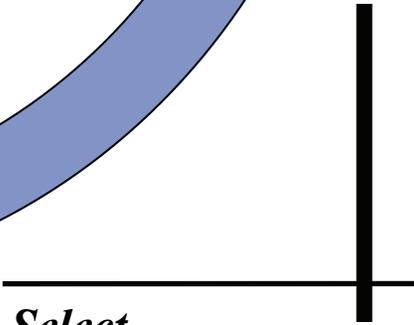


**2005 SYSTEM OF CARE PLAN
FOR WYOMING'S
PUBLIC MENTAL HEALTH
SYSTEM**

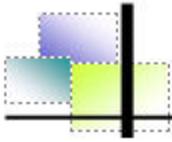
Mental Health Division
Wyoming Department of Health
October 26, 2005



*Requested by and Prepared for the Select
Committee on Mental Health and Substance
Abuse Services*



Executive Summary of the 2005 System of Care Plan for Wyoming's Public Mental Health System



We are pleased to provide *The 2005 System of Care Plan for Wyoming's Public Mental Health System* to the Select Committee on Mental Health and Substance Abuse Services and our stakeholders. We hope this plan will be informative and will manifest the necessary sponsorship to transform our public mental health system of care. The message in our plan is one of pain, poverty, hope and recovery. The transformation of our system resides within the state's capacity to fund and deliver quality services and supports to our citizens. Our vision is to provide the necessary services and supports for individuals to overcome their pain and poverty through services and supports that foster hope and realize recovery. Our goal is to provide a system wherein all citizens will have access to effective mental health treatment and supports.

Since 1998, the Mental Health Division has implemented key initiatives which were made possible through substantial legislative funding increases. Investments were made to improve the lives of thousands of Wyomingites who struggle with mental illness. We must continue to support the investments in our core community services and supports while also moving forward in developing specialized services through regional centers of care. Our plan is designed to provide a solid base to existing services and expand access to comprehensive community-based mental health services.

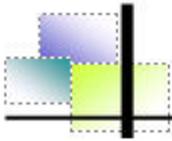
The development of this plan was made possible through the Mental Health Division's partnership with the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC). Three priorities, known as our ABC's of system planning for Wyoming's mental health care, guided our efforts to improve our system of care. Our ABC's are:

- ✚ **Accountability** for results and responsibilities of the Division and Community Mental Health Centers, to include the effectiveness of services delivered; and the design and delivery of services to achieve measurable positive outcomes.
- ✚ **Base support** to our existing infrastructure of local public mental health agencies throughout Wyoming's communities.
- ✚ **Comprehensive Care Regions** whereby regionally delivered services and supports are accessible through a balanced array of psychiatric, emergency, crisis stabilization, acute inpatient care, supportive and rehabilitative services which are focused on recovery and tailored to the unique needs of each individual.

We have structured our plan using the conceptual treatment wheel on the following page wherein the client is the "hub" or centerpiece of system services. Service system components are integrated through the management functions of the Mental Health Division, including enhanced monitoring and accountability, and a system wide philosophy of care. System integration also includes substance abuse services and while these services are an integral part of this plan, the reader is referred to a companion document prepared by the Substance Abuse Division.

Comprehensive Care Regions





The most critical components of this plan begin with the needs of the current mental health delivery system. We must continue to support the investments in our core community services and supports by stabilizing our existing infrastructure. In order to stabilize and maintain current services, two requests are included in our plan: **Cost of Doing Business Adjustment**, and **Per Capita Funding Equalization**.

Base support is also needed in the development and funding of **Emergency Services** to provide for uniform, rapid emergency response throughout the state which is the foundation for regional crisis care. Additionally, **Support Services**, need to be strengthened and expanded. Funding is being requested for family outreach and advocacy, Family to Family program, and information and referral services.

