] ⁵	Annually	(a and b) 1° by CYF Unit, DQT, MCEQ; 2° by PQCs, FYSPT, QIC	Desired trend: Increase in the number of respondents that report positive engagement in services

³ Anticipated to be available mid-2019.

⁴ Data collection for 2019 (calendar year) starts in May 2019.

⁵ Report on 2019 QIRT Interview cycle is anticipated to be available in early 2020, following completion of 2019 data collection and analysis.

II. Engagement				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
6. Proportion of service providers that demonstrate competence in engaging youth and families	<p><i>Data:</i></p> <p>(a) Annual WISE Youth and Family Survey</p> <p>(b) QIRT interview module ⁴</p> <p><i>Report(s):</i></p> <p>(a) Annual Report on the WISE Participant Survey</p> <p>(b) Annual Report on QIRT Interviews [in development]⁵</p>	Annually	(a and b) 1° by CYF Unit, DQT, MCEQ; 2° by POCs, FYSPT, QIC	Desired trend: Increase in the proportion of respondents that report their service providers demonstrated engagement competence

III. Service Appropriateness				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
Objective III-A: The size of the WISE-trained workforce is sufficient to meet the needs of the population needing WISE services				
1. Percent of WISE-qualified behavioral health agencies that have contracts with Managed Care Organizations (MCOs). Reported statewide, by Region, and by MCO.	<p><i>Data:</i> Network contracting reports from MCEs</p> <p><i>Report(s):</i></p> <p>(a) WISE Coverage Report: Percent of WISE Agencies contracted with each MCO, by region</p>	Annually	(a) 1° by CYF Unit, 2° by QIC and DBHR EMT	Desired outcome: Statewide coverage and access to all WISE providers in all regions, for all MCOs/plans



III. Service Appropriateness				
Indicator	Source	Frequency	Review Cycle	Guidance
2. Number and geographic distribution of WISE-qualified behavioral health agencies	<p><i>Data:</i> Attestation by WISE providers and network reports from MCEs</p> <p><i>Report(s):</i> (a) Network adequacy reports (internal HCA) (b) Annual WISE Dashboard: WISE At-A-Glance – WISE Service Providers</p>	Annually	(a & b) 1° by CYF Unit; 2° by QIC and DBHR EMT	Desired outcome: Access to WISE services from providers in all counties, meeting or exceeding established Medicaid network adequacy requirements
3. Number of WISE-trained staff	<p><i>Data:</i> WISE training records and evaluations (collected by WISE Workforce Collaborative)</p> <p><i>Report(s):</i> (a) WISE Workforce Collaborative Annual Training Report</p>	Annually	(a) 1° by CYF Unit and MCEQ; 2° by QIC and PQCs	Desired trend: increase in the number of WISE-trained staff
4. Set of Implementation Supports measures	<p><i>Data:</i> WA tailored Implementation Supports Survey [in development]⁶</p> <p><i>Report(s):</i> (a) Annual Summary Report on TCOM Plan [in development]⁷</p>	Annually	(a) 1° by CYF Unit and QIC, 2° by MCEQ, PQCs, and DBHR EMT	[TBD following availability of finalized measures] ⁶

⁶ Development of tailored version in progress as of early 2019 (under contract with Praed Foundation), following formative development round in calendar 2018. Data collection anticipated in fall 2019.

⁷ Anticipated to be available in mid-2020, following 2019 data collection.



III. Service Appropriateness				
Indicator	Source	Frequency	Review Cycle	Guidance
Objective III-B: Workforce is trained and supported in effective use of WISE, including use of Child and Family Teams				
5. Degree to which documented WISE practices align with the WISE Manual	<p><i>Data:</i> Annual WISE Youth & Family Survey; QSR report; QIRT data</p> <p><i>Report(s):</i></p> <p>(a) Annual Report on WISE Youth and Family Survey;</p> <p>(b) QSR Lessons Learned Report (2017) ;</p> <p>(c) QIRT reports by agency;</p> <p>(d) QIRT annual statewide summary report [in development, 2018 pilot report available]⁸</p>	Annually; <i>2017 QSR report is a one-time report</i>	<p>(a) 1° by CYF Unit and QIC, 2° by MCEQ, PQCs, and DQT;</p> <p>(b) Regular reviews completed, now used as reference;</p> <p>(c) 1° by PQCs and CYF Unit; 2° by MCEQ and QIC;</p> <p>(d) 1° by CYF Unit, QIC; 2° by DQT, DBHR EMT, MCEQ, and PQCs</p>	<p>Desired trends are increasing overall alignment of documented WISE practices with the WISE practice model. Multiple elements of practice are assessed by the QIRT, including the QIRT interview module; reviews should identify items needing improvement, as well as items that demonstrate strength and/or positive innovation. The 2017 QSR report provides information about documented WISE practices prior to availability of QIRT data.</p>
6. Percent of providers that meet requirements for provision of CFTs and crisis services	<p><i>Data:</i> Attestation by WISE providers/ MCEs; QIRT sub-modules on CFTs and crisis services</p> <p><i>Report(s):</i></p> <p>(a) Annual review of DBHR attestations (internal process);</p> <p>(b) QIRT reports by agency;</p> <p>(c) QIRT annual statewide summary report [in development, 2018 pilot report available]⁸</p>	Annually	<p>(a): 1° by CYF Unit, 2° by QIC;</p> <p>(b): 1° by PQC and CYF Unit, 2° by MCEQ and QIC;</p> <p>(c) 1° by CYF Unit and DQT, 2° by QIC and MCEQ</p>	<p>Desired trends are increases in the following QIRT dashboard items:</p> <p>(1) Crisis Planning – Timely</p> <p>(2) Crisis Planning – Collaborative</p> <p>(3) Percent of Clients with Monthly CFT</p>

⁸ QIRT data collection for 2019 is in progress as of January, full statewide report expected to be available by the end of calendar 2019.

