Washington State Health Care Authority

Wraparound with Intensive Services (WISe)
Protocol

Goal of Protocol:

Provide overview and guidance for youth, families, system partners and WISe practitioners on program practice, requirements, roles and responsibilities.

Introduction

Washington State's Wraparound with Intensive Services (WISe) is designed to provide comprehensive, behavioral health services and supports to Medicaid eligible individuals, up to 21 years of age with complex behavioral health needs and their families.

The core elements of WISe include:

- Engagement
- Assessing
- Teaming
- Service planning and implementation
- Monitoring and adapting
- Transition

Implementation of WISe, utilizing the Washington State Children's Behavioral Health Principles, will:

- Reduce the impact of mental health symptoms on youth and families, increase resilience, and promote recovery;
- Keep youth safe, at home, and making progress in school;
- Help youth to avoid delinquency; and
- Promote youth development, maximize their potential to grown into healthy and independent adults.

Referral to WISe

- **Who can refer a youth to WISe?**
  - **Anyone** can request a WISe screen.

- **Who must be referred?**
  A referral for a WISe screen ***must*** be made for Medicaid-eligible youth who:
  - Are entering or discharging from a Children's Long-Term Inpatient (CLIP) facility
  - Have requested or been referred for crisis intervention services, including involuntary commitments
  - Are being referred for a Behavioral Rehabilitation Services (BRS) placement
  - DCYF must refer youth to the BHO for a WISe screen *prior to* entering BRS.
  - Are already in BRS, a screen is required every 6 months, which can coincide with the youth's quarterly report date
  - Are transitioning out of BRS
  - BRS contracted providers are responsible for initiating the screening referral to behavioral health every six months after entering or upon exiting BRS services. They will coordinate the results with the assigned social service specialist.

- **Who should be *considered* for referral?**
  Medicaid eligible youth under the age of 21 with complex behavioral health needs should be referred to WISe. Other factors to consider for a WISe referral include:
    - Youth involved in **multiple child-serving systems**.
    - Youth for whom more **restrictive services have been requested**, such as psychiatric hospitalizations, residential placement or foster care placement due to mental/ behavioral health challenges.
    - Youth at risk of **school failure** and/or who have experienced significant and repeated disciplinary issues at school due to mental/ behavioral health challenges.
    - Youth who have been significantly impacted by childhood or adolescent **trauma**.
    - Youth prescribed **multiple or high dosages of psychotropic medication** for mental/ behavioral health challenges.
    - Youth with a **history of detention, arrest or other referral to law enforcement** due to behaviors that result from mental/ behavioral health challenges.
    - Youth exhibiting risk factors such as **suicidal ideation**, **danger to self or others**, behaviors due to mental/ behavioral health challenges.
    - Youth whose **family requests support** in meeting the youth's mental/ behavioral health challenges.

- **To whom should a referral be made?**
    - WISe Referral List by County is available at: https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf

- **What information should be included for the initial referral?**
    - Youth's name
    - Date of birth
    - Medicaid eligibility information (Provider One Identification, which is the Apple Health Insurance number)
    - Information about the youth and family that would indicate WISe being an appropriate referral?

WISe Screening

- **How is the screening initiated?**
    - Once a referral for a WISe screen has been made to one of the agencies on the referral contact list, a WISe screen must be offered within **10 business days of receipt of the referral**.

- **What does the WISe screen include?**
    - Information gathered from the referent and possibly from youth and family directly, others involved with the family including service providers.
    - Completion of the Child Adolescent Needs and Strengths (CANS) Screen by a CANS-certified screener.
    - Entering the CANS Screen into the Behavioral Health Assessment System (BHAS) which will apply the CANS algorithm to determine whether the youth would benefit from WISe.
- **What happens next if the youth screens into WISe?**

- All youth ages 5-20, who meet the CANS algorithm and are eligible for mental health services through a Managed Care Entity's (MCE's) qualifying criteria will be offered entry to WISe (or WISe like services until full implementation).
- For children under 5 years of age, this decision shall be made based on clinical judgement and in accordance with authorization standards and protocols established in each MCE.
- A Care Coordinator and Youth Partner and/or Family Partner (depending on the youth and family's preference) will begin the Initial Engagement Process to plan, facilitate, and coordinate services.
- American Indian/Alaska Native youth who receive fee for service Medicaid services can have a WISe screen completed by an agency that is contracted to provide fee for service WISe.

