

WRAPAROUND WITH INTENSIVE SERVICES (WISe) QUALITY STUDY FINDINGS

Reviewing and Evaluating WISe Quality
Processes to Inform the Quality Plan Update

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EXECUTIVE SUMMARY

BACKGROUND AND METHODS

Wraparound with Intensive Services (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, Washington Apple Health-Integrated Managed Care, Behavioral Health Services Only programs, and the State Children’s Health Insurance Program. WISe is a team-based approach that provides services to youth and their families in home and community settings and is intended as a treatment model to enable youth and families to thrive in the community while reducing the need for institutional care.

July through November 2024, Comagine Health conducted the WISe Quality Study, an external evaluation study to support the Washington State Health Care Authority (HCA) in reviewing and evaluating the quality processes of the WISe program. The WISe Quality Study included identification and evaluation of monitoring efforts including what is working, not working, and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The WISe Quality Study will inform updates to the *WISe Quality Plan*.¹

Data collection included qualitative key informant interviews with WISe provider agencies and public listening sessions. Interviews and listening sessions covered topics related to the *WISe Quality Plan* and quality processes, including job roles and WISe program structure, monitoring and assessment, strengths and barriers, and recommendations. Data were analyzed through thematic and content analysis.

KEY FINDINGS

The WISe Quality Study findings highlight interview and listening session participant views on topics related to WISe quality and fidelity. Participants shared insights into what defines high-quality WISe services, identifying both strengths and challenges within the current quality plan and processes, as well as factors affecting WISe quality and fidelity across the state. WISe provider agencies shared how they internally monitor quality and fidelity for their WISe teams and services. Participants also discussed current challenges and barriers related to their WISe programs and quality monitoring.

Key findings across the interview and listening sessions include:

- **Core WISe Quality Plan Themes.** Five overarching themes were present in the data representing participant views and impressions on current WISe quality processes and ideas for quality updates. The themes include Centering Youth and Family Voice and Choice; Aligning Quality Plan with WISe Model; Balancing Process and Outcomes; Increasing Flexibility; and Reducing Administrative Burden.

- **Characteristics Impacting WISE Quality and Fidelity.** Four multi-level characteristics contribute to variation in WISE service delivery, quality, and fidelity across the state. The characteristics include Behavioral Health Service Continuum Gaps; Organization, Geographic, and Regional Characteristics; WISE Transition and Discharge Processes; and Workforce Health, Turnover, and Staffing Challenges. Participants reported that these factors can disrupt the consistency and quality of WISE services.
- **WISE Provider Internal Agency Quality Processes.** WISE provider agencies use a variety of strategies and processes to monitor WISE fidelity and service quality in their programs. These include using checklists and tracking systems; providing training and supervision and holding team meetings; enhancing communication, coordination, teamwork, and supportive leadership; matching WISE team members with youth and families; tracking youth and family progress; surveying youth and families on their experiences with WISE; conducting internal audits and chart reviews; and identifying and tracking outcome metrics and using data dashboards.
- **WISE Quality Plan Strengths and Challenges.** Participants discussed the strengths and challenges with the *WISE Quality Plan*. They described areas where they see the plan supporting WISE quality improvement efforts and also identified components of the plan that are barriers for WISE teams, youth and families, and broader system change and improvement efforts.

A full presentation of findings is available in the [Key Findings](#) section.

RECOMMENDATIONS

Participants also shared suggestions and recommendations for HCA related to WISE quality processes. These covered quality plan topic areas and measures, as well as types of training, convening, communication, and other resources needed to support continued WISE quality monitoring and improvement. Recommendations include:

- **Strengthening language in the quality plan.** Building on strengths in the current quality plan, HCA can integrate additional language reflecting youth and family voice and choice and the WISE model, approach, and philosophy.
- **Providing orientation on the quality plan update.** Given the range of knowledge and understanding on the quality plan across WISE provider agencies, HCA and managed care organizations (MCOs) can train WISE provider agencies to the elements included in the updated quality plan. This may help to increase WISE provider agency awareness and understanding of the quality plan and processes.
- **Assessing WISE quality measures.** HCA can review WISE quality measures with a focus on balancing process measures with outcome and engagement metrics. Additionally, HCA, in partnerships with MCOs, can evaluate using existing data sources (e.g., electronic health records [EHRs], MCO claims data) for quality reporting and assessment. To support the MCOs and WISE provider agencies with quality monitoring, HCA can establish or enhance minimum standards, benchmarks, and data dashboards.

- **Evaluating quality review and feedback processes.** To help reduce administrative burdens on WISe provider agencies, HCA, in partnership with MCOs, can review and streamline duplicative documentation standards and simplify audit and chart review processes. Leveraging technology, such as integrating EHRs or automating data extraction, could further reduce the need for redundant data entry. Additionally, MCOs, working with HCA, can explore strategies to provide timely feedback, quality improvement coaching, and actionable planning support. These measures would enhance the value of documentation, audits, and reviews while supporting WISe provider agencies.
- **Supporting WISe provider agencies with quality improvement.** HCA, in partnership with MCOs, can continue to provide spaces for WISe provider agencies to share quality measurement, improvement strategies, successes, challenges, and best practices. To enhance engagement, HCA and MCOs can encourage WISe provider agency attendance and participation in preexisting meetings and other convening opportunities. Additionally, to address gaps in participation, MCOs can share relevant quality improvement information and resources with WISe provider agencies in their regions.

A full description of recommendations is available in the [Recommendations](#) section.

BACKGROUND

OBJECTIVES

As the External Quality Review Organization (EQRO) for Washington, Comagine Health was contracted to conduct a study (“WISe Quality Study”) to support the Washington State Health Care Authority (HCA) in reviewing and evaluating the quality processes outlined in the Wraparound with Intensive Services (WISe) program.² These processes are detailed in the *WISe Program, Policy, and Procedure Manual*,³ and in the *WISe Quality Plan*,¹ which is currently under review by the HCA.

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, Washington Apple Health-Integrated Managed Care, Behavioral Health Services Only programs, and the State Children’s Health Insurance Program. It is a team-based approach that provides services to youth and their families in home and community settings and is intended as a treatment model to enable youth and families to thrive in the community while reducing the need for institutional care.

The *WISe Quality Plan* is required by state regulations ([Washington Administrative Code 182-501-0215](#)) to:

- 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
- Guide production, dissemination, and use of measures used **to inform and improve WISe service delivery**.

Currently, HCA is in the process of updating the *WISe Quality Plan*, which went through its last update in 2019. The priorities for the *WISe Quality Plan* Update Project include:

- Ensuring that WISe is working well for youth and families.
- Providing useful tools that help build up WISe teams.
- Supporting WISe providers, and where possible, reducing administrative burden.

The WISe Quality Study is a component of HCA’s update of the *WISe Quality Plan* (referred to in this report as “quality plan”).

WISe Service Delivery Model

The WISe model includes a range of services designed to provide behavioral health services and support to youth under the age of twenty and their families. System of care values embedded in the WISe model involve services that are **family-driven and youth-guided, community-based, and culturally and linguistically appropriate**.³ The goal of WISe is to provide behavioral health treatment services so youth can live and thrive in their homes and communities, while avoiding or reducing out-of-home placements. WISe provider agencies support youth and families by providing a wide array of intensive, therapeutic, and home and community-based services.

Approximately 23% of the Medicaid population in Washington State aged 0-20 have some type of behavioral health treatment need.⁴ The WISe model was developed to support youth and families that need more intensive services and supports than are available through outpatient behavioral health treatment, but where inpatient level of care is not warranted; WISe is intended to address the needs of approximately 3% of the population.ⁱ WISe aims to fill the gap between inpatient and outpatient treatment through wraparound services including **24/7 crisis intervention and stabilization, intensive services, care coordination, and peer supports**. Few other intensive behavioral health services beyond the WISe model currently exist in the state to support youth with complex needs. As such, there has been pressure for WISe to address a range of youth with **varying levels of acuity and service intensity needs**; however, the WISe model is intended to address those with the most severe needs.

Currently, WISe serves approximately 6,500 youth in Washington State.⁵ **The number of youth served has increased every year since the inception of WISe in 2014**. The last WISe service region in Washington was added in 2016 and that year the WISe program served 1,886 youth across all ten regions.⁵ Since then the number of youth served has more than tripled. In many regions of the state, the community demand for WISe services surpasses the availability.

WISe is designed to be comprehensive for youth and families where **care is individualized, integrated, and provided in the least restrictive environment**. Service intensity averages for WISe provider agencies are required to be at least 10.5 hours monthly,³ a requirement that was grounded in a baseline average of 12 hours per month and intended to allow some flexibility for clients and families with varying needs or in transitional periods. Recent WISe service characteristics (July 2022-June 2023) data shows that the average service intensity hours across the state was 10.6 hours.⁵ Approximately half of the WISe regions during this time period, however, had service intensity averages for the year that were below 10.5 hours.⁵ Service intensity variation may occur for a number of reasons, including variation in youth and family need, particularly since at present WISe is often **filling a gap between outpatient behavioral health services and inpatient care** (e.g., Children's Long-term Inpatient Program [CLIP]); variation in the time youth and families enter the program, even when acuity needs are high; challenges with WISe agency staffing; and others.

ⁱ This percentage reflects the expected caseload as agreed to in the T.R. Settlement as a proportion of those identified with behavioral health needs.

