Washington State Health Care Authority

Behavior Rehabilitation Services and Wraparound with Intensive Services: Providing services concurrently

Guidance document

Washington State Health Care Authority and Department of Children, Youth, and Families created this joint document to provide guidance on how to coordinate services concurrently when a youth is involved with BRS and screens eligible for WISe. We will update this document as needed.

Washington State Health Care Authority

Washington State Department of CHILDREN, YOUTH & FAMILIES

Behavior Rehabilitation Services (BRS) and Wraparound with Intensive Services (WISe): Providing services concurrently

Washington State Department of Children, Youth and Families (DCYF) contracts for Behavior Rehabilitation Services (BRS) which is a temporary intensive support and treatment program for children and youth with high-level complex service needs who are in the care authority of DCYF. BRS is intended to stabilize children and youth and assist them in achieving their permanent plan.

Washington State's Wraparound with Intensive Services (WISe) is designed to provide comprehensive behavioral health services and supports to Medicaid eligible individuals who are up to 21 years of age, with complex behavioral health needs and their families. The goal of WISe is for eligible youth to live and thrive in their homes and communities, as well as to avoid or reduce costly and disruptive out-of-home placements while receiving behavioral health treatment services.

Both BRS and WISe services are intended to:

- Keep children and youth in their own homes with supports to the family.
- Reunify or achieve alternative permanency more quickly.
- Meet the needs of children and youth in family-based care to prevent the need for placement into a more restrictive setting.
- Reduce length of service by transitioning children and youth to a permanent home or less intensive service.

The intent of BRS directly aligns with WISe and the state is committed to providing both services together in a highly coordinated effort by BRS and WISe staff.

Purpose statement

HCA and DCYF will provide access and services to youth jointly served by BRS and behavioral health agencies through the WISe delivery model and Access protocol. Youth who screen eligible will be referred and BRS and WISe will be provided concurrently.

Targeted outcomes for the youth include:

- Increased support in homes and communities where the families belong
- Prevented and reduced out of home placements
- Improved placement stability
- Improved family and sibling connection
- Increased successful transition to less restrictive placement environment
- Increased connections with community members and resources
- Improved educational outcomes
- Improved health outcomes
- Shortened length of stay
- Increased step down to least restrictive services
- Increased behavioral stability

BRS and WISe Coordination

The BRS and WISe providers will:

- Develop a process for the BRS and WISe provider to connect and share information about the case at the time when request to utilize BRS and WISe service concurrently is made.

- Invite WISe Care Coordinator to the initial BRS Intake meeting.
- Utilize the WISe screen and the Child and Adolescent Needs and Strengths (CANS) assessment to help create a single Cross System Care Plan (CSCP) that is developed and monitored by the CFT.
    - This plan must also be in line with the BRS contract requirements and DCYF case plan for the youth and family.
- Actively collaborate and participate in the development of a cross system care plan from day 1.
- Participate and engage in monthly Child and Family Team (CFT) meetings.
- Provide Peer support services through the WISe program.
- Provide all the identified services outlined in the BRS and WISe contract.

The statewide BRS/WISe implementation plan is:

- In July 2019, on a voluntary basis, agencies that have a contract for both BRS and WISe were invited to begin providing services concurrently.
- In August 2019, DCYF dependent children and youth who are receiving WISe and who are entering BRS can be jointly served (WISe can stay open).
- In October 2019, children and youth who screen eligible for WISe and are newly entering BRS may receive both WISe and BRS services concurrently.
- In January 2020, Children and youth who are receiving BRS and screen eligible for WISe at the time of their six-month WISe screening may receive both services concurrently.

Children and youth eligible to receive BRS and WISe concurrently:

- Experience complex behavioral health needs;
- Have an open case with DCYF;
- Screened and determined eligible for WISe services through the WISe screen; and
- Approved by the regional BRS program manager to access BRS level of service.

When a child receives BRS and WISe services, the WISe provider agency and BRS provider shall coordinate and collaborate to provide appropriate WISe and BRS services to the child and family or caregiver.

Service Provision

Wraparound with Intensive Services (WISe)

WISe will be provided to youth screened and determined eligible by an approved WISe agency. A WISe agency at a minimum must be certified, or have sub-contracts or MOUs in place with other certified agencies to provide all of the following services:

- Individual treatment services
- Family therapy services
- Case management services
- Psychiatric medication services
- Crisis mental health services—Outreach services
- Recovery support—Wraparound facilitation services
- Recovery support—Peer support services

Approved agencies follow the WISe Manual to guide practice and use a team-based approach. Each WISe team includes a Care Coordinator, a Youth and/or Family Certified Peer Counselor, and a Mental Health Therapist. As part of the standard WISe service package, each participating youth will receive a full CANS assessment upon intake to WISe, every 90 days while in WISe, and upon discharge.

