

SYSTEM OF CARE PLAN For Wyoming's Public Mental Health System 2006 ADDENDUM

October, 2006

A year has passed since the Mental Health Division (MHD) and the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) jointly created a plan that will transform our public mental health system of care. The ultimate goal of our treatment system is to make recovery from mental illness *the expected* outcome of treatment, as close to home as possible. It is imperative that persons with mental illness, at any stage in life, have access to effective treatment and supports, i.e., basic requirements for working, living, learning, and participating in our communities.

We are in the initial stages of applying the concept of Comprehensive Care Regions (CCRs) as shown in Attachment A, in which the client is the "hub", or centerpiece of system services. Depending upon client needs, he or she will have equal access *throughout the state* to a continuum of services, some provided locally, some provided regionally and others provided on a statewide basis. Care is client driven and includes client participation in the development of an individualized treatment plan, consumer input on advisory groups and governing boards, and consumer and family advocacy through organizations such as UPLIFT and NAMI, Wyoming.

During the past year the Mental Health Division contracted with Nancy M. Callahan, Ph.D., and John K. Whitbeck, Ph.D., I.D.E.A. Consulting to perform a Gaps Analysis. The purpose of the analysis was to assess current local core services and supports for access, quality, and cost-effectiveness of services, and identify gaps and barriers in services and make recommendations for use in system planning and regionalization. The study will greatly enhance the ability of the public system to address areas that are critical to successful client outcome, and assist in assuring that services are comparable and accessible statewide. Results of the study will be used as a baseline from which future service development will be measured. The report is planned for completion by November 28, 2006.

The following narrative, created jointly by Mental Health Division staff and WAMHSAC members is a continuation of the 2005 System of Care Plan for Wyoming's Public Mental Health System. The initial plan describes the components of Local Core Services and Supports and Comprehensive Care Regions. This addendum builds on that plan and is the next step in implementing the direction and effectively utilizing the resources made available through House Bill 91. This narrative discusses select services and supports, within the framework of CCRs and local core clinical services that have been identified by the Mental Health Planning Council, the Gaps Analysis Report, and by system planners as being critical to successful treatment outcomes for clients. Consensus priorities for funding are presented in detail. Services and supports described in this plan are for adults and children. However, the primary force behind service development for children will be the Child Mental Health Initiative Grant that was provided to the state by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Substance abuse services are an integral part of this plan and requests to enhance the substance abuse system of care are being prepared by the Substance Abuse Division and will be presented in a separate document.

Needed Services for Continued System Development

Several service and support needs have emerged and were identified in the Gaps Analysis Report, as requiring attention if we are to be successful in system transformation. These areas include regional acute care services, specialized regional services, housing, local core services and supports, workforce recruitment and retention, and administrative supports.

Comprehensive Care Regional Services for Adults

1. Acute Care Services

The partial funding for emergency services and the funding of a pilot project to demonstrate regional acute inpatient services and crisis stabilization services made available through House Bill 91 is a first step in establishing acute services within each region of the state. In combination with specialized outpatient services, case management, and psychiatric services, this continuum presents a meaningful array of services in the least restrictive setting that will enable clients to stay in or close to their home communities. Continued support and expansion of regional acute inpatient services and crisis stabilization services is needed to provide Wyoming citizens with the least restrictive care they need in a manner that minimizes disruption to their families and their jobs.

Acute Inpatient Care.

Acute inpatient care is short-term, hospital-based care that includes daily active treatment under the supervision of a psychiatrist. This regional service accepts voluntary admissions for the purpose of avoiding longer term hospitalization. Acute inpatient care on a regional basis is a precursor to admission at the Wyoming State Hospital. Community mental health centers (CMHCs) will act as gatekeepers to ensure that acute inpatient care is the service of last resort.

Funding for the current pilot project will expire June 30, 2008. Providing that services are demonstrated to be successful, the MHD will request continued funding for that pilot and will request funding for expansion of the service into each CCR. Preliminary information from hospitals indicates a wide variation in the capacity and interest in providing psychiatric services. The Division will work with hospitals and community mental health centers during the coming year to assess the capacity and capability of hospitals to provide regional acute inpatient care. This information will be used to develop a budget that will accurately reflect the costs of statewide expansion of this service. Division staff will work with hospitals and community mental health centers within regions to develop these services through technical assistance and consultative activities.

Crisis Stabilization Services.

Crisis stabilization is a community based, short-term intervention for adults that offers 24 hour intensive mental health treatment and stabilization to meet the needs of individuals who are experiencing acute crisis and who, in the absence of a suitable alternative, would need inpatient psychiatric hospitalization. Crisis stabilization includes the ability to stabilize the psychiatric status of persons with co-occurring disorders.

Crisis stabilization services will prevent unnecessary inpatient care, minimize disruption to families and employment and increase the local ability to triage crisis situations. Peak Wellness Center has demonstrated successful crisis stabilization services for three years. About forty-five to fifty percent of individuals treated in the program are diverted from placement in inpatient care. The October, 2006 draft Gaps Analysis Report states, "Crisis Stabilization Services are an important component in the full system of care continuum. These cost-effective, community based services help to reduce inpatient hospitalizations and provide a safe environment for helping clients resolve a crisis. There is an immediate need for Crisis Stabilization Services in all regions." (p. 64)

Services must include a residential capacity staffed 24 hours a day, 7 days a week with the availability of medical backup as needed. Mobile teams and in-home services can also be provided, based on individual client need. Flexibility must be provided to regions in the development of these services to maximize existing resources and meet the unique service delivery needs of each region.

Successful implementation of this service will impact the admission rate to the Wyoming State Hospital.

The Wyoming State Legislature appropriated funding for crisis stabilization services in 2006 for only one region. Although we are not currently requesting expanded funding of acute inpatient beds, crisis stabilization is a service that can be developed within each region during the coming fiscal year that will set the stage for expansion of the regional care continuum to include inpatient psychiatric beds.

FUNDING REQUEST: Regional Crisis Stabilization Services

\$725,450 x 4 regions = \$2,901,800

Budget detail for an 8-10 bed, 24/7 double staffed program is contained in Attachment B.

Funding will be allocated to a community mental health center within each region to deliver services according to a regional plan in which all centers within the region will participate. The plan for crisis stabilization services will be coordinated with existing services within regions. Some income for crisis stabilization services can be generated from Medicaid by billing psychiatric, nursing and Intensive Rehabilitative Services however that amount is expected to be minimal.

