

# Exhibit B

## **Exhibit B**

**Defendants agree to the following commitments to be accomplished post exit in SFY 2022-2023.**

### **1. Mobile Crisis—bolster and sustain crisis services to eligible youth**

#### 1.1. Training

- 1.1.1. Ensure all new WISE providers are required and paid to complete the crisis training curriculum that began in 2018 and develop a plan to provide the training to existing providers.
- 1.1.2. Modify basic WISE training to include trauma-focused strategies, safety plans and responses (i.e., call 911 if child reports an overdose or other medical emergency) and any other changes based on technical assistance consultation with University of Maryland (<https://www.hca.wa.gov/assets/free-or-low-cost/wise-training-module06-crisis.pdf>).

#### 1.2. Practice Manual

- 1.2.1. Add standards from basic WISE training (i.e., list of crisis response actions, clarify requirement to schedule meeting three days post-crisis).
- 1.2.2. Convene and facilitate provider workgroup to draft changes necessary to improve mobile crisis services (i.e., more flexibility on caseloads for roles, flexibility on care coordinator caseloads so that clinicians and crisis responders can have lower caseloads, reducing paperwork requirements)
- 1.2.3. Ensure changes are reflected in training and Quality Assurance tools

#### 1.3. Quality Improvement

- 1.3.1. Continue to review Quality Improvement Review Tool data to ensure that Managed Care Organizations (MCOs) and providers are effectively implementing proposed solutions to scale, and identifying and problem-solving known or suspected challenges.
- 1.3.2. Establish performance standards or goals for MCOs regarding mobile crisis services.
- 1.3.3. Using existing administrative and CANS data, produce regional data profiles describing demographics, mental health treatment needs, and other public service/system involvement (e.g., child welfare, juvenile justice, SUD) of youth in the Medicaid population, youth screened for WISE, and youth receiving WISE services. Share profiles with MCOs and WISE staff in each region as a tool to help identify region-specific areas of strength in the WISE program, as well as opportunities for enhancing linkages with other systems and populations, e.g. transition-age youth, homeless youth, juvenile justice-involved youth, etc.

### **2. WISE “Interest” List**

- 2.1. Evaluate current monitoring of “Interest” Lists and add additional tools for monitoring and update MCO contracts, as needed to track timely access to WISE as required by contract.
- 2.2. Require MCOs to give Notice of Adverse Benefit Determination (NOABD) to all youth/families who qualify for and request WISE but are not enrolled within 10 days.
- 2.3. Provide information to youth and families about how to access WISE-like services in the interim by requiring the NOABD in item 2.2 above to include information about alternative covered services.

- 2.4. Track youth who meet the criteria in 2.2, including number of youth and median wait time. Create plan to increase regional capacity targets where median wait time exceeds 30 days in routine need cases and 5 days in urgent need cases.

**3. Transition Age Youth (TAY) (18-20 year olds)**

- 3.1. Create TAY plan to increase access to WISE services. The plan should address the following issues, among others
  - 3.1.1. Evaluate adding incentives for increasing screening and capacity for specialty providers (TAY/Homeless and dual diagnosis of SUD or DD).
  - 3.1.2. Evaluate setting targets or goals for increased screening and increased WISE enrollment.
  - 3.1.3. Emphasize independent living skills, and evaluate incorporating TAY wraparound practices as recommended by UW Wraparound Evaluation and Research Team into WISE program or curriculum.
  - 3.1.4. Improve access to co-morbid SUD services.
  - 3.1.5. Develop and enhance WISE providers' community connections with TAY; find ways to integrate WISE services into other TAY programs and resources.
- 3.2. Evaluate lessons learned from Thurston County specialty TAY team (including outreach to TAY constituents) and incentivize replication.