

WISe Attestation for a Tribal Behavioral Health

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

1

Agency information

Tribal Agency name

Agency NPI

Agency address(es)

Key WISe contact person

Phone number

Email address

2

WISe key elements

- | | | |
|---|-----|----|
| 1. Has the agency contacted DBHR regarding any questions on the WISe program, Policy and Procedure Manuel? | Yes | No |
| 2. Is the Tribal Behavioral Health Agency licensed by the Department of Health (DOH) by either attestation, deeming, or licensure? | Yes | No |
| 3. Does the agency have the following certifications? | | |
| Outpatient intervention, assessment and treatment (WAC 246-341-0737) | Yes | No |
| Behavioral Health Support (WAC 246-341-0700) | Yes | No |
| Behavioral Health Outpatient Crisis Observation and Intervention (WAC 346-341-0901) | Yes | No |
| 4. Has WISe staff attended the WISe training? | Yes | No |
| If yes, please list staff, role, and training date. | | |

If no, please indicate training plan.

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

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

Signature

Printed name

Date

DBHR approval

Signature

Printed name

Date

<p> Submit completed WISE Attestation form to: WISESupport@hca.wa.gov.</p>
