

Wraparound with Intensive Services (WISe)

Background

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.

Overview

WISe provides comprehensive behavioral health services and supports to youth who are Apple Health eligible under WAC 182-505-0210 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

82-0473 (10/23)

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 systems of care.

Eligibility requirements

Infants, children, and youth, from birth through 20 years of age, who are eligible for Apple health coverage under WAC 182-505-0210-e, and screen in for WISe services.

2024-2025 budget

WISe is funded through a match of state and federal dollars.

Funding in SFY 2024 and SFY 2025, with federal funding match:

- GF-S: \$48,014,000
 - GF-F: \$47,919,000
- Total: \$95,933,000

Rates

The composite rate for the WISe Service Based Enhancement (SBE) is \$4395.89 per member per month, per youth enrolled in WISe. In managed care, MCOs receive the SBE and Per Member Per Month (PMPM). Fee for service (FFS) providers receive the SBE as well as the FFS rate per individual service billed.

FY 2023 costs & numbers served

In FY23, the WISe statewide monthly caseload capacity target was 3,345 and will remain the same for FY2024. As the provider network can expand, the number of youth and families served in WISe will increase to meet the needs of children and youth across the state.

In FY22 the number of youth served in WISe was 5973. The final numbers served for FY23 is not yet known. However, at this time there is an estimated 6,301 served in WISe in FY23. This is likely an underestimation due to data lag. The median length of stay in WISe for FY22 was 8 months.

WISe required trainings

Funding also supports WISe specific training for staff. During FY 2023, the following staff were trained in the categories listed below:

Training	Training participant totals
WISe Introductory Skills 2-day	402
Crisis/Safety Planning 1-day	282
Tribal Adaptation WISe Introductory Skills 2-day	14
CANS/WISe Integration 2-day	231
WISe Intermediate Skills 2-day	128
WISe Supervisor/Coach-Core Skills 1-day	38
Trauma Informed Approach Supervision 1-day	37
WISe Supervisor/Coach-Advanced Skills 1-day	25

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 policymaking,

program planning, decision-making, and for the implementation of this agreement.”

Internal: Through the HCA’s Prenatal through 25 Behavioral Health Section under guidance from Executive Leadership.

More information

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Online: www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/wraparound-intensive-services-wise