



WISe:

What is WISe?

Washington State's Wraparound with Intensive Services (WISe) provides comprehensive behavioral health services and supports to Medicaid eligible youth, up to 21 years of age, with intensive behavioral health needs. WISe is designed to provide individualized, culturally competent services that strive to keep youth with complex 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, WISe relies on the strengths of an entire team to meet the youth and family's 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, a therapist, a youth partner and/or family partner, and natural supports such as family friends, religious leader, a coach, teacher. The team may also include other school personnel, members from other child-serving systems the youth is involved with such as a substance use disorder treatment provider, a probation office, and pediatrician. 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. WISe is voluntary and the youth and family must agree to participate.

When working with a youth that is not currently receiving Medicaid-funded mental health services but qualifies:

Contact a WISe Screening Agency in the county where the youth resides. For a list of contacts for WISe referrals by county go to <https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf>

- The youth will be screened for WISe using the Child and Adolescent Needs and Strengths (CANS) tool. This initial screen can be completed in person or over the phone.
- When the initial screening shows a youth may benefit from WISe, the youth is then referred to a WISe Provider agency where an intake evaluation will be completed to determine whether the youth meets medical necessity for WISe. Services will begin once a youth is determined as WISe eligible.
- In the event, a youth does not meet the WISe level of care, they will be referred for other mental health services to address their needs, as appropriate.

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

Contact the youth's current mental health clinician or a WISe Provider. Referrals for a WISe screen can be made at **any time**.

When should I refer youth for a WISe screen?

A WISe screen is required 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*

You should consider referring youth for a WISe screening if the youth who, primarily due to a suspected or identified mental health difficulty, is:

- Eligible for mental health services, but has needs at a higher than average severity.
- Presenting with serious behavioral health issues.
- Receiving poly-pharmacological interventions to address mental health needs.
- Having a high-level of parent-child or family conflict due to a mental health difficulty.
- Involved in multiple child serving systems (i.e., child welfare, juvenile justice, substance use disorder treatment).
- At risk for out-of-home placements, such as foster/ group care, Children's Long Term Inpatient Program (CLIP) or acute hospitalization.
- In Special Education and/or have a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.

- Running away or disengaging from care due to mental health difficulties.
- Not benefiting from traditional mental health services or compliance has been low.

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
- Need for spoken language or American Sign Language interpreter services

What is my role as a pediatrician, family practitioner, physician assistant, or ARNP in WISe?

When a youth receives WISe Services, a Child and Family Team (CFT) will be developed and will meet at least monthly. The CFT can include the youth, his or her family, Mental Health Clinician, Coach/ Teachers, School Counselor, Social Worker, Juvenile Court Counselor, etc. You may be invited to participate in team meetings or team members may need to consult with you regarding medical care, prescriptions, Youth and Family Care Plan, etc.

Washington's Wraparound with Intensive Services (WISe)

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

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.