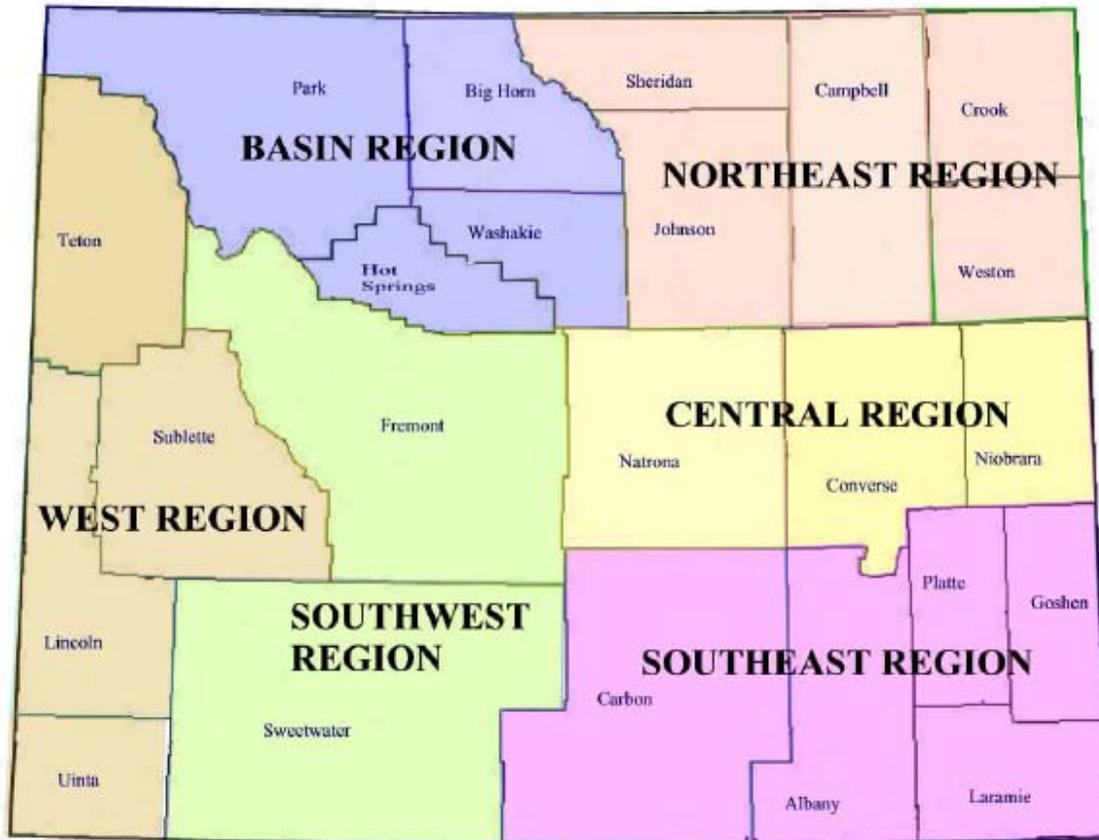
Comprehensive Care Regions (included on the last page of this Executive Summary) are envisioned comprising contiguous counties within six regions of the state: Basin, Northeast, Central, West, Southwest and Southeast. Formal agreements, MOUs, and collaborations among community mental health centers will ensure that each service region provides an array of uniform services that will be accessible throughout the region, and are consistent with the same service array provided within every other region of the state.

Full funding of **Psychiatric Services**, **Emergency Services**, **Crisis Stabilization Services** and **Acute Inpatient Services** is recommended for each region and should be delivered as a comprehensive package of available services.

The final components of this plan reside with establishing a formalized, institutionalized accountability framework wherein a **Statewide Quality Improvement Program** is developed to systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health services detailed in this plan. Investments must be made at the regional levels and within the Division in order to initiate and maintain this program. Moreover, the human resource infrastructure of the Division must be supported and enhanced to support the initiatives and programs within this plan.

Intentionally Left Blank

Comprehensive Care Regions





2005 SYSTEM OF CARE PLAN

For

Wyoming's Public Mental Health System

October 26, 2005

The Mental Health Division seeks to 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.

The system we envision is composed of six Comprehensive Care Regions (CCRs) 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.

Service system components are integrated through the management functions of the Mental Health Division, including enhanced monitoring and accountability, and a system wide philosophy of care.

The following narrative, created jointly by Mental Health Division staff and WAMHSAC members describes the components of Local Core Services and Supports and Comprehensive Care Regions. This plan also identifies the consensus priorities for funding. 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 recently granted 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 will be presented in a separate document.

Local Core Clinical Services and Supports

Local Core Clinical Services are services to be provided within each county of Wyoming and include:

- clinical assessment to determine the appropriate level of care
- agency based and community based therapies
- case management
- emergency services
- outreach/case finding

Local support services are essential to the achievement and maintenance of recovery within a community setting. There are several categories of support services:

- Quality of Life (QOL) which is used in the absence of other funding sources and includes emergency subsistence, prescription medications, health and medical supports, housing, transportation, recreation/socialization, and respite care
- Consumer and family advocacy and support, and information and referral services
- Case management
- Consultation and education
- Peer specialist/peer support services
- Medicaid waiver services* which are family care coordination, family training and support, individualized child training and support, and emergency crisis response and support
- Accommodations for special populations, i.e. cultural and linguistic accommodations for Deaf/Hard of Hearing and Spanish-speaking populations

*These services are contingent upon approval of the Medicaid waiver and will be provided only in counties in which the Medicaid Waiver is approved.

Local Core Clinical Services and Supports must be uniformly available and accessible in all areas within the state. Services are for children, adolescents, adults, and older adults and include all mental health and substance abuse diagnoses, including co-occurring mental health and substance abuse diagnoses.

These core services and supports are the foundation of more intense specialized services. The success of regional services is dependent upon the ability of community mental health centers to provide these services locally in an efficient and effective manner. Currently, that ability is jeopardized due to rising costs of doing business and inequities due to population shifts which result in an increased need for services in some areas.