WISe requires providers to:

- Administer the Washington Child and Adolescent Needs and Strengths (CANS) screening and assessment tool by individuals certified in CANS, on all WISe participants.
- Use the Wraparound model and phases.
- Have a Certified Peer Support Specialist (a Youth Partner and/or a Family Partner) on every team.
- Have 24/7 crisis services available to WISe participants from individuals who are familiar with their safety plan, and preferably from the WISe team.
- Have an identified Care Coordinator to manage intensive care coordination

Behavior Rehabilitation Services (BRS)

BRS requires DCYF workers and BRS providers to:

- Conduct a Shared Planning Meeting or Family Team Decision Making (FTDM) meeting to identify needed supports and services for the child or youth, and family and determine if BRS is an appropriate and needed resource for the child/youth. Invite existing WISe team to the meeting as necessary.
- If the Shared Planning Meeting or FTDM meeting determines BRS is needed, the caseworker must complete a BRS referral form (DCYF form 10-166A) and BRS packet. Include information regarding the existing WISe team in the BRS packet as appropriate. Obtain supervisor and area administrator approval and send the BRS referral packet to the regional BRS manager for final approval.
- BRS manager to determine the child or youth's eligibility for BRS and send the BRS referral packet to the contracted BRS providers. Once BRS provider has been identified, notify the caseworker.
- DCYF caseworker, both the BRS provider and DCYF caseworker to participate in CFT meetings
- Focus CFT meetings on measurable outcomes related to their safety, stability, permanency and discharge planning including transition to less intensive services or a permanent home.
- Discuss WISe screen result at a minimum every six months.
- Encourage and support engagement and collaboration with the child or youth and family in the development and ongoing monitoring of the Cross System Care Plan until treatment is completed, and provide consultation on services and resources available through BRS and DCYF.
- Review the CFT Cross System Care plan, to verify it is in alignment with the child, youth or family's child welfare case plan, e.g. court orders.

General Overview of Model Requirements

WISe	BRS
• Crisis/Safety Plan • CANS – initial full within 30 days, every 90 days, and at discharge • Individual Service Plan (ISP) • Strengths and Needs Summary • Youth and Family Vision, Team Mission • Child and Family Team (CFT) – every 30 days • Cross System Care Plan (CSCP) • 24/7 Crisis Response	• Individualized Behavior Management Plan (IBMP) – within first 24 hrs • Children's Functional Assessment Rating Scale (CFARS) – at entry and exit • ISTP (assess strengths and needs) within first 30 days • CFT – every 30 days (per contract starting October 1, 2019)

General Overview of Model Services and Supports

WISe	BRS
• Individual treatment services • Family therapy services • Case management services • Psychiatric medication services • Crisis mental health services – outreach • Wraparound facilitation services • Peer Support services	• Placements • Behavior management • Case Management • Life skills/enrichment activities • Team meeting (CFTs, Shared Planning, FTDM) • Crisis Intervention Services and Supports • Educational and Vocational Activities • Counseling • Respite

WISe Screens and BRS

A WISe screen must be completed for youth in the following circumstances:

- When a youth is being considered for or referred to Behavior Rehabilitation Services (BRS);
- Every six months while a youth is receiving BRS if WISe is not already being provided; and
- At discharge from BRS.

Steps for completing a WISe BRS Screen:

- DCYF or BRS staff are responsible for contacting a WISe agency to request a WISe Screen.
- The list of WISe agencies by county is available on the HCA website under WISe at: https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by- county.pdf
- WISe agencies are to complete the CANS screen. WISe screens must be offered to be done by phone as well as in person.
    - The referral may come from the DCYF staff, BRS staff, or any other person on behalf of a Medicaid eligible child under age 21.
    - Note: WISe screens are not considered complete until they are entered into BHAS. WISe staff have ten (ten) business days from the initial contact to complete the screen and enter into BHAS.
- WISe staff are to enter into BHAS, in the comments section, the reason the DCYF social worker or BRS staff are not making a referral to WISe if the youth has screened eligible for WISe.
    - WISe staff are to also enter the status of the youth's involvement with BRS: Entering BRS, Six months in BRS, or discharging from BRS.
- WISe agencies are to provide DCYF and/or their contracted BRS staff a copy of the WISe screening results.

For DCYF and BRS staff: WISe Screening Solution Communication

If there are complications or delays in receiving a WISe screen from a WISe agency, DCYF and BRS staff are to follow the steps below:

1. Contact Coordinated Care of Washington at 1-844-354-9876, if:
    a. The screen is not completed after ten (10) business days;
    b. There are systemic barriers preventing completion of a screen.

If after 72 hours of contacting Coordinated Care of Washington, challenges persist, please do the following:

2. Submit an email to HCA Managed Care Programs at hcamcprograms@hca.wa.gov with the subject header line "URGENT - WISe Screening issue" and identify the situation, whether you need an urgent screen or it is a systemic issue and provide your contact information for follow- up.

