Comagine Health

Comagine Health

Wraparound with Intensive Services (WISe)

July 2022 – June 2023 Findings Summary & Recommendations

WISe Services Delivery Period: July 2021 – June 2022
QIRT Record Review Dates: September 1, 2022 – April 14, 2023
Number of Enrollment Records Reviewed: 184
Number of Transition Records Reviewed: 110
Total Number of Agencies Included: 20

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.

Executive Summary

This section of the report summarizes the results of the WISe record review conducted by Comagine Health in partnership with MetaStar, Inc. Key findings from the review activities discussed in this report are summarized below. Additional detailed information can be found in the body of the report and appendix.

Conclusions

Strengths

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

- Ninety-six percent (96%) of records confirmed indication for the WISe Program.
- The initial full Child and Adolescent Needs and Strengths (CANS) assessment was completed within the required timeframe 85% of the time.
- A home representative attended Child and Family Team (CFT) sessions 80% of the time for the 0-4 age and 80.5% of the time for the 5+ age group.
- Crisis plans were evidenced in the chart in 83% of records reviewed.
- Crisis plans were completed in a timely manner 88% of the time.

The agencies reviewed exhibited strengths in both enrollment and transition practices in the following areas of the WISe service delivery model:

- Persistence in problem-solving remained the same focus from session to session in 87% of enrollment records and 82% of transition records.

Progress

Progress is defined as an area of practice the agencies made improvements to from the prior review. Progress only applies to practices identified in the enrollment reviews as data for transition reviews was not collected in the prior review. The following progress was identified for the enrollment reviews:

- The agencies improved practices to ensure youth enrolled in the WISe met the program eligibility requirements evaluated under the requirement WISe Indicated.
- The agencies implemented processes to ensure a full CANS assessment was completed no later than 30 days following enrollment.
- The agencies demonstrated improvement in ensuring reassessment was completed within the required timeframe.
- The agencies improved crisis planning practices and ensured a crisis plan was completed for each child enrolled in the program no later than 45 days following enrollment.

Weaknesses/Opportunities for Improvement

The agencies reviewed exhibited the following opportunities for improvement for both enrollment and transition practices of the WISe service delivery model:

- Crisis plans were created collaboratively 45% of the time for enrollment reviews and 47% of the time in transition reviews.

Enrollment

The agencies reviewed exhibited the following opportunities for improvement for enrollment practices of the WISe service delivery model:

- Collaboration when completing the initial full CANS assessment was evident in 38% of the records.
- Ten percent (10%) of the youth did not have CFT meetings during the first 90 days of enrollment.

Transition

The agencies reviewed exhibited the following opportunities for improvement for transition practices of the WISe service delivery model:

- Forty-four percent (44%) of the youth did not have crisis plans.
- A formal transition plan was not found in 55% of the charts reviewed.
- Of the charts containing formal transition plans, 32% did not contain collaboration and input from youth, family, formal service providers, and natural supports.

Recommendations

Agencies should use the findings in the report and recommendations to drive improvement efforts focusing on the following areas. Agencies should 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. Identified focus areas needing improvement include:

- Ensure WISe team is utilizing training resources for WISe and Crisis Planning and reviewing WISe Manual for Crisis Plan template
- Ensure WISe team is participating in coaching through the WISe Workforce Collaborative Conduct collaborative initial full CANs assessments
- Continue Managed Care Organizations' support of agency-level QIRT reviews
- Ensure collaboration in the development of crisis plans
- Conduct CFT meetings at least every 30 days, with the youth 100% of the time
- Develop formal transition plans and ensure the plans contain collaboration and input from youth, family, formal service providers, and natural supports
- Conduct collaborative initial full CANs assessments
- Ensure documentation of progress and celebration of success is identified in all records

Introduction

Objectives

The State of Washington Health Care Authority (HCA) chose to conduct a state-wide study on quality with focus on the WISe service delivery model in 2022. As the External Quality Review Organization for Washington, Comagine Health is contracted to review agencies throughout the state that have implemented the WISe service delivery model. Comagine Health contracted with MetaStar, Inc. to conduct the WISe record reviews. WISe implementation began in Washington in 2014, with a statewide goal establishing WISe treatment throughout the state by 2018.

