WISe
Wraparound with Intensive Services

WISe and youth with Intellectual or Developmental Disabilities Including Autism Spectrum Disorder

What is WISe?

WISe is a voluntary service delivery model for providing intensive mental health services using a team-based approach to meet your child's needs. It provides wrap around care coordination for your child or youth's intensive mental health services to support your child and family to reach its goals.

- If your child has a diagnosis of autism spectrum disorder and/or Intellectual Developmental Disability (ASD/IDD) they are eligible to receive WISe if your child
    - meets mental health screening criteria
    - is age 20 or younger
    - is eligible for Medicaid
    - demonstrates medical necessity for WISe.
- WISe can help coordinate services including applied behavioral analysis, occupational therapy, speech therapy or other interventions as identified by your team. The WISe care coordinator will serve as the primary coordinator of the multiple professionals that someone with ASD/IDD has in their life.
- WISe strives to support families during times of high need and then, over time, replace those formal intensive supports with natural supports. It is not a 'forever service'. The WISe team, with input from the youth and family, will determine when the conditions for discharge to a lower or higher level of care are appropriate. The WISe team will then do a warm handoff to assist the family and youth to transition to an appropriate set of services
- WISe can help the family access and develop a network of formal and natural supports so that the youth and family can successfully continue to navigate the resources and services available to them, as needed.

WISe intensive therapeutic services can include family therapy, peer services, teaching families to manage symptoms and a variety of other interventions.

The focus of WISe is to:

- Provide intensive mental health services designed to assist your child and your family in achieving wellness, safety, and to strengthen relationships within your community.
- Develop an individualized care plan, based on strengths, and needs that respect your family culture, values, norms, and preferences.
- Use a team-based approach. Your child and family guide and drive the plan using a team, called a Child and Family Team (CFT). Team members include natural supports (such as family, friends, and religious leaders) and the professionals who work with your family (such as clinicians, counselors, and teachers.
- Offer services and supports, whenever possible, in locations and at times that work best for your child and family (including in your house or a public location of choice, and on evenings or weekends).
- Provide help during a time of crisis. You have access to crisis stabilization services for your child any time of the day, 365 days a year. Your child will receive services from individuals who know your child and family's needs and circumstances, as well as their current crisis plan.

Who can receive WISe?

WISe is available to Medicaid-eligible youth aged 20 and younger who meet medical necessity criteria for this level of service.

When might it be helpful for me to access WISe?

You can refer your child for a WISe screen at any time. Parents can initiate treatment, but after age 13, a youth must consent to services in accordance with state law including Family Initiated Treatment under RCW 71.34.650.

You should consider referring your child for a WISe screening if they have a mental health condition and:

- Frequently accesses the crisis line or emergency departments, related to concerns about your child's mental health.
- Your child or youth displays an elevated risk of harm to themselves or others.
  is involved in multiple systems (i.e., mental health, child welfare (CPS), juvenile justice, developmental disabilities services, and/or substance use disorder treatment) and the system(s) are struggling to support your child together.
- Receives Special Education and/or has a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues and school interventions are not successful.
- Still struggle after receiving outpatient therapy.

WISe and supporting youth with ASD/IDD

In WISe, each Child and Family Team (CFT) will be made up of members who contribute to the individualized plan of care for each youth and family. Not all formal supports will be able to attend every CFT meeting, and the WISe Care Coordinator should make every effort to include their input into the care planning. A list is provided below of potential partners to consider including on a CFT, and this is not a complete or required list of potential participants:

- Developmental Disabilities Administration (DDA) staff
- Applied Behavioral Analysis (ABA) provider
- School system and Special Education staff
- Speech Language Pathologist

Care coordination will likely be a large focus of the CFT for a youth with ASD/IDD. Through the WISe Care Coordinator, families who have not yet accessed auxiliary services (such as ABA, occupational therapy, or speech therapy) could receive support and assistance in navigating supports, identified by your team.

What WISe does not directly offer, but in some cases can help coordinate:

- Personal care hours,
- Residential supports, such as ongoing 24-hour in-home care,
- In-home or out-of-home respite
- Applied Behavioral Analysis (ABA) Therapy
- Emergency response when there is imminent risk to safety

How do I refer my child to WISe?

Referrals for a WISe screen can be made at any time. To find out who to contact read the WISe referral list by county.

What can I expect?

The current average length of services for WISe is approximately nine months, and discharge to a different level of care is based on child and family needs rather than time.

All eligible referrals will receive a CANS (Child and Adolescent Needs and Strengths tool) screening. A CANS screen must be offered within 14 calendar days of receiving a referral.

When the CANS screening tool shows that your child meets the criteria for the WISe level of care, your child is referred to a WISe agency so that an intake evaluation can be completed, and a mental health condition and medical necessity can be determined.

If it is determined that your child does not meet the criteria for level of care WISe provides, your child will be referred to services, as appropriate, to have their needs addressed.