Recommendations for Designing Agency Implementation

- WISe Capacity: WISe agencies to review capacity and work with their contractor Coordinated Care of Washington on how best to manage and/or create capacity in Regional Service Area. For questions and comments, WISe agencies contact SOCTeam@coordinatedcarehealth.com
- Discuss a BRS WISe referral process within the region.
- Role framing for each of the BRS and WISe teams.
- DCYF BRS teams share and review with WISe teams what may be allowed in WISe but may not be allowed for WISe youth in foster care (based on court /DCYF determinations).
- Begin to design develop work flow pathways because there are so many moving parts.
- WISe agencies may consider having one team identified to work with BRS agencies.
- BRS and WISe engage in pre-planning to support a seamless start in October 2019.
- Request additional Technical Assistance, if needed.

Best Practice for Readiness

- WISe staff have an understanding of BRS.
- BRS staff have an understanding of WISe.
- Regional understanding of how BRS referrals will flow to WISe agencies.
- BRS and WISe agencies commitment to collaborate with each other to create a single Cross Systems Care Plan.
- Agencies understanding of own billing and payment mechanism.
- Agencies understanding of the crisis services.

BRS/WISe Implementation Expectations/Requirements

- Deliverables set forth in the BRS contract will continue to be met.
- Deliverables and benchmarks set forth in the WISe contract will continue to be met.

Lessons Learned from "early adopter" BRS/WISe sites:

- Designate a single point of contact for Crisis Services
- Delineate expectations around the division of responsibility between the WISe and BRS providers, and minimize service overlap.
- Release of Information need to be signed at earliest possible time, ideally at the time of referral to WISe or BRS.
- Inclusion of the WISe team into DCYF, BRS, shared planning at earliest possible is imperative.
- Children, youth, and caregivers must understand what it means to be involved in WISe and BRS concurrently prior to the commencement of the concurrent services.
- Partnering WISe and BRS providers to meet and communicate prior to the commencement of concurrent services and clarifying roles and responsibilities is crucial.
- Clear communication amongst WISe, BRS, and DCYF caseworker regarding who the natural supports are to the child/youth, and who are allowed to meet and visit with them without supervision.

- Well thought-out clearly delineated crisis plan is essential.
- Families shall have single point of contact (one phone number to use when in crisis).
- Clear post-crisis notification and reporting chain required.
- An agency that has both BRS and WISe contracts, the WISe team cannot encounter "Care Coordination" when coordination sessions occur between staff employed at the same agency.

Conflict Resolution of Differences

Resolution of Differences

In the event of any differences between the parties on matters related to the interpretation and implementation of providing BRS and WISe concurrently, the parties shall first attempt to resolve the difference informally between themselves at the local or regional level, by following the regional conflict resolution process and seek guidance from the BRS/WISe Headquarter leads.

If the parties are unable to resolve their difference as stated above, then either party may submit a request for dispute resolution following the process described below.

Disputes

a) Either party who has a dispute concerning this initiative may submit a written request for dispute resolution. A party's written request for dispute resolution must include:
    a. A statement identifying the issue(s) in dispute; and
    b. Contractor's name, address and contract number.
b) The request must be mailed to the following address within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue, which is disputed.
c) A copy of the current Department of Children, Youth and Families (DCYF) dispute resolution process is available at any time by written request.
d) Requests for dispute resolution should be emailed to:
    a. BRS providers contact: DCYF BRS Regional Program Manager Or
    b. WISe providers contact: Coordinated Care of Washington
    System of Care Team – Statewide WISe Leads: SOCTeam@coordinatedcarehealth.com
e) This dispute resolution process is the sole administrative remedy.

Background Information: Preparing for statewide Implementation

In partnership, Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR), the Department of Children, Youth and Families (DCYF) and four (4) "early adopters" implementation sites explored the feasibility of integrating Behavior Rehabilitation Services (BRS) with Wraparound with Intensive Services (WISe) through community behavioral health providers. project. The sites included four distinct service settings:

- 1 Treatment Foster Care (TFC) and WISe - (same provider offers both services)
- 1 TFC and WISe - (separate providers in the same area)
- 1 BRS Group or Staffed Residential Home and WISe - (same provider offers both services)
- 1 BRS Group or Staffed Residential Home and WISe - (separate provider in the same area)

The Contractor (BRS and WISe), DCYF, and HCA/DBHR agreed to jointly provide services to the identified population as defined below. The Contractors agreed to partner with the State and local WISe agencies to provide a comprehensive set of services, identify programmatic strengths and challenges, and address barriers to providing a full array of integrated BRS and WISe services. The contractor's collected specific data, and submitted client lists and service logs (as provided by DCYF) for each of the children/youth who participated in the initiative on a monthly basis. The WISe provider utilized one team, serving 10-12 eligible children/youth in the BRS environment. Site locations identified in the graph below:

BRS/WISe PROGRAM PARTNER DESCRIPTION

KING COUNTY: BRS provider Ryther is partnering with WISe provider Center for Human Services.