The goals of this review summary are to:

- Assess WISe performance at both the individual child and system level
- Gauge fidelity to the WISE program policy and procedure manual program
- Present program data and identify weaknesses/opportunities for improvement
- Develop and refine a review process for future quality assurance use
- Identify practices associated with high-quality, effective care coordination, and behavioral health treatment

Overview

WISe is a service delivery model that offers intensive services to Medicaid-eligible youth with complex behavioral health needs within the Washington Apple Health Integrated Foster Care (AH-IFC), Washington Apple Health-Integrated Managed Care (AH-IMC), Behavioral Health Services Only (BHSO) programs, and State Children's Health Insurance Program (CHIP).[1] It is a team-based approach that provides services to youth and their families in home and community settings rather than at a Behavioral Health Agency (BHA) and is intended as a treatment model to defer from and limit the need for institutional care.

Review Methodology and Scope of Review

Technical Methods of Data Collection

The reviews consisted of clinical record reviews chosen from a state-wide sample provided by HCA. Records were chosen for two types of reviews, "Enrollment" spanning the first 90 days of WISe services, and "Transition" reviews spanning the last 90 days of WISe services. These records reflect a combination of both rural and urban agencies providing WISe services throughout the state of Washington. The review criteria are identified in the Washington Quality Improvement Review Tool (QIRT)[2].

The key areas evaluated during the Enrollment review include:

- Care Coordination
- Child and Family Team (CFT) Processes
- Crisis Prevention and Response

[1] WISe Policy and Procedure Manual. Available at: https://www.hca.wa.gov/assets/billers-and-providers/wise-wraparound-intensive-services-manual.pdf
[2] WISe QIRT Manual. Available at: https://www.hca.wa.gov/assets/program/qirt-manual-v1.6.pdf

- Treatment Characteristics
- Parent and Youth Peer Support

The key areas evaluated during the Transition review include:

- Care Coordination
- CFT Processes and Transition Planning
- Crisis Prevention and Response
- Treatment Characteristics
- Parent and Youth Peer Support

In order to determine the significance of year-to-year results a Pearson's chi-squared test[3] was used to evaluate the statistical significance for both increased and decreased results. The results of the test identified which changes were statistically significant and likely due to actions taken by the WISe agencies as well as the level of significance or whether changes were due to normal variation.

Level Statistical Significance Legend		
Level of Significance	***p*-value**	**Designation of Significance**
Not Significant	$P > .05$	NS
Significant	$P \leq .05$	*
Very Significant	$P \leq .01$	**
Highly Significant	$P \leq .001$	***

Description of Data Obtained

HCA provided Comagine Health with a list of randomly selected charts from a list of randomly selected agencies. The initial review process included 191 enrollment records and 113 transition records; however, seven (7) of enrollment and three (3) of transition records reviewed were excluded from the analysis and dashboard due to technical limitations of the data cleaning process. The review included examining pdf records of the clinical charts covering services provided during the period from September 2022 through April 2023. Review data was collected using the Research Electronic Data Capture (REDCap) system. REDCap is a secure web-based data collection application supported by the Center for Clinical and Translational Science at the University of Kentucky. Aggregate level results are provided in a dashboard report pulled from REDCap. The dashboard is located at the link below:

https://www.hca.wa.gov/about-hca/behavioral-health-recovery/wraparound-intensive-services-wise-0

Data Aggregation and Analysis

This summary review is based on what was documented within the enrollment records during this review compared to the results from last year's review. The results from the prior year's review were collected from August 2021 – April 2022. This is the first year for the transition reviews, therefore, data does not exist for comparison. In addition, each chart review was performed on documentation

[3] Pearson's chi-squared test is a statistical test used to compare categorical variables. This test evaluates how likely it is that any observed difference between data sets occurred by normal variation or chance. A *p*-value, or probability value, that is less than or equal to the .05 significance level indicates that the observed values are different than the expected values.

from individual WISe provider agencies and may not reflect care provided outside the reviewed agencies, if not coordinated and documented by the agencies reviewed. Once the reviews of all charts were completed, HCA provided an aggregate dashboard of the data generated from the QIRT reviews for this report to Comagine Health. WISe agencies should compare the results from this review to the findings from internal QIRT reviews.

Summary of Findings – Enrollment Reviews

The results reported in this section consisted of clinical record reviews spanning the first 90 days of WISe services.

