



WISe Wraparound with Intensive Services



Developmental Disabilities Administration (DDA)

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.

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>.

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> 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*



Washington State
Department of Social
& Health Services

Transforming lives

*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*:

- 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 family home.
- 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 eloping or 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 in the client's Child and Family Team to the best of their ability. The CFT is formed for each youth in WISE and is responsible for developing the one Cross System Care Plan that outlines and coordinates all services and supports for the child and family.

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: [FYSVRT.com](https://www.fysprt.com)