Children and Youth Behavioral Health Work Group - Youth & Young Adult Continuum of Care Subgroup (YYACC)

February 15, 2024

Glossary of Terms

HCA: Washington State Health Care Authority

FIT: Family initiated Treatment

QP: Quality Plan

W&R: CYBHWG Workforce and Rates subgroup

WISe: Wraparound with Intensive Services Washington

Meeting Topics

- Important behavioral health bill updates
- FIT 101 presentation
- WISe QP Report & Feedback

Discussion Summary

Behavioral Health Bill Updates

- The Senate budget will be released at 4 pm on February 18, 2024
- The Senate Ways and Means Committee will hear bills on February 19. 2024
- The House Budget will be released on February 19, 2024
- House Appropriations will hear bills on February 19, 2024

FIT Presentation Enos Mbajah, HCA See page 3 for slides

- A high-level overview for the FIT program was shared with the plan to give a more detailed presentation during the March meeting
- For the FIT program the legislation defines the qualifying age range to be between 13 to 17 as adolescents.
- The FIT goal is to make sure that the community is involved, and that there is sensitivity around people's cultural needs, which is an important part of being able to not only engage with youth and families, but also to maintain those healthy relationships.
- The majority of, if not all the providers participating in the program are ready to do what is needed to help maintain the same treatment levels or services delivery needs.
- The outpatient service process is to have the parents request services and then the provider would evaluate services the parent is speaking of to make sure they are medically necessary and provide the appropriate level of care.
 - o Those recommendations may come in and the assessment may find that maybe the

- level of care that the parent is seeking may not be intensive enough or maybe it's too intensive.
- The parent(s) are then able to sign up for the program on behalf of the youth to receive services for the allotted period or set length of time.
- An independent review is done periodically to make sure that the services were medically necessary with the appropriate level of care.
- In-patient services are fairly similar to outpatient services, with a few differences in processes.
- Families that take an active part of the treatment and are involved in the share of information about what the family's system looks like, independent of what the youth is struggling with, really helps the success of the treatment progress.
- You can access FIT trainings, fact sheets, and other helpful information here: <u>Home FIT</u>
 Washington

WISE QP

Kari Samuel, HCA See page 17 for slides

- The WISe program is launching a new project to do a full review of the Wise Quality Plan.
- Wise was developed in response to a class action Medicaid lawsuit starting in 2,009.
- In December 2023 the final commitment under the settlement was fulfilled.
- As part of the final commitment under the settlement exit a quality plan specific to WISe was created.
 - The QP plan will be used to measure the success of WISe and to inform and improve the program.
 - A couple of notable components used to monitor the program:
 - Annual survey for youth and families that have participated in and received services from the WISe program.
 - Developed WISe tool for fidelity monitoring.
 - o We welcome feedback on the WISe QP. See resources below.
- WISe resources:
 - Recording of webinar 1: <u>WISe Quality Plan Review Project Announcement and Overview (youtube.com)</u>
 - Send feedback to: WISeSupport@hca.wa.gov
 - o Register for webinar 2 (April 23): Webinar Registration Zoom

Next Steps:

- <u>Jamboard to offer feedback</u>
 - Use the jam board link above to provide ideas or issues you would like to work on.

Next Meeting: March 14, 2024, from 4 to 5 p.m.

Family Initiated Treatment (FIT)

Health Care Authority (HCA)

Division of Behavioral Health & Recovery (DBHR) Prenatal to 25 Behavioral Health Section (P-25)



Definitions

Adolescent (Youth)

• For behavioral health, Washington state law defines an **adolescent** as youth between the ages of 13 and 17. We will refer to this age group as **Youth**, to maintain person-centric language.

Parent

For FIT, state law (RCW 71.34.020) defines a **parent** as:

- A birth or adoptive parent.
- A stepparent.
- A kinship caregiver.
- DCYF Caseworker.
- Another relative who is responsible for the youth's health care decisions.
- Someone given a signed authorization by the parent to make health care decisions for the youth.

Children and youth behavioral health values

Three core values guide Washington's behavioral health system for youth



Strengths and needs driven services and supports are determined by the strengths and needs of the youth and family



Community Based whenever possible, youth receive services in their community.