Care Coordination Elements

Initial Engagement and Assessment

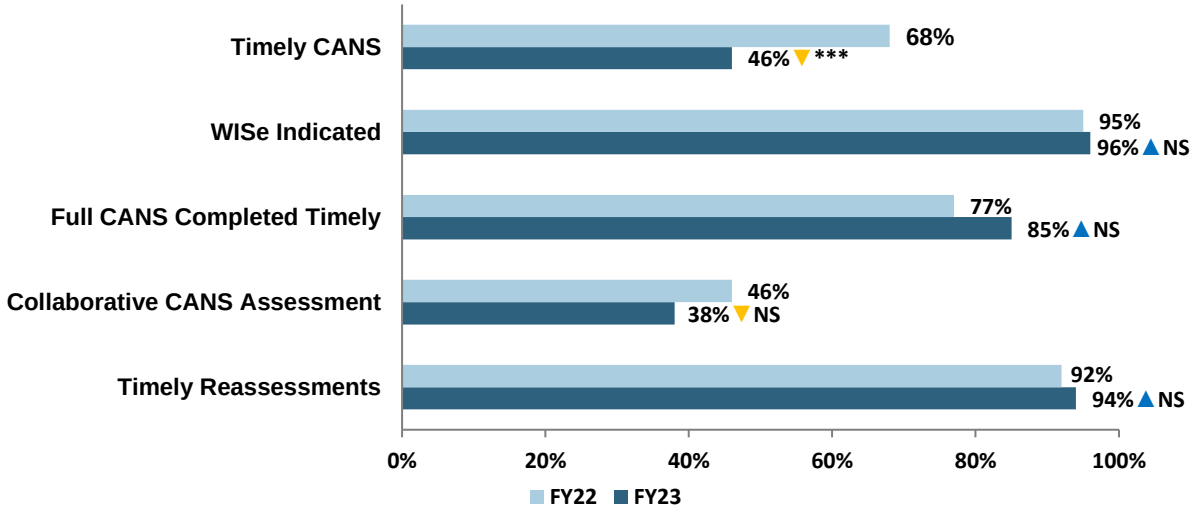
A CANS screening is required to be offered within 10 business days of a WISe referral and an initial full CANS assessment completed within the first 30 days of enrollment. Documentation should include evidence of youth and family inclusion in the CANS process.

Of the 184 charts reviewed this year, five (5) received the 0-4 version compared to the prior review where four (4) received the 0-4 version. Of the 184 records reviewed, 179 received the 5+ version of the CANS, compared to 173 during the prior review. Please note that due to the low number of records in the sample that utilized the 0-4 CANS version, the results of the review are not representative of the population utilizing this assessment.

Chart 1 below identifies the CANS assessment findings.

Chart 1: CANS-related Findings.†

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○



†Note, there is not an algorithm for the 0-4 version of the CANS screening; therefore, these cases were not included in the calculation of WISe indicated youth.

**Significant (P ≤ .05)*

**** Highly Significant (p ≤ .001)*

NS = Not Significant

Statistical Analysis of CANS-Related Findings

The requirement of Timely CANS evaluates if the initial CANS assessments were conducted within 30 days of enrollment.

- Results decreased from the prior review. Analysis indicated the year-to-year difference in the rates is statistically significant. Factors contributing to the reduction in results should be evaluated by the agencies.

All youth enrolled in the WISe must meet the program eligibility requirements evaluated under the requirement WISe Indicated.

- Results improved from the prior year. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.

A full CANS Assessment must be completed no later than 30 days following enrollment.

- Results for Full CANS Completed Timely improved since the prior year's review. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.

The CANS Assessments must be completed collaboratively including members of the child's team in the completion of the assessment.

- Results for Collaborative CANS Assessment decreased from the prior review. Analysis indicated the year-to-year difference in the rates is statistically significant. Factors contributing to the reduction in results should be evaluated by the agencies.

All reassessments must be completed within the required timeframe.

- Results for Timely Reassessments have improved since the prior review. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.

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.

- During the first 30 days, the average contact between CFT members and youth/family was 8.3 hours compared to 7.1 hours from the prior review, an increase of 1.2 hours.
- Almost 10% of the youth in the sample had fewer than one (1) CFT during the first 90 days of enrollment compared to eight percent (8%) from prior review, a two percent (2%) decrease.

During the first 90 days of enrollment:

- Thirty-six percent (36%) of youth had zero (0) to one (1) CFT meetings compared to 23% from the prior review, a 13% increase.
- Sixty-four percent (64%) of youth had two (2) or more CFT meetings compared to 77% from the prior review, a 13% decrease.