III. Service Appropriateness				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
7. Number of Notices of Adverse Benefit Determination (NOABDs) and number of Grievances and Appeals. Reported statewide, by MCE, and by region	<i>Data:</i> MCE reports on Notices of Adverse Benefit Determination (NOABDs), Grievances, and Appeals <i>Report(s):</i> (a) Quarterly WISE Due Process summary report	Quarterly	(a) 1° by CYF Unit, 2° by MCEQ and QIC	Desired trends: NOABDs accurately reflect required denial notifications. Trends are consistent with expectations regarding client rights and requirements for due process.
8. Annual audit and compliance reviews per Medicaid requirements	<i>Data:</i> EQRO review process <i>Report(s):</i> (a) Annual EQRO Report	Annually	(a) 1° by CYF Unit and QIC, 2° by MCEQ and DBHR EMT	Desired outcome: Audits, compliance reviews and analysis of data are used to monitor compliance and identify needed improvements
9. Percentage of WISE-enrolled children and youth with psychotropic medication use who also receive mental health treatment	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Annual WISE Dashboard : WISE Screened, Served, and Proxy Populations – Mental Health Prescription History – Item “If any above Rx, mental health treatment received”	Annually	(a) 1° by CYF Unit, DQT, and MCEQ; 2° by QIC and PQC	Monitor trend over time <i>[Additional guidance TBD]</i>

IV. Service Effectiveness				
Indicator	Source	Frequency	Review Cycle	Guidance
Objective IV-A: CANS data is used to assess service effectiveness at multiple levels (client, clinician, provider agency, MCE, region, & state)				
1. Percentage of people with reductions in actionable needs at reassessment.	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS On-Demand; Longevity Reports – Item Breakouts; (b) BHAS Quarterly Trends Report: Treatment Needs at Entry	Quarterly	(a) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC; (b) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DQT, DBHR EMT	Compare the difference in the percent of clients with needs at reassessment across cohorts and/or level (e.g. compare regions with each other and with the statewide average). Desired trend: consistent or increasing magnitude of difference, with needs continuing to go down.
2. Percentage of people with increases in useful strengths at reassessment.	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS On-Demand: Longevity Reports – Key Intervention Needs; (b) BHAS Quarterly Trends Report: Useful Strengths at Entry	Quarterly	a) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC; (b) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DQT, DBHR EMT	Compare the difference in the percent of clients with strengths at reassessment across cohorts and/or level (e.g. compare regions with each other and with the statewide average). Desired trend: consistent or increasing magnitude of difference, with strengths continuing to go up.
3. Changes in Reliable Change Index (RCI) of CANS scores over time	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Trends Quarterly Report [in development] ⁹	Quarterly	<i>Review cycle to be recommended once report becomes available⁹</i>	<i>Guidance to be developed once report becomes available⁹</i>

⁹ Anticipated to be available by the end of 2019.

IV. Service Effectiveness				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
4. Changes in CANS domain scores and/or relevant clinical items (where available)	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) Quarterly WISE Dashboard: WISE outcomes	Quarterly	(a) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DQT, DBHR EMT	Desired trend: the magnitude of positive changes in CANS domains (and/or improvements in clinical items) remains consistent and/or improves over time
Objective IV-B: The Quality Improvement Infrastructure (QII) is using regularly updated data sources to track, benchmark, and improve clinical and functional outcomes				
5. Changes over time in administrative outcome measures (e.g., mental health inpatient treatment, emergency department utilization) (<i>see section III-B-2-b</i>)	<i>Data:</i> Administrative data <i>Report(s):</i> (a) Annual WISE Dashboard – Administrative outcome measures for WISE participants [section in development] ¹⁰	Annually	(a) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DBHR EMT, DQT	Desired trend: improvement in administrative outcome measures among WISE participants
6. Quality Improvement Infrastructure (QII) conducts regular analysis of provider, regional, and MCE trends in CANS data	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS Reports BHAS On-Demand: Longevity Reports; (b) BHAS Quarterly Trends Reports	Quarterly	(a) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC; (b) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DQT, DBHR EMT, <i>in consultation with FYSVRT and ELT</i>	QII groups should compare between providers, between regions, between MCEs, and with statewide averages to identify trends in CANS outcomes. Desired outcome: Identify challenges and strengths at the provider and MCE level, and use this information to guide quality improvement activities.

¹⁰ Development and production pending finalization of measures in spring 2019; measures will be included in 2020 Annual WISE Dashboard.

IV. Service Effectiveness				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
7. Annual completion of Performance Improvement Projects (PIPs) based on CANS and WISE model fidelity information	<p><i>Data:</i> PIP progress reported by MCEs and WISE provider agencies; specific measures will vary based on project focus</p> <p><i>Report(s):</i> (a) Annual PIP report from EQRO</p>	Annually	(a) 1° by CYF Unit; 2° by QIC	Desired outcome: WISE providers and MCEs develop, implement, and complete annual PIPs using their local CANS and QIRT data, as well as guidance from MCEQ and POCs, as well as quality improvement recommendations from other QII groups as available.
8. Quality Improvement Infrastructure (QII) uses data to identify and implement needed improvements	<p><i>Data:</i> Summaries of QI activities from QII groups</p> <p><i>Report(s):</i> (a) Annual summary report of WISE Quality Improvement activities [<i>in development</i>]¹¹</p>	Annually	Reviewed annually by all QII groups	Desired trend: report shows consistent activities by all QII groups to meet their review obligations and conduct related quality improvement activities, as detailed in this plan <i>(e.g. in this appendix and above in section II-C)</i>

¹¹ Development and production pending finalization of WISE Quality Plan 2019 Update (expected May 2019); report expected to be available in fall 2019.