- **Is a youth required to participate in WISe?**
  - WISe may be declined or accepted by any youth the age of 13 or older and/or a legal decision-maker for the youth.

- **What happens next if the screen does not meet the algorithm?**
  - If a CANS screen is requested by a youth (or parent or guardian if the youth is under age 13), and the outcome of the screen does not meet the algorithm, a Notice of Adverse Benefit Determination must be issued by the BHO.
  - If you have a question about the Notice of Adverse Benefit Determination contact your service area BHO. BHO contact information list is available at: https://www.hca.wa.gov/assets/free-or-low-cost/bho-contacts-for-services.pdf
  - More information about Grievance and Appeals can be found starting on page 17 of the Behavioral Health Benefits book at: https://www.hca.wa.gov/assets/free-or-low-cost/22-661EN-behavioral-health-benefits-book.pdf

- **What services are provided to the youth and/or family while they await the WISe screen and intake?**
  - Managed Care Entities (MCEs) including BHO's or MCO's and/or WISe providers are responsible for providing information and access to crisis services to the youth and/or family, while they await the WISe intake.

Youth Transitioning from CLIP, BRS and Juvenile Rehabilitation

- **After completing a WISe screen, how do youth leaving a higher level of care link with WISe?**
  - The WISe agency should initiate Rehab Case Management prior to the youth returning to their community.
  - Rehab Case Management supports discharge planning and assists with care coordination with WISe.
  - Recommend initiating Rehab Case Management at least **30-60 days prior to discharge**.

WISe Requirements

- **What can be expected once enrolled in WISe?**
  - Team based approach

- Youth and families work with a WISe team that includes the following roles: mental health therapist, care coordinator and certified youth or family partner.
- Focus on youth and family voice utilizing a strength based approach.
- Participation in Child and Family Team meetings
- Development of a Cross System Care Plan (CSCP)
- Utilization of the Child and Adolescent Needs and Strengths (CANS) Tool for screening, initial full and 90 day re-assessments
- Provision of Intensive Care Coordination
- Intensive Services provided in home and community settings
- Mobile crisis and stabilization services available 24/7

Child and Adolescent Needs and Strengths (CANS) Tool

- **What is the purpose of CANS?**
  The CANS© is a tool that is designed to be the output of an assessment process. The purpose of the CANS© is to accurately represent the shared vision of the current needs and strengths of the youth and family in service. As such, completion of the CANS© allows for the effective communication of this shared vision for use at all levels of the system.

  The CANS© is not completed by a clinician in isolation. Instead, all available information and sources, including other assessments, are brought together to inform the CANS© item ratings. Ultimately, information relevant to items are discussed and rated in a collaborative process with the youth, family and provider coming to consensus on their current needs and strengths. This allows us to communicate how things are going in care. This also allows us to adjust care as needs and strengths change.

- **CANS requirements in WISe**:
  - CANS is used for the screening, an initial full assessment and 90 day reassessment.
  - WISe agency staff must be certified in CANS
  - CANS review is consensus based with the youth and their families.

Participation in Child & Family Team Meetings (CFT)

- **What is the purpose of the CFT?**
  - To create a Cross System Care Plan (CSCP) using a facilitated process that elicits multiple perspectives and build trust and shared vision among team members, with a focus that the youth and family drive the plan.
  - To base care planning in relationship to high needs and identified strengths, as indicated on the CANS.
  - To establish a Team Mission that guides the planning direction and builds cohesion in the wok of the team members and empowers the youth and their family.
  - To establish a set of prioritized needs, including the strategies to meet them, and to determine expected outcomes.
  - To identify team tasks and roles, and document commitment and timelines.
  - To establish ground rules to guide team meetings.
  - To identify potential problems and crises, prioritize according to seriousness and likelihood of occurrence, and create an effective and well-specified crisis prevention and response plan.

- **Who are the members of the CFT?**
    - The CFT will include the youth, parents/ caregivers, relevant family members, system partners and natural and community supports.
    - Relevant state, local and regional representative of collaborating child-serving agencies (e.g. Department of Child, Youth, and Family, Juvenile Rehabilitation, Developmental Disabilities Administration) will be invited to and participate in Child and Family Teams for children and youth enrolled in WISe.

- **How frequently does the CFT convene?**
    - **The CFT must meet at least once every 30 calendar days** to monitor and promote progress on goals and maintain clear and coordinated communication.
    - **Who is responsible for scheduling the CFTs?**
    - The WISe Practitioner(s) sets a time, date and location for the team meeting that is convenient to the youth and family.