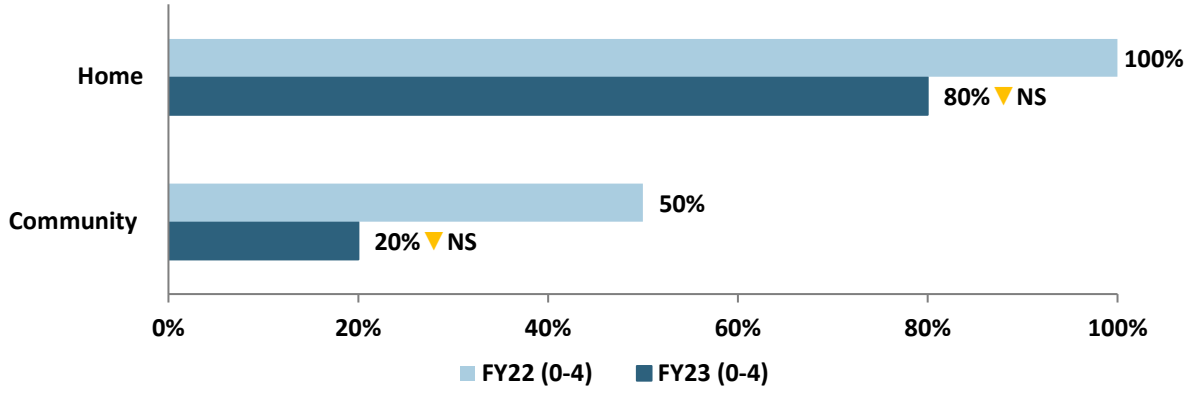
Participation

Members of the child's team are required to participate in CFTs. Please note due to the small number of children in the 0-4 age group results may not be representative of the entire population.

Chart 2a and 2b below identify the percentage of attendees by category who participated in CFT processes.

Chart 2a. CFT Meeting Participants Year-to-Year Comparison (0-4 Version).

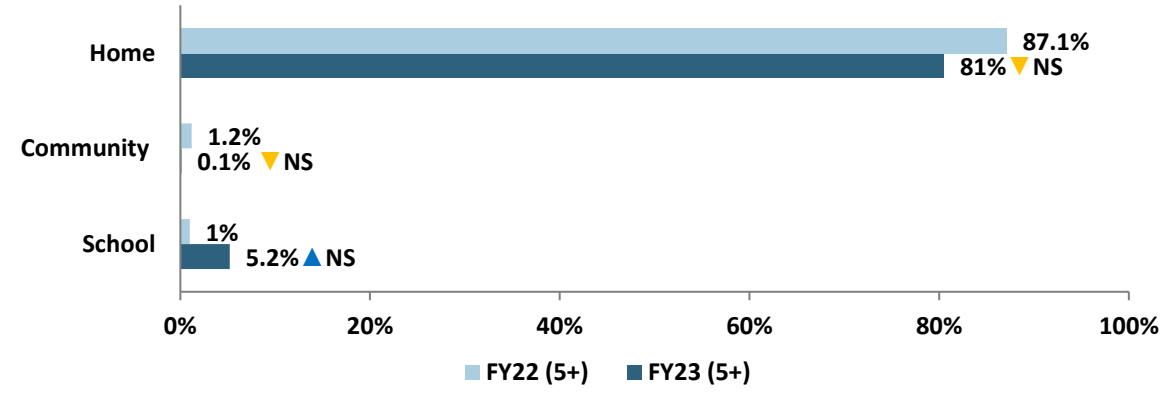
Rate Change Legend	
Increased	▲
Decreased	▼
No change	○



NS = Not Significant

Chart 2b. CFT Meetings Year-to-Year Comparison (5+ Version).

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○



NS = Not Significant

Statistical Analysis of CFT Processes Findings

During the first 90 days of enrollment, CFT Meeting Participation for youth receiving the 0-4 version showed no statistically significance in the year-to-year rates and included:

- Eighty percent (80%) of sessions attended by a home representative during the current year compared to 100% in the prior year, a 20% decrease. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.
- Twenty percent (20%) of sessions attended by community representative during the current year compared to 50% in the prior year, a 30% decrease. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.

During the first 90 days of enrollment, CFT Meeting Participation for youth receiving the 5+ version showed no statistically significance in the year-to-year rates included:

- Eighty-one percent (81%) of sessions attended by a home representative during the current year compared to 87.1% in the prior year, a 6.1% decrease. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.
- Of sessions attended by community representative, 0.1% attended during the current year compared to 1.2% in the prior year, a 1.1% decrease. 5.2% of sessions attended by a school representative during the current year compared to 1% in the prior year, a 4.2% increase. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.

