



# WISe

## Wraparound with Intensive Services

### INDIVIDUALS PROVIDING MENTAL HEALTH SERVICES



## Introduction

This information sheet is intended to provide information regarding WISe to Behavioral Health Organizations, Managed Care Organizations in Fully Integrated Managed Care regions, mental health agencies, crisis centers, emergency rooms, designated mental health professionals, ombuds, independent contractors that take Medicaid, mental health providers working in a school setting, psychiatric hospitals, community oversight/staffing teams, intensive case management professionals, community consensus councils, children's councils, and children's resource teams.

## 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 complex behavioral health needs. WISe is designed to provide individualized, culturally competent services that strive 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 model, 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, natural supports, a therapist, a youth partner and/or family partner, and members from other child-serving systems when they are involved in a youth's life. Other

team members could include family friends, school personnel, a probation officer, a religious leader, a substance use disorder treatment provider, or a coach/teacher. 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.

## 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*



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### \*Washington's Wraparound with Intensive Services (WISe)

#### Overview of the T.R. et al. v. Kevin Quigley and Dorothy Teeter Lawsuit

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.

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

- A frequent user of the crisis response system.
- Experiencing a persistent level of need and hard to understand behaviors that are challenging to the therapist/clinician and traditional services are not helping.
- Displaying an elevated risk of harm to self or others.
- In need of a more intensive and individualized approach.
- In need of a more flexible engagement approach.
- Involved in multiple systems (i.e., child welfare, juvenile justice, substance use disorder treatment) and the system(s) are struggling to support the youth together.
- At risk of out-of-home placements, such as foster/group care, Children's Long Term Inpatient Program (CLIP) or acute hospitalization.
- In Special Education and/or has a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.
- At risk based on a history of running away or disengaging from care due to mental health difficulties.

## How Does Someone Access WISE?

Referrals for a WISE screen can be made at any time in counties that have implemented WISE. WISE is rolling out across Washington through June 2018; therefore WISE may not be available yet in your part of the state. **For information on where WISE is available and who to contact go to: [www.dshs.wa.gov/dbhr/cbh-wise.shtml](http://www.dshs.wa.gov/dbhr/cbh-wise.shtml)** or call the Recovery Helpline, toll free at 866-789-1511.

## What Happens Once I Make a Referral?

- 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 could potentially benefit a youth, youth are referred to a WISE agency so that an intake evaluation can be completed.

## 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, symptoms and behaviors)
- 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

## Special Considerations

**Things to consider when making a WISE referral:**

- WISE is voluntary and the youth and family must agree to participate.
- The Child and Adolescent Needs and Strengths (CANS) screen may occur in person or over the phone.
- Use information from other available resources to complete the CANS in the most effective manner.

## As a Key Partner, What is my Role?

WISE uses a team-based approach to meeting the needs of each youth and family. You may be invited to participate on a youth's Child and Family Team, to strategize and support the team in meeting the team's mission. Child-serving system partners are critical for achieving successful outcomes.

Additionally, you are encouraged to participate in the Family, Youth, System Partner Round Tables (FYSPRTs). The FYSPRTs 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 the children's behavioral health system, including the implementation of WISE. Learn more here: [FYSPRT.com](http://FYSPRT.com).