PIERCE COUNTY: In Pierce County, BRS provider Comprehensive Life Resources is partnering with WISe provider Catholic Community Services.

SPOKANE COUNTY: Excelsior Youth Center's facility-based BRS program is partnering with WISe providers within the same agency.

YAKIMA COUNTY In Yakima County, Yakima Valley Farmworkers' BRS program is partnering with WISe providers within the same agency.

Number of youth served Oct 2018-March 2019 = 38

Identified strengths from the "early adopters" sites when providing BRS/WISe concurrently:

- More youth and family voice in the planning and CFT process.
- The change to the monthly meetings - we are seeing progress faster
    - Examples include:
        - Two youth moved to the adoption with two identified homes; and
        - One youth returning home
- New and creative ideas.
- The teams get along well.
- A bit of competition to complete identified action steps on the Cross System Care Plan.
- CFTs helps inform other systems about the strengths of the youth - and what is going well (school, juvenile justice) and planning around additional needs.
- Bringing the family together in the process.
- Continuing to identify foster parents as part of the BRS/WISe team.

Needs or challenges from the "early adopter" sites:

- A WISe Family Partner works when there is a viable bio parent identified in the DCYF case plan/social worker (not for foster parents).
- Getting system partners to attend monthly CFTs.
- A bit of "letting go" about who is in control and managing/coordinating the case, learning to team and trust, and splitting tasks.
- A lot of education, communication, and relationship building happened between teams.

DCYF and HCA would like to thank following agencies and staff for volunteering to lead the work in providing BRS and WISe concurrently.

- Center for Human Services – Seattle
- Comprehensive Life Resources - Tacoma
- Catholic Community Services - Tacoma
- Excelsior Youth Center - Spokane
- Ryther Child Center - Seattle

- Yakima Valley Farm Workers Clinic - Yakima

Their efforts and dedication have greatly informed the early implementation of this initiative.

Contacts for scheduling technical assistance:

- **Barb Putnam**, TR implementation Lead
  Department of Children, Youth and Families
  Barb.Putnam@dcyf.wa.gov

- **Tina Burrell, MA**, Children's Behavioral Health Administrator
  Washington State Health Care Authority
  Tina.Burrell@HCA.wa.gov

- **Joey Charlton**, Manager, Systems of Care
  Coordinated Care of Washington
  JOCHARLTON@coordinatedcarehealth.com

Appendices: Additional Resources and Suggested Guidance from the Field

The following information is provided for consideration while planning to provide BRS and WISe concurrently. Included in this section is:

1. BRS and WISe Crosswalk by DCFY region
2. Summary of Lessons Learned from Pierce County BRS / WISe "early adopter" site
3. Behavioral Health Assessment System (BHAS) BRS/WISe Instructions for WISe Providers (under development)
4. SAMPLE "Cross System Plan of Care" forms from Yakima Valley Farm Workers Clinic
    a. Please note: Yakima Valley Farm Workers Clinic has contracts for both BRS and WISe.
    b. Any updates to BRS forms need to be reviewed and approved by the BRS Regional Manager prior to implementing new forms.

BRS and WISe Agency Crosswalk by DCYF Regions

Region	Agencies
DCYF Region 1: Adams, Asotin, Chelan, Douglas, Ferry Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman	WISe: • Adams County Integrated Health Care Services • Children's Home Society • Daybreak Youth Center • Excelsior Youth Services • Frontier Behavioral Health • Grant Integrated Services • Institute for Family Development • Lutheran Community Services • North East Washington Alliance Counseling Services • Palouse River Counseling • Passages Family Support • Pend Oreille County Counseling Services • Quality Behavioral Health BRS: • Apple Brooke • Breakthrough • Cedar Creek • Deer Lake • Excelsior • Helping Hands • Lighthouse • Lutheran Community Services • Morningstar • Services Alternatives • The Source • TAP

	• Triumph Program
DCYF Region 2: Benton, Columbia, Franklin, Klickitat, Kittitas, Walla Walla, Yakima	WISe: • Lutheran Community Services • Comprehensive Healthcare • Yakima Valley Farmworkers BRS: • Briton House • Community Resource Group/Foster First • Fostering Solutions • Northwest Children's Home • Service Alternatives Yakima • Sunrise House • Powerhouse • Kristy's House • Yakima Valley Farm Workers
DCYF Region 3: Skagit, Snohomish, Whatcom	WISe: • Catholic Community Services • Compass Health • Center for Human Services • Therapeutic Health Services BRS: • Community and Family Service Foundation • Compass Health • Pioneer Human Services • Cypress House • Sequoia House • Tamarack House • Secret Harbor • Flemming House • Lillian Johnson House • Services Alternatives • United Methodist Youthville • Youthnet
DCYF Region 4: King	WISe: • Center for Human Services • Friends of Youth • Sound Mental Health • Valley Cities • You Grow Girl BRS: • Friends of Youth • Helping Hands • Olive Crest • Ryther

