New! Medicaid WISe (Wraparound with Intensive Services) for Youth with Serious Mental Health and Behavioral Health Needs in Washington State

WISe (Wraparound with Intensive Services)

A team approach to meeting your child's behavioral health needs

What is WISe and What Can My Child and Family Expect?

WISe provides intensive mental health services in a wraparound team structure to support the youth and the youth's family to reach their goals. These services are available to **Medicaid eligible** children/youth from birth to age 21. The focus of WISe is:

- To provide intensive mental health services designed to assist youth and families in achieving wellness, safety, and strengthening relationships within their community.
- To develop a single plan, based on strengths and needs. The plan is guided and driven by the youth and family using a team. Team members include natural supports (such as family, friends, and religious leaders) and the professionals who work with the family (such as schools, CPS, and probation officers).
- To offer service and supports in locations and at times that work best for the youth and family (including at their house if requested, and on evenings and weekends).
- To provide resources and supports to the family and youth.
- To provide help from someone they know, when in the youth is in crisis. Youth and families have access to crisis services any time of the day, 365 days a year. These services are provided by someone that is known by the youth and family, and who is familiar with that family's individualized crisis plan.



To create, coordinate and activate one shared plan guided and driven by the youth and family

If you are feeling overwhelmed by your child's behavioral health needs contact your Regional Support

Network and ask for a WISe screening.



When will WISe be available in my community?

WISe is being rolled out across Washington over the next five years; therefore WISe may not be available yet in your part of the state. Referrals for a WISe screen can be made at *any time* in counties that have implemented WISe. For information on where WISe is available and who to contact go to:

http://www.dshs.wa.gov/bhsia/divis ion-behavioral-heath-andrecovery/wraparound-intensiveservices-wise-implementation

You Should Access WISe when....

You should consider referring your child for a WISe screening if he/she is:

- A frequent user of the crisis line or emergency rooms due to mental health.
- Experiencing hard to understand behaviors (such as running away or frequent arrests that are due to mental health) that are challenging to you, other caregivers, or therapist/clinician, and traditional services are not helping.
- Displaying an elevated risk of harm to themselves or others.
- A more intensive and individualize approach is needed.
- In need of a more flexible and engaging approach.
- Involved in multi-system (i.e. child welfare (CPS), juvenile justice, and/or substance use disorder treatment) and the system(s) are struggling with supporting the youth *together*.
- In Special Education and/or have a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.

WISe Principles

Family and Youth Voice and Choice: Family and youth voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and youth-centered from the first contact with or about the family or youth.

Team based: Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and the youth and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision.

Natural Supports: The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.

Collaboration: The system responds effectively to the behavioral health needs of multi-system involved youth and their caregivers, including youth in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.

Culturally Relevant: Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the participant/youth and family and their community.

Individualized: Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each youth and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.

Strengths Based: Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the youth and family, their community, and other team members.

Outcome-based: Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.

Unconditional: A youth and family team's commitment to achieving its goals persists regardless of the youth's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.