Local Core Service Needs

Local Core Service Needs included in this plan must be addressed in order to sustain the investments made into the system of care. These needs are categorized as: system stabilization, emergency services and support services.

1. System Stabilization

Cost of Doing Business Adjustment

Reports issued by the Wyoming Department of Administration and Information (A & I) show a cumulative inflation rate of 11% from 2000 through 2003. A & I also reports that inflation increased 2.9% in 2003 and the inflation rate for the second quarter of 2004 through the second quarter of 2005 was 4.5%. The last increase in cost of doing business for community mental health centers was provided in fiscal year 2002 and totaled 7.9%. Funding increases for community mental health since fiscal year 2003 have been directed toward specific services, with no accommodation for inflation. Attachment A details community mental health funding increases, FY 2004 through FY 2006. In order to maintain current services, a 10% adjustment is needed to pay increased costs of health insurance, utilities, transportation and supplies.

FUNDING REQUEST: COST OF DOING BUSINESS ADJUSTMENT

10% cost of doing business adjustment: \$1,597,550 per year x 2 years = \$3,195,100

A 10% increase was applied to the following funding categories: Base Services, Clinical Services, Quality of Life, SIP, and CARF Maintenance. Attachment B, Proposed 10% Funding Adjustment, shows the distribution of a 10% funding increase among community mental health centers.

The amount requested does not equal 10% of the FY 2006 contracts due to one-time funding provided for CARF accreditation costs and one-time data costs.

Per Capita Funding Equalization

A second adjustment is needed to ensure each center's ability to meet the local need for services, to provide equal footage for the development of regional services and to recruit and retain staff. Population shifts within the state have created additional need for clinical services in some areas. Centers are hampered from responding to the increased need due to disparities in per capita funding for clinical services.

This disparity becomes increasingly important considering that services developed within each region need to be similar throughout all areas of the state. Disparities in per capita funding create an uneven playing field and without equalization, comparative services cannot be provided in some areas.

Successful recruitment and retention of staff is essential to the stability and improvement of our system of care. Results of a recent salary survey, included as Attachment C, compared community mental health center salary scales with those of competing agencies and school districts. The comparison shows the public mental health system pays an average of \$7674 less than competing agencies for masters level staff. Newly hired bachelors level personnel in our system are paid on average \$4618 less than in competing agencies. The 10% cost adjustment discussed above is not sufficient to increase clinician salaries to a competitive level.

FUNDING REQUEST: PER CAPITA FUNDING EQUALIZATION

Equalization at \$27.50 per capita: \$1,597,550 year x 2 years = \$3,670,697

Attachment D, Per Capita Funding Equalization shows the current per capita amounts by center, and the necessary per capita adjustments taking into account the 10% cost of doing business increase discussed above. The 10% cost adjustment was applied to the formula first, which slightly increased per capita distribution and also created further disparities.

The resulting total of equalization is less than what was originally proposed.

The cost of Equalization if the 10% cost adjustment is not funded is \$2,634,124 x 2 = \$5,268,247

Equalization calculations were based on 2004 population estimates with a hold harmless provision applied to each service region in the state. Additional need and demand for services in Uinta County necessitates a higher adjustment in funding for Pioneer Counseling, which is reflected on the chart.

2. **Emergency services**

Currently emergency services are not funded by the state. Processes to access emergency services vary from an answering service and on-call therapist to direct contact with the local

hospital or sheriff with an on-call therapist as back-up. Uniform, rapid emergency response throughout the state is the foundation of regional crisis care. Partial funding by the state will establish uniformity and accountability and ensure that emergency services in all counties adhere to the following response requirements:

- 15 minute telephone response by a licensed professional
- 1 hour on site response time within a local community
- 2 hour on site response time anywhere within a county

FUNDING REQUEST: EMERGENCY SERVICES

\$28,000 per .5 FTE x 23 counties = \$644,000 per year x 2 years = \$1,288,000

Funding is for half of a masters level staff in each county. This funding amount differs from that previously proposed as "Crisis response and triage" due to the partial funding approach provided to all 23 counties rather than full funding for only 12 FTEs.

3. Support Services

Family outreach and advocacy, the Family to Family program, and information and referral services are an integral part of the service system and need to be strengthened and expanded. Funding for these services is currently provided by the Mental Health Block Grant and is contracted to UPLIFT and NAMI, Wyoming. The Mental Health Planning Council has determined that the purpose of Block Grant funds is to provide time-limited funding to demonstrate new and innovative approaches to recovery however these projects have been supported by the Block Grant for many years. Both of these organizations have expressed interest in expanding their services but are unable to do so without additional funds.

FUNDING REQUEST: FAMILY OUTREACH AND ADVOCACY

Family Outreach and Advocacy: \$300,000 year x 2 years = \$600,000

This figure is taken from a budget request for statewide coverage from UPLIFT and would replace lost TANF funding and \$40,000 from the Mental Health Block Grant. Additional funding will enable the establishment of Family Outreach Specialists in Jackson, Cody, Rock Springs and Gillette, areas currently not covered by UPLIFT.