Crisis Prevention and Response

Each Cross-System Care Plan (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

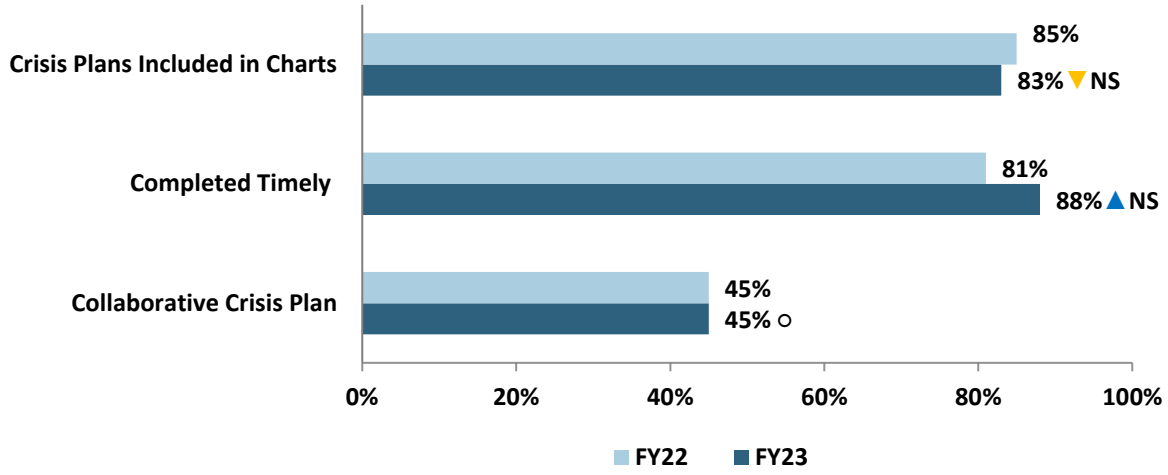
A crisis plan must be completed for each child enrolled in the program no later than 45 days following enrollment. The number of charts containing crisis plans increased from the prior review. Of the charts containing crisis plans the number completed timely improved from the prior year's review. Analysis indicated the year-to-year difference in the rates for both requirements is likely attributable to normal variation or chance.

Crisis plans should be collaboratively involving members of the child's team. Results remained consistent for Collaborative Crisis Plan this year compared to the prior review.

Chart 3 identifies the year-to-year comparison of Crisis Plans.

Chart 3: Crisis Plans (Year-to-Year Comparison) – Crisis Plan, Timely, Collaborative.

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○



NS = Not Significant

Statistical Analysis of Crisis Prevention and Response Findings

- Of the 184 charts reviewed, 83% contained crisis plans, compared to 85% from the previous review. Results decreased from the previous review. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.
- Of the 153 charts containing crisis plans, 88% were completed timely within 45 days of enrollment, compared to 81% from the previous review. Results improved from the previous year. Analysis indicated the year-to-year difference in the rates is likely attributable to normal variation or chance.
- For the 153 charts that contained crisis plans reviewed, 45% were created collaboratively. Results stayed the same from the previous year's review.

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. Statistical testing on Treatment Characteristics was not conducted as this data is for informational purposes only.

- Therapist involvement in the WISe service model was evidenced by participation in 71.9% of all CFT meetings and an average of three (3) treatment sessions monthly, compared to 74.5% of all CFT meetings and an average of 3.3 treatment sessions monthly during the prior review.

- The review indicated 53% of treatment sessions were attended by the youth alone compared to 51% identified during the prior review.
- The youth and caregiver participated in 34% of sessions compared to 33% in the previous review.
- Only the caregiver attended 13% of the treatment sessions compared to 16% identified during the previous review.
- Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 87% of the sessions, compared to 95% of the sessions identified during the prior review.
- Most frequently treatment content documented were Skill Development and Enlisting Treatment Support at 18.3% and 11.5%, respectively, compared to 18.6% and 9.5% identified during the previous review.
- Documentation of progress reviewed was identified in 13% of records, while three percent (3%) of records included celebrating success, compared to seven percent (7%) of records documenting progress and three percent (3%) of records including celebrating success identified during the prior review.

