



LAKE WHATCOM
Residential & Treatment Center

About Lake Whatcom Residential and Treatment Center

Founded in 1968, Lake Whatcom Residential and Treatment Center (LWC) is a not for profit behavioral health agency that provides a spectrum of community based services for individuals with serious and persistent mental illness. LWC's services include a 67 bed supervised living program, an independent living program in six apartment complexes, a Program for Assertive Community Treatment (PACT), an Intensive Outpatient Program (IOP), medical services, employment services, protective payee services, and community case management. LWC receives State Medicaid funding to serve its clients through a regionally operated entity known as a Behavioral Health Organization (BHO).

Development of an Integrated Program

Lake Whatcom Residential and Treatment Center (LWC) strives to be a hub of services to its clients and to treat the whole person. Between 2011 and 2013, LWC participated in Washington State's Healthy Communities, Washington Healthcare Improvement Network in order to develop a system to manage care for clients with complex medical needs and to strengthen behavioral health agency collaboration with primary care providers. They saw the opportunity to participate in WA Healthy Communities as a means to expedite the integration process and focus on whole person care.

While participating in the initiative, LWC leadership gained insight into the difficulty individuals with serious and persistent mental illness had in accessing and receiving on going primary care service in their community. In 2012, in an effort to bridge this care gap, Lake Whatcom Treatment Center made the decision to hire an advanced registered nurse practitioner (ARNP) to provide onsite medical care to its clients.

How Integrated Care Works at LWC

During the intake assessment appointment at LWC, clients complete a physical and behavior health history questionnaire that notes medical conditions and concerns. If a client is determined to have acute or chronic health concerns, or does not have a primary care provider, behavioral health staff is able to refer them to the ARNP for follow up care. A case manager makes an appointment with the onsite ARNP, often within a week. The case manager also ensures continuity in care for clients who use external primary care providers. If an outside primary care provider is involved the case manager will ask the client to sign a release of information so that the two parties can communicate with one another and align their treatment goals.

The ARNP, case managers, therapists, psychiatrists, and other team members work together to address clients' medical and behavioral health needs. Shared caseloads and complex cases are discussed in weekly meetings between therapists, psychiatrists, and the onsite ARNP. Currently the ARNP and the behavioral health teams maintain two separate electronic health records (EHR). In an effort to provide more seamless care, the agency is working on implementing a new EHR that will combine all providers' notes into one, streamlined chart.

ARNP's Services and Funding

The work of the ARNP at LWC ranges from treating acute illness to monitoring chronic conditions. She is able to use the support of a psychiatrist for prescribing medication for clients who have achieved success in managing their mental illness and no longer need case management services. This continuity of care helps reduce the potential for setbacks in clients' symptom reduction and level of functioning.

LWC is able to fund the ARNP position by billing through Medicaid Managed Care. Through Medicaid Expansion, Lake Whatcom staff is able to assist clients in enrolling in Washington's Apple Health Plan. The ARNP's services are billed directly to the client's insurance.

Work Flow and Culture Shift

While integration has always been a priority at LWC, a shift in culture was needed to make it a possibility. Communication and learning between teams has been crucial to overcoming obstacles. Both medical and behavioral health providers recognize they may have differing, sometimes opposing, treatment goals for their clients. For instance, some psychotropic medications can lead to weight gain or other metabolic issues, which can lead to more serious health concerns. Providers understand the need to work together to coordinate approaches for achieving the best behavioral and physical health outcomes.

The ARNP works as part of the integrated care team. She collaborates with behavioral health providers on courses of treatment for the team's complex cases, whether or not they are her clients. Like other providers, she has time set aside for emergent issues.

Key Factors to Integration at LWC

LWC staff has found the following factors to be essential to their successful integration:

- Leadership buy in to the integration process
- Medical providers have an interest in treating the whole person and understand the client population
- Medical and behavioral health staff employ consistent communication among and between teams
- In-service training and a learning collaborative were conducted to help all staff understand the roles and responsibilities of all team members
- Flexibility is key. While there is a model, it needs to be customized for each site
- The organization as a whole has a sense of readiness and willingness to learn



The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies