

WISe: Foster Families

What is WISe?

WISe is a voluntary service that takes a team approach in working together to meet the needs of the child in your care. It provides intensive mental health services to support your child and helps your family reach your goals.

Who can receive WISe?

WISe is available to Medicaid eligible youth age 20 and younger that meet medical necessity criteria for this level of services. This includes children placed in foster care, with kinship caregivers, or with adoption families.

The focus of WISe is:

- To provide intensive mental health services designed to assist your foster child and your family in achieving wellness, safety, and to strengthen relationships within your community.
- To develop an individualized care plan, based on strengths and needs that respect the child's family culture, values, norms, and preferences. The child and family guide and drive the plan using a team. Team members include natural supports (such as family, friends, and religious leaders) and the professionals who work with your family (such as counselors, schools, CPS, and probation officers).
- To offer services and supports in locations and at times that work best for your foster child and your family (including in your house or a public location of choice, and on evenings or weekends).
- To identify or provide resources and supports to your foster child and family.
- To provide help during a time of crisis. You have access to crisis services for your foster child any time of the day, 365 days a year. The child will receive services from individuals who know your foster child and the foster family's needs and circumstances, as well as their current crisis plan.

WISe Principles:

WISe values that help improve outcomes for children:

- 1. Family and Youth Voice and Choice
- 6. Culturally Relevant
- Voice and Choice
- 7. Individualized
- 2. Team based
- 8. Strengths Based
- 3. Natural Support
- 9. Outcome-based
- 4. Collaboration
- 10. Unconditional
- 5. Home and Communitybased

Whenever necessary, this includes face-toface interventions at the location where the crisis occurs.

When might it be helpful for me to access WISe?

You can refer your foster child for a WISe screen at any time. Parents or state quardians can initiate treatment, but after age 13, a child must consent to services. Family Initiated Treatment (FIT), 71.34.600-.680 RCW, provides an option for foster families to work in collaboration with DCYF caseworkers to initiate services on behalf of the youth age 13 and up. FIT is a time limited way for providers to engage with the reluctant youth, No provider is obligated to provide treatment through FIT, and your foster child's lack of consent cannot be the sole reason given to refuse to provide treatment. To initiate WISe through FIT the youth needs to meet medical necessity for this level of treatment. 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 concerns about his or her 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 alone are not helping.



- Displaying an elevated risk of harm to themselves or others.
- In need of a more intensive and individualized approach to treatment.
- In need of a more flexible and engaging approach.
- system(s) are struggling to support your foster child together.
- In Special Education and/or has a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.

How do I refer my child to WISe?

Referrals for a WISe screen can be made at any time. To find out who to contact go to: https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf and click on the "WISe Referral Contact List by County" document.

What Happens Once I Make a Referral?

All referrals should result in a WISe screening. A WISe screen must be offered within 10 working days of receiving a referral. All WISe screens include:

Information gathering, to complete the Child Adolescent Needs and Strengths (CANS) screen, which consists of a subset of 26 questions. This screen will determine whether it appears your child could benefit from the level of care WISe offers. This screening tool can be completed

 Involved in multiple systems (i.e., mental health, child welfare (CPS), juvenile justice, developmental disabilities services, and/or substance use disorder treatment) and the

over the phone or in-person.

When the screening tool shows that WISe could potentially benefit your child, your child is referred to a WISe agency so that an intake evaluation can be completed. The WISe provider agency will then assign a new team to your child and all care will be coordinated through that agency/team.

If it is determined that your child does not appear to meet the level of care WISe provides, your child will be referred to other mental health services, as appropriate, to have his/her needs addressed.

Want to get involved?

Your voice can help improve services for children and youth. Family, Youth, System Partner Round Tables (FYSPRTs) are an important part of a governance structure that is working to make improvements to the children's behavioral health system, including WISe. Learn more here: https://www.hca.wa.gov/about-hca/behavioral-health-recovery/family-youth-system-partner-round-table-fysprt

Washington's Wraparound with Intensive Services (WISe)

Overview of the T.R. et al. v. Birch and Strange

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, 213. 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.