	• Sound Mental Health • YMCA
DCYF Region 5: Kitsap and Pierce	WISe: • Catholic Community Services • Comprehensive Life Resources • Kitsap Mental Health BRS: • A Place Called Hope • Catholic Community Services • Community and Family Services Foundation • Comprehensive Life Resources • Helping Hands • My Brother's Keeper Community Services • Pioneer Human Services – J Street • Olive Crest
DCYF Region 6: Clallam, Clark, Cowlitz Grays Harbor, Jefferson, Lewis, Mason , Pacific, Skamania, Thurston, Wahkiakum	WISe: • Cascade Mental Health • Catholic Community Services • Columbia Wellness • Community Integrated Health Services • Community Youth Services • Discovery Behavioral Health • Peninsula Behavioral Health • Willapa Behavioral Health BRS: • Catholic Community Services • Community Youth Services • Our Next Generation • Services Alternatives

BRS/WISe Initiative – "Lessons Learned" from Piece County "early adopter" site

Clinical Model Highlights, Barriers, and Recommendations

The partners implementing the Pierce County BRS / WISe "early adopter" site have successfully navigated a number of challenges. At this site the Treatment Foster Care (TFC) and WISe were provided by separate agencies. This briefing is a summary of the lessons learned so far. It includes:

- A framework for conceptualizing the integrated BRS / WISe clinical pathway
- Key recommendations for BRS / WISe integration at each phase of the clinical pathway
- Barriers to effectively serving identified clients, including contractual, policy and procedural obstacles
- Proposed solutions for each barrier.

The clinical pathway for providing BRS / WISe services concurrently is divided into three (3) sections for discussion purposes. The sections are:

- Engagement strategies

- Services and supports
- Documentation considerations

Each section is described in a series of steps. Each step is identified in one of the tables below. The tables contain the recommendations, identified barriers and proposed solutions.

Part 1: Engagement Strategies

Step	Key recommendations	Barriers and Fixes
Referral	• At the time of referral all information about the case must be available to both the WISe and BRS providers. • Include WISe team members at the BRS Intake meeting. • Make the BRS Assessment available to the WISe provider	• Add in WISe provider as part of the team named in the court order governing the case. • This simplifies many of the subsequent documentation and scheduling hurdles. • HIPAA allows sharing of mental health information. • The following items cannot be shared: education and parental court information.
Orientating all of the partners to the integrated service model	• Empower BRS provider to accurately explain WISe to all of the players including family, social worker and other allied partners. • Identify and define the roles of the WISe team, helping partners understand what to expect. • Ensure WISe team understands the role and function of the BRS agency • Ensure all team members know the current arrangements for the client's primary and specialty care – including psychiatric services.	• To not overwhelm families, it is crucial that they are oriented to how the program works. User friendly brochure about BRS and WISe may help accomplish this. • At this stage a minimum of a monthly staffing must be convened to review all performance, lessons learned, communication plans and strategies to continually improve the families experience and stay focused on the permanency and safety priorities.
Intake and Intervention Planning – BRS role	• Make sure WISe representatives are present including the Care Coordinator or Family Support Specialist and/or the clinician	• WISe capacity issues may present challenges. WISe staff need to plan for intake for BRS involved youth and bring onto their caseloads. WISe providers should develop internal protocols for working with BRS providers to best support providing BRS/WISe services concurrently. • Partners implementing WISe BRS integration will need to meet prior to going live to map out responsibilities for engagement-

		phase communication and coordination.
Intake and Intervention Planning- WISe role	• It is crucial that all of the documentation gathered in this process is available to the entire team including the cross-system plan of care, safety plan, and access to primary and specialty care going forward.	• Effective teams will identify who is responsible for assembling and sharing the documentation gathered at the WISe intake.

Part 2: Services and supports

Step	Key recommendations	Barriers & Fixes
Team composition and roles	Where duplication with roles and functions in the WISe contract, empower teams to adjust their activities in a way that best meets the family's needs. Note that this may result in one or both providers not conducting duplicative activities, though those may technically be required by their contract.	The key barrier here is that there is substantial overlap between the roles and responsibilities for WISe and BRS agencies. The contracted BRS and WISe agencies will need to clarify expectations around the division of responsibility between the agencies and minimize duplication / service overlap. DCYF, HCA and CCW are available for ongoing consultation.
Team composition and roles – Allied partners and natural support	It is crucial that the WISe and BRS providers agree on who the allied partners and natural supports are. They must effectively communicate with these providers. The allies need to know who to call with questions, who to call in a crisis, and how to ask for help. All allied partners must be adequately trained on the roles and functions of the WISe and BRS workers.	Providers must be alert to the tensions and conflicts that may arise when each partner performs their function in good faith. For example visitation plans may conflict with a client's current stage of treatment. Teams will need training on strategies to navigate these conflicts professionally, in the best interest of permanency and safety. Allied partners will need to know who to contact with questions or concerns.
Direct services	Providing WISe and BRS concurrently coordinates activities that are medical in nature with activities that are housing / permanency in nature. Care must be given to effectively attribute the expenses of the medical activities to the healthcare system, and the expenses of the housing / permanency	Careful attention to the model will be needed to ensure deliverables under each contract are met.

