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 in counties that have implemented WISe. WISe is rolling out across Washington through June 2018; therefore it may not be available yet in your part of the state. To find out if WISe is available in your area and who to contact go to: [http://www.dshs.wa.gov/dbhr/cbh-wise.shtml](http://www.dshs.wa.gov/dbhr/cbh-wise.shtml).

If WISe is not yet available in your part of the state, and you believe a youth would benefit from mental health services, use the contact information found on this site: [https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/mental-health-services-and-information](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/mental-health-services-and-information) to make a referral, or call the Recovery Helpline, toll free at 866-789-1511.

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**:

- Has repeated episodes of contacts with the crisis mental health system.
- Has repeated requests for inpatient psychiatric care.
- Is held in Emergency Rooms due to danger to self or others.
- Is involved in multiple systems (i.e., child welfare, juvenile justice, substance use disorder treatment).
- Is at risk of out-of-home placements, such as foster/group care, Children's Long Term Inpatient Program (CLIP) or acute 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 running away or disengaging from care due to 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 (i.e., 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
- History of recent crisis contacts, phone support and/or outreach
- Need for spoken language or American Sign Language interpreter services

**Special Considerations**

WISe program participants have a plan that addresses their specific triggers and outlines individualized strategies to reduce the risk of crises. WISe participants in crisis have access to a trained and experienced mobile crisis professional or team, who know the youth and family's needs and circumstances as well as the current crisis plan. They will individualize the crisis response to avoid any unnecessary use of other crisis system responses (DMHP's, outreach crisis staff, ER staff, etc.).

**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.