- **What communication occurs amongst team members between scheduled meetings?**
  The WISe Practitioner(s) are expected to check in with team members on progress made on assigned tasks between meetings.

Crisis Planning and Delivery

- **How is crisis planning and delivery different in WISe?**
    - Mobile crisis and stabilization services are available 24/7
    - Provided by individuals who know the youth and family's needs and circumstances, as well as their current crisis plan, and preferably by members of the WISe team.
    - Crisis services include crisis planning and prevention services, telephone support, as well as face-to-face interventions that support the youth in the community.

Intensive Services provided in home and community settings

- **What intensive services are provided?**
  Services may include, but are not limited to:
    - Educating the youth's family about the mental challenges the youth is experiencing, and how to effectively support the youth.
    - In-home functional behavioral assessment.
    - Therapeutic services delivered in the youth's home or community including, but not limited to, therapeutic interventions such as individual and/or family therapy and evidence-/research-based practices (e.g., Trauma-Focused Cognitive Behavioral Therapy, Multi-Systemic Therapy).

  These services are designed to:
    - Improve self-care, by addressing behaviors and social skills deficits that interfere with daily living tasks and to avoid exploitation by others.
    - Improve self-management of symptoms including self-administration of medications.
    - Improve social functioning by addressing social skills deficits and anger management.

- Reduce negative effects of past trauma, using evidence-/research- based approaches.
- Reduce negative impact of mental health disorders, such as depression and anxiety, through use of evidence-/research- based approaches.
- Support the development and maintenance of social support networks and the use of community resources.
- Support employment objectives by identifying and addressing behaviors that interfere with seeking and maintaining a job.
- Support educational objectives through identifying and addressing behaviors that interfere with succeeding in an academic program in the community.
- Support independent living objectives, by identifying and addressing behaviors that interfere with seeking and maintaining housing and living independently.

Transitions out of WISe

- **What does transition entail?**
  - The CFT creates strategies within the CSCP for a purposeful exit out of WISe to a mix of formal and natural support in the community
  - If appropriate, transition to services in the adult system.
  - The focus on transition is continual during the WISe process, and the preparation for transition is apparent even during the initial engagement activities in WISe.
  - During this time, new member may be added to the CFT to reflect post-transition strategies.
  - The CFT creates a post-WISe crisis plan that includes action steps, specific responsibilities, and communication protocols.
  - The WISe practitioner(s) guide the CFT in creating a document that describes the strengths of the youth, family, and team members, and lessons learned that worked well and those that didn't work so well.
  - The CFT prepares/reviews necessary final reports.
  - The CFT is encouraged to create and/or participate in a culturally appropriate "commencement" celebration that is meaning full to the youth, family and team, and that recognizes their accomplishments.

Family, Youth and System Partner Roundtables (FYSPRT)

- **How can youth, families, system partners and WISe practitioners provide feedback about WISe and children's behavioral health services in their region?**
  - State and Regional Family, Youth, and System Partner Round Tables (FYSPRTs) were developed under the Department of Social and Health Services' (DSHS) Washington State System of Care (SOC) Expansion Project as a key component for ensuring behavioral health and other public child, youth, and family-serving systems in Washington State are coordinated and informed by input from multiple stakeholders.
  - Relevant state, local and regional representative of collaborating child-serving agencies will be invited to participate in FYSPSRTs.
  - Regional FYSPRTs play a critical role within the Children's Behavioral Health Governance Structure in informing and providing oversight for high-level policy-making, program planning, and decision-making, and for the implementation of the T.R. Settlement Agreement.

  As described below Regional FYSPRTs will:

- Convene a broad array of stakeholders to collect, review, and/or interpret relevant data and evaluation results and develop system improvement strategies;
- Serve as a mechanism for bringing voices from local communities into one regional entity;
- Respond to calls for feedback from higher level entities such as the Statewide FYSPRT, relevant state agencies, and DSHS' cross-system Executive Leadership Team (ELT);
- Regularly develop formal reports (e.g., regional needs assessments) for review by higher-level entities who can then act accordingly through policy, fiscal, regulatory, and other actions;
- Receive regular reports from higher-level entities on priorities for action and policy, fiscal, regulatory, and other actions taken in response to input from the regions.
- Be diversified and include transition age youth/youth partners, family, and system partners.
- Will identify Tri-Leads (a Youth, Family, and System Partner) to facilitate meeting and take information to and from the Statewide FYSPRT to the Regional FYSPRT.