

# 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 is 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.

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. This plan, or settlement agreement, was submitted to the court and was approved in December 2013.

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 **Wraparound with Intensive Services (WISe)**. 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 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.

As of June 2018, WISe is available in every county of the state.

### Eligibility requirements

Children and youth, up to 21 years of age, who are Medicaid-eligible, and screen in for WISe services.

### Authority

Settlement Agreement for *T.R. v. Birch and Strange*  
U.S. District Court, Seattle No. C09-1677-TSZ

### 2017-19 budget

Funded through a match of state and federal dollars. Federal funding pays 50 percent:

Funding in SFY 2019:

GF-S	\$44,965,000
GF-F	\$44,965,000
Total	\$89,930,000

### Rates

Monthly Service Based Enhancement (SBE) at \$3,012 and per member per month rate per youth enrolled in WISe.


### FY 2018 costs & numbers served

WISe statewide monthly caseload capacity is 2,500. The statewide monthly caseload target for full implementation is 3,150; numbers of youth and families served in WISe will continue to expand through 2019.

### 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 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, Office of the Attorney General representatives and representatives of child-serving administrations (HCA, the Department of Children, Youth and Families; and the Department of Social and Health Services’ Developmental Disabilities Administration and Rehabilitation Administration) 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.”

### **For more information**

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