WISe Program Review Focus Studies

As the EQRO, Comagine Health conducted a series of focus studies on the Washington State Children's Behavioral Health system from 2020 through 2024. These studies utilized the Quality Improvement Review Tool (QIRT)⁶ to assess WISe clinical records from managed care organization (MCO) contracted provider agencies delivering WISe services during the review year. These reviews prioritized quality improvement feedback over compliance, aiming to provide actionable insights for providers, MCOs, HCA, and other stakeholders to enhance the WISe delivery system for clients and families.

The reports also aimed to support HCA and MCOs in driving system changes, advancing training and education on WISe services, and fostering quality improvement. Additionally, they were designed to assist WISe provider agencies in refining their practices and maintaining continuous quality enhancements.

In addition to identifying trends in findings, the reports provided recommendations for improving WISe service quality. In 2023, after noting consistent results over several years, Comagine Health recommended that HCA collaborate with the MCOs to investigate underlying causes of these results such as workforce challenges and WISe program processes, to drive improvement efforts and reduce barriers to success. This recommendation led HCA to partner with Comagine Health in developing a new quality study of the WISe service delivery model, which aims to update and improve the quality and fidelity tools designed for WISe. The WISe Quality Study described in this report represents the second phase of this work with Comagine Health.

WISe QUALITY STUDY

The WISe Quality Study is an external evaluation study led by Comagine Health to support HCA in reviewing and evaluating the quality processes of the WISe program and to inform updates. The WISe Quality Study included identification and evaluation of monitoring efforts including what is working, not working, and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The study did not focus on changes to the WISe program model or financial and payment-related topics.

The WISe Quality Study supports HCA and MCO/Prepaid Inpatient Health Plans (PIHPs) in meeting WISe Program goals for eligible youth including:

- **To live and thrive** in their homes and communities
- **To avoid or reduce disruptive and costly** out-of-home placements while receiving behavioral health treatment services

Comagine Health conducted the WISe Quality Study July through November 2024.

METHODS

DATA COLLECTION

The WISE Quality Study used key informant interviews and public listening sessions to gather data from WISE provider agency staff and other stakeholders (e.g., families, community partners, system advocates, policymakers) involved with the WISE model in Washington. See [Appendix A](#) for a detailed description of the study methods.

WISE Provider Agency Interviews

Between August and September 2024, Comagine Health conducted six qualitative interviews with WISE provider agency staff from five agencies across the state (n=17). The interviews were small group conversations, via Zoom, each lasting between 60 and 90 minutes. Interviews covered a range of topics related to the quality plan and quality processes, including job roles and WISE program structure, monitoring and assessment, strengths and barriers, and recommendations. Interview participants were provided with an information sheet ([Appendix B](#)) describing the project and limits to confidentiality in advance of the interview. A copy of the quality plan was shared with listening session participants to reference during the interviews. Interviews were recorded and transcribed for analysis. The interview guide was created in collaboration with HCA ([Appendix C](#)).

WISE Quality Listening Sessions

In September 2024, after the WISE provider agency interviews were completed, Comagine Health conducted three virtual listening sessions with stakeholders. The sessions were open to the public, involved a mix of stakeholders (e.g., WISE providers, families, system advocates, policymakers), and were hosted at different times (i.e., morning, lunchtime, evening) to accommodate varying schedules. In total, 55 unduplicated individuals participated in the listening sessions, although there was some overlap in participants across the interviews and listening sessions.

Each session lasted between 60 to 90 minutes and followed a similar session agenda, which included a mix of large and small group conversations. The listening session content was similar to, yet pared down from, the questions framed during the WISE provider agency interviews. ([Appendix C](#)). A copy of the quality plan was shared with listening session participants to reference during the discussions. The listening sessions were recorded and transcribed for analysis.

ANALYSIS

The interview and listening session data were analyzed through thematic and content analysis. Interviewers completed memos after each interview and listening session and discussed emerging thematic topics. Two qualitative analysts coded transcripts and entered coded data into a qualitative data management software program (ATLAS.ti), utilizing a coding framework that was developed during the interview phase of the study. During the coding process, analysts discussed transcripts and codes for consistency and reliability, addressing any differences or discrepancies in code application. Any new codes that emerged at this stage were discussed by the team and added to the original codebook if relevant. Coded data were then used to construct themes, or units of meaning, across data. Recommendations were derived from the data and analysis.

FINDINGS OUTLINE

Participants discussed a range of topics surrounding WISE quality and fidelity in interviews and listening sessions. They described their views on what makes WISE services high quality, strengths and challenges with the current quality plan and quality processes, and characteristics impacting WISE quality and fidelity across the state. WISE provider agencies shared how they internally monitor quality and fidelity for their WISE teams and services. They also discussed current challenges and barriers related to their WISE programs and quality monitoring.

The findings in this report are detailed in the [Key Findings](#) section. Most findings relate directly to the quality plan or current WISE quality processes. The findings are organized in the following topic areas:

- Core WISE Quality Plan Themes
- Characteristics Impacting WISE Quality and Fidelity
- WISE Provider Internal Agency Quality Processes
- WISE Quality Plan Strengths and Challenges

Participants also shared suggestions and recommendations for the WISE Quality Plan Update Project. These covered various quality plan topic areas and measures, as well as types of training, convening, communication, and other resources to support WISE quality monitoring and improvement. Recommendations are presented in the [Recommendations](#) section of the report.

KEY FINDINGS

Key findings across the WISE provider agency interviews and the listening sessions are organized by the following topic areas:

Core WISE Quality Plan Themes	Characteristics Impacting WISE Quality & Fidelity	WISE Provider Internal Agency Quality Processes	WISE Quality Plan Strengths and Challenges
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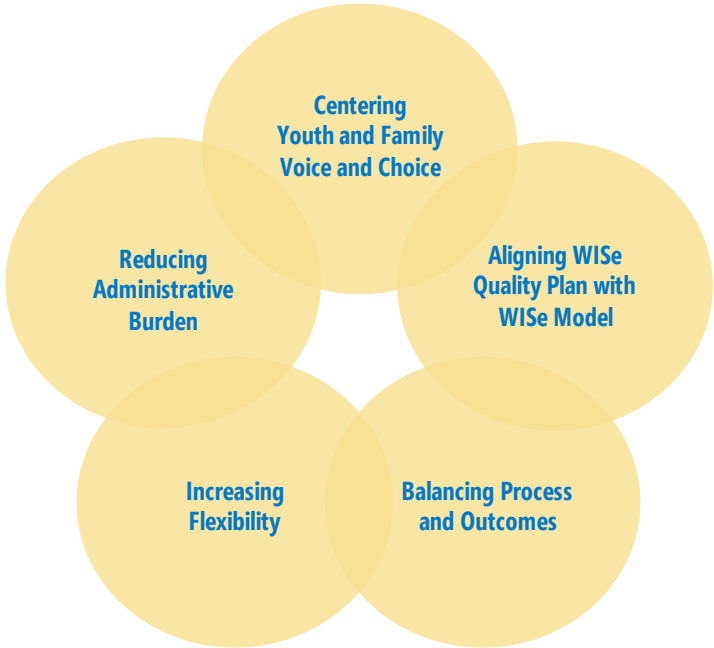
CORE WISE QUALITY PLAN THEMES

Five overarching themes were present across interview and listening session data (**Exhibit 1**). The themes illustrate key concepts and impressions shared by participants about current WISE quality processes and ideas for the WISE Quality Plan Update Project. The themes include:

- Centering Youth and Family Voice and Choice
- Aligning WISE Quality Plan with WISE Model
- Balancing Process and Outcomes
- Increasing Flexibility
- Reducing Administrative Burden

While each theme is independent of the others, many of the core concepts overlap and interact. This section describes the major elements of each theme, provides data in the form of quotes and examples, and connects back to the quality plan and processes.

Exhibit 1. Core WISE Quality Plan Themes



Centering Youth and Family Voice and Choice

A universal theme discussed in interviews and listening sessions involves the importance of centering youth and family voice and choice within WISE quality processes. Participants discussed:

- **Defining WISE quality through the lens of youth and families.** The WISE model includes services that are family-driven and youth-guided, community-based, and

culturally and linguistically appropriate. Participants stated that youth and families need to be at the center of WISE quality, noting that WISE services are high quality when the services meet the needs of families and connect with their goals and reasons for participating in WISE.

- **Designing quality processes that support youth and families.** WISE quality processes, including updates to the quality plan, should make sense and work for families. Participants discussed that quality processes need to support families, not add stress, burdens, or additional time commitments. Participants noted that the quality plan should be reflective of what families care about.
- **Using language in outlining WISE quality processes that youth and families will understand.** Participants reported that the language used in the quality plan is important. It signals to WISE provider agencies what should be focused on. The language also names and describes documents, procedures, and processes, which carry through WISE staff to youth and families. This language needs to be responsive and understandable by everyone involved with WISE.
- **Tracking client progress and other measures in a way that connects with voice and choice.** Participants called out the importance of using client progress as a key metric for measuring WISE success. They reported that quality processes and measures used in the quality plan need to reflect the experience of youth and families. This involves seeking out ways to capture those experience and to bring both the voice and choice into quality processes. For example, participants reflected: Are the services being provided responsive to the needs of families? Are there ways to measure this? Participants discussed the importance of including elements like these in the quality plan update.