	activities to other funding sources.	
Crisis response roles	Families shall have only 1 phone number to use when in crisis The identified crisis contact must be able to triage the family's need and engage the right team partner to respond. For example: Is the current crisis a medical problem requiring a healthcare response or a housing / permanency crisis requiring a social service response?	This should be agreed upon between the providers, and specified in a written plan the family understands how to use. In communities where after hours response for BRS providers is provided by a 3rd party, things are more complex. BRS providers will need to understand the requirements of WISe for crisis response. WISe is to provide access to crisis response 24 hours a day, seven days a week, by individuals who know the youth and family's needs and circumstances, as well as their current crisis plan. For WISe Crisis Response requirements, see Section 4, Crisis Service and Delivery in the WISe Manual.
Crisis response – effective crisis plans	Note that contracts require different things of WISe and BRS providers when it comes to crisis plans	Crisis plan requirements must be streamlined in contract to avoid duplication.
Crisis response – effective post crisis communication	The agencies need to establish a clear plan to fulfill all of the responsibilities that emerge after a crisis including reporting, incident notification, and clinical follow up.	This is another suitable topic for a training designed to assist agencies integrating WISe and BRS.

Part 3: Documentation considerations

Step	Key recommendations	Barriers & Fixes
Documentation Requirments - BRS	There must be the capacity to freely exchange information so that each agency can incorporate the work of the other in their documentation.	Providers could develop a joint documentation strategy and submit it to the BRS Regional Manager and CCW for approval. When approved the agencies jointly serving clients are exempt from duplicative regulatory expectations.

BHAS BRS/WISe Instructions for WISe providers

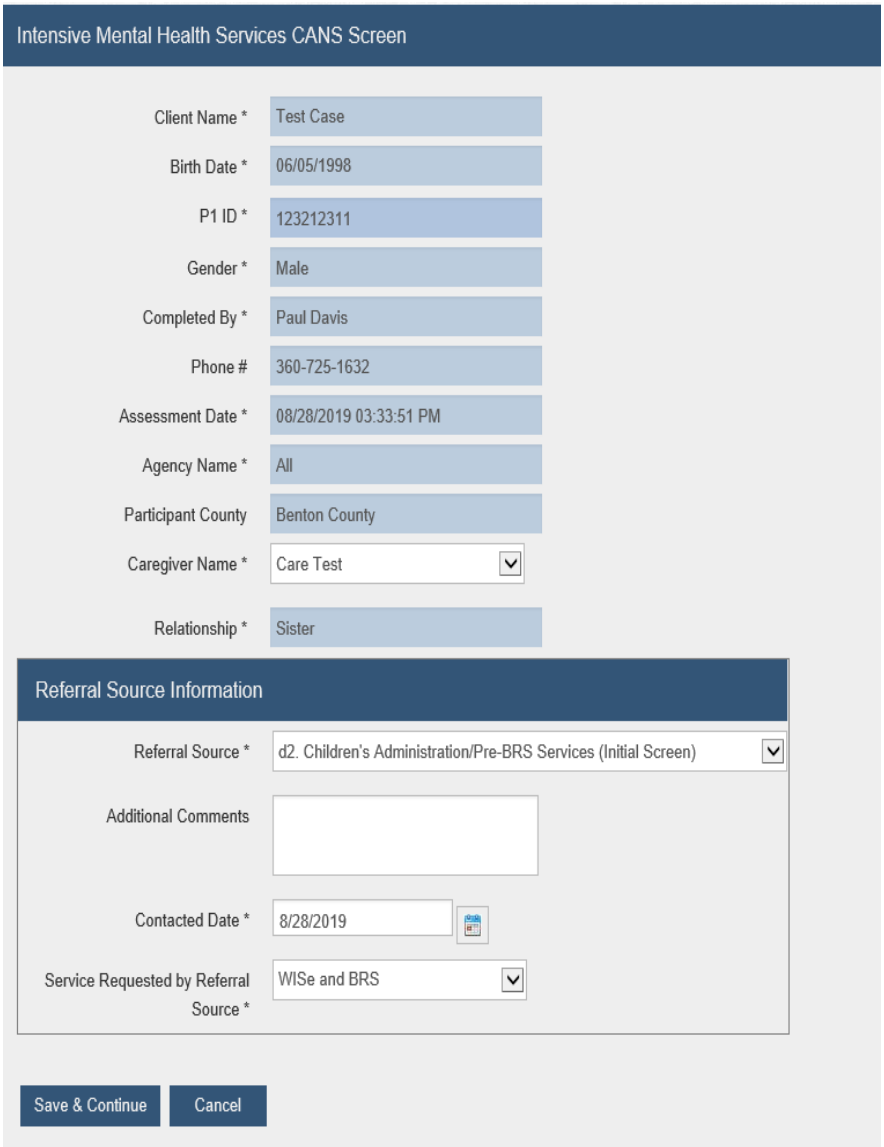
BHAS updates for BRS and WISe
August 2019

