Comagine Health

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## Wraparound with Intensive Services (WISe)

## Quarter One Findings Summary & Recommendations

**Quarter One Review Period:** 2/22/17 – 4/30/20
**Quarter One Review Dates:** 5/4/20 – 6/12/20
**Number of Records Reviewed:** 42
**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 Spokane region 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 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.

Agency results varied, with strengths and opportunities for improvement noted in each agency's individual report. This report includes aggregated results for the first 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. During the initial screening, 74% of all records reviewed demonstrated timely completion and 98% met WISe eligibility criteria. The initial full CANS was completed timely in 76% of records and included collaboration with youth and/or family to identify needs and evoke strengths 54% of the time. One agency completed all CANS screenings and initial CANS assessments, while a second agency's review reflected completion of all initial CANS within their required timeframes. These efforts allow for the coordination of supports and services without delay and ensure the needs of the youth are met.

### 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. The records reviewed indicated timely care planning in 60% of cases with 49% showing collaborative development of the care plan. CSCP review and agreement documented via signature by youth and their caregivers was not consistently evident in the records nor was a clear explanation of Child and Family Team (CFT) member roles and provision of their contact information. Caregiver engagement in care planning was evidenced by 79% participation in CFT meetings.

The reviews identified care planning strengths for two agencies. One agency's documentation reflected collaboration with outside partners such as school administration to enhance the implementation of the WISe service delivery model with youth and families. Another agency included all youth needs identified during care planning in the CSCPs reviewed.

Two other agencies had opportunities for improvement noted in their care planning processes. CSCP content was inconsistent across the records reviewed for one of these agencies. While some care plans were very detailed, others included unclear tasks and/or task assignments. As a result, the agency with the inconsistencies received a recommendation to consider conducting an internal file review to identify CSCPs that met or exceeded requirement and exhibited best practices. Then, using that information, implement interventions to overcome barriers to clear, consistent CSCPs and ensuring progress can be tracked and success celebrated for each youth. A recommendation was provided to the other agency to consider creating CFT notes separate from the CSCP documents. This change could assist in assuring the CSCPs are provided to all team members.

## 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. The records reviewed indicated that CFT meetings were not consistently held as required as evidenced by 17% of families having no CFTs and 29% with one CFT during the review period. Two CFT meetings occurred in 33% of the records reviewed and 21% identified three or more CFTs during the review period. Contact with the family by CFT members in the first 30 days of program enrollment averaged 7.46 hours. As the review focused on the first 90 days of WISe participation, only one record across all agencies indicated transition planning, and although not documented as a formal plan, the documentation did reflect a collaborative transition plan.

## 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

Records indicated timely crisis planning in 86% of records reviewed, with 51% demonstrating a collaborative development. The content of crisis plans was inconsistent across the agencies reviewed. Some crisis plans demonstrated proactive steps to minimize crises, utilized CANS assessments in the development and showed evidence of post crises follow-up, while others lacked tiered action and post-crisis stabilization planning.

Clear evidence of CFT member roles and documentation of plan distribution to the CFT team members was also inconsistent. Documentation for one agency reflected its Crisis Response Team frequently engaged with families pre-crisis, often assisted in crisis plan development and acted as a team member throughout the review period. CSCPs and CFT meetings reflected strong caregiver engagement for two agencies. One of those two agencies contained evidence of caregiver participation in all CFT meetings during the review period. Another agency demonstrated a consistent practice of scheduling future meetings ensuring continued CFT follow-up and collaboration.

At one agency, records were identified with no CFTs during the review period. A recommendation was made to conduct a review of the agency's policies/practices, identify barriers to the completion of CFTs during WISe services and then implement strategies to address accordingly. Development of systems to increase documentation that reflects a collaborative review of crisis plans was recommended to two agencies.

## 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, attending 60% of CFT meetings and averaging 2.53 sessions per month. The records reflected clinical treatment sessions that involved the youth in 59% of the sessions, both the youth and a caregiver in 37% of the sessions, and only the caregiver in 4% of the sessions. The same treatment focus was documented from session to session in 70% of the sessions, reflecting a persistence in problem-solving with the youth. Documentation by the therapists of treatment session content (evidence based curriculum, skill generalization, psychoeducation, etc.) was limited with skill development being the highest rated content at 17.9%. The youths' response to the skill development taught was included in 8% of the sessions 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. Documentation revealed that youth peer and parent support services were offered inconsistently across all agencies reviewed. Families were involved with multiple social service systems; however, documentation of any supports provided by other systems was not within the scope of this review. 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.

In one case, there was evidence that a family requested peer support but was not assigned a peer within the 90 day review period, as seen in the other records reviewed. In some instances, at one agency, one professional served as both the parent and youth support to the family, which is inconsistent with guidelines in the WISe manual.

One of the two agencies received additional recommendations as follows:

- Ensure the crisis plans include action steps, post-crisis follow-up and identification of all CFT members' role in crisis response.
- Engage all CFT members in post-crisis evaluation of the youth's behavioral health status and the effectiveness of the crisis plan within 14 days of a crisis/destabilizing event.

# Conclusions

## Strengths

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

- Aggregately, 98% of the records reviewed indicated the need for WISe service delivery model
- Once a need for the WISe service delivery model was established, initial CANS assessments were completed within the required timeframe in 76% of the total records reviewed
- The demonstrated strengths in the youth crisis plans included timely completion, establishing proactive steps, collaborative completion and post crisis follow up activities. These strengths ensure the necessary youth-centric interventions were identified to support the youth when needed
- Evidence of caregiver engagement with the youth and team was indicated by their participation in 79% of all CFT meetings
- Aggregately, 83% of the records reviewed documented at least two CFT meetings for each youth during the review period

Two agencies demonstrated the following strong practices:

- Documentation for one agency demonstrated that the teams supported not only the youth, but the entire family, as well, when needed for the benefit of the enrolled youth. It was evident that parent and youth partners worked to support not only the caregiver or youth, but the relationship between the two
- One agency has developed and updated documentation templates based on the agency's use of the internal QIRT process and reflects a robust effort to improve documentation. This is a practice that other BHAs should consider implementing

## 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:

- Completion of CANS screens and reassessments within the required timeframes
- Collaborative initial full CANS assessments. Collaboration is documented 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
- Timely and collaborative CSCPs. Evidence of collaboration during CFT meetings and CSCPs may include:
    - Attendees and their titles
    - Contact information
    - Youth or family agreement with the CSCP
    - Documenting a copy of the CSCP was provided to all CFT participants
- Collaborative crisis plans that include action steps, post-crisis follow-up and identification of all CFT members' role in crisis response
- The occurrence of CFTs at least every 30 days
- Increase therapist attendance at CFT meetings
- Therapy notes that clearly reflect the following:
- Interventions used in therapy sessions
- Youth and/or caregiver response to the intervention
- Progress reviewed and success celebrated