

# MEMORANDUM OF UNDERSTANDING

## AMONG

WASHINGTON'S DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS):  
BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION (BHSIA),

CHILDREN'S ADMINISTRATION (CA),

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA),

ECONOMIC SERVICES ADMINISTRATION (ESA)

JUVENILE JUSTICE AND REHABILITATION ADMINISTRATION (JJRA),

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

## AND

WASHINGTON HEALTH CARE AUTHORITY (HCA)

### I. Background

Washington State has a longstanding commitment to improve the Children's Mental Health System. The development of this Memorandum of Understanding (MOU) is predicated on three significant initiatives which have recently added clarity and opportunity to reinforce the priorities of the effort to positively reshape the system for children and youth with significant emotional and behavioral health needs, and their families.

1. In 2009, *T.R. vs. Dreyfus & Porter*, a Medicaid federal class action lawsuit, was filed alleging children and youth with serious emotional disturbances in Washington State have insufficient access to intensive home and community-based services. In March 2012, the State signed an Interim Agreement committing to infrastructure development for a home and community based system of care which provides culturally responsive services and supports that are individualized, flexible and coordinated to meet the needs of the child and family.
2. In 2011, Washington was awarded a federal System of Care expansion planning grant to fund detailed system change planning from October 2011 through September 2012. A subsequent four-year implementation grant was awarded and provides additional funding and support for infrastructure change from October 2013 – September 2016.
3. In 2012, ESSHB 2536, Evidence-Based Practices (EBP) for Children and Juvenile Services directs evidence-based and research-based practices be identified and implemented for prevention and intervention services for children and juveniles in child welfare, juvenile justice and mental health.

### II. Purpose

This MOU describes the mutually supportive working partnerships between BHSIA, CA, DDA, JJRA, ESA, and HCA as they relate to the community-based mental health needs and service delivery systems for children and youth with significant emotional and behavioral health needs, and their families, who are served by more than one administration in order to have ready access.

### **III. Agreements:**

This Memorandum is entered into by the above named agencies consistent with the **WA Children's Mental Health Principles** (Appendix A):

1. Family and Youth Voice and Choice
2. Team based
3. Natural Supports
4. Collaboration
5. Home and Community-based
6. Culturally Relevant
7. Individualized
8. Strength Based
9. Outcome-based
10. Unconditional

These Principles provide a framework for the success of cross system work on behalf of children, youth and families served through the Medicaid funded behavioral health system and in compliance with the *T.R. vs. Dreyfus & Porter* Interim Agreement.

### **IV. The parties mutually agree that:**

1. Working together cooperatively and collaboratively develops the best possible foundation for shared outcomes to be successfully achieved.
2. Planning will strive to balance mandates, interests and resources of participating agencies.
3. An integrated system of effective services and supports for treating children and youth with significant emotional or behavioral health needs must:
  - a. Be based in organizations that are accountable for costs and outcomes.
  - b. Be delivered by teams that coordinate medical, behavioral, and long-term services.
  - c. Be provided by networks capable of addressing the full range of needs.
  - d. Emphasize primary care and home and community based service approaches while reducing the need for institutional levels of care.
  - e. Provide information regarding available services, supports and client rights.
  - f. Provide access to qualified providers.
  - g. Respect and prioritize consumer preferences in the services and supports they receive.
  - h. Align financial incentives to support integration of care.
4. Specific activities for collaboration are:
  - a. To set up practices and procedures consistent with the WA Children's Mental Health Principles and **WISe Program Model** (Appendix B) established under this MOU to guide inter and intra-agency efforts to collaborate and coordinate delivery of care in order to improve the effectiveness of services and outcomes for mutual children, youth and their families.

- b. To require relevant local and regional representatives of the above named collaborating child-serving agencies and systems to be invited and to participate in Child and Family Teams (or care planning teams) for children and youth enrolled in Wraparound with Intensive Services.
- c. To align funding sources, within funding restrictions, to strengthen inter- and intra-agency collaboration, support improved long-term outcomes, and sustain funding for Wraparound with Intensive Services.
- d. To develop cross system training and technical assistance for the parties' respective staff and relevant stakeholders, including Washington Tribes, to address information sharing, the coordination of programs and services, enhancement of working relationships and increase the use of evidence-based practices across disciplines.
- e. To develop data-informed quality improvement processes (utilizing the Measures of Statewide Performance) in order to strengthen and sustain the System of Care<sup>1</sup> over time.
- f. To increase youth and family participation in all aspects of policy development and decision making which will lead to increased relevance and system transparency.

## **V. Governance Structure**

The interagency governance structure is intended to improve the coordination of access to intensive community-based mental health services and thereby improve both effectiveness of services and outcomes for youths and their families. Governance informs decision-making at a policy level that has legitimacy, authority, and accountability. (Appendix C)

The structure of the Children's Mental Health Governance will consist of chief operating bodies with clear roles and reporting guidelines:

1. Executive Team - The role of the Executive team is to provide leadership, problem solving and decision making regarding progress in implementing system-wide practice improvements, fiscal accountability and quality oversight.
2. Regional Family, Youth, System Partner Round Tables (FYSPRTs) identify local needs and develop a plan to bring those needs forward to the Statewide FYSPRT, with recommendations about how to meet those needs.
3. Work Groups comprised of but not limited to representatives from DSHS, HCA, Office of the Superintendent of Public Instruction (OSPI), Department of Health (DOH), Washington Tribes, youth and families, Regional Support Networks (RSNs), and service providers.

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<sup>1</sup> A "system of care" (SOC) is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with, or at risk of, serious mental health conditions and their families.