Sensitivity services are culturally and linguistically sensitive. Also taking into account both the youth and family stages of change.

Whether treatment is voluntary or not, the youth always has the right to receive services in the least restrictive setting that meets their needs.

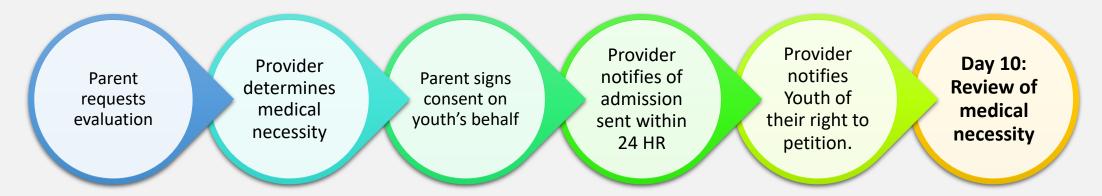
Engagement

- Treatment works best when the youth is engaged.
 - There are times that treatment is medically necessary to protect the youth or others from harm, and we know it has a better chance of success when the youth chooses to engage.
- FIT gives parents and professionals an opportunity for time-limited treatment where the parents are able to provide consent on the youth's behalf.
- The ultimate goal is to engage youth in the services they are receiving, so they consent to continued treatment as needed.
- Youth can change their mind to voluntarily consent to treatment or be ITA'd.

The process for FIT outpatient treatment



The process for FIT inpatient treatment



REMINDER: Maximum stay under FIT inpatient is 45 days

What information can a mental health professional share

To help parents support their youth's treatment, providers may choose to share:

- Diagnosis and recommendations for treatment
- Treatment progress
- Recommended medications, their benefits and risks, side effects, and dosage
- Crisis prevention and safety planning
- Referrals for other services in the community
- Training or coaching for parents that could benefit the youth and family



Family members are vital partners

Families can support the youth in treatment by:

- Being part of the team and treatment plan
- Recognizing that the whole family has been affected in some way and may benefit by being a part of the healing process.
- Learning about how their fears and anxiety might contribute to their child's behaviors, and how to reduce that impact.
- Working as allies to find strategies that support the youth's challenges outside of treatment.
- Respect the youth's privacy and understand why the professional cannot share all the treatment information. Trust the relationship the provider is building.

Youth perceptions of FIT

- When asked what helped the youth when seeking services, respondents said:
 - Supportive family members and trusted school counselors helped them.
 - One youth wrote an open- ended response about the need for privacy as an aid in their search for services: "knowing records were private and protected from anyone except who they released them to, and that their service professional could withhold information if it was determined to be harmful even if a release was signed."
- The youth were asked what challenges or barriers they experienced when seeking mental health or substance use treatment services.
 - The respondents who provided additional information said affordability was a primary factor in their ability to access services.