“What are the things that bring meaning [to youth and families] and how do we build in data points that say we are working with families to meet their goals?”

Aligning the WISE Quality Plan with the WISE Model

Connected with centering youth and family voice and choice, participants discussed the importance of **aligning the quality plan with the philosophy, goals, and overarching tenets of the WISE model**. As one participant stated, WISE services are high quality when services are *“aligned with the guiding principles.”* In interviews and listening sessions, participants discussed how a firm quality foundation, framework, and definitions signal to WISE provider agencies, youth and family members, and other partners what elements make WISE services high quality. They can also outline important quality components, including measurement, assessment, monitoring, and improvement steps.

Participants reported that they often feel a **disconnect between what is being measured** (i.e., measures outlined in the quality plan) **and the metrics that best target youth and family progress, priorities, needs, and outcomes**. The updated quality plan, according to participants, could outline the WISE quality philosophy and goals, select metrics that map onto each of these

elements, and use the data to evaluate whether the results move WISE (at the youth, family, WISE team, or community levels) toward selected goals or outcomes. Participants noted that every overarching piece of the quality plan should connect back to the WISE model and wraparound approach.

Balancing Process and Outcomes

Another theme that emerged from interviews and listening sessions is the importance of balancing process and outcome measures in the quality plan. Participants reported that the current plan places a heavy focus on process measures. While many of these measures help establish consistency for WISE teams and services around the state, participants commented that they do not always tell the story of youth and family successes and outcomes, or what WISE is accomplishing as a program. Connected with the previous core theme, participants also discussed that outlining metrics that align with the WISE philosophy and approach will be the most impactful.

In weighing the balance between process and outcomes, participants discussed:

- **Focusing on core processes and narrowing the focus of what is measured.** Participants reported that the volume of process measures involved with the WISE model can, at times, be overwhelming. It can be challenging for WISE teams to know where to focus their energy. As one participant stated, *“When you focus on everything, you focus on nothing.”* Participants called for using the quality plan to hone in on the processes that are most central to WISE model fidelity and focus on these select metrics.
- **Identifying and measuring outcomes.** Participants repeatedly discussed the importance of moving from a focus on process measurement to measuring outcomes and results. As one participant commented: *“It’s not about the file, it’s not about fidelity; it’s about the results.”* Outcomes, and in particular, changes in outcome measures over the course of participation, show the impact of WISE services on the lives of youth and families; they let WISE teams know if what they are doing is making progress.
- **Gathering quality data from existing data sources.** Using existing data sources, such as electronic health records (EHRs), MCO claims, or other electronic data platforms to capture quality measures will support WISE provider agencies, noted participants. Citing the burden of entering data in multiple places and platforms, participants discussed the importance of gathering WISE quality data from existing sources wherever possible. The QIRT⁶ is an example that was frequently mentioned where much of the reporting must be pulled and entered separately from other documentation or data system structures.
- **Establishing minimum thresholds and benchmarks.** Participants discussed the importance of establishing minimum standards, metrics, and benchmarks for all WISE providers. This could include dashboards with benchmarks for agencies so they can see where they compare on a particular metric, regionally, and in relation to others around



“I think we need to find a way to pull back a bit on the **heavy, heavy process piece** and really think more on **individualized and tailored care needs.**”

the state. Participants acknowledged that some of this infrastructure already exists, and is a strength in the current quality plan, and could be expanded on moving forward.

- **Ensuring balance between quantitative and qualitative measures.** While quantitative measures were frequently the focus of interview and listening session conversations, participants also raised the importance of using qualitative measures to understand the meaning and stories behind WISe statistics and youth and family perspectives.
- **Including input from youth and families.** WISe quality measures should include the voice of youth and families. Participants noted that this may involve identifying select metrics, outcomes, and quality focus areas. They also described surveying or interviewing youth and families to evaluate successes or identify and inform quality improvement efforts.
- **Measuring engagement.** Participants also discussed the importance of measuring youth and family engagement and satisfaction with services, which may fall between process and outcomes metrics. One participant noted: *“Measuring engagement can be even more effective than measuring outcomes.”*

Participants brainstormed potential WISe quality measures and topic areas that could be included in monitoring WISe service quality. These included youth and family progress over time (e.g., Child and Adolescent Needs and Strengths [CANS])², engagement metrics, utilization measures (e.g., crisis, emergency department, inpatient), youth and family feedback, family-related metrics, and discharge and transition measures (see **Box 1**).



Box 1. WISe Quality Measure Topic Areas

During interviews and listening sessions, participants brainstormed quality measure areas to include in the updated quality plan. These involved already defined outcome measures, as well as emerging topic areas where development and refinement will be needed. Examples include:

- Changes in CANS measures
- Engagement (e.g., 30, 60, 90 days)
- Youth and family feedback on what is working well and areas for improvement
- Service delivery methods (e.g., in-home, community, phone, telehealth)
- Crisis utilization
- Emergency department utilization
- CLIP or other inpatient placement
- Connections and natural supports
- Families staying together and family stability
- Peer involvement with services and connected outcomes
- Discharge/transition measures
- Family reunification after WISe services
- Family living status at discharge

Increasing Flexibility

Flexibility was a cross-cutting theme discussed in multiple WISE quality topic areas. Noting this as a strength in the WISE model and approach, and in the current quality plan, participants discussed the importance of keeping flexibility central to WISE quality processes. They discussed:

- **Increasing flexibility for youth and families.** While a high level of support is needed in the WISE model, participation in WISE can, at times, feel burdensome, invasive, and labor-intensive for youth and families, according to participants. They described the need for building in flexibility around the timing, types, and frequency of data collected (e.g., paperwork, assessments), particularly during the first six weeks of WISE where there are greater levels of paperwork and processes that families must engage with. This included a desire to move quickly into activities that directly benefit the youth and family from the beginning of engagement, rather than an initial focus that may feel driven by the program's needs. Flexibility was also discussed to accommodate variations in family structure (e.g., youth in group homes without parental engagement), or families who may need intensive services but not be able to accommodate the time commitment involved for all activities given work and other constraints. Participants also noted how continued flexibility helps WISE teams better meet the cultural and linguistic needs of diverse communities and populations.
- **Expanding flexibility for WISE provider agencies.** Participants discussed the need for continuing to include flexibility for WISE provider agencies. This involves flexibility in documentation, audits, timing of certain requirements, and other paperwork. Participants also reported the need for greater flexibility around quality measurement, training requirements, and staffing. Further, participants from WISE provider agencies noted how rigid processes can take a toll on WISE teams and service quality. As one participant commented, *"I think the flexibility is going to increase accuracy."*
- **Pairing flexibility with quality measures.** Participants discussed the importance of quality structures and metrics to monitor WISE services, but they also described the need to build flexibility into these processes. In interviews and listening sessions, flexibility around quality measurement was often framed by participants as *"less is more,"* and a desire to limit the volume of processes and measures. Participants also reported the need to allow for adaptation, updates, or changes to quality processes in order to support WISE teams and youth and family needs.



"I appreciate the **flexibility built into WISE**. It allows us to **color outside the lines in meeting family needs** and when we get creative it **brings energy to families as well as staff.**"



"You need to have things really rigidly standardized [in the quality plan], but **to achieve success, you need to individualize and innovate**. So, it's really important that **we have that flexibility to individualize and innovate ...**"

Reducing Administrative Burden

The administrative and documentation burden connected with WISE services was frequently mentioned as a barrier with current quality processes. Participants noted that the administrative burdens placed on youth and families, as well as WISE provider agencies, takes a toll on the health and quality of WISE services overall. While some WISE provider agencies reported having administrative staff to support WISE program elements, this was not universal. This variation may also influence how WISE administrative burdens are experienced by WISE teams.



“I think **less is more** is a great statement ... Less is more. Sometimes, it gets so complicated—and so many layers and layers—that **we spend more time worrying about the layers than we do about doing the work that we need to do.**”

Participants discussed administrative burdens related to:

- **Documentation.** The heavy focus on documentation within WISE services can make it challenging for WISE provider staff to find the balance between working with youth and families and meeting their administrative duties and requirements. WISE provider agency participants noted that documentation can also be challenging given the breadth of WISE services; WISE provider staff may experience barriers in selecting which elements to highlight.
- **Audits and chart reviews.** Audits and chart reviews are time consuming for WISE provider agencies, particularly when they involve multiple staff members, require documentation outside of the agency’s EHR, or need to be uploaded or input into another system (e.g., QIRT reviews). WISE provider agencies reported that internal chart review processes and structures that align with how their teams gather, and document information are generally more useful for their quality improvement efforts.

Lastly, flexibility often arose in conversations related to administrative burdens. As one participant noted, *“If there were flexibility items built into the administrative burden, that would make things a bit more manageable.”*

CHARACTERISTICS IMPACTING WISE QUALITY AND FIDELITY

Four multi-level characteristics contribute to variation in WISE service delivery, quality, and fidelity across the state. The characteristics include:

- Behavioral Health Service Continuum Gaps
- Organization, Geographic, and Regional Characteristics
- WISE Transition and Discharge Processes
- Workforce Health, Turnover, and Staffing Challenges

In interviews and listening sessions, participants reported that these factors can disrupt the consistency and quality of WISE services. This section describes the major elements of each characteristic, including potential impacts on WISE quality and fidelity.