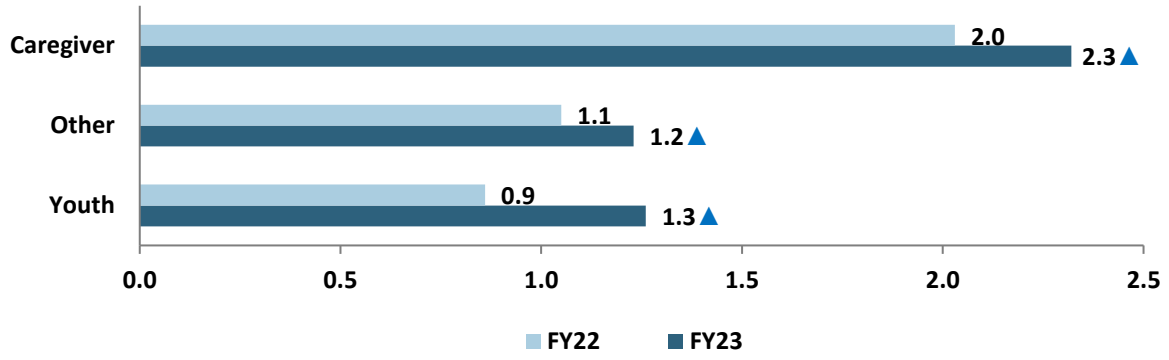
Parent & Youth Peer Support Elements

Each youth and family must be offered a youth peer or parent peer 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.

Charts 4a (Parent) and 4b (Youth) identify the average hours of Peer Support by Type for FY2022 and FY2023.

Chart 4a. Parent Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison)**

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○

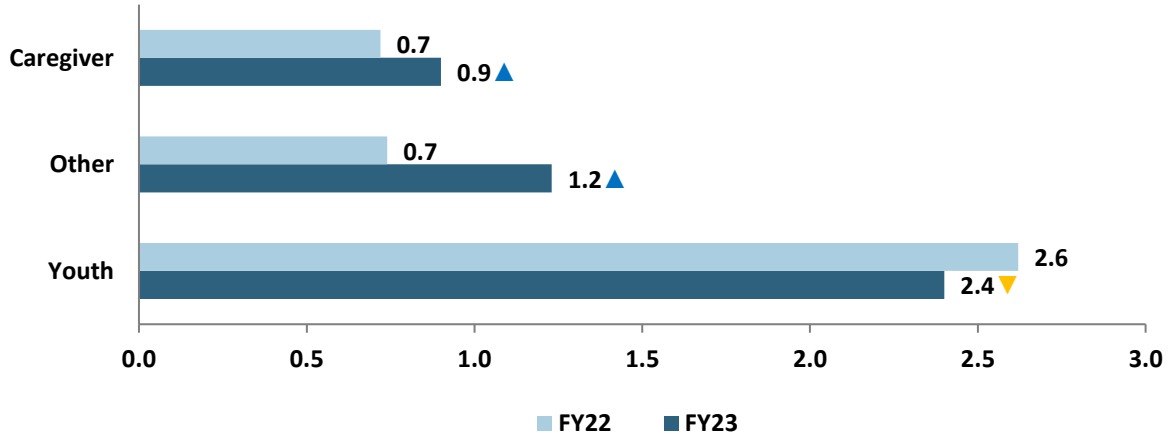


Since children under age 5 are not eligible for youth peers, these cases are not included in Youth Peer metrics of any kind.

***Statistical testing was not conducted on Parent Peer Support Elements as this data is for informational purposes only.*

Chart 4b. Youth Peer Support Elements: Average Hours of Peer Support by Type* (Year-to-Year Comparison)**

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○



**Since children under age 5 are not eligible for youth peers, these cases are not included in Youth Peer metrics of any kind.*

***Statistical testing was not conducted on Youth Peer Support Elements as this data is for informational purposes only.*

During the first 90 days of enrollment, the parent peer support partner:

- Spent an average of 2.3 hours with caregiver(s), compared to 2.0 hours from the previous review
- Spent an average of 1.2 hours with other(s), compared to 1.1 hours from the previous review
- Spent an average of 1.3 hours with the youth, compared to 0.9 hours from the previous review

During the first 90 days of enrollment, the youth peer support partner:

- Spent an average of 0.9 hours with caregiver(s), compared to 0.7 hours from the previous review
- Spent an average of 1.2 hours with other(s), compared to 0.7 hours from the previous review
- Spent an average of 2.4 hours with the youth, compared to 2.6 hours from the previous review

Summary of Findings – Transition Reviews

The results reported in this section consisted of clinical record reviews spanning the last 90 days of WISe services.

Care Coordination Elements

CFT Processes

Each youth has a Child and Family Team (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.

- Almost eight percent (8%) of the youth in the sample had fewer than one (1) CFT during the last 90 days of care.

During the last 90 days of care:

- Twenty-nine percent (29%) of youth had zero (0) to one (1) CFT meetings
- Seventy-one percent (71%) of youth had two (2) or more CFT meetings

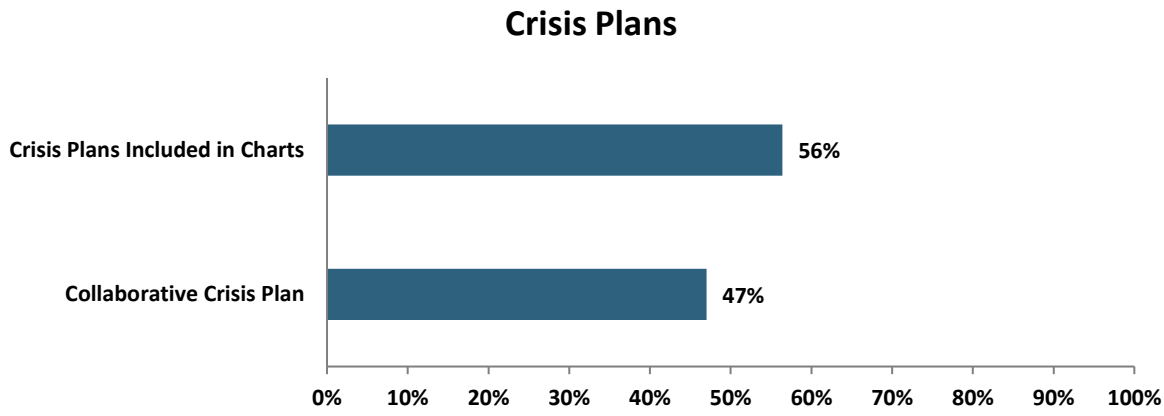
Crisis Prevention and Response

Each Cross-System Care Plan (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

Chart 7 identifies the percentage of compliance with crisis plan requirements for the last 90 days of care.

Chart 7: Crisis Plans - Crisis Plan and Collaborative for FY2023.



Of 110 charts reviewed, 56% contained crisis plans. Of the 62 charts containing crisis plans. Forty seven percent (47%) were created collaboratively.

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.

- The average number of treatment sessions attended per month was 2.52 sessions.
- Therapist involvement in the WISe service model was evidenced by participation in 68% of all CFT meetings.
- The review indicated 60% of treatment sessions were attended by the youth alone.
- The youth and caregiver participated in 26% of sessions.
- Only the caregiver attended 14% of the treatment sessions.

Persistence in problem-solving was evidenced by documentation of the same treatment focus from session to session in 82% of the sessions. Most frequently treatment content documented were Skill Development and Transition Planning at 21% and 15.4%, respectively. Documentation of progress reviewed was identified in 21% of records, while 7% of records included celebrating success.

Parent and 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.

Charts 8a (Parent) and 8b (Youth) identify the average hours of Peer Support by Type for FY2023.

Chart 8a. Parent Peer Support Elements: Average Hours of Peer Support by Type

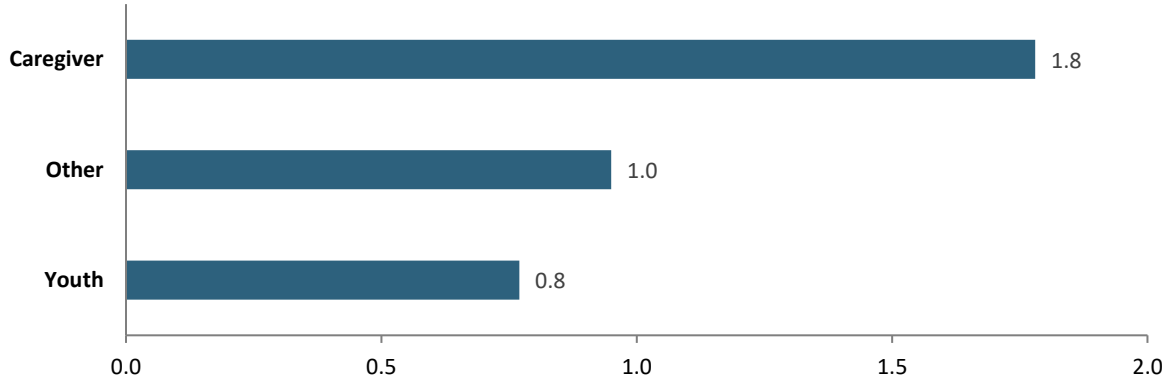
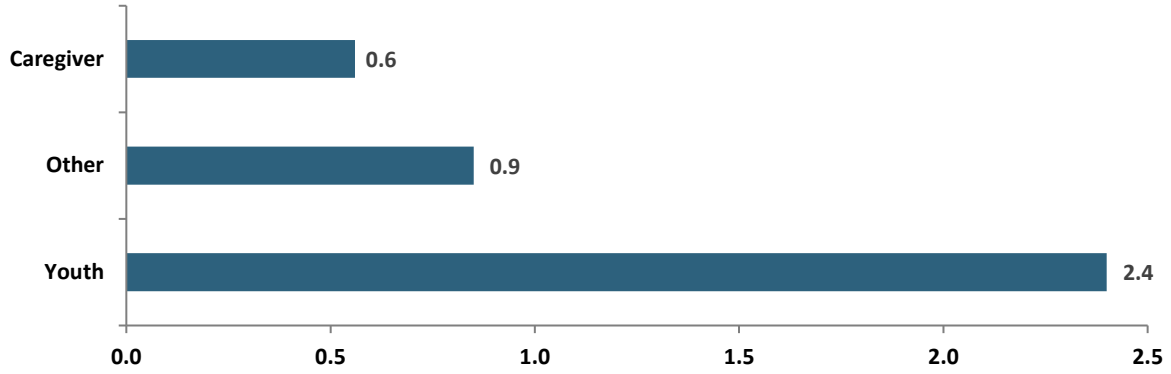


