

WISe in a fully-integrated region

In April 2016, Clark and Skamania counties in Southwest Washington transitioned to an integrated care model in which behavioral health services and physical health services for Apple Health (Medicaid) clients are purchased through managed care organizations (MCOs). The Health Care Authority (HCA) and Department of Social and Health Services (DSHS) are closely monitoring this transition to ensure that families and individuals continue to receive access to quality behavioral health services.

This article puts a spotlight on how the transition impacted the delivery of Wraparound with Intensive Services, or “WISe”, from the perspective of the provider agency, the MCOs, and most importantly, youth and families.

WISe is a program for youth up to 21 years old who are eligible for Apple Health and struggle with behavioral health challenges. It is designed to keep youth with intensive mental health needs safe in their own home and community. WISe uses a strengths-based team model. The team develops a plan of individualized support and service strategies to help meet the needs of the youth and their family.

Catholic Community Services (CCS) has been providing WISe to youth and families in Southwest Washington since July 2014.

Staff at CCS found the following efforts by the MCOs supported a successful transition of the WISe program to the integrated managed care payment model:

- Rolling over the previous WISe contract language and payment structure to assist with continuity of care as CCS began working with two contractors (the MCOs) instead of one (the regional support network).

This is Healthier Washington

The Healthier Washington initiative is transforming health care to ensure it focuses on the whole person and that care is coordinated and delivered where and when a person needs it. Southwest Washington was the first region to transition to a new integrated payment system for physical health, mental health, and substance use disorder services in the Apple Health program.

- Making significant effort to maintain communication and collaboration with CCS and other providers by:
 - Offering weekly conference calls.
 - Being available to support CCS in care coordination.
 - Participating in monthly face-to-face provider meetings to discuss ongoing implementation of billing, approval issues, administrative process and practice integration, and to troubleshoot challenges agencies encountered during the transition.
 - Co-facilitating the WISe Collaborative Meeting (a cross-system collaborative that reviews WISe successes and challenges, and addresses system improvement opportunities).
- Contributing to an increase in youth and families becoming eligible for WISe under the integrated managed care model. In the month before transitioning to the integrated model, CCS served 103 youth and families. In the month of September (six months into the new model), CCS served 137 youth and families.
- Supporting CCS expanding to ensure this population receives the highest quality of care.



At a recent meeting, youth and their families who participate in WISe shared:

- How much they appreciated WISe and how it made a difference in their lives.

“I would not be standing here today if not for CCS and WISe.”

“My family would not still be together if not for CCS and WISe.”

- Families talked a lot about their (WISe) team. Their words described an “ownership” and a level of engagement beyond typical professional therapeutic relationships.

“CCS did not only work with me but they cared about my sisters and my friends and my family.”

- Positive things about the significant work done by the peers (parent partners) and the connections made by the peer that was non-judgmental.

“She really cared and was there for me anytime when I needed to talk with someone.”

“She helped me apply the same tools and things that we used for my daughter to help me with my own stuff.”

Though the MCOs greatly credit the success that youth and families have experienced in WISe to the work of the youth, families, and the providers; they are excited about their ability to contribute to the following service delivery improvements, through the implementation of integrated managed care:

- The MCOs have access to the Emergency Department Information Exchange (EDIE), which provides notifications when a youth participating in WISe, or one of their family members, goes into the Emergency Department with a behavioral health concern. This is especially beneficial in aiding with communication and preventing psychiatric hospitalizations. EDIE also alerts the MCOs’ care coordinators so they can assist with connecting emergency department social workers with the WISe provider, to promote continuity of care and diversion from more restrictive services, such as hospitalization.
- The elimination of the access to care standards for non-foster/adopted kids allows more families to be able to get services in WISe. An example of this is for children with behavioral health challenges and developmental disabilities. When the developmental disability was reported as the primary diagnosis, these youth often did not receive WISe under the previous model.

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- Financial integration and shared risk has reduced communication barriers between the physical and behavioral health providers, and allowed both provider types to take a more holistic approach to serving their shared members.
 - The MCOs contracted with all the behavioral health providers that had been serving youth and families before the transition, to ensure stability and a full range of behavioral health services for both providers and families. In addition to contracting with the providers that previously were under contract with the regional support network, the MCOs each had their own network of behavioral health providers as well, thus creating increased choice for clients.
 - The two integrated care MCOs worked to align their contract language to providers, wherever possible. This was a concerted effort to take a person-and provider-centered approach in the region.
 - The region maintained institutional knowledge by hiring key staff that had worked in the region's previous behavioral health system. Maintaining these leaders helped with establishing and sustaining relationships among the providers during the transition. Each MCO designated Children's Care Coordinators. They assist in further reducing communication barriers by enhancing care coordination for youth and families participating in WISE, including increasing medical providers' participation on WISE teams.
 - The MCOs are working closely with the Administrative Services Organization, Beacon, who manages the crisis system in the region. The MCOs provide lists of the WISE participants to Beacon, so that when a youth is in crisis, the crisis staff can make sure they connect the youth with their WISE team, who is knowledgeable of the youth and families' individualized crisis safety plan.

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