FUNDING REQUEST: FAMILY TO FAMILY PROGRAM

Family to Family Program: \$44,000 per year x 2 years = \$88,000

Funding would replace the \$30,000 request to the Mental Health Block Grant, and provide \$14,000 for recruitment and training.

FUNDING REQUEST: INFORMATION AND REFERRAL SERVICES

I&R Services: \$90,000 per year x 2 years = \$180,000

These figures are based on actual budget requests submitted to the Mental Health Division and funding would be distributed equally, i.e., \$45,000 for adults and \$45,000 for children.

Comprehensive Care Regional Services

Regional services are those that will be provided throughout each of six Comprehensive Care Regions within the state. Services are for children, adolescents, adults, and older adults and include all mental health and substance abuse diagnoses, including co-occurring mental health and substance abuse diagnoses. Collaborations, formal agreements, and Memorandums of Understanding will be required among community mental health centers to ensure that each regional service is provided in a uniform fashion, is accessible throughout the region, and is consistent with the same service provided within every other region.

Biennial contract applications developed in the spring of 2006 will require regional plans for the delivery of the following services.

- **Supported employment and supported education**
Supported employment and supported education are services provided to adults and older adolescents for the purpose of vocational development. These 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 shadowing and remedial and advanced education. These services are essential to achieve community integration, increase self-sufficiency and promote a productive lifestyle. Supported employment and supported education are not provided to the extent that they are needed in the state due to inadequate funding.
- **Housing**
Community based housing opportunities for SPMI include multiple levels of support intensity ranging from group homes and residential living arrangements to independent living support. Persons who utilize housing supports move from one level of support to another, depending upon need. Quality of Life funds can be used for short-term housing only. Adequate longer term housing is a need in all areas of the state.
- **Residential Treatment Services**
Residential treatment services are staffed 24 hours a day and provide a therapeutic treatment environment. Specialized services for co-occurring disorders and substance abuse residential treatment services are included in this category. See the Substance Abuse Division's proposal for funding requests related to substance abuse residential treatment. Residential treatment services **will not** be included in the Mental Health Division's required regional plan for services.
- **Therapeutic Foster Care**
Therapeutic Foster Care (TFC) is 24-hour a day placement within a home environment of a child or adolescent with specially trained "parents". TFC is often a cost efficient and effective alternative to residential or hospital-based care. TFC parents must meet the specialized training requirements of DFS and provide a home atmosphere with intensive supervision. Mental health wrap-around services are provided on a frequent basis to maintain the child in his or her home community. This service approach allows for the involvement of other family members in treatment, and provides for a continuum of service options, i.e., case management, Individual Rehabilitation Services, and educational supports. TFC room and board is funded by DFS and therapeutic services and supports are funded solely through Medicaid.

- **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 mental health treatment, nursing services, and case management.

- **Crisis Stabilization**

Crisis stabilization is a community based, short-term intervention 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. The availability of social detoxification on a regional basis is a component critical to the success of crisis stabilization services. A funding request for social detoxification services is included in the Substance Abuse Division's proposal.

- **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. Involuntary hospitalizations under Title 25 are currently being addressed by the Joint Judiciary Interim Committee.

- **Prevention/early intervention/community education**

Prevention and education services are designed to increase the level of mental health and substance abuse knowledge or skills of the lay public or specialized groups of individuals. Prevention/education services consists of providing information to the general public, skill training, DUI services, and conducting workshops, seminars or similar experiences. Early intervention services interrupt the development and/or progression of substance abuse, emotional and behavioral disorders. Early intervention services are provided across all age groups, however, early intervention for young children requires specialization.

Needs of Comprehensive Care Regions

Full funding of psychiatric services, psychiatric recruitment, emergency services, crisis stabilization services and acute inpatient services in combination with implementation of the recommended functions of the Wyoming State Hospital described on page 10, will result in a minimum of a 10% reduction of admissions from the community mental health system to the Wyoming State Hospital. Implementation of these regional services is needed to provide all Wyoming citizens with the least restrictive care they need in a manner that minimizes disruption to their families and their jobs. The combination of these services provides an acute care system that progresses from least intensive to more intensive services. Services are interdependent, for example, a successful crisis stabilization service is dependent upon an adequate emergency response.

1. Psychiatric services.

According to the Center for Mental Health Services (2001), there are 13.7 psychiatrists per 100,000 population nationally. Wyoming currently has 32 psychiatrists or 6.32 per 100,000 population. Three of the 32 have received training or have specialty areas in treating children. Current psychiatric positions in community mental health centers are in jeopardy due to the inability to support those positions. Based on population, the community mental health system

could use 25 psychiatric service staff. However, recruitment and maintenance of that number of psychiatrists into the state is unrealistic. Instead we are requesting funding for only 12.5 psychiatrists. Attachment E shows where psychiatrists would be located, by region.