Behavioral Health Service Continuum Gaps

WISE is intended to serve youth with high acuity, complex behavioral health needs, but because of behavioral health service gaps, the program is often serving a wider segment of the population. Some youth and families may have a pressing need for more than outpatient care, but they may not need the level and intensity of wraparound services intended under WISE. Participants noted that this gap in the state's behavioral health care continuum impacts overall WISE quality. Service continuum gaps were frequently discussed through the lens of youth and family service intensity needs.

Many WISE provider agency participants reported challenges with the 10.5 hour monthly average service intensity requirement outlined in the program manual.³ While the program manual does allow for flexibility, with the expectation that some families will be significantly above and others below this average, there is tension between the hours requirement and the wide variety of youth and family needs for those currently served in the program. In addition to variations in acuity, some families have an intensity of need that is appropriate for full WISE services, but due to competing urgent priorities may not be available for engagement at the required level, particularly early in services, or may not immediately see the value of certain offered services and decline to participate. WISE providers noted that the time requirements can feel incongruent with the WISE model, which encourages meeting the individualized needs of youth and families.

WISE provider agencies reported external factors and challenges often disrupt their ability to consistently meet expectations around service hours, including challenges with engaging youth and family, care transitions (e.g., entering or leaving WISE, moving in or out of CLIP placement), billing factors, geographic characteristics, agency and WISE team size, and transportation time, particularly in rural communities.



“That's what gets in the way of the magic because we're so focused on the amount of service hours. That if they're not meeting that intensity, then they don't need it [WISE]. And, that's simply not the case because every family is different.”



“External factors have a huge impact on time requirements. And, to not at least have some consideration for those kinds of things, for me is a big disparity and it makes measuring that metric ... not exactly a fair thing.”

Organizational, Geographic, and Regional Characteristics

WISe provider agency factors, geographic characteristics, and other regional differences play a role in WISe quality and fidelity. This can be reflected in how services are configured, offered, and available to youth and families. In interviews and listening sessions, participants discussed how these characteristics influence WISe.

Agency Variation

Behavioral health agencies that provide WISe services are configured in different ways and experience unique strengths and challenges. The agency context plays a role in WISe team organization, records and data management, and WISe service structure and quality. Examples of agency variation include:

- **Records management and tracking systems.** WISe provider agencies track and save WISe documentation in multiple ways. Some agencies have WISe documentation fully integrated in an EHR, including quality checks and alerts when particular components are missing from the record. Other agencies, however, do not have a fully integrated EHR. They may include some WISe documentation in an EHR, but need to scan in external documents (e.g., assessments, reports) or use paper or computer-based tracking sheets.
- **Data and IT infrastructure.** WISe provider agencies across the state do not have the same organizational data collection infrastructure or capabilities (e.g., electronic records, data management systems). This variation may impact each agency's capacity for collecting, analyzing, and tracking quality measures or other data.
- **Organizational structure and leadership.** The organizational structure of WISe provider agencies plays a role in how WISe teams are configured, staffed, and supported. Some WISe teams may have organizational executive leadership knowledge and support of the WISe model and program. In other agencies, where WISe is one of many behavioral health services that the organization offers, there may be limited organizational leadership or support available. This may, for example, impact organizational-level administrative, quality assurance, or billing support for WISe teams.

Geographic and Regional Factors

Geographic and regional variation are also present in WISe services. This may include differences between rural and urban areas, across counties and regions, and even relationships with MCOs. Participants discussed:



“There's a **clear quality difference from place to place to place, both positive and negative.** So, how do we figure out how to track a metric that's going to help us determine if we can get it sort of to **look a little bit more similar across the state?**”

- **Rural and geographic characteristics.**

Participants from rural areas discussed how WISE teams face different challenges than urban-based WISE programs. WISE teams in rural areas often have larger geographic service areas and less access to local resources and behavioral health services. Additionally, participants from rural areas noted that rural cultural and socioeconomic factors, including poverty, play a role in how WISE services are provided. Rural WISE teams may also experience staffing challenges and problems attracting and retaining qualified staff. Further, geographic borders, like state boundaries, can also impact WISE services. Participants along state borders discussed challenges due to state laws and regulations with providing in-person services for families who work or shop in a neighboring state.

- **Local community factors.** City, county, and local community factors influence WISE service delivery and quality. This may include available partnerships and resources to support youth and families. The number of WISE teams and agencies, and the strength of their working relationships, may also impact WISE services. For example, in some regions, WISE teams meet frequently and work together on select issues (e.g., interest lists, crisis services, local resources). These types of relationships or partnerships may not be as strong in other WISE service areas.
- **MCO variation.** Participants discussed that MCO involvement with WISE provider agencies differs across the state. In some regions, MCOs regularly meet with WISE teams to discuss issues, communicate changes, or address challenges. In other regions, participants mentioned communication barriers and other challenges with MCO partners.



“Taking into account the **rural areas when talking about quality** and how that's going to look different, and **sometimes the expectations feel a little overwhelming ...**”

WISE Transition and Discharge Processes

Care transitions and discharge processes vary widely among WISE providers, teams, and regions. Participants highlighted the need for greater standardization and support to assist families during the discharge process. Relatedly, streamlining and improving care transitions is another characteristic impacting WISE service quality. This includes youth transitioning into WISE services or moving into or out of higher levels of care like CLIP. Participants discussed experiencing challenges in how best to support youth and families (i.e., who are in between services) during these transitions. Notably, despite having a significant contractual role in care transitions and discharges, MCOs were not identified by participants as key partners in these areas.

Workforce Health, Turnover, and Staffing Challenges

In interviews and listening sessions, participants discussed how workforce challenges and the *“health of the team”* impact WISE quality. Hiring and retaining staff can be one of the largest barriers to providing high-quality WISE services. Participants frequently mentioned the importance of *“being fully staffed”* to provide WISE, including youth and parent peers, therapists, and other team members. Attracting and retaining therapists was often noted as the greatest staffing challenge.

Participants also discussed that **onboarding staff** is time consuming (e.g., state-required training, agency training, on-the-job training, documentation standards, coaching, shadowing) for WISE teams. It can take a significant period of time for staff to get up and running. This coupled with extensive documentation requirements create barriers for rapidly moving new staff onto WISE teams and then into the community, noted participants. Onboarding Spanish speaking staff, while beneficial for youth and families, takes additional training time (e.g., duplication of processes in both languages), according to some WISE provider agencies.

Other workforce-related barriers and challenges that impact WISE provider agencies’ ability to hire and retain qualified team members include:

- Administrative and documentation burdens
- Ongoing training requirements pulling team members out of the field
- Low compensation
- Non-traditional work hours, settings, and schedules
- Crisis response, which can be challenging particularly for new staff to the field
- Burnout, vicarious trauma, and moral injury



“This is about **access, and accessibility of services, and meeting community demand**. We want to make sure we're **onboarding as quickly as possible** to get clients and families the care they want.”

WISE PROVIDER AGENCY QUALITY AND FIDELITY PROCESSES

WISE provider agencies conduct a variety of internal quality and fidelity activities. Participants discussed the importance of monitoring fidelity and service quality in their WISE programs. In interviews, they reported multiple strategies and internal processes, including:

- **Checklists and tracking systems.** WISE provider agencies use a range of checklists and tracking systems to monitor and track WISE program elements. Agencies may do this using paper checklists or agency-created spreadsheets; others have tracking systems built into their EHRs. Some participants reported having dedicated agency quality assurance or administrative staff to help ensure that all of the necessary program elements are completed on time and are high quality.

- **Onboarding and orientation training.** Bringing in new WISE team members can be a lengthy and time-consuming activity for WISE provider agencies. Participants discussed the importance of having detailed onboarding structures in place to support integrating new WISE team members.
- **Ongoing training and coaching.** WISE teams use a variety of ongoing training and coaching to support skill and practice-based learning, quality improvement activities, and new processes implementation. Sometimes agencies will create their own trainings or coaching support, and where resources exist through HCA or other resources, they will tap into these types of trainings and supports.
- **Individual and group supervision.** WISE supervisors discussed using individual and group supervision to help WISE team members improve. These activities support continued team development and improving the quality of WISE services.
- **WISE team meetings.** Coming together as larger teams on a regular basis was noted as another important internal quality improvement element. Participants discussed the importance of different types of meetings to support communication, system and quality improvement efforts, service gaps, and youth and family progress or challenges. Types of meetings include entire WISE team meetings, role specific meetings (e.g., peers, supervisors), and meetings with other local WISE teams.
- **Case consultation.** Connected with group supervision and team meetings, participants described holding case consultation meetings to discuss clinical and service care for specific WISE youth and families.
- **Strong supportive leadership.** WISE provider agency leadership at the agency level, as well as on individual WISE teams, was noted as an important element to support high quality and high functioning WISE teams.
- **Communication, coordination, and teamwork.** Connected with leadership, the strength of the WISE team’s communication, coordination, and teamwork is also important for providing WISE services. Challenges were often noted when these elements were absent or not strong.
- **Internal audits and chart reviews.** Beyond QIRT, participants discussed conducting internal audits and chart reviews within their WISE provider agencies on a routine basis. Participants noted the value of reviewing documentation and other elements of the chart and how for supervisors this provides information on what kinds of training topics are needed or what should be covered during supervision. Many participants noted that their internal chart reviews that are done in real-time using processes that support



“We’re in the charts all the time so there’s always opportunities, if we find something that doesn’t seem exactly right in one chart, it’s very likely that we’ll see it other places as well. And then that **gives us the opportunity to make decisions about what kind of coaching needs there are, what kind of training needs there are**, who’s going to do what, which of us supervisors.”

their agency infrastructure are more useful than external audits and reviews, particularly when the latter don't result in short-term feedback.