BRS Screens:

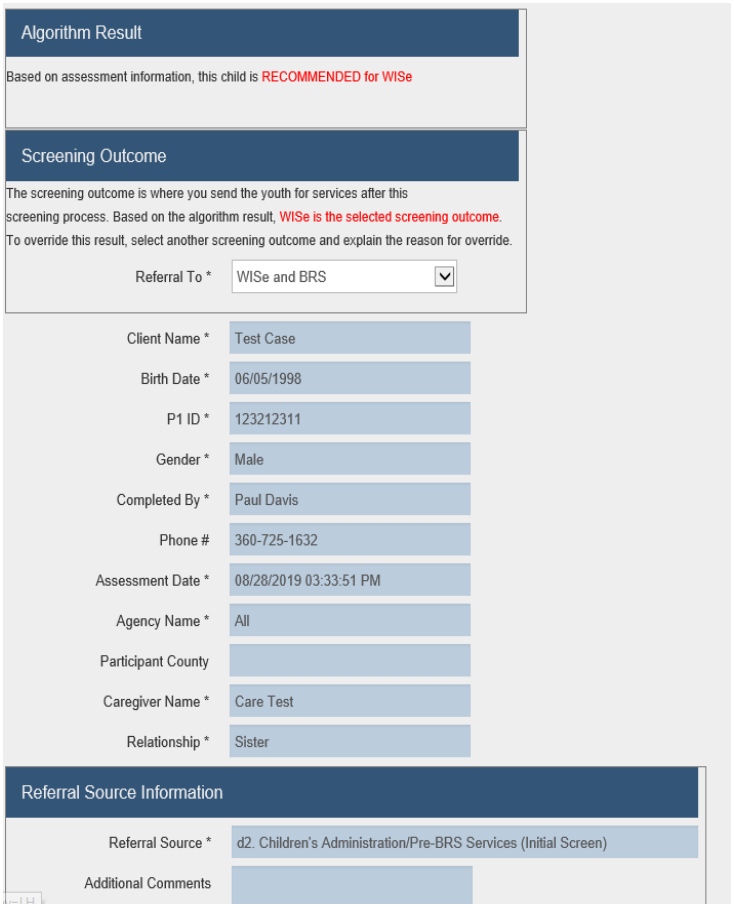
- Now that BRS can be offered with WISe It is still important that screens and full CANS are entered into BHAS and not just completed on paper so we can keep track of them
- In order to complete them, you will want to have some consultation with DCYF or the BRS provider to get enough information to complete the CANS

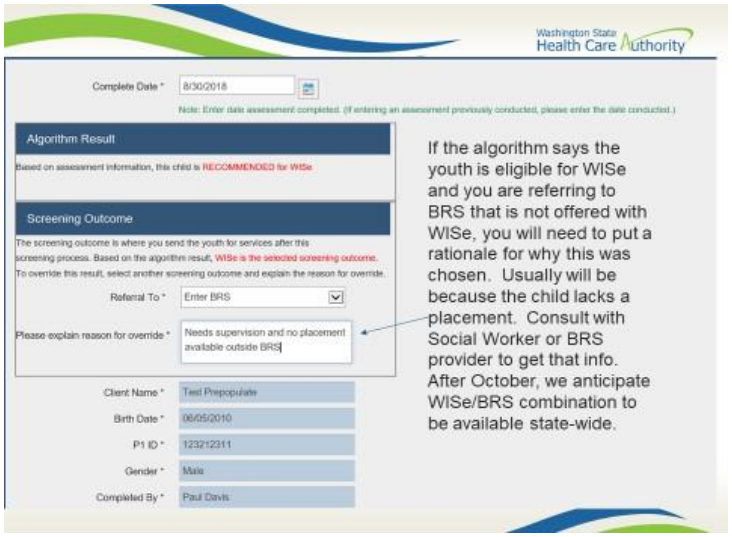
In the event that this is for BRS without WISe – still must screen every 6 months:

- This would be for the instances where WISe is not appropriate (e.g. medically fragile)
- Or not wanted by the youth
- Or is receiving some other intensive services such as First Episode Psychosis (FEP) or day support



If the algorithm show WISe, you don't need an override comment for WISe and BRS:





If the BHAS algorithm recommends WISe and the youth/family is referred somewhere other than WISE, there should be a solid rationale on why a youth could not be enrolled in WISe. Some 'not so good' examples:

- Clinician and clinical supervisor implemented clinical brilliance
- WISe is also being considered.