Funding is also necessary to assist with remodeling and renovation of houses or other buildings to create a suitable and appropriate environment for crisis stabilization services. Many areas of the state are experiencing tight and costly housing markets. Funding will be allocated on an "as needed" basis, with proper justification and a demonstration that no other sources of funding are available. Unused funding will be returned to the State General Fund.

FUNDING REQUEST: Start Up Costs for Crisis Stabilization Services

\$200,000 x 4 regions = \$800,000 One-time Funding

2. Specialized Regional Services

Mental health services should not only help consumers stay out of the hospital and reduce or stabilize symptoms, but should also assist consumers in their personal recovery processes. People want services that teach them to manage their illness and assist them to move on with their lives. Supported employment, supported education, residential treatment for co-occurring disorders, and supported housing are services that are essential to this process. The Substance Abuse and Mental Health Services Administration recognizes these services as being effective in maintaining recovery and contributing to positive outcomes for clients.

Supported Employment and Supported Education Services

Supported employment and Supported Education services are provided to adults and older adolescents for the purpose of vocational development. Services are individualized and are essential to positive treatment outcomes.

Supported employment is recognized as an evidence-based practice. Services enable individuals to find jobs that suit their aspirations and abilities, to successfully learn the skills and routines of the jobs they obtain and to develop career paths in line with their goals and abilities. Supported employment services are job coaching, job clubbing, job placement, job shadowing and remedial and advanced education. These services are essential to achieve community integration, increase self-sufficiency and promote a productive lifestyle.

The draft Gaps Analysis Report states “Supported Employment/Vocational Educational Services are important services which assists clients in getting and keeping a job. . .in most locations, DVR does not have adequate staffing to serve mental health clients. . . . One of the core outcomes for mental health services is to help clients become employed. Developing these services, tailored to meet the needs of clients, is critical for helping clients live independently. The availability of services for SPMI clients is inadequate.” (p. 42)

Community mental health centers in many areas of the state report that providing supported employment services in conjunction with DVR is not working. Issues and miscommunication in both systems are creating barriers to employment services for some clients. Additionally DVR has experienced substantial staff turnover and vacancies.

Some CMHCs have circumvented or rely only minimally on DVR for supported employment services. A recent survey of CMHCs shows that currently there are 416 SPMI working in the state but only 117, or 28% of those are DVR clients. The largest supported program in the state, Central Wyoming Counseling Center has consistently been successful in working with DVR, however less than 50% of their supported employment program is supported by DVR. Only 15% of clients working elsewhere in the state are involved with DVR.

The success of Central Wyoming Counseling Center’s Supported Employment Program can be used as a basis for setting target numbers of SPMI who could be working if resources for job coaching, job shadowing, job placement and training were made available. Among the SPMI clients seen by Central Wyoming Counseling Center, 175 of 243 were employed in October, 2006. This represents 72% of the total SPMI caseload. Applying that percentage rate to the actual number of SPMI served in fiscal year 2005, we could potentially employ about 2227 SPMI adults in various levels of employment, job coaching and active

supports. Serving this number of people may be difficult for DVR, given their limited resources and recent staffing difficulties.

The MHD, WAMHSAC, and DVR have committed to work together to identify existing issues and barriers and strategize solutions. Meetings are currently being planned to bring both systems together and initiate the dialogue. Strategies to strengthen Supported Employment in the state may require additional funding.

Supported Education Services assist transition age youth and adult consumers in gaining a G.E.D., accessing community college classes or trade schools, and obtaining support needed to achieve educational goals.

Supported Education Services can be integrated with case management and with Supported Employment Services if dependable funding was available. Therefore we are not requesting funding for supported education services.

Treatment Services for Persons with Co-Occurring Disorders

Currently there are few specialized services for persons with co-occurring mental health and substance abuse disorders in the state. Several CMHCs employ staff who are cross-trained and provide effective services. A report for the Substance Abuse Division by Dr. James May in July, 2006 states that the two most obvious gaps in services for persons with co-occurring disorders are a specialized residential program and crisis stabilization services.

The Wyoming State Hospital is requesting funding for additional staff to support co-occurring treatment within its facility. Although necessary, these services will not meet the need for co-occurring residential treatment throughout the state. Treatment should be available regionally, as close to home as possible to ensure family involvement, minimal disruption to jobs and family life, and continuity of care.

One co-occurring treatment facility per region is ideal, however as a starting point two community based treatment centers would provide continuity to and from the proposed Wyoming State Hospital co-occurring unit and provide an alternative to that service in a less restrictive setting. Funding awards will be based on a competitive application process.

FUNDING REQUEST: REGIONAL RESIDENTIAL TREATMENT FOR PERSONS WITH CO-OCCURRING DISORDERS

\$828,850 x 2 twelve-bed treatment facilities = \$1,657,700

Funding includes \$ 80,000 one-time funding for equipment (\$40,000 for each facility). The estimated budget is shown in Attachment C. There are currently few options for third party billing of residential services.

Housing.

Safe and stable housing is a fundamental need for all persons, particularly those who are struggling with mental illness. When a client is homeless or living in an unstable living environment, he or she will most likely not benefit from mental health services.

Housing and residential services assist clients in finding and maintaining appropriate housing arrangements. Community based housing for SPMI includes multiple levels of support ranging from intensive group homes and residential living arrangements to independent living. Persons who utilize housing supports move from one level of support to another, depending upon need and skills. Housing services may include therapeutic activities or interventions to develop daily living skills, including self-care, meal preparation, shopping, and budgeting proficiency to help the client successfully remain in the independent living situation.

The draft Gaps Analysis Report identified a need for additional housing options in communities. "Access to state dollars for developing residential options has been limited. However, recently, state funds have been used to develop apartments on the grounds of the State Hospital. This results in fewer dollars available for developing these valuable services in the client's own community. State funding and expansion of community residential housing options is needed in all regions. Safe and stable housing for SPMI clients is the critical foundation for delivery of all other mental health services." (p. 56) Quality of Life funds can be used for short-term housing only. Adequate housing at all levels and intensities is needed in all regions within the state.

