



WISe: Developmental Disabilities Administration (DDA)

Audience

Washington State Developmental Disabilities Administration staff and Case Resource Managers.

What is WISe?

Washington State's Wraparound with Intensive Services (WISe)* provides comprehensive behavioral health (meaning mental health and substance use) services and supports to Medicaid eligible youth, up to 21 years of age, with complex behavioral health needs. WISe services are designed to provide individualized and culturally competent services to youth and their families. WISe strives to keep youth with intense mental health needs safe in their own homes and communities, while reducing unnecessary hospitalizations. WISe offers a higher level of care through these core components:

The time and location of services: WISe is community-based. Services are provided in locations and at times that work best for the youth and family, such as in the family home and on evenings and weekends.

Team-based approach: Using a Wraparound approach, the WISe team highlights and uses the youth and family's strengths as they support the family in meeting their unmet needs. Intensive care coordination between all partners and team members is essential in achieving positive outcomes. Each team is individualized and includes the youth, family members, natural supports (friends, a coach/ teacher, a religious leader), a youth partner and/or family partner, therapist, and members from other child-serving systems when they are involved in a youth's life. Other team members could include school personnel, a probation officer, substance use disorder treatment provider. The team creates ONE Cross-System Care Plan that identifies

strategies and supports, using the youth and family's voice and choice to drive their plan.

Help during a crisis: Youth and families have access to crisis services any time of the day, 365 days a year. Youth receive services by individuals who know the youth and family's needs and circumstances, as well as their current crisis plan. Whenever necessary, this includes face-to-face interventions at the location where the crisis occurs.

How Does Someone Access WISe?

A youth must receive Medicaid or be Medicaid eligible to receive WISe services. Referrals for a WISe screen can be made at any time go to: hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf

When Should I Refer Youth for a WISe Screen?

A DDA CRM must offer a referral to WISe when:

Youth and families self-refer, by requesting a screen for WISe.

There has been a request for out-of-home treatment or placement substantially related to unmet mental health needs.

There has been a step-down request from institutional or group home care.

There has been crisis intervention and the youth presents with past or current functional indicators* of need for intensive mental health services.

** Functional indicators include: an inpatient mental health stay; multiple out of home placement stays; Juvenile Rehabilitation services or adjudication; use of multiple psychotropic medications; anorexia/bulimia; substance use disorder; and suicide attempt or self-injury.*

The DDA CRM should consider a referral for a WISE screening if the youth who, primarily due to a suspected or identified mental health difficulty:

- Has a dual diagnosis of intellectual disability and a qualifying mental health diagnosis.
- Is coming into the DDA system from Children's Long-term In-patient (CLIP) or the emergency room/hospitalization, or is a newly eligible client in severe crisis.
- Cycles in and out of the hospital.
- Is in Voluntary Placement Services, in which notice has been given and they are returning home due to behavioral and mental health issues.
- Has a pattern of incident reporting that escalates/trends upward.
- Is involved with multiple systems (i.e., school, law enforcement, juvenile justice, Children's Administration).
- Is in the Community Crisis Stabilization Service program and is being discharged to their home.
- Is age 18 through 20 and is discharging from a state hospital back to their community.
- Is referred by the Regional Clinical Team.
- Is at risk of out-of-home placement (Voluntary Placement Services, foster care, Children's Long Term Inpatient Program (CLIP), hospitalization).
- Is in Special Education and/or has a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.
- Is at risk based on a history of disengaging from care due to behavioral or mental health difficulties.

What Information is Needed for the Referral?

When making a referral, please have as much of the following information available as possible:

- Youth's name and date of birth
- Youth's Provider One Identification Number
- Caregiver's name and relationship
- Any known child-serving system involvement (legal/ justice involvement)
- Risk factors (i.e. suicide risk, danger to self or others, runaway, medication management)
- Knowledge of the youth's personal life (i.e., living situation, school functioning, physical health)
- Known arrests and number of convictions

- Number of hospital emergency room visits (any for mental health or substance use)
- Any psychiatric prescription medications taken (currently or in the past)
- Reported diagnoses
- Support of dual diagnosis and not strictly challenging behaviors
- Need for spoken language or American Sign Language interpreter services

What Happens Once I Make a Referral?

When working with a youth who is not currently receiving but is eligible for Medicaid-funded mental health services:

- Youth and family are educated about WISE and its benefits, and agree to participate.
- Youth are referred to a screening entity.
- A screen is completed by a designated provider to determine whether a youth's needs appear to rise to the WISE level of care. They use the administration of the Washington Child and Adolescent Needs and Strengths (CANS) tool to make this initial screening determination. This screening tool can be completed over the phone or in-person.
- When the screening tool shows that WISE services could potentially benefit a youth, youth are referred to a WISE agency so that an intake evaluation can be completed.
- The intake process is used to determine whether services are medically necessary and whether the youth meets Access to Care standards. Determining whether a youth meets medical necessity is required to provide any Medicaid mental health service to a person. Eligibility for WISE services is also determined at this time.
- When it is determined that a youth does not meet the WISE level of care, they are referred to other mental health services, as appropriate, to have their needs addressed.

When working with a youth who is currently receiving Medicaid-funded mental health services:

- Youth and family are educated about WISE and its benefits, and agree to participate.
- Referral to a WISE service provider can be done through coordination with the youth's current clinician, or by making a referral to a screening entity.

Getting Involved

If a client is accepted into WISe, the Case Resource Manager will need to be involved on the client's Child and Family Team (CFT) to the best of their ability.

Additionally, you are encouraged to participate in the Family, Youth, System Partner Round Tables (FYSVRTs). The FYSVRTs serve as an

integral part of the Children's Behavioral Health Governance Structure, which informs and provides oversight for high-level policy-making, program planning, and decision-making related to the children's behavioral health system, including the implementation of WISe. Learn more here: hca.wa.gov/about-hca/behavioral-health-recovery/family-youth-system-partner-round-table-fysprt

Washington's Wraparound with Intensive Services (WISe)

Overview of the T.R. et al. v. Strange and Birch

In November 2009, a Medicaid lawsuit was filed (formerly called T.R. v. Dreyfus) against the Department of Social and Health Services and the Health Care Authority about intensive mental health services for children and youth. The lawsuit is based on federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) laws that require states to provide mental health services and treatment to children who need them, even if the services have not been provided in the past. After several years of negotiations, both sides agreed on a plan that they believe will put them in compliance with the laws, and most importantly, work for youth and families in Washington State. The federal court approved this Settlement Agreement on December 19, 2013. The goal 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 youth up to 21 years of age.