- BRS is the planned route at this time, per social worker. Youth cannot be enrolled in BRS and WISe.
- BRS
- CLIP discharge
- pre-BRS screen

Some more solid rational examples include:

- Youth and family/caseworker chose a different level of service
- Youth not interested in WISe at this time

SAMPLE "Cross System Plan of Care" forms from Yakima Valley Farm Workers Clinic

Sample forms on the following pages.

- Please note: Yakima Valley Farm Workers Clinic has contracts for both BRS and WISe.
- Any updates to BRS forms need to be reviewed and approved by the BRS Regional Manager prior to implementing new forms.

Yakima Valley Farm Workers Clinic
we are family

BRS/WISe Cross System Plan of Care

Name: DOB: MRN#: Language: BRS Admission Date:

Crisis Support Plan? ☐Yes ☐No LRA? ☐Yes ☐No WISe Admission Date:

Diagnosis:

Permanency Plan: Primary Plan**:** _____ Alternate Plan**:** _____ ☐N/A
Target BRS Discharge Date**:**

CANS area(s) of immediate need (Score 3):
CANS area(s) of action needed (Score 2):
CFARS Score: Next CFARS Due:

Plan for visitation: ☐ Yes ☐No Visit supervision provided by another agency:
Participating in ILS Program: ☐ Yes ☐No
Routine Medical Care Needed: ☐ EPSDT/WCC ☐ Dental ☐ Eyes ☐ Other:

CFT Date: Next CANS due: ☐ Initial Plan of Care, no CFT held

Current Phase:	☐ Engagement	☐ Assessing	☐ Teaming	☐Service Planning & Implementation	☐Monitoring & Adapting	☐ Transition

Family Vision (*what does better look like for the family – long term*):

Team Mission *(what does the team have to accomplish while they are together – short term)*:

What are the strengths and progress noted since the last team meeting?

Strengths to Build (CANS):

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Useful Strengths (CANS):

What are the current areas of concern and unresolved challenges to increase family independence?

Brainstorming for the meeting?

CMHS/Specialty Consult (if required):

Targeted Life Domains:	☐ Substance abuse	☐Childcare/Respite	☐Social/Recreational	☐ Daily Living
☐ Basic needs/financial	☐Crisis/Safety	☐ Cultural/Spiritual	☐ Family/Relationships	☐ Legal Issues
☐ Housing/Living Situation	☐Health/Medical	☐ Psychological/ Emotional	☐ Education/ Vocational	☐ Transition to Adulthood

INDIVIDUALIZED NEED	**OUTCOME (SMART)**	**INTERVENTION STEPS**			
WHY	WHAT	START DATE	HOW	WHO	WHEN
Targeted Need (CANS):	Score from CANS:				
	Initial: Updated:				
INDIVIDUALIZED NEED	**OUTCOME (SMART)**	**INTERVENTION STEPS**			
WHY	WHAT	START DATE	HOW	WHO	WHEN
Targeted Need (CANS):	Score from CANS:				
	Initial: Updated:				
INDIVIDUALIZED NEED	**OUTCOME (SMART)**	**INTERVENTION STEPS**			
WHY	WHAT	START DATE	HOW	WHO	WHEN
Targeted Need (CANS):	Score from CANS:				
	Initial: Updated:				

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Other Anticipated Outcomes (CANS):

Deferred Problems: ☐ No ☐ Yes:

WISe Service Array (check all that apply):			☐ Intensive Care Coordination	☐ Skills Training/ In-home Support
☐ Individual Therapy	☐ CFT Meetings	☐ Peer Counseling/ Support	☐ Short Service	☐ Groups
☐ Family Therapy	☐ Community Support	☐ Stabilization Services	☐ Med Management	☐ Other:

BRS Service Array (check all that apply):				
☐ Case Management	☐ Life Skills Training	☐ Educational Planning/Advocacy	☐ Counseling Support	☐ Team Meetings
☐ Crisis/Behavior support	☐ Respite	☐ Visitation	☐ Recreation/Activity Groups	☐ Other:

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CFT Date:	**Name**:	**MRN#**:

According to Washington confidentiality laws, meeting attendees who sign below shall keep confidential all information and records regarding this child and family.

Team Meeting Attendance	Relationship to Family	Preferred Contact Information: Address, Phones, Fax, and/or Email

Next CFT Meeting:

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WISe/BRS Cross System Plan of Care – Signature Page

Signature Page

DCYF Caseworker:	Foster Parent/Guardian:
Care Coordinator:	Youth (13 or older):
Youth Partner:	BRS Case Manager:
MHP/Therapist:	Skills Trainer:
Program Manager or Reviewer:	Parent: