

Wraparound with Intensive Services (WISe)

Overview

In 2009, a class action lawsuit was filed against the Department of Social and Health Services and the Health Care Authority, called *T.R. et al. v. Birch and Strange*. 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 was based on federal Medicaid laws that require states to provide services and treatment to youth enrolled in Medicaid any time the services are medically necessary even if the services had not been provided in the past.

The purpose of the settlement agreement was 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 service delivery model is referred to as **Wraparound with Intensive Services (WISe)**.

In September 2021, the state demonstrated meeting T.R. exit criteria and the case was dismissed. During exit negotiations, additional efforts in three key areas – crisis response, continued capacity building and increasing access for transition age youth - were agreed to over the next biennium.

WISe provides comprehensive behavioral health services and supports to Medicaid-eligible youth through age 20 years of age, with complex behavioral health needs. It is focused on the children in our state with the most intensive, cross-system needs. 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.

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. The CFT develops a Cross System Care Plan (CSCP) that outlines

all services and supports. The development of a CFT and use of a single care plan assists in the coordination of services across the child-serving care systems.

Eligibility requirements

Infants, children, and youth, from birth through 20 years of age, who are Medicaid-eligible, and screen in for WISe services.

2022-2023 budget

Funded through a match of state and federal dollars. For FY 22, federal funding pays 53.10 percent.

Funding in SFY 2022:

GF-S	\$61,438,379
GF-F	\$69,560,297
Total	\$130,998,676

Rates

Monthly Service Based Enhancement (SBE) at \$3428.57 and per member per month rate per youth enrolled in WISe.

FY 2021 costs & numbers served

In FY21, the WISe statewide monthly caseload capacity target was 3276. The statewide monthly caseload target for FY22 increases to 3345; numbers of youth and families served in WISe will continue to expand to meet the needs of children and youth.


Key partners

The Division of Behavioral Health and Recovery (DBHR) is partnering with other state and local child serving agencies, higher education, families, youth, providers, behavioral health, and managed care organization administrators to reach our common goals of improving access and service delivery essential to children, youth, and families.

Oversight

External: The Children and Youth Behavioral Health Governance Structure provides oversight. As described in the T.R. Settlement Agreement, WISe “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.”

Internal: Through the HCA’s Child, Youth, and Family Behavioral Health Unit under guidance from Executive Leadership.

For more information

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