Staff of the Wyoming State Hospital has identified a number of clients who could transition into the community if appropriate levels of residential care were available. In addition there are an unknown number of clients in each community who would benefit from a variety of housing alternatives.

Immediate needs for housing are as follows:

Supervised Apartments located in Albany County. Supervised apartments are staffed 24 hours per day and are for individuals who are relatively independent but who require some support services. Wyoming State Hospital staff indicated that 6 – 8 apartments would be utilized by current outpatient clients.

Four Group Homes located in the Basin Region, Southwest Region, Northeast Region, and Southeast Region. These locations were selected based on need, and the identified patients at the Wyoming State Hospital who could move into this level of care. One 24-hour staff provides living supports and assistance based on individual client need and identified treatment goals.

Two Intensive Group Homes, located in Uinta County. Wyoming State Hospital staff has identified patients who require a level of care more intense than a traditional group home. Intensive group homes include two 24-hour staff to provide an enhanced level of supports necessary to maintain clients in a homelike setting.

FUNDING REQUEST: EXPANSION OF HOUSING

\$3,042,050

10 Supervised Apartments: \$194,150

Four 6-bed Group Homes: \$403,150 x 4 = \$1,612,600

Two Intensive Group Homes: \$617,650 x 2 = \$1,235,300

The request includes \$70,000 in one-time funding

The budget detail for housing is shown in Attachment D.

Supported housing is a program model in which a consumer lives in a house, apartment, or similar setting alone or with others and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Supported Housing services are part of case management and no additional funding is needed.

The State of Wyoming is the only state in the nation with no state housing authority. Only five municipalities, Cheyenne, Casper, Jackson, Rock Springs and Evanston have local housing authorities. CMHCs must take advantage of grants, loans, and other funding opportunities in order to build, renovate, or remodel available housing to accommodate adults with SPMI. Loans and grants from Housing and Urban Development (HUD), Wyoming Community Development Authority (WCDA) and local resources can be accessed however these activities are time intensive and take away from service hours. Regional resources to help CMHCs in gaining access to loans, grants, and other funding for housing and to manage the scope of work associated with writing and managing these opportunities would greatly assist the ability of local programs to obtain housing for SPMI adults.

We propose that funding be made available to each region to hire a master's level expert to assist CMHCs to acquire, write, and manage loans, grants, and contracts related to housing for clients. Each housing expert would be responsible for the development of a comprehensive mental health housing needs assessment and plan for the region. In addition, one state-level position is needed to coordinate the planning and development of housing for SPMI statewide.

FUNDING REQUEST: Housing Planning and Development

\$408,000

\$70,000 for salary and benefits for one masters level grants expert x 5 regions = \$350,000

\$58,000 for salary and benefits for one state position to coordinate housing planning and development

Regional Services for Older Adults

Older adults are a rapidly growing population in our state and overall their needs for mental health services have not been adequately addressed. Adults over the age of 65 represent about 12% of Wyoming's population. During fiscal year 2005, only 3.6% of all persons receiving community mental health services were 65 years of age and older. Statewide, less than 1% of all older adults are receiving treatment through community mental health centers.

Older adults do not respond to traditional approaches to service delivery; alternate and creative services must be developed to reach this overlooked population. The October, 2006 draft Gaps Analysis Report states that "Mental health services for older adults in Wyoming are limited. . . The development of specific services to meet the unique needs of the older adult population will help to reduce stigma, improve access, and assist individuals to live independently and achieve positive outcomes." (p. 94)

We propose the development of the following specific services for older adults. The Aging Division is in support of this plan and will be an active partner in the implementation of the following services.

Outreach and Treatment Services for Older Adults.

The Gatekeeper Program developed in Spokane, Washington is a research based program that is effective in suicide prevention and in identifying, assessing and treating older adults with substance abuse disorders and/or mental illness. The model is extremely successful in reaching older adults who usually do not participate in Senior Center services, church groups, or other social situations. Nontraditional community service providers (Meals on Wheels volunteers, Home Health Care workers, apartment managers, meter readers, newspaper carriers, hairdressers and others) are trained to identify high-risk older adults who may be experiencing mental illness or substance use. These "gatekeepers" provide referrals to the CMHC which in turn provides outreach services by sending a case manager and/or therapist to the individual's home with the referral source for an evaluation and follow-up treatment as needed. The goal of the program is to maintain independent and safe living in the community.

In-home therapeutic services are eligible for Medicaid reimbursement. We anticipate that Medicare and Medicaid will provide approximately 30% of the total cost of the service. (Medicaid does not reimburse travel time, gatekeeper training, case consultation, or record keeping.) Therefore we are requesting only partial funding to implement this model. Regional efficiencies can be achieved by sharing gatekeeper training responsibilities among CMHCs within a region.

FUNDING REQUEST: GATEKEEPER MODEL FOR OLDER ADULTS
\$70,000 per masters level therapist + \$50,000 per case manager x 12 x 70%
= \$1,008,000

Attachment E shows the estimated 2005 population of older adults by region and the anticipated distribution of staff to implement the gatekeeper model.

Providing treatment to older adults will require a level of expertise among clinical staff working with this population. Given the difficulty in recruiting staff with the background and ability to work with older adults, we propose providing ongoing clinical training in the treatment of older adults for existing and newly hired staff.

FUNDING REQUEST: CLINICAL TRAINING IN WORKING WITH OLDER ADULTS
\$27,500

Funding is requested for one clinical training event per year. The estimated cost is based on actual costs of recently sponsored training events.

Education and Training for Nursing Home and Senior Center Staff.

Medicaid regulations prohibit nursing facilities from admitting any individual with a serious mental illness unless the State Mental Health Authority has determined that the individual requires the level of services the facility provides. States, including Wyoming have developed a Preadmission Screening and Resident Review (PASRR) to determine if applicants to nursing home facilities require specialized mental health care. Since 2000, the numbers of persons referred to the Mental Health Division and approved for nursing home care have increased by 12.5%. The ages of persons evaluated have increased as well.

Our nursing homes are becoming overwhelmed with individuals with mental health and substance abuse issues. Without specialized training, nursing home staff members are expected to care for individuals who may be experiencing severe behavioral and cognitive issues. Training for nursing home staff on mental health disorders and how to deal with associated behaviors was identified as a need by the Division on Aging, the Wyoming Healthcare Association and the Quality Healthcare Foundation.