IV. Service Effectiveness				
Indicator	Source	Frequency	Review Cycle	Guidance
Objective IV-C: Practice improvement is targeted based on outcomes data				
9. CANS items are used to guide targeted (need driven) utilization of Evidence Based Practices (EBPs)	<p><i>Data:</i> (a) CANS data from BHAS, QIRT items on treatment characteristics; (b) EBPI study</p> <p><i>Report(s):</i> (a) Annual QIRT statewide and agency-level reports: Treatment Characteristics – Interaction Content – EBP Use <i>and</i> QIRT report: Wraparound Characteristics – CANS Impact Metrics; (b) Report on EBP Use in WISE from UW EBPI¹²</p>	(a) Annually; (b) One time report, available as of mid-2019 ¹²	(a) 1° by CYF Unit, MCEQ, POCs; 2° by QIC, DQT, DBHR EMT (b) to be reviewed in 2019 by all QII groups	Desired outcome: Identify and recommend needed trainings, technical assistance, and other support to increase capacity to provide and appropriate use of EBPs by WISE provider agencies. QII groups are encouraged to consult with contracted subject matter experts ¹³ re: best strategies and approaches for successful implementation of EBP support and strategies for encouraging utilization.
10. Assess fidelity to WISE model, and identify successes, challenges, and innovations	<p><i>Data:</i> (a) QIRT protocol and linked CANS data from BHAS (b) QSR (2016 data collection)</p> <p><i>Report(s):</i> (a) QIRT reports (agency level and annual statewide summary); (b) QSR Lessons Learned Report (2017)</p>	Annually	(a) 1° by CYF Unit, MCEQ, POCs; 2° by QIC, DQT, DBHR EMT (b) report completed, QII groups to use as needed for information re: WISE practices prior to QIRT development	Desired outcome: (1) Identify and recommend needed trainings, technical assistance, coaching and other support to increase fidelity to the WISE practice model; (2) Describe and disseminate effective practices as part of regular quality improvement activities; and (3) Identify innovations and propose future inclusion in the WISE model

¹² Study completed, report expected to be available in May 2019

¹³ Contracted subject matter expertise is currently provided by: UW Evidence Based Practice Institute (EBPI)

V. Linkages				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
Objective V-A: Children and youth are provided services in the least restrictive environment; appropriate linkage services are provided to maintain success over time				
1. Proportion of youth admitted to CLIP or BRS who were screened for WISe prior to entry	<i>Data:</i> Administrative data <i>Report(s):</i> (a) <i>[report in development]</i> ¹⁴	Annually	(a) 1° by CYF Unit, MCEQ ; 2° by QIC, DQT, DBHR EMT	Desired trend: Increase in the proportion of youth screened for WISe prior to entry into CLIP or BRS
2. Timeliness of WISe screens for youth in CLIP and BRS	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS on-demand: User Reports – Screening Timeliness; (b) BHAS Quarterly Trends Report: <i>[section in development]</i> ¹⁵	Quarterly	(a) <i>As needed by CYF Unit and PQCs for QI activities;</i> (b) <i>Review cycle to be recommended once report becomes available</i> ¹⁵	<i>Guidance to be developed once report becomes available</i> ¹⁵
3. CANS data on treatment needs by level of care (over course of treatment)	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS On-Demand: Longevity reports – Individual Formulation; (b) BHAS Quarterly Trends Report: <i>[section in development]</i> ¹⁶	Quarterly	(a) <i>As needed by CYF Unit and PQCs for QI activities;</i> (b) <i>Review cycle to be recommended once report becomes available</i> ¹⁶	<i>Guidance to be developed once report becomes available</i> ¹⁶

¹⁴ Expected to be available in 2019.

¹⁵ Development of specific BRS/CLIP section for BHAS Quarterly Trends Report expected to be completed in late 2019, with first report available in early 2020.

¹⁶ Development of *Tx need x episode* section for BHAS Quarterly Trends report expected to be completed in 2020, with first report available by end of 2020.

V. Linkages				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
4. Receipt of timely mental health services following discharge from CLIP and BRS	<i>Data:</i> Administrative data <i>Report(s):</i> (a) <i>[report in development]</i> ¹⁷	Annually	(a) 1° by CYF Unit, MCEQ ; 2° by QIC, DQT, DBHR EMT	Monitor the percentage of youth who receive outpatient mental health services following discharge from CLIP or BRS
Objective V-B: Cross-system referral and practice protocols support linkage and success across sectors				
5. Number of cross-system protocols and MOUs on file with CYF Unit	<i>Data:</i> DBHR records <i>Report(s):</i> (a) Annual summary report of WISe Quality Improvement activities <i>[in development, section TBD]</i> ¹¹	Annually	(a) Reviewed annually by all QII groups	Desired outcome: Number of protocols and MOUs increases over time; coverage of youth/child-serving system increases
6. CANS data on cross-system involvement at assessment	<i>Data:</i> CANS data from BHAS <i>Report(s):</i> (a) BHAS On-Demand: Data Analytics Export; (b) BHAS Quarterly Report; Cross System Involvement at Entry; (c) Quarterly WISe Dashboard: WISe Screening Report – Referral Source and Service History	Quarterly	(a) 1° as needed by PQCs, MCEQ, and CYF Unit to support quality improvement activities; 2° by QIC; (b and c) 1° by CYF Unit, DQT, PQCs, MCEQ; 2° by QIC, FYSPT, DBHR EMT	Monitor for changes in trends. Indications of low WISe penetration in child-serving systems suggests a need for quality improvement strategies

¹⁷ Expected to be available in 2019.

V. Linkages				
<u>Indicator</u>	<u>Source</u>	<u>Frequency</u>	<u>Review Cycle</u>	<u>Guidance</u>
7. Youth and Family interview questions on linkages and transition planning	<p><i>Data:</i> Annual WISe Youth and Family Survey; QIRT interview module</p> <p><i>Report(s):</i> (a) Annual Report on WISe Youth and Family Survey (b) Annual Report on QIRT Interviews</p>	Annually	(a and b) 1° by CYF Unit, DQT, MCEQ; 2° by PQCs, FYSPT, QIC	Desired trend: Increase in the proportion of respondents that report positive experiences with transition planning, and coordination of cross-system services and linkages
8. CFT participation, transition planning, and linkages	<p><i>Data:</i> (a) QIRT protocol (b) QSR (2016 data collection)</p> <p><i>Report(s):</i> (a) QIRT reports (agency level and annual statewide summary); (b) QSR Lessons Learned Report (2017)</p>	Annually	(a) 1° by CYF Unit, MCEQ, PQCs; 2° by QIC, DQT, DBHR EMT (b) report completed, QII groups to use as needed for information re: WISe practices prior to QIRT development	Desired outcome: Identify and recommend needed trainings, technical assistance, coaching, and other quality improvement strategies to improve transition planning and linkages to other supports





APPENDIX C: Operationalizing the WISE Quality Improvement Infrastructure

The Quality Plan (QP) is a component of the WISE Manual. It outlines the ‘quality improvement infrastructure’ that is responsible for guiding quality assurance, management, and improvement activities related to WISE and meeting WISE-specific quality obligations.