- a. Cross Systems Initiatives Team - Policy and Practice - Works on behalf of the Governance structure to addresses cross system issues and initiatives through the facilitation and development of policies and procedures based on WA Children's Mental Health Principles.
- b. Children's Behavioral Health System of Care (SOC) Data Quality (DQ) Team - The mission of the Team is to provide a forum for developing and refining data collection and management strategies related to screening, assessment, performance measurement and quality improvement relevant to children's behavioral health in Washington State. Reporting, outcomes evaluation, and other types of accountability activities are another aspect of the Team purpose. Working in an inclusive and transparent fashion the Team will assure integration of data activities across systems involving children, youth and families.
- c. Children's Mental Health Cross-Administration Finance Team - A cross-system team to address the need of aligning funding sources, costs of expanding service capacity and improving cost effectiveness.
- d. Workforce Development - Develops and strengthens a workforce that operationalizes the WA Children's Mental Health Principles and WISe Program Model.
- e. Ad Hoc Groups (Office of Indian Policy; DSHS Indian Policy Advisory Committee, other administrations and divisions as needed).

**VI. Period of Performance**

This MOU will be reviewed every three years.

## Signatories

All signatures are affixed on behalf of all programs and sub-divisions within each respective department. Each signatory agency is committed to implementing the systemic changes necessary to support an integrated system of care for children, youth and families in Washington.

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Jane Beyer, Assistant Secretary  
Behavioral Health and Service Integration  
Administration

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Bill Moss, Assistant Secretary  
Aging and Long- Term Support  
Administration

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John Clayton, Assistant Secretary  
Juvenile Justice and Rehabilitation  
Administration

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Jennifer Strus, Acting Assistant Secretary  
Children's Administration

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Evelyn Perez, Acting Assistant Secretary  
Developmental Disabilities Services  
Administration

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Dorothy Frost Teeter, Director  
Health Care Authority

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David Stillman, Assistant Secretary  
Economic Services Administration

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MaryAnne Lindeblad  
Medicaid Director

## WASHINGTON STATE CHILDREN'S MENTAL HEALTH SYSTEM PRINCIPLES

- **Family and Youth Voice and Choice:** Family and child voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and child-centered from the first contact with or about the family or child.
- **Team based:** Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision.
- **Natural Supports:** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
- **Collaboration:** The system responds effectively to the behavioral health needs of multi-system involved children and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
- **Home and Community-based:** Children are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
- **Culturally Relevant:** Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the child/youth and family and their community.
- **Individualized:** Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each child and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
- **Strengths Based:** Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- **Outcome-based:** Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
- **Unconditional:** A child and family team's commitment to achieving its goals persists regardless of the child's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.

## **WISe Program Model**

### **A. Purpose of the WISe Program**

The Washington State Division of Behavioral Health and Recovery WISe program is designed for providing comprehensive behavioral health services and supports for class members. The program provides the broad principles that inform and guide the management and delivery of mental health services and supports; describes the treatment and support activities that care providers undertake; [governs how services are coordinated among systems and providers; prescribes the means to measure and account for outcomes; provides relevant feedback to managers and clinicians so as to continuously improve system and service quality; and ensures cost-effective use of resources.]

### **B. Washington State Children’s Mental Health Principles (Appendix A)**

These Principles provide a framework for the success of cross system work on behalf of children, youth and families served through the Medicaid funded behavioral health system.

### **C. WISe Program Activities**

Practice activities embrace WA State Children’s Mental Health Principles employed within a statewide System of Care to the fullest extent feasible. Each individual case affords the child and family all of components 1-6 (below) over the course of treatment and transition.

- **Engagement:** Engaging families is the foundation to building trusting and mutually beneficial relationships between family members, team members, and service providers. Agencies involved with the child and family work to reach agreement about services, safety, well-being (meeting attachment and other developmental needs, health, education, and mental health), and permanency.
- **Assessing:** Information gathering and assessing needs is the practice of gathering and evaluating information about the child and family, which includes gathering and assessing strengths as well as assessing the underlying needs. Assessing also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being of children.

- **Service Planning and Implementation:** Service planning is the practice of tailoring supports and services unique to each child and family to address unmet needs. The plan specifies the goals, roles, strategies, resources, and timeframes for coordinated implementation of supports and services for the child, family, and caregivers.
- **Teaming:** Teaming is a process that brings together individuals agreed upon by the family who are committed to them through informal, formal and community support and service relationships. Where medically necessary and/or with cross system involvement, a formal Child and Family Team will be used.
- **Monitoring and Adapting:** Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The team is responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan in a timely manner.
- **Transition:** The successful transition away from formal supports can occur as informal supports are in place and providing needed support. Transition to the most normalizing activities and environments is consistent with the principle of treatment at the least restrictive level and the system values of recovery and resilience.

#### **D. Child and Family Team**

The Child and Family Team (CFT) facilitates cross system coordination and drives the treatment planning process to ensure that services and supports are provided in accordance with the WISe Program. The role of the CFT is to:

- Collectively develop a single, unified plan that addresses the needs and mandates of all the parties involved.
- Identify creative and nontraditional approaches, including formal and natural supports, for meeting the needs of the youth and family.
- Determine medical necessity for services provided under the Mental Health Individual Service Plan.
- Work together to resolve differences regarding service recommendations, with particular attention to the preferences of the youth and parent(s)/guardian(s).
- Have a process to resolve disputes and arrive at a mutually agreed upon approach for moving forward with services.



- Reconvene to consider the outcomes in relation to the services that have been provided and to make needed adjustments over time.

**E. WISe Services**

Defendants will provide the Medicaid covered mental health services to class members to include: (1) Mobile Crisis Intervention and Stabilization Services, (2) Intensive Care Coordination, and (3) Intensive Home and Community Based Services. In Washington, these services are referred to collectively as WISe, and are defined in Appendix A.

# Children's Mental Health Redesign Governance Structure