Training for staff in Senior Centers on mental health and substance abuse is also needed. The reauthorization of the Older Americans Act in Congress will require Senior Centers to coordinate with mental health entities to increase awareness of mental health disorders, remove barriers to treatment, and coordinate mental health services for their clientele.

Training will be contracted to an outside expert who will travel to three nursing homes and three Senior Centers in each region per year. Training events will be planned, coordinated and conducted in collaboration with the Division on Aging, nursing home organizations, and Senior Centers. Evaluations will be conducted to assess the quality of the training and its effectiveness.

FUNDING REQUEST: DEMONSTRATION TRAINING FOR NURSING HOME AND SENIOR CENTER STAFF

\$2,500 per training event x 6 events per region x 5 regions = \$75,000

Training events will be evaluated with a pre and post test.

3. Regional Services for All Populations

Psychiatric Services.

Psychiatric services are diagnosis, treatment, consultation, and medication management. These services are provided by psychiatrists, Advance Practitioners of Nursing, and Physician Assistants. Psychiatric services are integrated into the treatment plan and are supported by clinical mental health treatment, nursing services, and case management.

The availability of psychiatric services is expanding statewide as a result of the financial support provided during the 2006 Legislative Session. Regional plans submitted to the MHD for psychiatric services include the addition of 4.46 FTE psychiatrists and 2.7 FTE Advance Practitioners of Nursing, and 1 FTE Physician Assistant. Currently, an additional 2.9 FTE psychiatrists and 1.7 FTE APN are providing services in the community mental health system. Active, statewide recruitment will be initiated this fall. Available funding, however, is not sufficient to meet the need, particularly in more populated regions of the state.

In an effort to more adequately address the need for psychiatric services, we propose a three-pronged approach to psychiatric services to include:

- Telepsychiatry
- Additional psychiatric providers
- Nursing supports

The three components of this approach are interdependent. For example telepsychiatry won't be successful unless we have adequate numbers of psychiatrists to provide the service and the availability of nursing services to assist with the client.

Telepsychiatry has been proven to be an efficient way to provide specialized services in rural and frontier areas. Montana's experience with telepsychiatry has shown that telepsychiatry improves access to care, provides for better coordination of care, facilitates family involvement in treatment, and is less costly for the client. Over a five year period, clients who utilized telepsychiatry services in Montana have rated the service as a "7" on an eight point scale.

Telepsychiatry equipment includes a video conference CODEC, a monitor, a pan tilt zoom camera and a microphone. We propose to purchase one self-contained unit for each county to establish telepsychiatry services. Counties with full-time

offices in multiple cities will receive one unit for each office. On-going charges for the use of a DSL line will be the responsibility of each individual CMHC.

The Mental Health Division in conjunction with the Office of Telemedicine/Telehealth will facilitate training on the use of the equipment and will fund peer support for psychiatrists. Client satisfaction and provider satisfaction instruments will be utilized to assess the service.

FUNDING REQUEST: SELF-CONTAINED UNITS FOR TELEPSYCHIATRY
\$7,900 per unit x 18 units = \$142,200 (One time funding)

1700 Tamberg MXP Self-Contained Unit includes

- 20" high definition monitor
- High definition camera
- Software

Some centers already have telepsychiatry capability. These centers are not included in this funding request unless they purchased the units themselves. Centers not included are: High Country Counseling and Resource Centers, Jackson Hole Community Counseling Services, Peak Wellness Center, and Solutions for Life.

Additional Psychiatric Providers are needed to assist with current demand for services and the development of telepsychiatry. According to the regional medication management plans submitted to the MHD by CMHC consortiums, there is a need for an additional 5.55 FTE prescribers beyond current funding levels. The primary need is for child/adolescent psychiatrists, which may be accessed primarily through telepsychiatry services.

FUNDING REQUEST: PSYCHIATRIC SERVICES

\$175,000 per FTE psychiatrist x 5.55 FTE = \$971,250

Funding will be distributed based on population of each region and need for additional services.

Nursing Supports are an essential component of face to face psychiatric services and telepsychiatry. Working with psychiatrists nurses take vital signs, collect medical histories, take notes, maintain charts, and ensure that doctors' orders are implemented. Nurses conduct medication checks and are the main point of contact for clients on physical complaints. Research shows that early detection of physical problems of clients in outpatient settings minimizes inpatient admissions for those individuals.

Nurses are also needed to assist with telepsychiatry. Our experience tells us that telepsychiatry works best when a nurse is physically present in the room with the client to carry out the doctor's orders and ensure that telepsychiatry services are integrated with the client's treatment plan.

We estimate that one nurse will be needed for each full time prescriber. Current funding will support 8.16 prescribers and with the addition of 5.55 FTE prescribers, the projected number of nurses needed is 13.71.

FUNDING REQUEST: NURSING SUPPORTS
\$80,000 per FTE nurse (salary + benefits) x 14 = \$1,120,000

Physician Training

Training of general physicians on the identification, diagnosis, and pharmacological treatment of common mental illnesses is currently being developed. Five training events will be provided by January 31, 2007. These training events will be evaluated and adjusted based on feedback so they more appropriately meet the needs of primary care providers. Training is a requirement of House Bill 91, however, no funding was appropriated to provide the training. Ongoing funding is needed to continue and expand the training.

FUNDING REQUEST: Physician Training
\$ 5,000 per training event x 5 regions x 3 training events per region = \$75,000

Funding will be contracted using an RFP process.

Quality of Life

Quality of Life funding may be one of the most important components of our system to assist with recovery. Flexible, the funds can be utilized for a variety of expenditures, based on the individual needs of the client. The definition and allowable uses of Quality of Life funding are included as Attachment F.

Quality of Life is increasingly utilized to fund ancillary supports that have come about as a result of regionalization. The success of regional services is dependent upon the ability to transport clients to receive particular services, and to transport staff to provide services to clients. Currently some transportation costs are reimbursed through Quality of Life funding, however the funding available severely limits the amount of transportation that can be provided. Increases to QOL to be used for transportation will increase the effectiveness of regional services. CMHCs within regions will be required to develop a coordinated plan for transportation throughout the region.

