

2014 SUPPLEMENTAL BUDGET

T.R. SETTLEMENT

| Request | FY14 | FY15 | 13-15 |
|--------------|------------------|---------------------|---------------------|
| FTE | 0.0 | 4.0 | 4.0 |
| GF-State | \$250,000 | \$7,991,000 | \$8,241,000 |
| Total | \$250,000 | \$15,212,000 | \$15,462,000 |

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests 4 FTEs, infrastructure development and intensive mental health services for high needs youth in order to implement the commitments set forth in the T.R. Settlement Agreement. By funding this request, BHSIA is expected to accomplish the year two commitments set forth in the T.R. Settlement Agreement and provide services.

PROBLEM STATEMENT

EPSDT and Litigation History

T.R. v. Dreyfus is a federal class action filed on behalf of all Medicaid-eligible youth requiring intensive mental health treatment. The lawsuit claims that our state Medicaid system is not providing sufficient intensive mental health services in the community, resulting in unnecessary institutionalization of mentally ill youth (through age 21).

--The Early Periodic Screening Diagnosis and Treatment (EPSDT) provision of the federal Medicaid statute requires States to provide all medically necessary Medicaid-covered services to youth up to the age of 21, regardless of whether the services are covered under the Medicaid state plan, 42 U.S.C. § 1396d(r)(5). Intensive Home and Community Based Mental Health Services can be covered by Medicaid as a "rehabilitative service," 42 U.S.C. § 1396d(a)(13). These services fit within the broad rehabilitative definitions of Washington's Medicaid state plan. Therefore, no state plan amendment is necessary.

--The lawsuit is also brought under the Americans with Disabilities Act, which requires States and local governments to provide services in the most integrated and least restrictive settings. Community-based services are now legally required where institutional settings such as inpatient hospitalization or staffed residential homes used to be the norm. See *Olmstead v. L.C., ex rel Zimring*, 527 U.S. 581 (1999).

--Numerous States have been subject to lawsuits where plaintiffs have sought coverage of intensive home and community based mental health services. The other states include Arizona, Arkansas, California, Idaho, Louisiana, Massachusetts, Mississippi and Tennessee.

PROPOSED SOLUTION

Children Served and Services Included in the Settlement Agreement

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--The class includes youth in need of intensive mental health treatment who are in out of home placement or treatment, or who are at risk of needing such placement or treatment without access to intensive mental health treatment.

--An evidence-based screening tool, called "CANS" will determine which children will benefit from intensive home and community based services.

--The covered services include clinically relevant and cost-effective intensive home and community-based interventions, provided through an evidence based process called Wraparound. The program will be known as Wraparound with Intensive Services (WISe), and will specifically include:

- 1)Intensive Care Coordination;
- 2)Intensive Home and Community based services; and
- 3)Mobile Crisis Intervention and Stabilization services.

EXPECTED RESULTS

The Washington State Children's Mental Health System Over the Next Five Years and Beyond

DSHS has, for several years, been engaged in a systematic review and redesign of its children's mental health system. The legislature directed this redesign through the passage of significant legislation, including 2SHB 1088 in 2007 and E2SHB 2536 in 2012. In addition, Washington received a five year System of Care Grant to increase cross system coordination and embed Wraparound Principles into our service delivery system. These initiatives, along with the commitments within the T.R. Settlement Agreement, will be integrated into the Washington State Children's Mental Health Plan.

The system will be effective, coordinated, community based and culturally responsive with a sufficient array of flexible and coordinated outpatient home and community based services and supports. Work will be done in an inclusive and transparent fashion with the goal of increasing:

- Consistency of screening and assessment
- Availability of quality services and supports across the state
- Youth and family partnerships at all levels
- Cross system collaboration and coordination
- Data and accountability
- Sufficient infrastructure for sustainability of a quality workforce and services

The result for youth and families will be a reduction in avoidable hospitalizations, institutionalization and criminal detention while increasing success at home, in school and in the community across the state.

STAKEHOLDER IMPACT

Implementation of the T.R. Settlement will have far reaching impacts across the child serving system. The state partners most affected (Health Care Authority, Children's Administration, and Juvenile Justice and Rehabilitation Administration) have been involved in the settlement process. Both providers and Regional Support Networks will have major impacts to the services they provide. BHSIA will develop an implementation and communication plan to fully address the impacts to all affected groups.