- **Matching WISE team members with youth and family.** Some WISE supervisors discussed the importance of matching individual team members with youth and families based on characteristics likely to increase connection and bonding, as an important way to facilitate WISE service quality and impact. In particular, deliberately matching family and youth peers was noted as an important element.
- **Using assessment data to track youth and family progress.** Using serial findings in assessment data was mentioned as a strategy used by WISE teams to track youth and family progress. The CANS was the most frequently mentioned assessment used by agencies.
- **Youth and family experience surveys.** Participants frequently mentioned the importance of seeking feedback from youth and families to monitor WISE service quality. Agencies discussed a range of strategies for doing this, including formal interviews built into assessments and using written experience of care surveys.
- **Identifying and tracking outcome measures.** WISE provider agency participants discussed the importance of tracking specific client and program-level outcomes. This information can help WISE teams identify strengths, challenges, and improvement areas.
- **Creating data dashboards.** Some agencies discussed using predetermined metrics (e.g., enrollment, service hours, youth and family engagement, service delivery method, clinical outcomes) to create data dashboards to help the WISE provider agency track outcomes across WISE teams. In these examples, the data was pulled from electronic systems into data dashboards that could be monitored on an ongoing basis. Outcomes could then be shared with WISE supervisors and teams during staff meetings, trainings, or supervision. Data can also be shared with external partners.



“So I think if we can **align data and we can make sure the outcomes we track trickle down to our staff**, it helps retention in our workforce and I think that's another important and key element.”

WISE QUALITY PLAN STRENGTHS AND CHALLENGES

In interviews and listening sessions, time was spent discussing the strengths and challenges of the current approach to WISE quality. While many participants were unfamiliar with the details of the quality plan, they did describe areas where they see the plan supporting WISE quality improvement efforts. They also noted areas where components of the plan, or WISE quality processes, act as barriers for WISE teams, youth and families, or broader system change and improvement efforts. This section outlines strengths and challenges described by participants.

WISe Quality Plan Strengths

Participants discussed strengths in the current quality plan. They shared where the plan is flexible in supporting WISe teams to individualize services and meet the needs of youth and families. They also discussed foundational principles and elements that help to structure and support the vision and goals of WISe. Participants noted places in the quality plan that may not be perfect but have particular strengths that can and should be built on during the update. Important strengths noted by participants include:

- **WISe model and team-based approach.** The team-based, wraparound model of WISe allows for “*flexibility and individualized approaches*” to meet the needs of youth and families. Participants discussed how the overarching philosophy and approach of WISe, including the service array (crisis intervention and stabilization, intensive services, care coordination, and peer supports), creates a structure that is high-quality, flexible, and supportive for youth and families.
- **Guiding principles and goals.** The guiding principles and goals in the quality plan help set the tone for the quality framework and articulate goals to work toward. They establish a quality monitoring and improvement foundation for WISe provider agencies. Participants noted the importance of using the guiding principles and goals to direct WISe quality and fidelity.
- **Child and Adolescent Needs and Strengths (CANS).** Participants discussed the value of CANS data, often citing it as the most important data source for gauging WISe service quality. It allows WISe teams to monitor youth and family progress over time and to ensure that services are meeting their needs and promoting change and improvement.
- **Certain components of the Quality Improvement Review Tool (QIRT).** While nearly all participants discussed barriers and challenges with the QIRT, participants also highlighted how specific components



“When the principles are followed the magic happens. I think that's the beauty of what WISe can offer is that it's individualized, it's team-based, it's we meet them where they're at, at least try to. There's a lot of things that get in the way of that. But **that's what I love about the process, are the principles.**”



QIRT Strengths

“The QIRT actually **helped us make our documentation a little better.** It was good as it was, but it helped us fine-tune some of the things.”

“When I'm looking at making agency changes or system changes, it helps to be able to focus on the peer supports, the clinical, the crisis, the care coordination, and then, be able to actually make some changes... **It helps me be able to break that down to bite-sized pieces... That's one component that I do like [about the QIRT]** that helps give more focus on a specific area, so I feel like I can actually make some actionable changes.”

of the QIRT help them organize their internal WISE quality and chart review structures and processes. The QIRT provides consistency and continuity across WISE provider agencies by defining terms, outlining data sources, and highlighting important program elements to monitor, including components that are important to the HCA and MCOs. Participants also reported that the QIRT can be helpful when paired with training for new staff and other quality improvement initiatives.

- **Outcome measures.** Outcome measures in the quality plan are key metrics to track and should be a focus of WISE quality monitoring and assessment.
- **Quality benchmarks.** Outlining benchmarks and goals for specific measures is helpful for quality monitoring and identifying improvement areas.
- **Training to support quality improvement goals.** The importance of training and coaching to support WISE quality improvement is outlined well in the current quality plan, according to participants. Training is an important component for quality monitoring and improvement. Participants noted the wide breadth of training opportunities provided for WISE teams to support continued learning and quality improvement.

WISE Quality Plan Challenges

Participants also reported challenges with the current quality plan and processes. In interviews and listening sessions, they noted the heavy focus on process and fidelity measures; documentation and audits, including the QIRT; workforce, staffing, and training challenges; and inconsistent communication from state-level partners like HCA and MCOs. Participants discussed the following challenges:

- **Focus on process measures.** The quality plan focuses heavily on process, or fidelity, measures. Participants noted that this focus on process measures does not get to the results or outcomes of WISE services, or the progress taking place in youth and families' lives. The process measures show what assessments were completed, meetings attended, and therapy sessions conducted, but do not holistically encapsulate WISE service quality.
- **Quality Improvement Review Tool (QIRT).** Across interview and listening sessions, the QIRT was noted as a barrier. While participants discussed the importance of chart review as a quality



QIRT Challenges

"[QIRT] is not in any way tracking success. **It's tracking what we wrote down, and it's only tracking process.**"

"I think what they have and what they're wanting is great. I just think **the tool itself, it's really problematic for the technical side** of it especially."

"I think there are good things that come out of it [QIRT], and yet, there's a lot of work that could be done, hopefully, **to make that a smoother process for providers.**"

process, they noted multiple challenges with the QIRT and how it is operationalized.

- The organization of QIRT components **do not match how WISE services are configured** or documented.
 - The **documentation platform is challenging to navigate** and does not allow the user to start and stop data entry.
 - Reviews are **time consuming**, including the required training for staff to input data, conducting the reviews, and having to complete the review in one session due to the data entry system.
- **Behavioral Health Assessment Solution (BHAS)² and other data entry systems.** Technology barriers with data entry and billing systems was another WISE quality barrier discussed by participants. Many of these systems are challenging for WISE provider agencies to navigate; they may freeze, kick the user off, and not allow simultaneous users or forward and back navigation. Further, entering data into these systems is duplicative with other documentation and creates an added administrative burden for WISE provider agencies.
 - **Workforce challenges.** WISE provider agencies may not be able to fulfill WISE quality and fidelity requirements outlined in the quality plan due to staffing shortages, turnover, gaps on WISE teams with particular roles (e.g., therapists, peers), or where WISE teams are too small to meet the community need for WISE services.
 - **Caseload and interest list challenges.** Staffing, caseload, and interest lists are connected and interdependent for many WISE provider agencies. Different size agencies reported varied challenges related to staffing WISE teams, managing caseloads, and meeting community need.
 - **Staff onboarding and training obstacles.** Onboarding and training WISE staff is time consuming for provider agencies and often impacts their ability to meet WISE staffing requirements. It can take multiple months to onboard and train new staff (e.g., required training, documentation processes), including providing new team members with sufficient coaching and shadowing time in the field. This time barrier is often even more challenging for peers, where there are additional training requirements, and for Spanish speaking staff, where there may be language barriers. While the quality of training was appreciated by most providers, thoughtful attention to avoiding duplication and monitoring overall training requirements was requested.
 - **Inconsistent communication and coordination.** Communication and coordination challenges between WISE providers, HCA, and MCOs was frequently mentioned as a barrier with current WISE quality processes. Participants reported that HCA and MCOs may communicate different requirements or priorities to WISE provider agencies. MCOs vary from region to region, which impacts how WISE quality elements are operationalized and reviewed. MCOs may also prioritize different components, communicate divergent information, and provide varying degrees of support for WISE provider agencies.