FUNDING REQUEST: INCREASED QOL FOR TRANSPORTATION
25% increase to Quality of Life Statewide = \$432,800

Funding is also needed to expand the availability of respite care statewide. Respite care, primarily intended for children, is brief non-relative care provided by a trained provider for clients unable to care for themselves. Respite care is provided for the relief of families or caregivers and is usually provided in the client's home or place of residence, a provider's residence, or foster home.

Respite care for children has been identified as a priority need for the establishment and implementation of the System of Care for Children under the SAGE Initiative.

FUNDING REQUEST: INCREASED QOL FOR RESPITE CARE
20% Increase to Quality of Life Statewide = \$356,240

Early Intervention Services for Children

Early intervention services provide for the identification of preschool-aged children and families experiencing or at risk of behavioral, mental, or substance abuse disorders. Research has demonstrated that these services increase school performance, minimize involvement with the criminal justice system and reduce costs associated with long term mental health care. Early intervention services include the establishment of referral processes, education, training, consultation, and interventions for EPSDT screeners, Public Health Nurses, and staff of early childhood agencies such as Head Start, Early Childhood Centers, preschools, daycare centers and Boys and Girls Clubs. These services also provide support to the family and facilitate family interventions.

Early intervention services, as a component of the Infant Mental Health Initiative and interagency collaboration must be established within each region to impact children and their families before problems become ingrained and escalated. Partial funding of early intervention services will enable the establishment of the service, and augment existing efforts where the service already exists.

FUNDING REQUEST: EARLY INTERVENTION SERVICES
\$70,000 x 20 masters level therapists = \$1,400,000
One FTE per 25,000 population
The distribution of 20 FTEs is shown in Attachment G.

Local Core Service and Support Needs

Local core clinical services and supports are the foundation of more intense specialized services. A solid base of local core services is essential to the success of regional services for adults and for children

1. Local Core Services for Children

The service system for children is currently undergoing transformation, with the Child Mental Health Initiative and the Children’s Mental Health Waiver setting the stage. The following areas are identified as being critical to the success of this overall system change and represent a higher standard and more coordinated care for our children.

SAGE Initiative

The Child Mental Health Initiative is a \$9 million, six-year cooperative agreement with the Substance Abuse and Mental Health Services Administration to improve the state's mental health system of care for children with serious mental health needs, ages 0-21, and their families. The initiative will address the barriers of stigma, disparities in access to services, and the fragmented service delivery system by collaborating with families, youths, and other child-serving partners in all levels and phases of planning and implementation. The first year of the initiative has been spent on developing infrastructure and an organizational plan at the State level, and in years two through six, statewide rollout will occur in pilot sites across the state. During year one, the Child Mental Health Initiative has been named, through focus groups with Wyoming's youth, "The Wyoming SAGE Initiative: Partnering with children, youth, families and communities to promote Support, Access, Growth, and Empowerment." The SAGE Initiative will allow more rapid expansion of System of Care (SOC) services statewide and provide a solid foundation for the expansion of family-driven, youth-guided, community-based, culturally and linguistically competent, evidence-based outpatient services for children and adolescents.

SUPPORT REQUEST: SAGE INITIATIVE

We are requesting a statement from the Wyoming State Legislature endorsing the SAGE Initiative as a major means of accomplishing improvements in the Children's Mental Health System of Care and ensuring that savings, if any, resulting from the SAGE Initiative will be directed back into the Children's Mental Health System.

The SAGE Initiative requires state match in the amount of one dollar for every three dollars in federal funds received in years one through three of the grant. Federal funding in year two will total \$1.5 million, and in year three, Federal funding will be \$2 million. State match may include a new appropriation from the State, as well as in-kind match such as office space, office supplies, or time and monetary contributions of stakeholders. Funding for additional social-emotional programs within the Department of Family Services, Department of Health, and Department of Education may also be considered as state match. We anticipate that about half, or \$245,000 required in year two as match will come from in-kind and local contributions. An additional \$250,000 is needed to ensure the match requirement is met. State matching funds will be used to fund local clinical capacity, provide increased training opportunities for local and state stakeholders, and increase the outreach capacity for family advocacy organizations.

FUNDING REQUEST: STATE MATCH FOR SAGE INITIATIVE

\$1,500,000 x 33% = \$495,000 - \$245,000 (in-kind and local) = \$250,000

2. Local Core Supports for All Populations

Workforce Development and Retention

Services provided by the public mental health system will not be successful unless we have a highly trained and competent workforce. Current stressors include incentives toward private practice, higher wages paid by other local service providers, Mental Health Professions Licensing Board difficulties and the increasing costs of data, quality improvement and accountability demands on the public sector.

The draft Gaps Analysis Report states that given existing funding, the number of staff employed in CMHCs, and the demand for services, many centers have waiting lists and a limited ability to fully meet the needs of the most disabled clients. CMHC staff members in several areas of the state are leaving for higher paying jobs, most of which do not require on-call service. One center reports losing eleven clinical staff in the past six months, eight left for higher paying jobs in the region. Another center reports a 31% turnover in staff during 2005-2006, with 13 employees leaving for higher pay. Fifteen direct service employees of one center have left in the past six months for higher paying jobs elsewhere in the community. Yet another center lost six staff in the last six months to better paying jobs. Centers report losing staff to the State, the Veterans' Administration, school districts, private practice, local hospitals, Developmental Disabilities programs, and opportunities in neighboring states, all of which offer more generous salaries than community mental health centers. Center directors indicate that the number one reason for an applicant to withdraw their application from consideration within the community mental health system is low salaries.

Equity in reimbursement is an issue that contributes to low salaries. Currently psychologists who are in private practice and bill Medicaid under their own provider number are reimbursed at a higher rate than psychologists who work in the community mental health system and bill under the CMHC provider number for the same service. Medicaid rates in general are lower than the actual cost of the service and less than the rate established for mental health services paid by the State. State funding is subsidizing Medicaid and as a result fewer clients are receiving treatment.

The Mental Health Professions Licensing Board has greatly increased the professionalism and accountability for individual mental health and substance abuse practitioners in the state. However, recruits to the CMHC system report a variety of difficulties in obtaining licensure. The guidelines governing reciprocity of licensure between Wyoming and other states is not clear. New applicants are unsure about the criteria for provisional licensing. Confusion and uncertainty about licensing would be minimized with amendments to the Mental Health Professions Licensing statute to expand reciprocity and establish criteria to govern provisional licensing.