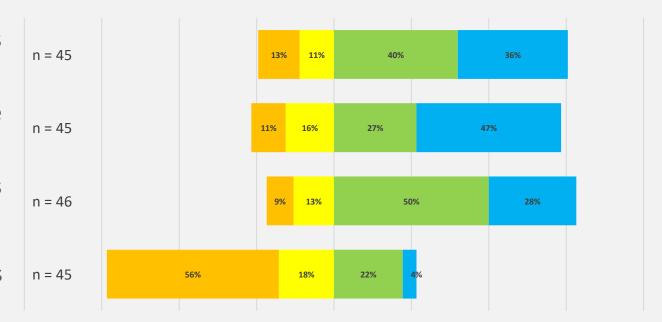
Parent perceptions of FIT

I think FIT helps young people get access to the services they need

I think FIT helps the parents/caregivers of young people who need services

I am worried that FIT will not help parents/caregivers enough

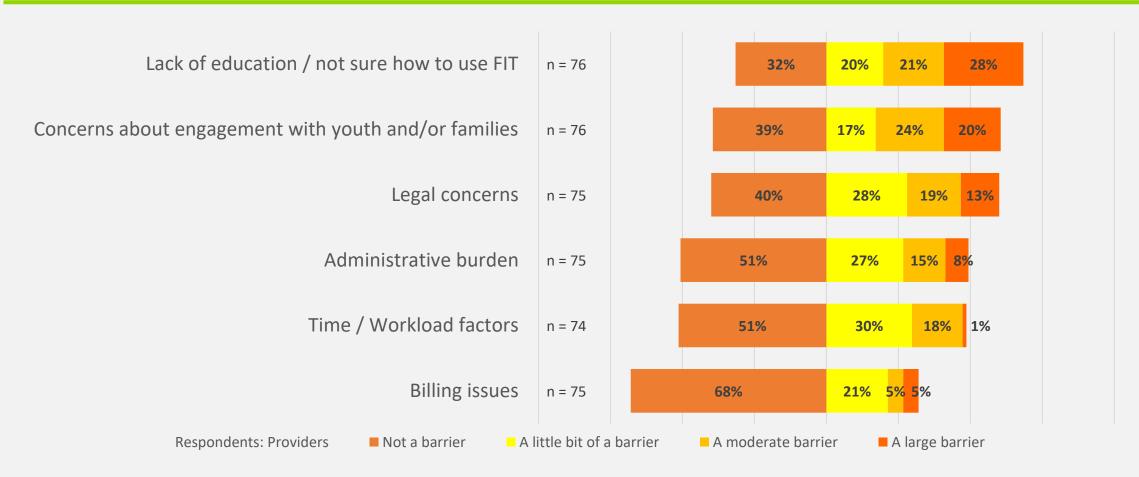
I am worried that FIT will violate young people's rights



Respondents: Parents/Caregivers ■ Strongly Disagree ■ Disagree Somewhat ■ Agree Somewhat ■ Strongly Agree



Provider perceptions of FIT



Resources

- •HCA's FIT webpage
- Parent's Guide toFIT treatment
- <u>Provider Guide to</u> <u>FIT treatment</u>
- Notice of
 Outpatient Mental
 Health Treatment

- FIT fact sheet
- FIT training website -Washington
- Guide to Mental Health Information disclosure

• FIT training QR code







Contact information

Monica Webster, MPH Prenatal to 25, School Age Access to Care FIT manager Division of Behavioral Health & Recovery

WISe Quality Plan Review Project

Discussion at YYACC 2/15/2024



Welcome!

Project Lead: Kari Samuel

Supporting: Paul Davis

from the HCA WISe Team



Overview

- Background
- Project description & timeline
- ▶ Invitation to Participate

These slides were previously presented at the project kick-off webinar on Feb 6, 2024

What even *is* the WISe Quality Plan?

And why do we have one anyway?



Wraparound with Intensive Services (WISe)

- Designed to provide comprehensive behavioral health services and supports to Apple Health-eligible youth up to 21 years old
- Key components:
 - ► Individualized services provided in home & community settings
 - Wraparound team-based approach
 - ▶ 24/7 crisis services via the WISe provider

History of WISe

- Developed in response to a class-action Medicaid lawsuit
 - ► 2009: T.R. lawsuit filed
 - ➤ 2013: Settlement agreement reached
 - ➤ 2014: WISe statewide implementation started
 - ➤ 2021: *T.R.* Settlement agreement exited
 - ➤ 2023: Final Settlement Exit commitment completed

- Intended outcomes:
 - Reduce unnecessary hospitalizations and out-ofhome placements
 - Keep youth with intensive behavioral health needs safe in their own homes and communities
 - Offer a high level of individualized outpatient care

Purpose of the WISe Quality Plan

The WISe Quality Plan (QP) is required by state regulations: Washington Administrative Code (WAC) 182-501-0215

From the WAC:

- 2) The purpose of the WISe QP is to:
 - a) Provide a framework for quality management goals, objectives, processes, tools, and resources to measure the implementation and success of the WISe service delivery model; and
 - b) Guide production, dissemination, and use of measures used to inform and improve WISe service delivery.