The WISE Quality Improvement Infrastructure (QII) is a process of communication, outreach, problem-solving and practice improvement that informs and engages all stakeholders about progress toward meeting goals, status of service delivery, system improvement, and outcomes of WISE. The diagram below outlines the Quality Infrastructure. As depicted in the graphic, the DBHR Child, Youth, Family Behavioral Health Unit is the central and leading organizing unit to support the three inter-related, quality infrastructure component at the: 1. Provider Level; 2. Behavioral Health System Level; and 3. Cross-System Level.

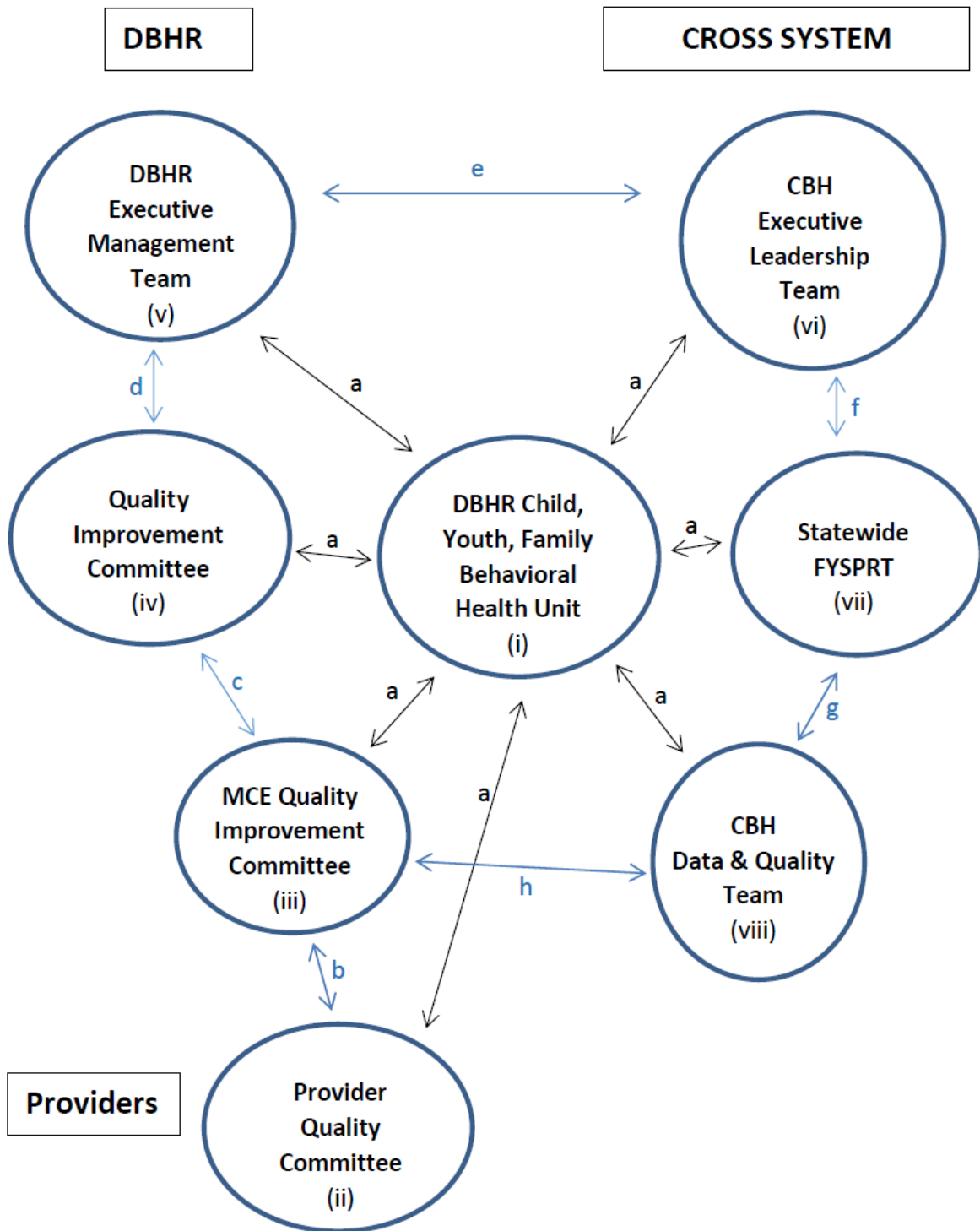
The overall purpose of the process is to ensure that WISE outcomes are improving continuously, and that, as appropriate, new quality improvement goals are established. Specifically, the process tracks performance indicators related to: access, timeliness, appropriateness of services, fidelity to the WISE practice model, satisfaction of youth and families, youth and family outcomes, and system outcomes.

The various entities that make up the WISE Quality Improvement Infrastructure and are involved in WISE quality assurance, management, and improvement are described below. An important goal of the process is that local providers use data to proactively manage to better outcomes. Cross-system and state-level quality groups work not only to improve the quality of services and outcomes for WISE recipients, but to ensure providers have the support and resources needed to effectively use data to improve and problem-solve toward practice change and improvement.

Performance at critical points of care are reviewed by each level of the system through the WISE Quality Infrastructure. All levels of the system have access to the WISE reports generated by HCA. Reports (quarterly, annual) are disseminated and/or posted automatically to the HCA website by the DBHR’s Child, Youth and Family Behavioral Health Unit (CYF), labeled in the diagram above as group (i). The CYF Unit serves as the lead coordinating entity for quality improvement in WISE, and is a resource for all levels and groups within the Quality Improvement Infrastructure.