The Legislative Services Office is currently conducting research on salaries within the community mental health system. Although the results of that study are not available at the time of this writing, our estimates indicate that a 25% increase in current CMHC salaries is justified given the disparity in salaries across service agencies. Funding is needed immediately.

FUNDING REQUEST: SALARY ADJUSTMENTS

\$6,759,300

Funding would increase salaries of all staff (direct service staff and support staff) by 25% and adjust benefits. A chart showing the distribution of the funding is included in Attachment H.

Base Funding

The foundation of our public mental health system is the concept that services should be available in all counties within the state, and that everyone, regardless of the severity of their need or their ability to pay, should have equal access to mental health services. Although funding has been targeted to persons most in need, we have maintained the original focus of community mental health in providing a range of services intensities to a broad population in the form of base funding. The concept of base funding is to ensure that a therapist and support staff are available in a location that protects confidentiality within every county in the State. Originally base funding for mental health was \$50,000 per county and was increased to \$70,000 in the early 1990's. Base funding was increased again in FY 2007, with a 9% across the board increase for all service categories that was appropriated by the Legislature.

The current base funding of \$76,300 is insufficient to maintain the original purpose of the funding. Costs of therapists, support staff, and occupancy have increased. We propose adjusting the base funding to \$100,000 per county, a level that more closely approaches actual costs.

FUNDING REQUEST: BASE FUNDING ADJUSTMENT

\$23,700 x 23 = \$545,100

\$100,000 minus current funding of \$76,300 = \$23,700

\$70,000 = cost of full time masters level therapist

\$20,000 = partial cost of full time support staff

\$10,000 = partial funding of occupancy

Administrative Support

The Mental Health Division and Substance Division are currently co-located on the second floor of the Qwest Building. Both Divisions are expanding and the current office space will not accommodate additional staff. Current plans call for the Mental Health Division and the Substance Abuse Division to be split and housed in an additional location within the Qwest Building. Funds for

remodeling, purchasing of office equipment and furniture, ongoing space rental, and continuing operating costs are needed to sustain the ability of the Mental Health Division to continue mandated functions. These funds are needed immediately.

FUNDING REQUEST: COSTS OF DUAL LOCATION

\$379,323

(Includes \$250,640 as one-time costs and \$128,683 in on-going costs)

A detailed estimate of these costs is included in Attachment I.

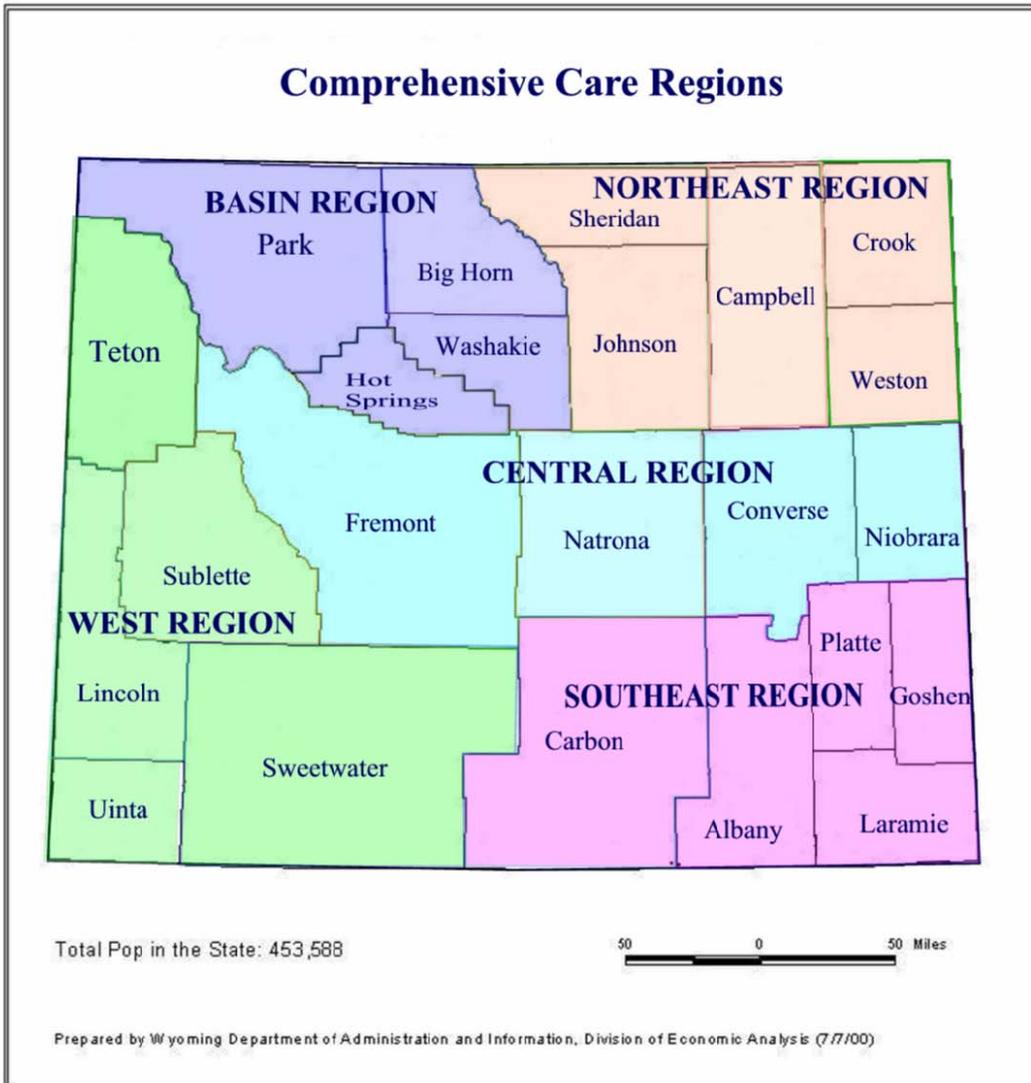
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**FUNDING REQUEST SUMMARY
MENTAL HEALTH DIVISION
FY 2008**

