



Comagine Health

Wraparound with Intensive Services (WISE)

Quarter Three Findings Summary & Recommendations

Quarter Three Review Period: 6/5/17 – 6/30/20

Quarter Three Review Dates: 7/14/20 – 9/24/20

Number of Records Reviewed: 63

Number of Agencies Reviewed: 6

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

Introduction

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

Review Methodology and Scope of Review

This review evaluated six BHAs in the Great Rivers, Greater Columbia and Spokane regions to ensure quality behavioral health care provided to enrolled youth focusing on the components of the WISe service delivery model. The review criteria are identified in the Washington Quality Improvement Review Tool (QIRT). The key areas evaluated during the review include:

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

The review team is provided a randomly selected list of names by the Washington Health Care Authority (HCA), identifying records for review for each provider. Six records, at a minimum, are reviewed per BHA with results entered into the QIRT database.

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

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

Summary of Findings

Care Coordination Elements

Initial Engagement & Assessment

A Child and Adolescent Needs and Strengths (CANS) screening is required to be offered within 10 business days of a WISe referral and an initial full CANS assessment completed within the first 30 days of enrollment. Documentation should include evidence of youth and family inclusion in the CANS process. The CANS screening was completed within the required timeframe in 52% of the records reviewed. Timely initial full CANS assessments occurred in 51% of the records, with 35% reflecting a collaborative process to identify strengths and needs. Documentation identified 59% of reassessments occurred as required. Three (3) agencies completed timely CANS screenings in more than 80% of each agency's records reviewed.

Care Planning

All needs identified by the initial full CANS are to be included in the youth's Cross System Care Plan (CSCP). Needs may be "deferred" on the CSCP if not currently being addressed. A comprehensive CSCP includes all needs and strengths identified in the CANS and includes prioritized needs, goals and expected outcomes. Aggregately, CSCPs were completed timely and collaboratively in 46% and 48% of records, respectively. Caregiver engagement in the care planning process was evidenced by 74.6% participation in CFT meetings across all agencies.

CFT Processes and Transition Planning

Each youth has a CFT that develops and implements the youth and family's plan, addresses unmet needs, and works toward the family's vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria. Contact between CFT members and the youth or family within the first 30 days of enrollment averaged 7.03 hours across all agencies. During the first 90 days of enrollment, 19% of youth had three or more CFTs. Two (2) CFT meetings occurred for 30% of youth and 25% had one (1) CFT. Furthermore, 25% indicated no CFT meetings occurred during the review period. Community resource and school partners participated in 1.6% and 9.8% of CFT meetings, respectively, although needs were identified in these areas.

Crisis Prevention and Response

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

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

Aggregately, 59% of crisis plans were completed timely, with 56% reflecting collaborative development. All six agencies reviewed received a recommendation to ensure crisis planning occurred as required and reflected collaborative development.

Treatment Characteristics

Qualified clinicians provide individual clinical treatment sessions to the youth/family in the amount, duration and scope appropriate to address the identified medically necessary needs. Documentation should reflect needs identified in the CSCP, indicate how the therapeutic intervention benefitted the youth's functioning or symptoms, and the impact of the services for the youth at home, school and/or in the community. Therapist involvement in the WISe service model was evidenced by participation in 47% of all CFT meetings and an average of 2.08 treatment sessions monthly. The review indicated 69% of treatment sessions were attended by the youth alone. The youth and caregiver participated in 26% of sessions and only the caregiver attended 9% of treatment sessions.

Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 88% of the sessions. The specific content of treatment content was not consistently documented. Skill development and enlisting treatment support were the most frequently documented content at 14% and 8.4%, respectively. However, the youth and/or caregiver's response to the treatment content was not consistently documented. Documentation of progress reviewed was identified in 12% of records, while 1% of records included celebrating success.

Parent & Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent support partner. These partners are formal members of the CFT who support the parent/youth in the WISe process through active engagement and informed decision making. Youth Peer Partners averaged 2.03 hours of contact per month with youth, 0.63 hours with caregivers and 0.65 hours with others. Parent Peer Partners averaged 2.31 hours per month with caregivers, 1.36 hours with youth and 1.76 hours with others.

Conclusions

Strong Practices

One agency demonstrated the following strong practice:

- HCA noted the agency's good work with screening and initial collaborative engagement of the youth and family at the beginning of WISe

Strengths

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

- Persistence in problem solving was evidenced during at least 88% of therapy sessions identified in all records
- Timely completion of the CANS screenings were found in more than 75% of records reviewed for four of the six agencies

- Collaborative CSCPs were documented in at least 80% of records for two agencies
- Two agencies demonstrated strong youth and parent partner supports as evidenced by frequent contact and use of lived experiences to build rapport as well as offer concrete supports

Opportunities for Improvement

One agency's review results indicate the current WISe programming provided to its youth was insufficient. HCA required the agency to review the WISe manual for a full understanding of the WISe services provider requirements and implement changes for full compliance.

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

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

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

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

Recommended focus areas for improvement include:

- Conduct collaborative initial full CANS assessments. The CANS assessments indicate collaboration when:
 - Areas of the youth and caregiver feedback are addressed
 - Documentation reflects the changes that are incorporated
 - Consensus is clearly identified
 - Both strengths and culture are discussed
- Complete collaborative CSCPs within the required timeframe. Documentation that reflects collaboration may include:
 - Attendees and their titles
 - CFT members' contact information
 - Youth or family agreement with the CSCP
 - Documenting a copy of the CSCP was provided to all CFT participants
- Complete timely and collaborative crisis plans. Documentation of collaboration may include:
 - Specific action steps
 - Post-crisis follow-up activities
 - Identification of all CFT members' roles in crisis response

- Conduct CFT meetings at least every 30 days, ensuring each CFT includes educators and/or community partners when identified as areas of need
- Therapy notes that clearly reflect the following:
 - Interventions used in therapy sessions
 - Youth and/or caregiver responses to the intervention
 - Progress reviewed and successes celebrated
 - Document the specific content of treatment sessions such as psychoeducation, skill development or evidence-based practice components