STUDY LIMITATIONS

The WISE Quality Study encountered several limitations stemming from various factors. Some were methodological or related to study design, such as the characteristics and knowledge of participants in interviews and listening sessions. Additional limitations involved issues and topics beyond the scope of the study. These limitations include:

- **Methodological and participant limitations.** The findings presented in this report are derived from six interviews with five WISE provider agencies and three public listening sessions where a majority of participants also represented WISE provider agencies. There was some overlap in participants across the interviews and listening sessions, with a few agencies being prominently represented. Although a very small percentage of participants included the views of families, MCOs, or other system partners, no youth were directly involved. As such, findings are not representative of all views of WISE provider agency staff, youth and families, MCOs, and other community partners.
- **Participant knowledge of the quality plan and processes.** A majority of WISE provider agency and listening session participants had limited knowledge and awareness of the quality plan. This may have limited their ability to speak directly to specific components or topics; for example, participants may have discussed needing to include elements that are already present or accounted for in the current document and quality processes. This limitation may have impacted the depth of data available in certain topic areas.
- **WISE programmatic elements.** In interviews and listening sessions, participants often discussed WISE programmatic elements related to the WISE fidelity model or intensive services-related standards and contractual requirements. For example, participants often highlighted obstacles related to the average hourly requirements for service intensity and gaps within the continuum of behavioral health services. They also discussed challenges related to transition and discharge processes. While these components do impact and influence WISE service quality, they are not directly related to WISE quality processes and the quality plan is not able to target these barriers or gaps.
- **Training standards and communication.** Participants discussed barriers with WISE training standards, expectations, and HCA and MCO communication, which did not pertain to the quality plan or focus of this study. Participants also noted individual certification and training standards that are overseen by the Washington State Department of Health and do not fall under the WISE services umbrella. While training-related elements impact WISE services and the workforce, these topics were outside the scope of this study.
- **Financial or payment topics.** The role of MCOs is central to WISE services and quality. Participants frequently discussed the importance of partnering with MCOs to address WISE quality gaps and improve processes. Financial and payment-related topics, however, were not included in this study.

RECOMMENDATIONS

Participants described suggestions and recommendations for HCA related to the WISE Quality Plan Update Project. Based on participants' input, Comagine Health developed the following recommendations, highlighting opportunities for HCA, in partnership with MCOs, to enhance the WISE delivery system's performance in quality, timeliness, and access to care.

Recommendations involve updating the quality plan and enhancing WISE quality processes, communication, and resources. Recommendations include:

- **Strengthening language in the quality plan.** Building on strengths in the current quality plan, HCA can integrate additional language reflecting youth and family voice and choice and the WISE model, approach, and philosophy.
- **Providing orientation on the quality plan update.** Given the range of knowledge and understanding on the quality plan across WISE provider agencies, HCA and MCOs can train WISE provider agencies to the elements included in the updated quality plan. This may help to increase WISE provider agency awareness and understanding of the quality plan and processes.
- **Assessing WISE quality measures.** HCA can review WISE quality measures with a focus on balancing process measures with outcome and engagement metrics. Additionally, HCA, in partnership with MCOs, can evaluate using existing data sources (e.g., EHR, MCO claims data) for quality reporting and assessment. To support the MCOs and WISE provider agencies with quality monitoring, HCA can establish or enhance minimum standards, benchmarks, and data dashboards.
- **Evaluating quality review and feedback processes.** To help reduce administrative burden on WISE provider agencies, HCA, in partnership with MCOs, can review and streamline duplicative documentation standards and simplify audit and chart review processes. Leveraging technology, such as integrating EHRs or automating data extraction, could further reduce the need for redundant data entry. Additionally, MCOs, working with HCA, can explore strategies to provide timely feedback, quality improvement coaching, and actionable planning support.
- **Supporting WISE provider agencies with quality improvement.** HCA, in partnership with MCOs, can continue to provide spaces for WISE provider agencies to share quality measurement, improvement strategies, successes, challenges, and best practices. To enhance engagement, HCA and MCOs can encourage WISE provider agency attendance and participation in preexisting meetings and other convening opportunities. Additionally, to address gaps in participation, MCOs can share relevant quality improvement information and resources with WISE provider agencies in their regions.

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⁵ Washington State Health Care Authority (2024). *WISe Service Characteristics*. Available at <https://www.hca.wa.gov/assets/program/wise-service-characteristics-cy2024q1.pdf>

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⁷ Child and Adolescent Needs and Strengths (CANS-SCREEN): A Washington State Intensive Mental Health Services Screening Tool (2018). Available at <https://www.hca.wa.gov/assets/billers-and-providers/child-adolescent-needs-strengths-cans-screening-tool.pdf>

⁸ Washington State Health Care Authority. *Wraparound with Intensive Services (WISe)*. Behavioral health assessment solution (BHAS) quarterly trend reports. Available at <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/wraparound-intensive-services-wise>

APPENDIX A: METHODS

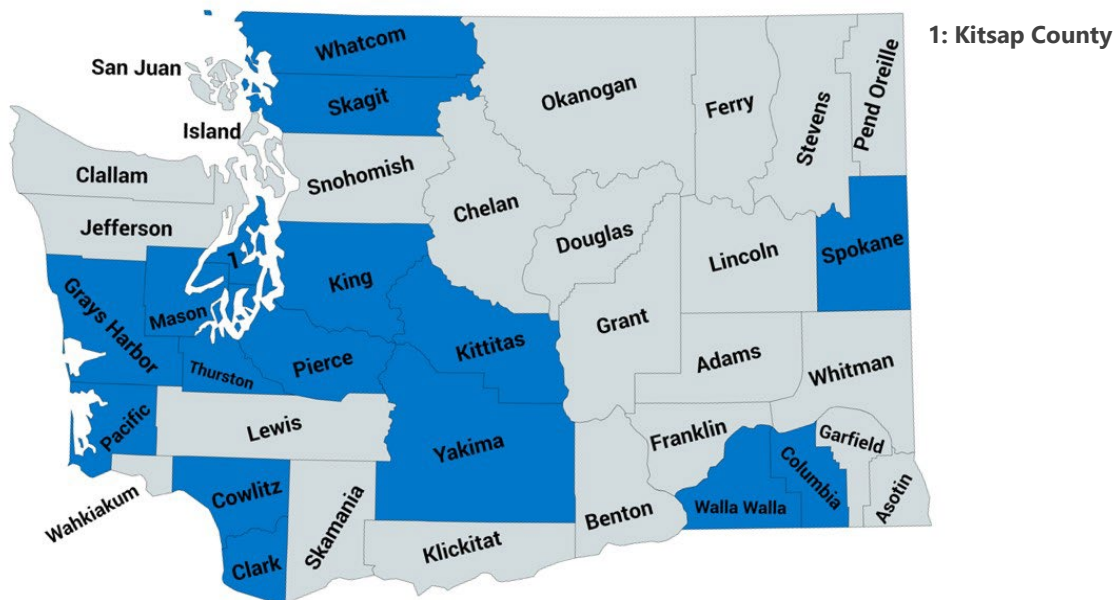
DATA COLLECTION

The WISE Quality Study used key informant interviews and public listening sessions, conducted virtually, to gather data from WISE provider agency staff and other stakeholders (e.g., families, community partners, system advocates, policymakers) involved with the WISE model in Washington.

Key Informant Interviews with WISE Provider Agencies

Between August and September 2024, Comagine Health conducted six qualitative interviews with WISE provider agency staff from five agencies across the state (n=17). The participating agencies volunteered to take part in the qualitative interviews, which included Catholic Community Services, Comprehensive Healthcare, Comprehensive Life Resources, Institute for Family Development, and Willapa Behavioral Health and Wellness. The participating agencies serve youth and their families in 16 counties across Washington ([Exhibit 2](#)).

Exhibit 2. Counties Served by Interview Participants (n=17)



The interviews were small group conversations, via Zoom, each lasting between 60 and 90 minutes. Each interview included one to four participants identified by the WISE provider agency. See [Table 1](#) for the number of interview participants by role. One interview was completed with each WISE provider agency. Two interviews were conducted with one of the larger WISE provider agencies, which covers multiple regions. Interview participants were

provided with an information sheet ([Appendix B](#)) describing the project and limits to confidentiality in advance of the interview. A copy of the quality plan was also shared with participants to reference before and during the interviews.

Interviews covered a range of topics related to the quality plan and quality processes, including job roles and WISE program structure, monitoring and assessment, strengths and barriers, and recommendations. The interview guide was created in collaboration with HCA ([Appendix C](#)). Interviews were recorded and transcribed for analysis.

Table 1. Key Informant Interview Participant Roles (n=17)

Role	Number of Participants
Team Supervisor	6
Program Manager	4
Director or Agency Leadership	3
Therapist	2
Care Coordinator	1
Clinical Quality Manager	1
Data Analyst	1
Family Support Specialist	1

Note. Two participants were working as a team supervisor and therapist until a full-time therapist could be hired.

WISE Quality Listening Sessions

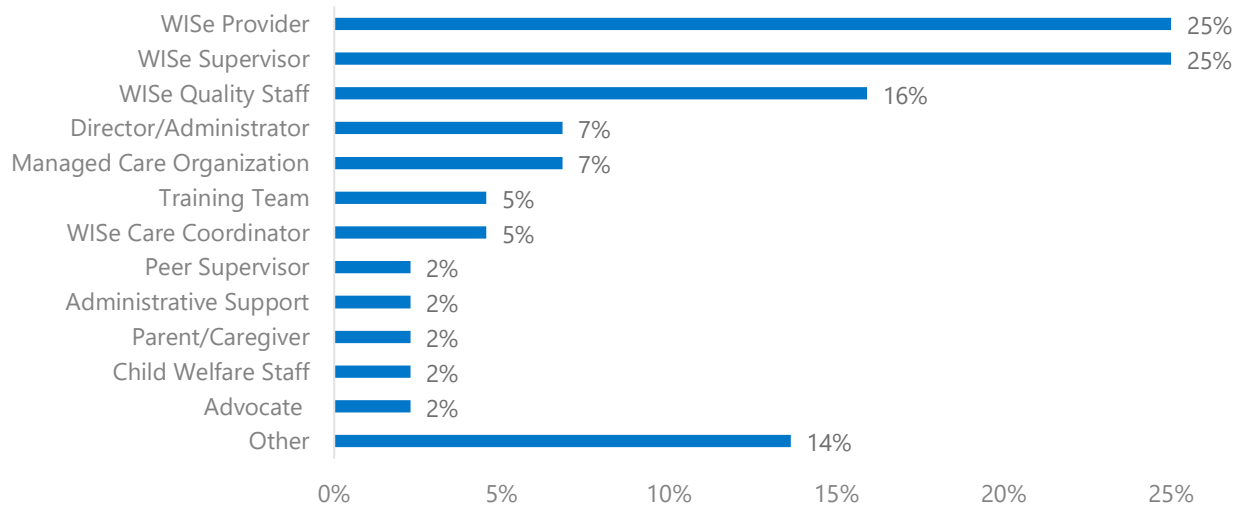
Three virtual listening sessions were conducted with stakeholders in September. The sessions were open to the public, involved a mix of stakeholders (e.g., WISE providers, family members, system advocates, policymakers), and were hosted at different times (i.e., morning, lunchtime, evening) to accommodate varying schedules. The listening sessions were advertised through HCA announcements during the WISE Symposium, on the HCA’s website, and via an HCA-managed email listserv.

Listening session details were provided to potential participants through the registration link ([Appendix D](#)). Participants were invited to attend one of three sessions. In total, 82 people registered for the listening sessions and approximately two-thirds of registrants attended, which included 55 unduplicated individuals. There was some overlap in participants across the interviews and listening sessions, with a few agencies being prominently represented.

Comagine Health facilitated three listening sessions. Each lasting between 60 to 90 minutes, conducted virtually via Zoom. Each of the listening sessions followed a similar session agenda, which included a mix of large and small group conversations to gather input during the sessions. The listening session content was similar to, yet pared down from, the questions framed during the WISE provider agency interviews ([Appendix C](#)). A copy of the quality plan was shared with all listening session participants to reference during the interviews and discussions. The listening sessions were recorded and transcribed for analysis.

The majority of listening session participants worked in WISE services (68%), many as a WISE Provider (25%) or WISE Supervisor (25%). **Exhibit 3** displays listening session participants by their roles.

Exhibit 3. Listening Session Participant Roles (n=51)



Note. The category “Other” encompasses a range of roles, including health care worker, analyst, Developmental Disabilities Administration, consultant, billing specialist, and member of the Children and Youth Behavioral Health Work Groupⁱⁱ.

Participant Characteristics from Zoom Polls

During the three listening sessions, participants had the option to complete Zoom polls. These polls gathered information on their relationship to the WISE program (**Exhibit 4**), their geographic region, including whether they live in an urban or rural area (**Exhibit 5**), and their familiarity with the quality plan (**Exhibit 6**).

Most of the listening session participants (68%) reported that they work in WISE services. Seventy percent reported that they are located in an urban setting while the remaining thirty percent were in a rural setting. When asked how familiar participants are with the quality plan, most respondents said they are moderately (28%) or somewhat (36%) familiar with the document.

ⁱⁱ The Children and Youth Behavioral Health Work Group provides recommendations to the Governor and the Legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. For more information, visit <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhgw>

Exhibit 4. Listening Session Participants' Relationship to WISE (n=44)

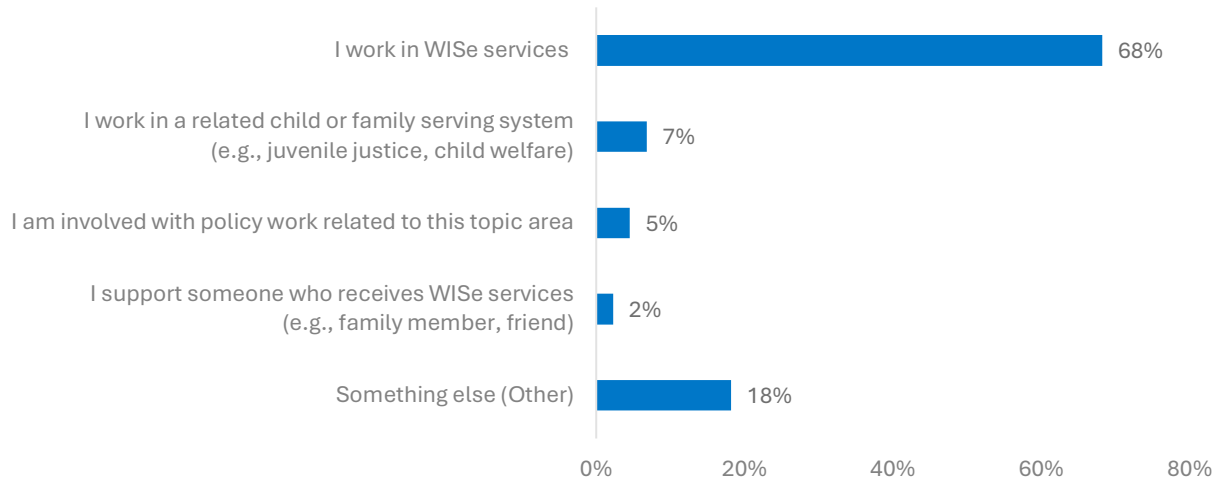


Exhibit 5. Listening Session Participants' Geographic Setting (n=44)

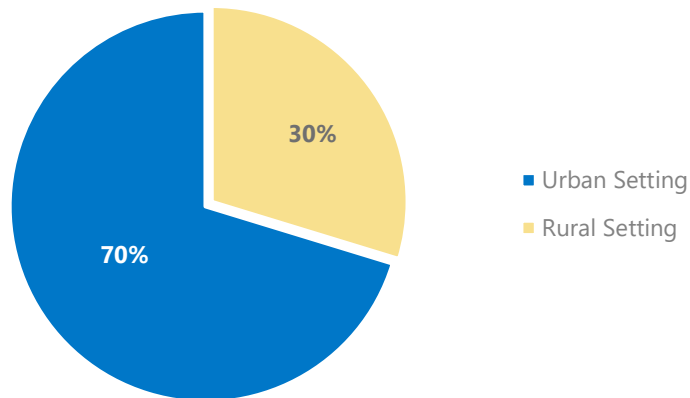
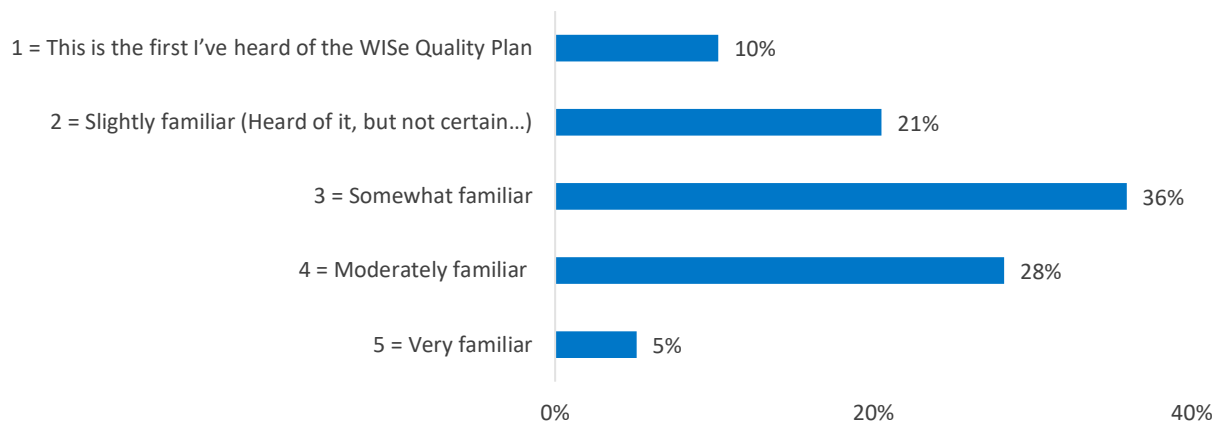


Exhibit 6. Listening Session Participants' Familiarity with the WISE Quality Plan (n=44)



ANALYSIS

The interview and listening session qualitative data were analyzed using both inductive and deductive analytical methodsⁱⁱⁱ through thematic and content analysis. Interviewers completed memos after each interview and listening session and discussed emerging thematic topics, including recommendations for HCA. Two qualitative analysts coded transcripts and entered coded data into a qualitative data management software program (ATLAS.ti), utilizing a coding framework that was developed during the interview phase of the study. During the coding process, analysts discussed transcripts and codes for consistency and reliability, addressing any differences or discrepancies in code application. Any new codes that emerged at this stage were discussed by the team and added to the original codebook if relevant. Coded data were then used to construct themes, or units of meaning, across data. Recommendations were then derived from the data and analysis. Overlap in participants in listening sessions and key informant interviews was accounted for in the analysis and development of recommendations.

The findings in this report are detailed in the [Key Findings](#) section.