REQUEST	DESCRIPTION	PROPOSAL
Workforce Retention	Funding for a 25% adjustment to current CMHC salaries	\$6,759,300 Immediate funding requested
Base Funding	Adjustments to base funding	\$545,100
Psychiatric Services	Funding for three components of psychiatric service.	\$2,308,450
Telepsychiatry	One time funding for the purchase of equipment = \$142,200 one time funding	
Psychiatrists	Funding for 5.55 additional psychiatrists = \$971,250	
Nursing Supports	Funding for 14 nurses to assist with psychiatric services = \$1,120,000	
Physician Training	Training of general physicians on the treatment of mental illness = \$75,000	
Early Intervention	Funding to identify young children at risk of mental, behavioral, or substance abuse disorders and provide interventions	\$1,400,000
Crisis Stabilization	Funding for four crisis stabilization programs and start-up costs	\$3,701,800
Crisis Stabilization Programs	Regional, community based 24 hour short term intervention = \$2,901,800	
Crisis Stabilization Start-up	Remodeling/renovation of existing buildings for crisis stabilization.= \$800,000 one-time funding	
Residential treatment, Housing, and Housing Development	Funding for co-occurring residential treatment, three levels of housing, and planning and development	\$5,107,750
Residential Treatment for Co-Occurring Disorders	Specialized residential services for persons with a MH and SA diagnosis =	

	\$1,657,700. Includes one-time funding of \$80,000	
Housing	Funding for 10 Supported Apartments, 2 Group Homes and 2 Intensive Group Homes = \$3,042,050. Includes one-time funding of \$70,000	
Housing Planning and Development	Regional grants experts and one state position to acquire, write and manage loans and grants for housing. \$408,000	
Quality of Life	Funding to increase the provision of regional supports	\$789,040
Transportation	QOL funding to provide regional transportation = \$432,800	
Respite Care	QOL funding for respite care = \$356,240	
Services for Older Adults	Funding for outreach, treatment and training to increase services to older adults	\$1,110,500
Gatekeeper Model	Outreach, intervention and treatment for older adults = \$1,008,000	
Clinical Training	Specialized training in working with older adults = \$27,500	
Training of Nursing Home and Senior Center Staff	Training for staff on mental health illnesses and behaviors = \$75,000	
SAGE Initiative	State match for federal funds	\$250,000
MHD Dual Location Costs	Funding to support remodeling, and ongoing operations of second Division location. Includes one time funding of \$250,640	\$389,323 Immediate funding requested
TOTAL REQUEST		\$22,361,263
	One-time funding (included in Total)	\$1,342,840

Attachment A



ATTACHMENT B

CRISIS STABILIZATION BUDGET ESTIMATE

Personnel

Day Staff (4 for 12 hours shifts)	\$160,000
Night Staff (4 for 12 hour shifts)	\$160,000
Overtime (832 hours)	\$ 10,000
Subs (4000 hours)	\$ 20,000
Nurse (.25 FTE)	\$ 40,000
Psychiatrist (.2 FTE)	\$ 40,000
Program Director	\$ 70,000
Professional Insurance	\$ 5,000
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	\$540,000

Occupancy

Occupancy	\$ 24,000
Utilities	\$ 6,000
Janitorial	\$ 1,000
Maintenance	\$ 1,000
Property Insurance	\$ 500
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	\$ 32,500

Equipment	\$ 20,000
Office Supplies	\$ 1,000
Medical Supplies	\$ 10,000
Telephone	\$ 1,000
Residential Supplies	\$ 5,000
Food	\$ 20,000
Transportation (Regional)	\$ 20,000
QOL.Misc.	\$ 10,000
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	\$ 87,000

Operations Total	\$ 659,500
Administration @ 10%	\$ 65,950

Total Cost	<hr/>\$725,450
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ATTACHMENT C

RESIDENTIAL TREATMENT FOR CO-OCCURRING DISORDERS ESTIMATED BUDGET 12-Bed Facility

Personnel

1.0 FTE Program Director	\$ 75,000
1 FTE Masters Level Therapist	\$ 70,000
1 FTE Case Manager	\$ 50,000
8 FTE Technicians	\$320,000
Overtime	\$ 10,000
Substitute Technicians	\$ 60,000
.05 FTE Psychiatrist	\$ 10,000
.1 FTE Nurse	\$ 8,000
Professional Insurance	\$ 5,000
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	\$608,000

Occupancy

Lease	\$ 30,000
Utilities	\$ 6,000
Maintenance	\$ 1,000
Insurance	\$ 500
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	\$ 37,500

Equipment

Furniture	\$ 40,000 (one time)
Equipment Maintenance	\$ 4,000

Office Supplies	\$ 2,000
Medical Supplies	\$ 5,000
Telephone	\$ 1,000
Residential Supplies	\$ 5,000
Food	\$ 40,000
Transportation	\$ 4,000
QOL	\$ 6,000
Misc.	\$ 1,000
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	\$108,000

Operations Total	\$753,500
Administration @ 10%	\$ 75,350

TOTAL COST **\$828,850**

ATTACHMENT D

HOUSING BUDGET DETAIL

Supported Apartments

Personnel

Case Managers 2 FTE	\$100,000
Substitute Technicians	\$ 20,000
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	\$120,000

Occupancy

Lease (staff apartment)	\$ 7,200
Utilities (staff apartment)	\$ 1,800
Building Maintenance	\$ 10,000
Property Insurance	\$ 2,500
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	\$ 21,500

Equipment

Furniture	\$ 30,000 (one time)
Equipment Maintenance	\$ 2,000

Office Supplies	\$ 1,000
Telephone	\$ 1,000
Misc.	\$ 1,000
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	\$ 35,000

Program Total	\$176,500
Administration @ 10%	\$ 17,650

TOTAL COST **\$194,150**

Group Home

Personnel

Director/Therapist	\$ 75,000
MH Technicians 4 FTEs	\$160,000
Overtime	\$ 5,000
Substitute Technicians	\$ 30,000
Psychiatrist .025 FTE	\$ 5,000
Nurse .05 FTE	\$ 4,000
Professional Insurance	\$ 2,000
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	\$281,000

Occupancy

Lease	\$ 24,000
Utilities	\$ 6,000
Maintenance	\$ 1,000
Insurance	\$ 500
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	\$ 31,500

Equipment

Furniture	\$ 20,000 (one time)
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Equipment Maintenance	\$ 2,000
Office Supplies	\$ 1,000
Medical Supplies	\$ 2,500
Telephone	\$ 1,000
Residential Supplies	\$ 2,500
Food	\$ 20,000
Transportation	\$ 2,000
QOL	\$ 2,000
Misc.	\$ 1,000
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	\$ 54,000
Administration @ 10%	\$ 36,650
TOTAL COST	\$403,150

