



Comagine Health

Wraparound with Intensive Services (WISE)

Quarter Two Findings Summary & Recommendations

Quarter Two Review Period: 1/29/16 – 3/19/20

Quarter Two Review Dates: 5/27/20 – 6/12/20

Number of Records Reviewed: 49

Number of Agencies Reviewed: 5

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 five BHAs in the Great Rivers, Greater Columbia and North Sound 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, 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.

Agency results varied, with strengths and opportunities for improvement noted in each agency's individual report. This report includes aggregated results for the second set of five 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 occurred within the required timeframe in 71% of the records and all met the WISe eligibility criteria. The initial full CANS assessments were completed timely in 90% of the records. The CANS documentation reflected collaboration with the youth and/or family to evoke strengths and identify needs in 60% of records. Documentation identified 75% of reassessments occurred as required. Two agencies consistently utilized the Strengths, Needs and Cultural Discovery (SNCD) tool which expanded on the cultural considerations and strengths portions of the CANS assessment.

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. Caregiver engagement in care planning was evidenced by 89% participation in CFT meetings. The records reviewed demonstrated timely care planning in 84% of cases and 70% showed collaborative care plan development.

Clear documentation of task completion from prior CFT meetings was found for one agency. Another agency included direct quotes in documentation to ensure youth/caregiver voices were heard. This same agency incorporated community activities into CSCPs, as appropriate, providing team encouragement and direct support where needed. These approaches help ensure youth-centric plans with clear goals and responsibilities for all.

CFT Processes and Transition Planning

Each youth has a CFT that develops and implements the youth and family's plan, addresses unmet needs, works toward the family's vision and monitors progress regularly. CFT meetings should take place every 30 days, with documentation reflecting ongoing discussions for transition planning and discharge criteria. During the first 90 days of enrollment, 45% of youth had three or more CFTs. Two CFT meetings were held for 24% of youth and 29% had one CFT meeting within the first 90 days. Additionally, 2% indicated no CFT meetings occurred during the review period. Contacts between CFT members and the youth or family within the first 30 days of enrollment averaged 6.61 hours. School or community resource partners participated in 3.2% and 2.6% of CFTs, respectively, despite identified needs in these areas. Transition planning is not expected within the first 90 days of WISe participation; however, two records identified a need for transition planning during the review period across all agencies. The transitions were not documented as formal plans, but both reflected collaboration. One agency's documentation referenced the use of interpreters and materials provided in an alternate language as needed to ensure all family members could fully participate.

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, 80% of crisis plans were completed within the required timeframe, with 58% reflecting collaborative development. The content of crisis plans was inconsistent across the agencies. At least one agency included detailed action plans, while others did not always contain the core practices of WISe crisis planning and response, including identification of post-crisis action steps.

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. Therapists were involved in the WISe service delivery model as evidenced by participation in 83% of all CFT meetings with an average of 2.48 treatment sessions each month. Records indicated 59% of the treatment sessions were attended by the youth alone. Both the youth and caregiver participated in 34% of sessions and only the caregiver attended 8% of treatment sessions.

Persistence in problem-solving with youth and families was evidenced by documentation of the same treatment focus from session to session in 75% of the sessions; however, the specific content of treatment sessions was not consistently documented by the therapists. Skill development and enlisting treatment support were the highest rated interactions at 13.8% and 7.9%, respectively. The youths' response to the skill development taught was included in 5.6% of the sessions reviewed. Documenting the content of treatment sessions and/or the youth's response was identified as an opportunity for improvement in four of the five agencies reviewed.

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. Aggregately, Youth Peers averaged 3.33 hours of contact per month with youth and/or caregivers while Parent Peer contacts averaged 3.47 hours per month. One agency's records lacked evidence that the youth or parent peer support was offered. Another agency's records did not contain documentation of parent peer support contacts. However, the CFT notes identified parent peer support involvement.

Conclusions

Strengths

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

- Once the need for the WISe service delivery model was established, initial CANS assessments were completed and reassessments occurred within the required timeframes of 90% and 75% of the records, respectively
- Timely completion of care plans and crisis plans was documented in 80% and 84% of the records, respectively
- Caregiver engagement was evidenced by participation in 89% of all CFT meetings

Strong Practices

Agencies demonstrated the following strong practices:

- The SNCD tool was consistently utilized by two agencies, which expanded on the cultural considerations and strengths portions of the CANS assessment.
- One agency documented alternate language materials and the use of interpreters when needed, ensuring full participation of all family members

Opportunities for Improvement

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

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:

- Complete CANS screenings within the required timeframe
- 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. 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
- Conduct CFT meetings at least every 30 days
- 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
- Complete collaborative crisis plans. Documentation of collaboration may include:
 - Specific action steps
 - Post-crisis follow-up activities
 - Identification of all CFT members' roles in crisis response
- Ensure each CFT includes community partners and educators when identified as areas of need