Chart 8b. Youth Peer Support Elements: Average Hours of Peer Support by Type



During the last 90 days of enrollment, the parent peer support partner:

- Spent an average of 1.8 hours with caregiver(s)
- Spent an average of 1.0 hours with other(s)
- Spent an average of 0.8 hours with the youth

During the last 90 days of enrollment, the youth peer support partner:

- Spent an average of 0.6 hours with caregiver(s)
- Spent an average of 0.9 hours with other(s)
- Spent an average of 2.4 hours with the youth

Transition Planning

Prior to transitioning from the WISe Program, all youth must have a formal transition plan developed to plan for a successful transition from the program. The plan must contain specific steps to be taken during the transition as well as the supports available to make the transition successful. The plan must be created in collaboration with input from the youth, family, formal service providers, and natural supports.

- A formal transition plan was present in 50 of cases out of 110 (45%) of records reviewed.
- Of the 50 cases with transition plans, 68% contained evidence of collaboration and input from the youth, family, formal service providers, and natural supports.

Appendix

Enrollment Summary Trend Data

The following table provides a summary of the Enrollment Summary Trend Data reported within this report.

In order to determine the significance of year-to-year results a Pearson's chi-squared test[4] was used to evaluate the statistical significance for both increased and decreased results. The results of the test identified which changes were statistically significant and likely due to actions taken by the WISe agencies as well as the level of significance or whether changes were due to normal variation.

Rate Change Legend	
Increased	▲
Decreased	▼
No change	○

Enrollment Summary Data			
Criteria	**FY2022 Result**	**FY2023 Result**	**Alpha Level**
CANS-related Findings			
Timely CANS	68%	46% ▼	$p \leq .001$
WISe Indicated	95%	96% ▲	NS
Full CANS Completed Timely	77%	85% ▲	NS
Collaborative CANS Assessment	46%	38% ▼	NS
Timely Reassessments	92%	94% ▲	NS
CFT Meeting Participants (0-4 Version)			
Home	100%	80% ▼	NS
Community	50%	20% ▼	NS
CFT Meeting Participants (5+ Version)			
Home	87.1%	81% ▼	NS
Community	1.2%	0.1% ▼	NS
School	1%	5.2% ▲	NS
Crisis Plans			
Crisis Plans Included in Charts	85%	83% ▼	NS
Completed Timely	81%	88% ▲	NS

[4] Pearson's chi-squared test is a statistical test used to compare categorical variables. This test evaluates how likely it is that any observed difference between data sets occurred by normal variation or chance. A *p*-value, or probability value, that is less than or equal to the .05 significance level indicates that the observed values are different than the expected values.

Enrollment Summary Data			
Criteria	**FY2022 Result**	**FY2023 Result**	**Alpha Level**
Collaborative Crisis Plan	45%	45% ○	NS
Parent Peer Support Elements: Average Hours			
Caregiver	2.0	2.3 ▲	NA*
Other	1.1	1.2 ▲	NA*
Youth	0.9	1.3 ▲	NA*
Youth Peer Support Elements: Average Hours			
Caregiver	0.7	0.9 ▲	NA*
Other	0.7	1.2 ▲	NA*
Youth	2.6	2.4 ▼	NA*

**Informational Purposes Only*

NS = Not Significant