Intensive Group Home

<u>Personnel</u>	
Director/Therapist	\$ 75,000
MH Technicians 8 FTEs	\$320,000
Overtime	\$ 10,000
Substitute Technicians	\$ 60,000
Psychiatrist .025 FTE	\$ 5,000
Nurse .05 FTE	\$ 4,000
Professional Insurance	\$ 2,000
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	\$476,000
<u>Occupancy</u>	
Lease	\$ 24,000
Utilities	\$ 6,000
Maintenance	\$ 1,000
Insurance	\$ 500
	<hr/>
	\$ 31,500
<u>Equipment</u>	
Furniture	\$ 20,000 (one time)
Equipment Maintenance	\$ 2,000
Office Supplies	\$ 1,000
Medical Supplies	\$ 2,500
Telephone	\$ 1,000
Residential Supplies	\$ 2,500
Food	\$ 20,000
Transportation	\$ 2,000
QOL	\$ 2,000
Misc.	\$ 1,000
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	\$ 54,000
Program Total	\$561,500
Administration @ 10%	\$ 56,150
TOTAL COST	\$617,650

ATTACHMENT E

**ESTIMATED 2005 POPULATION OF OLDER ADULTS (65+)
BY REGION**

Region	Population 65+ (2005 Estimate)	Number of Gatekeeper Teams
Basin Region	8510	2
Big Horn		
Hot Springs		
Washakie		
YBHC		
Central Region	16,047	3
Central		
Eastern		
Fremont		
Northeast Region	9763	2
BHS at Camp Co Hosp		
Northern		
Southeast Region	17,761	3
Carbon		
Peak		
Southwest Region	8956	2
High Country		
Jackson Hole		
Pioneer		
Southwest		

ATTACHMENT F

QUALITY OF LIFE DEFINITION

Quality of life funds will be contracted to state certified community mental health centers (CMHCs) for the purpose of supporting the basic clinical care provided to adult clients who meet the Mental Health Division definition of SPMI or to children and adolescents who meet the definition of SED, and for whom the community mental health center has primary responsibility for the basic clinical care.

The use of quality of life funds by community mental health centers will be specific to each individual client whose needs, as identified in that client's treatment plan, require non-clinical supports and services in order to achieve the clinical outcomes of the client's treatment plan.

Quality of life funds may not be used to pay for staff time unless the staff is a contracted provider of therapeutic foster care or respite care and is providing respite care for a client.

Quality of life funds may be used for the following needs:

- a. Emergency Subsistence: (e.g. crisis shelter, food, clothing, essential personal supplies)
- b. Prescription Medication: (e.g. prescriptions for psychotropic and other medications)
- c. Health and Medical Supports: (e.g. lab, injections, medical supplies, health assessments, health and dental care, dentures, eyeglasses, and other health and dental devices)
- d. Housing: (e.g acquisition, retention, safety)
- e. Transportation: (e.g. access to clinical services, medical, resources, development of recreation/socialization interests)
- f. Recreation/Socialization: (e.g. development of interests consistent with current income and long-term lifestyle)
- g. Respite Care: (brief non-relative care from a trained provider for clients unable to care for themselves; provided because of the absence or need for relief of those persons normally providing care, in the client's home or place of residence, providers residence, or foster home)
- h. Other: (these will be itemized on the form, after case-by-case approval has been obtained from the Administrator of the Mental Health Division)

ATTACHMENT G

**DISTRIBUTION OF STAFF FOR EARLY INTERVENTON SERVICES
(One FTE per 25,000 population)**

Region	Population (2005 Estimate)	Early Intervention Staff FTEs
Basin Region	50,467	2
Big Horn		
Hot Springs		
Washakie		
YBHC		
Central Region	121,342	5
Central		
Eastern		
Fremont		
Northeast Region	85,368	3
BHS at Campbell Co		
Northern		
Southeast Region	152,246	6
Carbon		
Peak		
Southwest Region	99,871	4
High Country		
Jackson Hole		
Pioneer		
Southwest		
TOTAL	509,294	20

ATTACHMENT H

DISTRIBUTION OF MENTAL HEALTH SALARY INCREASES

Agency	25% Increase to Current Salary Levels
Big Horn County Counseling	\$103,467
Carbon County Counseling	\$86,588
Central Wyoming Counseling Cntr	\$616,919
Fremont County Counseling	\$320,942
Hot Springs County Counseling	\$63,088
Jackson Hole Community Counseling Cntr	\$215,905
High Country Counseling and Resource Cntrs	\$158,234
Mental Health Services at CCMH	\$286,098
Northern Wyoming Mental Health Center	\$392,075
Pioneer County Counseling Service	\$382,129
Peak Wellness Center	\$1,400,216
Solutions for Life	\$113,287
Southwest Counseling Center	\$433,632
Washakie Mental Health Services	\$131,311
Yellowstone Behavioral Health Center	\$266,185
Benefits at 36%	\$1,789,227
TOTAL	\$6,759,300

ATTACHMENT I

**Estimated Costs of Dual Office Locations
Mental Health Division**

Remodeling	\$185,000*
Includes work stations but not office furniture	
Sound Masking System	\$ 10,000*
Office furniture	\$ 51,340*
Chairs \$570 x 12 = \$6840	
Side Chairs \$350 x 12 = \$4200	
5 drawer file cabinet \$1900 x 9 = \$17,100	
2 drawer file cabinet \$500 x 12 = \$ 6,000	
3 drawer file cabinet \$600 x 4 = \$ 2,400	
Wardrobe cabinet \$900 x 12 = \$10,800	
Bookcase \$500 x 8 = \$ 4,000	
Laser Jet Printer (5550DN) x 1	\$ 3,500*
Fax Machine x 1	\$ 800*
Annual Increased Operating Costs	\$138,683
Space Rental = \$45,483	
Supplies = \$10,000	
Sharp Copier Rental x 1 = \$5,000	
Paper Shredding x 1 = \$900	
Phone, Central Mail, and Computer Network Charges = \$77,300	
Total Needed	\$389,323

One Time Costs = \$250,640

Ongoing Costs = \$138,683

*One-time expenditures

All costs are estimates based on current Division expenditures