ⁱⁱⁱ Inductive qualitative analysis involves collecting and analyzing data without preconceived categories. In contrast, deductive analysis begins with a framework, or categories.

APPENDIX B: INTERVIEW INFORMATION SHEET

Content starts on the next page.

INFORMATION SHEET

Wraparound with Intensive Services (WISe) Evaluation Study



August 2024

TITLE: Wraparound with Intensive Services (WISe) Evaluation Study

SPONSOR(S): Washington State Health Care Authority

PROJECT LEAD: Brooke Evans
10700 Meridian Ave. N, Suite 300
Seattle, WA 98133

PROJECT CONTACT: Brooke Evans: bevans@comagine.org

Why is this study being done?

This study will support the Washington State Health Care Authority (HCA) in reviewing and evaluating the quality processes of the WISe program. The study will include identification and evaluation of monitoring efforts including what is working, not working, and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The study will not focus on changes to the WISe program model or financial and payment-related topics. Findings from the study will support HCA and Managed Care Organizations/Prepaid Inpatient Health Plans in meeting WISe Program goals.

What will happen in the interview?

The interview will take up to 90 minutes and be conducted via Zoom. You will be asked to join an online Zoom interview, either in a group with your colleagues or individually. The interview will be recorded, and the recording will be used to create a transcript.

Your participation is voluntary. You may start the interview and then decide to stop at any time. You do not have to answer any questions you do not want to answer.

Are my answers kept private?

We cannot guarantee confidentiality due to the nature of this project. We will, however, take several steps to maintain as much confidentiality as possible:

- We will keep the responses on a secure server at Comagine Health.
- We will not include your name in transcripts, reports, or presentations relating to these interviews, but we will include your organization's name. We will only identify information by your organization name. We may include quotations, but we will not report who said them or identify what organization the individual is from.
- We will try not to report your answers in a way that identifies you, but due to the nature of your role, it may be apparent that you were interviewed.

Are there risks or benefits to participation?

There are **minimal risks** to participating in this interview. There is a risk of breach of confidentiality, but we will do everything we can to protect your identity for this project. While there are no direct benefits from participating in the interview, by serving as a participant you will provide critical information to the HCA about how to improve monitoring of the WISe program.

What if I have questions or concerns?

If you have questions, concerns, or complaints or would like to report any interview-related harm, you may contact La Don Kessler, Senior Director, External Quality Review, at Comagine Health at 206-355-9379 or email lkessler@comagine.org.

What does giving verbal consent to participate in the interview mean?

- You have read and understood what this form says.
- You are willing to have your interview recorded.
- You are willing to participate in the 90-minute interview.
- You know that you do not have to participate. Even if you agree, you can change your mind at any time and end the interview.

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE

Content starts on the next page.

August 2024

INTRODUCTION

[Step through information sheet]

Thank you so much for talking with us today. As you know, we're interested in learning more about your organization's WISe program, particularly how you monitor WISe program quality and fidelity. We are also interested in gathering your thoughts, ideas, and recommendations for the Washington State Health Care Authority (HCA) to improve the WISe Quality Plan.

This study will support the HCA in reviewing and evaluating the quality processes of the WISe program. It will include identification and evaluation of monitoring efforts including what is working, not working, and what can be improved upon to streamline quality improvement and assessment activities and minimize administrative burden to WISe providers. The study will not focus on changes to the WISe program model or financial and payment-related topics.

We recognize the widespread behavioral health workforce shortages affecting WISe provider agencies. However, in today's interview, we want to learn more from you beyond these challenges about what is working well with the WISe Quality Plan, and what can be changed and/or improved.

Findings from the study will support HCA and Managed Care Organizations/Prepaid Inpatient Health Plans in meeting WISe Program goals.

We record interviews to help us remember the information that you share. While we will not be connecting individual names with the information that we share with the HCA, we will provide data by organization and cannot promise confidentiality.

The findings of this study will be shared with the HCA in a report later in the year.

Please stop us at any time if you have questions, if anything is unclear, or if you would prefer to skip a question. The interview will take up to 90 minutes.

Any questions before we begin?

OK, I'll turn the recorder on now and we'll get started.

Section 1: Job Roles and WISE Program Structure

1. To start, can you tell us a bit about the work you do with WISE at *[WISE Provider Agency name]*.
 - a. What is your role and/or job function(s) related to WISE?
 - b. How long have you been in this role?
2. Briefly, how is your WISE program structured (e.g., program structure, staffing, referral processes)?

Section 2: Monitoring and Assessment

3. What do you think is working well with the current WISE Quality Plan (e.g., goals/principles, key data sources, quality assurance indicators)?
 - a. What components of the current WISE quality review process work well for your organization (e.g., QIRT, chart review, Youth and Family Survey)?
4. How does your agency monitor and track WISE program fidelity? (Note: HCA defines fidelity as the degree to which your agency's WISE services and processes match the WISE program manual.)
 - a. How useful do you find the QIRT for monitoring and tracking WISE program fidelity?
 - i. What, if any, components of the QIRT do you find useful/helpful for monitoring and tracking WISE program quality?
 - b. What alternative strategies (e.g., not QIRT questions, individual chart reviews), if any, does your organization use to monitor WISE fidelity?
5. What, if any, data products, reports, or other resources available on the HCA website does your agency find useful for monitoring WISE quality and fidelity?
 - a. What suggestions do you have for resources or support?
6. What do you think is not working well, or could be improved, with the current WISE Quality Plan?
 - a. What, if any, challenges related to the current WISE Quality Plan does your agency face?
 - b. What, if any, changes would you recommend for improving the WISE Quality Plan?
7. If money were not an obstacle, what ideas do you have for improving WISE quality monitoring and reporting?

Section 3: Strengths and Barriers

Strengths and Successes

8. What is your agency doing well related to monitoring WISE program quality and fidelity?
 - a. What are your WISE program strengths and/or successes related to quality monitoring or reporting?
 - a. What factors do you think have helped you achieve these successes?
 - b. What factors support these program strengths?

Barriers and Challenges

9. What barriers and/or challenges do you face related to WISE quality monitoring and reporting?
 - a. What strategies has your agency tried, if any, to address these barriers and/or challenges?
 - b. What ways, if any, do you feel limited in your agency's ability to monitor WISE quality and fidelity?
10. What, if any, strategies do you think the HCA could implement to help you address current WISE quality barriers?

Section 4: Recommendations

11. What, if any, recommendations do you have related to the WISE Quality plan?
 - a. What changes and/or suggestions do you have for the HCA for improving WISE quality monitoring?

Other Comments

We really appreciate your willingness to share your thoughts, provide input, and discuss your organization's views regarding the WISE Quality Plan. Is there anything else we haven't covered that you think is important for us to know, or anything else that you want the HCA to know?

Conclusion

Thank you so much for talking with us today – we really appreciate it. If you have any concerns, follow-up questions, or other comments, please don't hesitate to reach out!

[Turn recorder off.]

APPENDIX D: LISTENING SESSION REGISTRATION DETAILS

Content starts on the next page.

September 2024

WISe Quality Listening Sessions: Zoom Registration Guide

Topic/Meeting Name: **WISe Public Listening Session**

Please join us for a virtual listening session focused on the Wraparound with Intensive Services (WISe) Quality Plan. During the virtual discussion, we will engage in small and large group conversations about WISe program quality processes, including what is working, not working, and what can be improved. The listening session is scheduled for 60 minutes, with an additional 30 minutes (optional) after the session available for unstructured conversation and feedback.

This virtual discussion will support a study for the Washington State Health Care Authority (HCA) to review and evaluate the WISe Quality Plan to streamline quality improvement and assessment activities and minimize the administrative burden on WISe providers. The study will not focus on changes to the WISe program model or financial and payment-related topics. Your valuable perspective will be shared in a report presented to the HCA, which will be used to improve the WISe Quality Plan.

The listening session is being organized and coordinated by Comagine Health, a nonprofit health care consulting firm.

Please complete the following information to register.

*Indicates the question is required to register.

First and Last Name: * [Fill in the blank]

Email: * [Fill in the blank]

Which of the following best describes your affiliation with WISe?*

Answer options (registrants can only select one):

- Youth
- Parent/Caregiver
- WISe Youth/Family Peer Support
- WISe Provider
- WISe Care Coordinator
- WISe Supervisor
- Child Welfare Staff
- Criminal Justice Staff
- Advocate
- Policy Maker

- Educator
- Other

If you answered "Other" above, please describe how you learned about the listening session below:

[Short answer field]

How did you hear about the listening session? *

Answer options (registrants can only select one):

- Children and Youth Behavioral Health Workgroup
- Family Youth System Partner Round Table
- HCA
- WISE Symposium
- Other

If you answered "Other" above, please describe how you learned about the listening session below:

[Short answer field]

What are you hoping to learn or share in the listening session? *

[Short answer field]

APPENDIX E: ACRONYM LIST

BHAS	Behavioral Health Assessment Solution
CANS	Child and Adolescent Needs and Strengths
CLIP	Children’s Long-term Inpatient Program
EHR	Electronic Health Record
EQRO	External Quality Review Organization
HCA	Health Care Authority
MCO	Managed Care Organization
PIHP	Prepaid Inpatient Health Plan
QIRT	Quality Improvement Review Tool
WISe	Wraparound with Intensive Services

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