Additionally we propose to increase the use of Advanced Practitioners of Nursing and Physician Assistants, and pursue telemedicine opportunities. The development of incentive packages such as a loan repayment program, the development of graduate field placements in psychiatry and the continuation of the APN program at the University of Wyoming are supported.

FUNDING REQUEST: PSYCHIATRIC SERVICES

\$175,000 per FTE psychiatrist x 12 FTE = \$2,100,000 year x 2 years = \$4,200,000

The salary figure of \$175,000 per psychiatrist is an estimate based on current salary requests and rates. Funding for psychiatrists will be provided to community mental health centers on a salary reimbursement basis (per FTE). Remaining costs of psychiatric services (travel, benefits, office space and supplies) will be offset by revenue generated. Psychiatric time may be made available to communities within the region and paid for using community resources.

3. Recruitment of Psychiatrists

A coordinated, comprehensive, and systematic recruitment strategy needs to be planned and implemented if we are to be successful in attracting psychiatrists to the state. A recruitment plan will be developed and implemented jointly between the Mental Health Division, WAMHSAC, the Wyoming Association of Psychiatric Physicians, and local hospitals.

FUNDING REQUEST: RECRUITMENT OF PSYCHIATRISTS

\$22,000 each x 12 psychiatrists = \$264,000 year x 2 years = \$528,000

Recruitment costs range from \$22,000 to \$30,000 per psychiatrist. Funding will be controlled at the state level.

4. Telepsychiatry.

Currently there are two telepsychiatry pilot projects in the state, one at Peak Wellness Center and the other at Southwest Counseling Service. Mental Health Division staff will closely follow and monitor these services to assess the effectiveness of the service delivery system and consumer satisfaction with the approach. Cost projections for statewide coverage will be developed and provided to the Wyoming State Legislature at a later date.

5. Crisis stabilization

Crisis stabilization services will prevent unnecessary inpatient care, minimize disruption to families and employment and increase the local ability to triage crisis situations. Nationally, crisis stabilization diverts between 50-60% of individuals from placement in inpatient care. Currently we have two grant-funded crisis stabilization projects operating within the state, one at Peak Wellness Center that has been in operation for two years and one at Southwest Counseling that just recently received grant funding. Early results from the Peak Wellness Center project indicate a 45-50% diversion rate. The provision of crisis stabilization may include mobile teams, intensive residential services, specialized Youth Crisis beds for children or any combination of these services. Flexibility must be provided to regions in the development of crisis stabilization services to maximize existing resources and meet the unique service delivery needs of each Comprehensive Care Region. Successful implementation of this service will impact the admission rate to the Wyoming State Hospital.

FUNDING REQUEST: CRISIS STABLIZATION

\$6,210,624

The budget detail is contained in Attachment F. This amount reflects funding for services in each of six regions for a minimal staffing pattern and youth crisis stabilization beds. Previous requests for this service were based on services in only two regions. The funding figure is based on our experience with current projects.

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. Funds may be subcontracted to other centers in the region or to outside providers for the provision of these services. The state contribution for crisis stabilization would decrease if the service was Medicaid reimbursable. The Mental Health Division will explore the option of establishing crisis stabilization as a single service under Medicaid.

6. Acute Inpatient Care

Acute Inpatient Care will be available and provided within each of the six Comprehensive Care Regions. Data to estimate the need for voluntary acute inpatient care currently does not exist. Anecdotal information from Peak Wellness Center indicates that 34 bed days are needed per 10,000 population. This is a conservative estimate. Using this formula, the following distribution of bed days is proposed:

Basin Region :	172 bed days
Northeast Region:	286 bed days
Central Region:	285 bed days
Southeast Region:	520 bed days
Southwest Region:	252 bed days
Western Region:	<u>207 bed days*</u>
Total	1,722 bed days

*The Wyoming State Hospital can provide an estimated 104 of the needed 207 bed days in the Western CCR, thereby reducing the funding request.

FUNDING REQUEST: ACUTE INPATIENT CARE

1,618 bed days at \$800 per day = \$1,294,400 per year x 2 = \$2,588,800

Figures are cost estimates received from inpatient care facilities and include bed costs, medical care costs, and psychiatric service.

Some costs will be paid by Medicaid for a number of clients. Revenue generated will be available to purchase additional bed days.

Community mental health centers will control access to the beds within their region. Funding will be maintained at the state level and payment based upon voucher authorization from the community mental health center involved in the placement. This approach will ensure appropriate placements based on a clinical assessment and promote continuity of care upon discharge.

7. Early Intervention Services

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 improve family life. 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. This is an additional service that is totally undeveloped in most areas. 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

12 FTEs at \$56,000 each = \$672,000 per year x 2 years = \$1,344,000

Funding will support 2 masters level staff in each of six regions.