The Quality Improvement Committee is responsible for review of quality outcomes, protocols and guidance related to WISE Quality Improvement activities at the regional and state level. This group recommends an annual statewide behavioral health quality agenda based on review of trends and feedback from the QII to the DBHR Executive Management Team. In its central organizing role, the CYF Unit ensures the annual quality agenda is implemented, and that all levels of the QII are working to improve quality.

Quality Infrastructure for Children's Behavioral Health in Washington State





A. Levels of the Quality Infrastructure

1. Provider Level Quality Infrastructure

System-improvement needs are expected to be identified initially and addressed first at the provider level. WISE agencies, through their internal Provider Quality Committees, monitor data monthly and review trends quarterly. Based on quarterly quality reviews, any local priorities for practice change are reported to the MCE Quality Improvement Committee.

Providers have access to the reports noted in Appendix B, and including but not limited to:


- BHAS on-demand (or ‘ad-hoc’) reports
- BHAS agency level trend reports
- BHAS regional level trend reports
- WISE Quarterly Dashboards
- WISE Service Characteristics reports
- WISE Screening Reports
- WISE Grievance and Appeals reports
- WISE Annual Reports
- WISE Annual Implementation Status Reports

An example of this process in action:

Providing timely and effective behavioral health services and supports that are sufficient in intensity and scope is a requirement of WISE. The current performance measure specifies a monthly average of 10.5 service hours in all regions.

One of the ways the system reviews “intensity and scope” is through the WISE Service Characteristics reports. This report monitors types of services and number of encounter or hours of services provided for WISE in each region. This report is run quarterly by the DSHS Research and Data Analysis Division. DBHR’s CYF Unit is responsible for disseminating the WISE Service Characteristics report to WISE leads with MCEs (and statewide FYSPRT and other groups within the QI). WISE agencies receive a copy of the WISE Service Characteristics report from their MCE.

At the provider level, the Provider Quality Committee reviews the report and shares it with staff. This internal review is to ensure that WISE service intensity meets the contracted performance measure of maintaining a monthly average of 10.5 service hours. If the agency is not meeting the contract performance measure and is unable to identify internal quality improvement measures, the agency communicates with



its MCE Quality Improvement Committee to address strategies to improve performance. In addition, both DBHR and the WISE agency leads review provider and MCE performance trends, and will use WISE System coaching calls to assist and problem-solve to develop strategies to improve quality. In other words, there is provider-level quality tracking by both the MCEs, and by DBHR.

The Provider Level of the QI sets and directs quality strategies at the WISE agency, and informs their contractor, the Managed Care Entity, of progress. This level of the QII (path *b* in diagram above) is responsive to the “System” level which includes review and feedback from Managed Care Entities and DBHR/HCA. In its central role, the CYF Unit monitors regional performance. Monthly WISE system coaching calls for providers and MCEs have been developed to discuss system performance issues. Where specific provider issues are identified, the CYF Unit has developed a coaching model where the WISE Workforce Collaborative provides individualized, tailored improvement plans and support.

2. Behavioral Health System Level Quality Infrastructure


Within the WISE Quality Improvement Infrastructure, the system level includes the MCE Quality Improvement Committee, the Quality Improvement Committee, and the DBHR Executive Management Team. Like the Provider Quality Committee, these groups have access to WISE reports disseminated by the CYF Unit, and use these reports to monitor trends and system performance.

An example of this process:

Ensuring that individuals, youth, and parents are properly notified of their rights to due process is a foundational component of the T.R. settlement agreement.

MCEs report Grievance and Appeal data to HCA quarterly. The CYF Unit creates a report specifically on WISE Due Process data for monitoring and quality control. This report is disseminated to system level groups within the WISE QI structure, and is reviewed quarterly at the MCE Quality Improvement Committee, the Quality Improvement Committee (as well as the Grievance Committee). In turn, the MCEs are to review the report with Provider Quality Committees when indicated.

The Quality Improvement Committee, in partnership with the DBHR Grievance Committee, reviews the report and follows up with MCEs where there are questions or clarification needed. Staff on the CYF unit also follow up with two MCEs quarterly to review in more detailed information about submissions. Additionally, the MCE,



the WISE agency leads, and the CYF Unit review this report during the monthly WISE System Coaching Calls to assist with developing strategies to improve quality of care.

Based on the communication loop developed in the Behavioral Health System Level, the QI informs and directs quality strategies at a regional or plan level and contracted WISE providers statewide. These strategies are determined through the MCE Quality Improvement Committee (path *c* in diagram) to the Quality Improvement Committee (QIC) (path *d* in diagram) and recommended to the DBHR Executive Management Team.

MCE Quality Improvement Committees are responsible for oversight of the subcontracted WISE providers and informing QIC of progress, trends and recommendations for consideration across regions/plans.

The QIC is responsible for review of quality outcomes, protocols and guidance related to WISE QI at the regional and state level. This group recommends the statewide quality agenda based on review of trends and feedback from the QI to the DBHR Executive Management Team (path *d* in diagram above). The DBHR Executive Management Team (path *e* in diagram above) informs and receives information and direction from the Children’s Behavioral Health Executive Leadership Committee. The Children’s Behavioral Health Committee consists cross-system partnership and members include: DBHR Youth Liaison, DBHR Family Liaison, and leadership from the Governor’s Office, HCA, DCYF, DSHS, DOH and OSPI. In its central role, the CYF Unit works with MCE Quality Improvement Committees to ensure problem-solving occurs routinely and that improvements are ongoing.


3. Cross-System Level Quality Infrastructure

The Children’s Behavioral Health Data and Quality Team and the statewide FYSPT assess statewide performance and make recommendations to and the Children’s Behavioral Health Executive Leadership Team in order to make policy decisions related to cross-agency behavioral health initiatives.