*(underlining added for emphasis)

Components of the Quality Plan

- Main body: general guidance, outlines approach
- Appendices: provide specific tools
 - ► For example, Appendix B is comprehensive table listing all of the measures, data sources, reports, frequency and guidance for reviewers
- Other notable components:
 - ► Annual survey for youth and families that have entered WISe
 - ► Fidelity monitoring tool the WISe Quality Improvement Review Tool (QIRT)
- Full Quality Plan (2019 version) is available online
 - https://www.hca.wa.gov/assets/program/wise-quality-plan.pdf

Project Description



Priorities for the WISe Quality Plan update

- Make sure that WISe is working for the youth and families who need it
 - We need accurate information about where things are going well and where we need to provide more support
- Provide useful tools that help build up our WISe teams and support our WISe providers
- Where possible, reduce administrative burden
 - ► We want our WISe workforce to be able to focus on serving youth & families

Project Timeline: Phase 1

- February 6: project kick-off (webinar 1 recorded)
- 1 Mid-Feb through March 15: first round of community feedback
- 2 Mid-March through April 30: second round of community feedback; HCA reviews feedback round 1 & creates plan for first draft
- 3 April 23: project update webinar, including feedback summary #1
- 4 May-June: third round of community feedback (through June 30); HCA drafts first revision of QP main body
- **(5)** Early July: HCA shares first draft of QP main body & feedback summary #2; fourth round of community feedback starts
- 6 Late summer/early fall: anticipated input session with the Children and Youth Behavioral Health Work Group (CYBHWG)
- 7 Fall 2024: Project phase 2 starts; will include revising QP first draft
- 8 Future TBD: updates to appendices and tools, including the QIRT

MONTH	Su	Мо	Tu	We	Th	Fr	Sa
February	28	29	30	31	01	02	03
	04	05	06	07	08	09	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
March	25	26	27	28	29	01	02
	03	04	05	06	07	08	09
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
April	31	01	02	03	04	05	06
	07	08	09	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
May	28	29	30	01	02	03	
	05	06	07	08	09	10	
	12	13	14	15	16	17	
	19	20	21	22	23	24	25
June	26		28	29	30	31	01
	02	03	04	05	06	07	
	09	10	11	12	13	14	
	16	17	18		20	21	
	23	24	25	26	27	28	
July	30	01	02	03	04	05	
	07	08	09	10	11	12	13
	14	15	16	17	18	19	
	21	22	23	24	25	26	
August	28	29	30	31	01	02	



During the update

- The 2019 version of the QP is still in place until an updated version is published
- HCA will not be requiring use of specific file review tools, such as the QIRT
 - ► HCA will provide alternative statewide Quality Improvement (QI) projects to fulfill the QIRT requirements that are in the MCO contracts
 - ► Guidance for the 2024 statewide QI project is available on the HCA website at https://www.hca.wa.gov/assets/program/wise-interest-list-monitoring.pdf

Project Guidance



Invitation to participate

WISe Providers & System Partners

- What will help you demonstrate how you're doing?
- Examples of tools or processes that are helpful
 - Especially examples that you've developed

Youth, Family, & Community Partners

- What does "quality" mean in the real world (vs academic or system-focused definitions)?
- How do we make the information we collect more useful and transparent?

Early Feedback from WISe Providers

- The current QP doesn't provide guidance for all of the situations that need it
 - ▶ WISe has grown and changed since the QP was last revised in 2019
- Some providers have developed a wide range of measures & monitoring tools using their internal data systems
- Providers have mixed opinions about the QIRT: some find it useful, others don't; but we all agree that the current REDCap data-entry platform is burdensome and overly time-consuming

Next Steps

- Provide feedback:
 - Please send comments, questions, recommendations, and requests for follow-up to <u>WISeSupport@hca.wa.gov</u>
 - ► Information contributed by March 15 will be included in the summary shared at the next project update webinar on April 23

- Register for the next project update webinar
 - ► Tuesday, April 23, 2024 @11am

https://us02web.zoom.us/ webinar/register/WN_Pu3DE47 WR3mJo8PALFSASw



Send feedback to:

WISeSupport@hca.wa.gov

Youth, Family, & **Community Partners:**

If you would prefer to provide feedback in a call or video meeting, please send your contact information & availability via email.