8. Suicide Prevention

Suicide continues to be a serious public health problem in the state. Efforts are underway to implement a comprehensive and coordinated program involving community coalitions and other stakeholders that will, over time, impact the number of suicides. The activities related to suicide prevention, and an accompanying budget request will be included in a report to the Joint Labor, Health, and Social Services Interim Committee and to the Joint Appropriations Interim Committee, due December 1, 2005.

Wyoming State Hospital

The Wyoming State Hospital has an essential role both statewide and in the Western Comprehensive Care Region in which it is located.

Recommended functions of the Wyoming State Hospital:

- Regional acute inpatient care for the Western CCR
- Regional crisis stabilization for the Western CCR

Statewide safety net functions:

- Mid-range crisis stabilization (more intensive services than can be provided in a community)
- Long-term care for persons when community integration is difficult or impossible and includes violent and aggressive individuals
- Long-term med/geriatric care
- Forensic/legal obligation/NGMI services

The Wyoming State Hospital should not provide:

- Adolescent/children's services
- Outpatient services
- Community-based psychiatry
- Inpatient acute care outside the Western CCR

The required prerequisite use of the combination of regional psychiatric services, crisis stabilization and acute inpatient care will provide a more intense level of service to clients within or very near their home community. This strategy will not only provide more effective and efficient treatment to persons with the greatest need, but will reduce the frequency of need for inpatient

services at the Wyoming State Hospital. When the level of need cannot be provided at the community or regional level, the services provided through the Wyoming State Hospital must be accomplished with a greater degree of coordination and collaboration with the local community provider. Required joint decision making regarding admission and discharge of persons at the Wyoming State Hospital is a necessary component of the system of care and will serve to create a comprehensive, coordinated and integrated system in which clients receive the most appropriate and least restrictive treatment available. As a part of the coordination of services it will be necessary for a cooperative bed allocation and utilization plan to be developed statewide.

Accountability and Statewide Quality Improvement Program

The Mental Health Division, in collaboration with providers, will establish a statewide quality improvement program which will systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health services, including those detailed in this plan. System performance measures will be developed and utilized to include the quality of Local Core Clinical Services, services provided in each Comprehensive Care Region, changes in employment and residential status, and cost effectiveness of services. Quality improvement reports will be prepared and provided to the Wyoming State Legislature on an annual basis. The quality improvement program will not replace existing state oversight that includes contract compliance reviews, performance requirements, and onsite reviews, but will provide an additional mechanism to monitor the quality of services provided. The Wyoming Mental Health Accountability and Quality Improvement Program description is included as Attachment G.

A “gaps analysis” will also be conducted during fiscal year 2006 to serve two functions: (1) to assess current local core services and supports and establish benchmarks for access, quality, and cost-effectiveness of services and (2) identify gaps and barriers in services and make recommendations for use in system planning. Funding for a gaps analysis will be taken from existing Division budgets.

FUNDING REQUEST: STATEWIDE QUALITY IMPROVEMENT PROGRAM

Quality Improvement Program: \$474,600 year x 2 years = \$949,200

A breakdown of the funding is provided on page 3 of Attachment G, Wyoming Mental Health Accountability and Quality Improvement Program.

Mental Health Division Infrastructure Resources

Transformation of our mental health system of care into more uniform, equitable, and accessible services on the local and regional levels will necessitate considerable support, technical assistance, monitoring, and oversight from the Mental Health Division. Organizational changes within the Department of Health over the past 2½ years have created a significant impact on existing staff resources. Currently the Division has ten full-time staff positions, two part-time positions, and 4 contracted positions. We anticipate that eight additional state positions will be required to fulfill the responsibilities and expectations that this plan implies. One position, the QI state coordinator, is included in the Quality Improvement Program discussion and funding proposal. An organizational chart is included as Attachment H.

Additional staff positions are needed as follows:

- 3 FTE Mental Health Consultants to provide technical assistance, monitoring and planning functions related to the development and implementation of regional services
- 1 FTE Data Base Administrator to manage the Wyoming Client Information System. This function is currently a contract position.

- 1 FTE Data Analyst to perform data analysis functions necessary to support division research, evaluation, and monitoring to include WCIS and the Statewide Accountability and Quality Improvement Program.
- 1 FTE Waiver Specialist, needed only if the Medicaid Waiver is approved.
- 1 FTE Support Staff, to provide administrative functions associated with the new positions.
- 1 FTE Quality Improvement Coordinator to manage the Quality Improvement Program and oversee the functions of the regional Quality Improvement Committees.