Additionally, tri-leads from the regional FYSPTs forward materials on to their members and may choose to include items from WISE reports on their regional FYSPT meeting agendas. Contractually, regional FYSPTs are required to review WISE reports quarterly. Staff from the CYF Unit are available and have been invited to discuss data reports at regional FYSPTs.

An example of this process:

WISE relies on youth and family voice to inform practice and policy changes.




The statewide Family, Youth and System Partner Roundtables provide and review recommendations for improvements through the collaborative engagement of youth, families and system partners from across the state.

For example, in late 2017, the FYSPRT identified access to therapeutic respite as a needed service that would improve quality of care for youth and families with intensive behavioral health needs. The FYSPRT developed a recommendation and forwarded this to the Executive Leadership Team (ELT). The ELT reviewed this recommendation and provided a response to the statewide FYSPRT, including challenges that limited the scope of available options for policy change. The statewide FYSPRT reviewed this response, and engaged in an ongoing process of identifying relevant information to support this recommendation. Based on this, in fall 2018 DBHR prepared a decision package to request state funds to support youth behavioral health respite. As of September 2018, the respite decision package has been submitted to the Office of Financial Management (OFM) and is in the review process for potential inclusion in the Governor's proposed budget.

Based on the Cross-System Level of the QI structure, recommendations for statewide quality initiatives for WISe are informed by the work of Children's Behavioral Health Quality and Data Team and the statewide FYSPRT. The Children's Behavioral Health Quality and Data Team communicated with the statewide FYSPRT (path *g* in diagram) and the statewide offers feedback. The statewide FYSPRT is responsible for providing recommendations for cross-system initiatives, policies and practices related to WISe QI strategies to the Children's Behavioral Health Executive Committee (path *f* in diagram). The Executive Leadership Committee is responsive to the statewide FYSPRT and in communication with the DBHR Executive Leadership Team.

B. Example of data review processes in action: QIRT reports

The WISe Quality Improvement Infrastructure (QII) uses a number of data reports and sources as part of its ongoing quality work. A critical source is the WISe Quality Improvement Review Tool (QIRT), which is used to guide improvement activities. The below describes how the QIRT will be used for ongoing improvement. As per above, the CYF Unit, in its central role, tracks overall QIRT findings to inform, monitor, and implement WISe quality improvement work.



1. What types of data does the QIRT provide?

The WISE Quality Improvement Review Tool (QIRT) is one important source of data that entities at all levels of the WISE Quality Infrastructure review. The QIRT provides important data and feedback about practice-level variation, as well as aggregated reports that summarize WISE practices across multiple levels of the system. For example, aggregated reports can be produced at the provider level (multiple clients at one provider), at the regional level (multiple clients from multiple providers within a region), and at the statewide level (multiple clients from multiple providers across the state).

The QIRT includes indicators that capture:

- The timeliness and degree of collaboration present in multiple phases and key events in WISE:
 - Screening
 - Assessment and reassessment
 - care planning
 - crisis planning
 - transition planning
- The amount of face-to-face contact that the youth and caregiver(s) have with key members of the WISE team, including the care coordinator, the parent partner, and the youth partner.
- The amount of contact that the WISE team has with the youth and family during the early engagement phase (defined as prior to the first CFT meeting).
- The frequency of Child and Family Team (CFT) meetings.
- The frequency of treatment sessions, as well as the types of treatment strategies used, and the individuals engaged in those sessions (e.g. youth, caregiver, both).

The QIRT online platform matches these data with CANS data from WA BHAS, producing both individualized (client-level) and aggregate (group-average) reports that link practices with baseline and outcome data.

2. What might review of QIRT data look like?

Each level of the Quality Infrastructure reviews the data as part of normal QI processes and oversight. Some examples of what this might look like in practice:

Who	Report(s) reviewed	Questions could include...	Actions could include...
Provider agency	<ul style="list-style-type: none"> Individual (client-level) QIRT reports Agency-wide QIRT reports Sub-group QIRT reports as needed Regional and statewide QIRT reports – for comparison (annual) 	<ul style="list-style-type: none"> How intensive is our engagement process? Which members of the core WISE team have the most contact with the youth and family? What’s the mix of treatment strategies in use, and how does that match with the Cross-System Care Plan? What practices are most effective? What areas need more support? 	<ul style="list-style-type: none"> Identify areas where staff need additional support (coaching and/or technical assistance) and resources to address those needs Share findings of effective practices within the agency Communicate needs and findings to next level of infrastructure As needed, develop and execute quality improvement projects
MCE	<ul style="list-style-type: none"> Agency-wide QIRT reports Regional QIRT reports Statewide QIRT reports 	<ul style="list-style-type: none"> What level of between-provider variation is notable in contracted agencies? Do these data match contracted performance expectations (such as service intensity)? 	<ul style="list-style-type: none"> Identify targets for next performance improvement project (PIP) and/or use QIRT data to demonstrate impact of current PIP Communicate needs and findings to next level of infrastructure
CYF Unit / QIC	<ul style="list-style-type: none"> Agency-wide QIRT reports Regional QIRT reports Statewide QIRT reports Sub-group QIRT reports as needed 	<ul style="list-style-type: none"> What do the matched practice and outcome data suggest about the distribution of effective practices? What key events and phases are strongest? Do any need remediation? If outliers exist, what additional data is needed for follow up? 	<ul style="list-style-type: none"> Identify agencies where staff need additional support, and provide (or facilitate access to) resources to address those needs Provide guidance to MCEs, providers, and coaches re: areas needing improvement and/or highly effective practices Communicate needs and findings to next level of infrastructure



C. WISe Quality Infrastructure: Table of Functions and Responsibilities

The Quality Plan identifies a multilevel, inter-related quality improvement infrastructure that meets regularly to review data, problem solve, set goals for improvement, and monitor progress.

The following table describes each component of the WISe Quality Improvement Infrastructure and identifies its: members, functions, responsibilities, meeting frequency, and expected follow-up activities. The goal of this overview is to assist members of each level of the WISe Quality Improvement Infrastructure's understanding their critical role and functions in this process.

Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
<p>DBHR Child, Youth, Family Behavioral Health Unit</p> <ul style="list-style-type: none"> • Group (i) • Pathways (a) <p>Primary entity responsible for leading, organizing, problem-solving and coordinating WISE quality improvement efforts. Day-to-day program management role.</p>	<p>CYF Unit Research Manager; WISE Communication staff; WISE System Coach; WISE Program Manager</p>	<p>Generates, disseminates and reviews reports (communication paths (a) in infrastructure diagram)</p> <p>Participates in provider, BH statewide and cross-system level groups within the QI; available and responsive to all levels of the QI structure</p> <p>Convenes coaching and TA on identified system needs</p> <p>Presents recommendations to QIC and DBHR Executive Management Team, Children’s BH Data & Quality Team, FYSPTs and the CBH ELT.</p>	<p>Review monthly, quarterly and annual reports; present data and participate in various QI meetings, convene monthly WISE System Coaching Call, convene monthly QI calls; identify gaps, areas of improvement and refer recommendations through the QI structure;</p> <p>coordinate with WISE Workforce Collaborative to help identify effective strategies and resources for quality improvement.</p>	<p>Includes: weekly internal meetings, weekly calls/ meetings with contracted QI vendors; monthly and quarterly meetings with QI groups.</p> <p>Monthly reporting and review; quarterly reporting and review;</p> <p>semi-annual reporting and review; annual reporting and review.</p> <p>Participation in monthly QI calls/ meetings; participation in quarterly QI system level meetings; facilitate monthly WISE Coaching Calls; offer TA when requested.</p>	<p>Collects and responds to reports generated from system and state level QI groups; problem-solve and/or direct strategies when indicated</p>



Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
Provider Quality Committees <ul style="list-style-type: none"> • Group (ii) • Pathway (b) <p>Responsible for QI practice and policy at the WISE provider level</p>	<p>WISE Agency leads, quality leads, may include other stakeholders</p>	<p>Maintains local data; reviews HCA generated reports; agency level BHAS reports; reviews internal quality data; provides information to MCE (<i>see Appendix B for complete list of reports available</i>)</p> <p>Includes and considers feedback from the behavioral health system level of the WISE QI structure.</p> <p>Responsible for policies and protocols for WISE QI at the agency level.</p>	<p>Monitor internal service reports, BHAS agency level reports; review HCA generated quarterly and annual Reports; identify gaps, areas of improvement and successful practices and implement local practice adjustments to improve outcomes.</p> <p>In response to qualitative and quantitative data, coordinate with WISE Systems Coach and WISE Workforce Collaborative to help identify effective strategies and resources for quality improvement.</p>	<p>Quarterly reviews under the QMP; monthly participation from reps on the WISE System Coaching Call; internal meeting schedule varies by agency</p>	<p>Tracks on-going progress; provides feedback to MCE (path b in diagram); participates in QIRT; identifies, develops, and participates in PDSA projects to improve results and improve outcomes for youth in their care</p>



Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
<p>Managed Care Entity (MCE) Quality Improvement Committee</p> <ul style="list-style-type: none"> • Group (iii) • Pathways: b, c, h <p>Responsible for QI practice and policy at the MCE</p>	<p>Delegated staff such as the Children’s Care Coordinator; MCE Quality leads</p>	<p>Collects and monitors data from sub-contractors (diagram path b); reviews and distributes the following HCA/WISe reports to sub-contracted providers:</p> <ul style="list-style-type: none"> • WISe Capacity Reports/Network Adequacy • BHAS Quarterly Reports • Quarterly WISe Data Dashboard • Quarterly WISe Due Process /Grievance and Appeals report • WISe Service Characteristics reports • Annual WISe Data Dashboard • Annual report on WISe Participant Survey • EQRO/QIRT • WISe Manual <p><i>(see Appendix B for complete list of reports available)</i></p> <p>Responsible for policies and protocols for WISe QI at the plan/ sub-contractor level.</p>	<p>Review reports with local provider quality committee; identify gaps, areas of improvement and successful practices and implement local practice adjustments to improve outcomes. Coordinate with WISe Systems Coach to help identify effective strategies and resources for quality improvement.</p>	<p>Internal monitoring reviews monthly; review HCA reports quarterly; participate in quarterly meetings; and annually reviews.</p>	<p>Monitors on-going progress; provides feedback to HCA and system QI groups; participates in QIRT (diagram paths b, c, and h); identifies and participates in PDSA</p>



Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
<p>Quality Improvement Committee</p> <ul style="list-style-type: none"> • Group (iv) • Pathways: c, d, a <p>Responsible for directing QI practice and policy through monitoring and contracts with MCE</p>	<p>Delegated staff across HCA sections; Quality Lead, Contract Managers, Office of Consumer Partnership, members from the CYF Unit, DBHR leadership</p>	<p>Reviews and provides feedback on:</p> <ul style="list-style-type: none"> • Quarterly WISE Data Dashboard • Quarterly Due Process Reports • EQRO reports • Annual Statewide Youth and Family Survey • Other reports as indicated <i>(see Appendix B for complete list of reports available)</i> <p>Responsible for review of protocols and guidance related to WISE QI at the state level.</p>	<p>Review Quarterly and Annual Reports to assess statewide performance; identify targets for improvement with MCEs and provider agencies; and recommend practice and policy changes, including contract changes and corrective action, to DBHR Executive Management Team for implementation.</p> <p>Recommendations and actions will be included in the new annual summary produced by the CBH DQT.</p>	<p>Quarterly</p>	<p>Monitors on-going progress; provides feedback to MCE Quality Improvement Committee (path c) and DBHR Executive Team (path d)</p> <p>Recommends/directs statewide quality agenda based on review of trends and feedback from QI structure.</p>



Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
<p>DBHR Executive Management Team</p> <ul style="list-style-type: none"> • Group (v) • Pathways: d, e, a <p>Responsible for setting high-level practice/policy goals</p>	<p>DBHR Director; DBHR Deputy Director; DBHR Section Manager, Prevention and Children’s Behavioral Health; DBHR WISE Program Lead, CYF Unit Research Manager</p>	<p>Informs daily operations of QI implementation; reviews monthly, quarterly and annual Reports to assess statewide performance.</p>	<p>Reviews and acts on policy recommendations made by the Quality Improvement Committee. Provides direction and support for QI activities.</p>	<p>Twice a month</p>	<p>Monitors on-going progress (path a);</p> <p>sets high-level practice/policy goals provides feedback and recommendations to the CBH ELT (path d & e).</p>
<p>Children’s Behavioral Health Executive Leadership Team</p> <ul style="list-style-type: none"> • Group (vi) • Pathways: e, f, a <p>Oversight and decision making power, “executive sponsor” role</p>	<p>Delegates from HCA, DCYF, DSHS, DBHR Family Liaison, DBHR Youth Liaison.</p>	<p>Leadership and oversight of Children’s Behavioral Health system. Key responsibility and decision making authority. Reviews and makes decisions about recommendations for policy and program changes.</p>	<p>Review Quarterly and Annual Reports to assess statewide performance; Review recommendations by FYSPRT (path f) in order to 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.</p>	<p>Quarterly</p>	<p>Reviews recommendations and provides feedback to other entities within the Quality Infrastructure. Sponsors new initiatives and policy changes. (path e & f).</p>




Quality Group Name	Members	Functions	Responsibility	Frequency	Follow-up expectations
<p>Statewide Family, Youth and System Partner Roundtables (FYSPRTs)</p> <ul style="list-style-type: none"> • Group (vii) • Pathways: f, g, a <p>Responsible for providing recommendations for cross-system initiatives, policies and practices related to WISE QI strategies</p>	<p>Regional tri-leads and representatives from various child and family serving systems</p>	<p>Review, disseminate and provide feedback:</p> <ul style="list-style-type: none"> • Quarterly WISE Data Dashboard • Annual WISE Data Dashboard • Annual Implementation Report • Annual Statewide Youth and Family Survey • FYSPRT evaluations • WISE Manual • FYSPRT Manual • Other reports as indicated by regional FYSPRTs <p><i>(see Appendix B for complete list of reports available)</i></p> <p>Provides recommendations and strategies on improving policies, protocols, and practice related to WISE QI to the CBH ELT (path f) and the CBH Data and Quality Team (path g).</p>	<p>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 (path f).</p>	<p>Quarterly FYSPRT meetings; Semi-annual presentations specific to WISE, or more frequently if requested; quarterly review HCA WISE reports</p>	<p>Provide feedback on quarterly review of HCA WISE generated reports (path a); facilitate review of WISE data at regional FYSPRTs every quarter and provide feedback to statewide FYSPRT.</p> <p>(path f & g).</p>



<i>Quality Group Name</i>	<i>Members</i>	<i>Functions</i>	<i>Responsibility</i>	<i>Frequency</i>	<i>Follow-up expectations</i>
<p>Children’s Behavioral Health Data and Quality Team</p> <ul style="list-style-type: none"> • Group (viii) • Pathways: g, h, a <p>Responsible for making recommendations to improve WISE policy and practice changes statewide</p>	<p>CYF Unit Research Manager; CYF Unit BHAS Lead; Other WISE program staff (as-needed basis); DSHS/RDA representative(s); Regional FYSVRT tri-leads; Representatives from various child and family serving systems</p>	<p>Reviews Quarterly and Annual Reports to assess statewide performance; develops and refines cross-system indicators included in the WISE Dashboards and other reports/data related to Children’s Behavioral Health</p>	<p>Recommends policy and practice changes to statewide FYSVRT (path g) and MCE Quality Improvement Committee (path h). Produces annual summary report of WISE-related quality improvement activities. Focuses on improving dissemination of data related to Children’s Behavioral Health to FYSVRTs (path g) and cross-system partners (paths a and h), and identifying relevant connections across data sources.</p>	<p>Quarterly</p>	<p>Provide feedback on quarterly report review; develop and produce annual WISE QI report; identify and assist with dissemination and outreach strategies, especially to statewide and regional FYSVRTs (path g).</p>





APPENDIX D: TRANSFORMATIONAL COLLABORATIVE OUTCOMES MANAGEMENT (TCOM) PLAN

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.

TCOM Framework

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 shown in the “Grid of Tactics” 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 include tailored trainings and collaborative systems coaching and are outlined below.

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. Training and coaching are provided by the WISE Workforce Collaborative and by CYF Unit staff, as well as other DBHR contracted resources.

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.

Sustainability

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 contracted with HCA/DBHR to the development of multi-level internal coaches with expertise in the TCOM collaborative systems improvement strategies and practices.



APPENDIX E: ADDITIONAL RESOURCES

A number of additional resources dedicated to promoting quality improvement are described in this appendix. Technical assistance is also available from the Child, Youth, and Family Behavioral Health Unit.

If you still have questions after reviewing the resources below, please contact

WISupport@hca.wa.gov

1. [WISe reports page & archive](#)

The [WISe reports webpage](#) includes BHAS Quarterly Reports, the quarterly WISe Data Dashboards, Annual Reports, and other topical reports.

2. [Children’s Behavioral Health email subscription list](#)

Notices of updates to the WISe reports page and archive, as well as other news and announcements, are sent to this list. [Sign up for the Children’s Behavioral Health email list here.](#)

3. [Behavioral Health Assessment Solution \(BHAS\)](#)

- BHAS is the online data system that captures CANS data and provides multi-level on-demand reports.
- A guide to the on-demand reports available in BHAS is available in the documents section of BHAS.
- As the data in BHAS is protected health information (PHI), access is restricted. For more information about technical assistance for using BHAS, as well as (a) what role BHAS access is available to and (b) how to request access, please email WISupport@hca.wa.gov

4. [WISe Workforce Collaborative](#)

More information about the WISe Workforce collaborative is available on their [website](#).

5. [Child and Adolescent Needs and Strengths \(CANS\)](#)

More information about the CANS used in Washington is available in the documents section of BHAS.