

**Fact Sheet: Wraparound with Intensive Services**

Updated: October 2016

<p><b>Overview</b></p>	<p>In 2009, a class action lawsuit was filed against the Department of Social and Health Services and the Health Care Authority, called <i>T.R. et al. v. Lashway and Teeter</i>. Attorneys of the class members who filed the lawsuit felt that children and youth living in Washington were not getting the intensive mental health services they needed. The lawsuit is based on federal Medicaid laws that require states to provide services and treatment to youth on Medicaid any time the services are medically necessary even if the services had not been provided in the past.</p> <p>After several years of negotiations, the state and lawyers for the clients agreed on a plan that they believe will work for children, youth, and families in Washington State. This plan, or Settlement Agreement, was submitted to the court and was approved in December 2013.</p> <p>The purpose of the Settlement Agreement is to develop a system that provides intensive mental health services in home and community settings that work for Medicaid eligible children and youth. The agreed upon program model is referred to as <b>Wraparound with Intensive Services (WISe)</b>. The Settlement Agreement and WISe will phase in over a period of five years with the full implementation statewide by June 30, 2018.</p> <p>WISe is designed to provide comprehensive behavioral health services and supports to Medicaid eligible youth, up to 21 years of age, with complex behavioral health needs. It is focused on the most intensive cross-system children in the state of Washington. Providing behavioral health services and supports in home and community settings, crisis planning, and face-to-face crisis interventions are critical and required components of the program.</p> <p>WISe uses a wraparound approach and is strength-based, relying heavily on youth and family voice and choice through all its phases (Engagement, Assessing, Teaming, Service Planning and Implementation, Monitoring and Adjusting, and Transition). An individualized Child and Family Team (CFT) is formed for each youth. All services and supports are outlined in the single Cross System Care Plan (CSCP) that is developed by the CFT. The development of a CFT and use of a single care plan assists in the coordination of services across the child-serving care systems.</p>
<p><b>Eligibility Requirements</b></p>	<p>Children and youth, up to 21 years of age, who are Medicaid eligible, meet Access to Care standards, and screen in for WISe services (in areas providing WISe services until full implementation in June 2018) are eligible for services.</p>
<p><b>Authority</b></p>	<p>Settlement Agreement for T.R. v. Lashway and Teeter</p>

	U.S. District Court, Seattle No. C09-1677-TSZ
<b>Budget (Current)</b>	Children’s Mental Health service based enhancement is funded through a match of state and federal dollars. Federal Funding pays 50 percent. Funding in SFY 2017: GF-S: \$24,070,000 GF-F: \$23,458,000 <b>Total: \$47,528,000</b>
<b>Rates</b>	Monthly Service Based Enhancement (SBE) at \$2,156.34 and PMPM per youth enrolled in WISE.
<b>Cost and Numbers Served (Past FY)</b>	WISE is currently at 45% of the statewide capacity target for full implementation; numbers of youth and families served in WISE will continue to expand through 2018.
<b>Primary Partners</b>	The Division of Behavioral Health and Recovery is partnering with other DSHS Administrations, the Health Care Authority, and other state and local child-serving agencies, higher education, families, youth, providers and Behavioral Health Organizations administrators to reach our common goals of improving access and service delivery essential to children, youth, and families.
<b>Oversight</b>	External: The Children and Youth Behavioral Health Governance Structure provides oversight and guidance over the implementation of the T.R. Settlement Agreement. As described in the T.R. Settlement Agreement, DBHR “will use a sustainable family, youth, and inter-agency Governance Structure to inform and provide oversight for high-level policy-making, program planning, decision-making, and for the implementation of this agreement.”  Additional oversight is provided by the T.R. Implementation Advisory Group (TRIAGe). TRIAGe is currently a group comprised of Plaintiffs’ Counsel, Attorney General representatives, and representatives of DSHS child-serving administrations (BHSIA, CA, DDA and RA), and HCA who have knowledge relevant to the services and processes identified in the WISE Implementation Plan.  Internal: Through the Executive Leadership Team (ELT) component of the Children and Youth Behavioral Health Governance Structure, T.R. Settlement Agreement dictates that the ELT “will be used to make decisions about how its child-serving agencies meet the systemic needs of the plaintiff class.”
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