FUNDING REQUEST: DIVISION INFRASTRUCTURE RESOURCES \$950,000

Funding is for

- Annual salary and benefits for 8 professional staff positions
 - $\$440,604 \times 2 \text{ years} = \$881,208$
- Support funds required for travel, communications, office space, supplies, and equipment
 - $\$34,250 \times 2 \text{ years} = \$68,500$

Intentionally left blank

**FUNDING REQUEST SUMMARY
MENTAL HEALTH DIVISION
FY 2007-2008 Biennium**

REQUEST	DEFINITION	BIENNIUM PROPOSAL
Cost of Doing Business Adjustment	Adjust funding to inflation by providing a 10% increase for all services	\$3,195,100
Per Capita Funding Equalization	Equalize funding for clinical services at \$27.50 per capita throughout the state (Pioneer at \$56 per capita)	\$3,670,697
Psychiatric Services	Funding for 12 psychiatrists to be hired by CMHCs	\$4,200,000
Recruitment of Psychiatrists	Funding for a coordinated and comprehensive recruitment plan with other partners	\$528,000
Emergency Services	Partial funding to ensure uniformity, accountability and rapid emergency response	\$1,288,000
Crisis Stabilization	Mobile teams, intensive residential services, crisis foster care, or any combination of these services on a regional basis	\$6,210,624
Acute Inpatient Care	Hospital based acute care within each of six regions in the state	\$2,588,800
Family Outreach, Advocacy, and Education and Information and Referral Services	Funding to expand current family programs and maintain I&R Services	\$1,136,000
Early Intervention Services	Partial funding to identify young children at risk of mental, behavioral, or substance abuse disorders and to provide interventions	\$1,344,000
Quality Improvement and Accountability	Statewide program to monitor the effectiveness, efficiency, appropriateness and quality of mental health services	\$949,200
Division Support	Staffing and support costs for 7 additional staff positions	\$950,000
	TOTAL	\$26,060,421

ATTACHMENT A

COMMUNITY MENTAL HEALTH CENTER FUNDING INCREASES
FY 2004 – FY 2006

Fiscal Year	Amount of Increase	Purpose
2004	\$444,495	\$200,000 Quality of Life \$244,495 SIP in Park County
2005	\$309,844	CARF Accreditation Assistance
2006	\$131,610	One Time Data Support (Data funding equaled \$197,200 and CARF costs decreased by \$65,590)

Attachment B
Proposed 10% Funding Increase Distribution

Agency	Base	Clinical	QOL	SIP	CARF	Net Increase	Total Contract
					Maintenance	to Each CMHC	
Big Horn	\$77,000	\$254,385	\$37,190	\$0	\$11,000	\$34,507	\$379,575
Cambell	\$77,000	\$766,385	\$139,506	\$0	\$11,000	\$90,353	\$993,892
Carbon	\$77,000	\$335,949	\$133,423	\$0	\$11,000	\$50,670	\$557,372
Central	\$77,000	\$1,800,517	\$66,546	\$268,945	\$21,299	\$203,119	\$2,234,307
Eastern	\$154,000	\$277,528	\$105,809	\$0	\$11,000	\$49,849	\$548,337
Fremont	\$77,000	\$876,370	\$127,101	\$268,945	\$12,498	\$123,811	\$1,361,913
High Country	\$154,000	\$438,768	\$41,032	\$0	\$11,000	\$58,618	\$644,800
Hot Springs	\$77,000	\$114,821	\$12,489	\$0	\$11,000	\$19,573	\$215,311
Jackson	\$77,000	\$407,672	\$47,667	\$0	\$11,000	\$49,394	\$543,340
Northern	\$308,000	\$1,069,153	\$121,400	\$268,945	\$16,352	\$162,169	\$1,783,850
YBHS	\$77,000	\$594,085	\$84,484	\$268,945	\$11,000	\$94,138	\$1,035,514
Peak	\$308,000	\$3,027,695	\$605,000	\$315,883	\$39,387	\$390,543	\$4,295,965
Pioneer	\$77,000	\$671,710	\$118,946	\$268,945	\$11,000	\$104,328	\$1,147,600
Southwest	\$77,000	\$1,024,445	\$129,001	\$268,945	\$14,144	\$137,594	\$1,513,535
Washakie	\$77,000	\$199,443	\$30,287	\$0	\$11,000	\$28,884	\$317,731
Totals	\$1,771,000	\$11,858,926	\$1,799,884	\$1,929,550	\$213,680	\$1,597,550	\$17,573,040

FY 06 Contract Amounts

Agency	Base	Clinical	QOL	SIP	CARF Maintenance	CARF 1x Funding	1x Data Funding	Total Contract
Big Horn	\$70,000	\$231,259	\$33,809	\$0	\$0	\$20000*	\$9,000	\$364,068
Cambell	\$70,000	\$696,714	\$126,824	\$0	\$10,000	\$0	\$9,000	\$912,538
Carbon	\$70,000	\$305,408	\$121,294	\$0	\$0	\$20000*	\$9,000	\$525,702
Central	\$70,000	\$1,636,834	\$60,496	\$244,495	\$19,363	0	\$17,900	\$2,049,088
Eastern	\$140,000	\$252,298	\$96,190	\$0	\$10,000	0	\$9,000	\$507,488
Fremont	\$70,000	\$796,700	\$115,546	\$244,495	\$11,362	0	\$17,900	\$1,256,003
High Country	\$140,000	\$398,880	\$37,302	\$0	\$0	\$20000*	\$9,000	\$605,182
Hot Springs	\$70,000	\$104,383	\$11,354	\$0	\$0	\$20000*	\$9,000	\$214,737
Jackson	\$70,000	\$370,611	\$43,334	\$0	\$0	\$20000*	\$9,000	\$512,945
Northern	\$280,000	\$971,957	\$110,364	\$244,495	\$14,865	\$0	\$9,000	\$1,630,681
Park	\$70,000	\$540,077	\$76,804	\$244,495	\$10,000	\$0	\$22,300	\$963,676
Peak	\$280,000	\$2,752,450	\$550,000	\$287,166	\$35,806	\$0	\$17,900	\$3,923,322
Pioneer	\$70,000	\$610,645	\$108,133	\$244,495	\$10,000	\$0	\$22,300	\$1,065,573
Southwest	\$70,000	\$931,314	\$117,274	\$244,495	\$12,858	\$0	\$17,900	\$1,393,841
Washakie	\$70,000	\$181,312	\$27,534	\$0	\$10,000	\$0	\$9,000	\$297,846
Totals	\$1,610,000	\$10,780,842	\$1,636,258	\$1,754,136	\$144,254	\$100,000	\$197,200	\$16,222,690

ATTACHMENT C

Comparative Salary Analysis
July, 2005

WAMHSAC CENTERS	BA	BA+5	MA	MA+5
Big Horn County Counseling			\$32,000	\$40,605
Carbon County Counseling	\$28,500	\$32,000	\$32,500	\$38,500
Cedar Mtn. Cntr.	\$28,000	\$32,000	\$35,000	\$41,000
Central Wyoming Counseling	\$26,408	\$29,048	\$31,539	\$34,691
Curran-Seeley Fndn.	\$30,000	\$34,000	\$34,000	\$42,000
Eastern Wy MHC	\$27,300	\$31,688	\$31,533	\$40,203
Fremont Counseling Serv.	\$27,600	\$29,562	\$33,868	\$35,830
High Country Counseling	\$26,000	\$28,000	\$31,000	\$34,200
Hot Springs County Couns.	\$27,500	\$30,000	\$29,000	\$32,000
Jackson Hole CC	\$28,000	\$33,928	\$30,500	\$39,896
Mercer House	\$28,000	\$35,000		
Northern Wy MHC	\$26,130	\$28,380	\$30,765	\$35,265
Yellowstone Behav Health	\$22,000	\$26,500	\$32,000	\$39,500
Peak Wellness Center	\$24,000	\$26,500	\$29,000	\$31,600
Pioneer Counseling Services	\$24,344	\$29,214	\$31,140	\$37,370
Southwest Counseling Svc	\$22,575	\$27,575	\$31,625	\$41,369
Washakie MHS			\$32,000	\$38,500
WYSTAR	\$26,000		\$37,000	
Average	\$26,397	\$30,226	\$32,028	\$37,658
COMPETING AGENCIES				
Frontier Corrections	\$33,000		\$40,000	
Rock Sprgs Hospital			\$37,000	
Dept of Corrections			\$53,000	
Pineridge			\$38,000	
Indian Health Services			\$40,000	
Wy Behavioral Institute	\$24,000		\$36,000	
Average	\$31,015		\$39,702	
Competing Agency Advantage	\$ 4,618		\$ 7,674	
SCHOOL DISTRICTS				
Campbell County #1*	\$28,100	\$32,140	\$32,340	\$36,380
Laramie Cnty #1	\$33,150	\$35,150	\$41,150	\$43,150
Natrona Cnty #1	\$33,840		\$38,840	
Sheridan Cnty #2*	\$29,000	\$33,500	\$32,375	\$36,875
Sweetwater Cnty #1*	\$29,100	\$32,260	\$34,100	\$37,260
Uinta Cnty #1	\$31,085	\$34,835	\$33,335	\$37,085
Average	\$30,713	\$33,577	\$35,357	\$38,150
School District Advantage	\$ 4,316	\$ 3,351	\$ 3,329	\$ 492
*Prior to 2005 adjustment				
COLORADO AVERAGE FY04	\$27,746		\$34,431	
State of Colorado Advantage	\$ 1,349		\$ 2,403	

Attachment D
Proposed Equalization (10% funding adjustment included)

Center	2004 Est Census	Proposed FY 07 Clinical	2004 Per Capita	Per Capita Adjustment Increase to \$27.50	Increase Clinical Funding to 2004 Census	Budget Request Net Increase to Each CMHC*	07-08 Biennium Budget*
Big Horn	11,416	\$254,385	\$22.28	\$5.22	\$313,940	\$59,555	\$119,110
Campbell	36,721	\$766,385	\$20.87	\$6.63	\$1,009,828	\$243,443	\$486,885
Carbon	15,271	\$335,949	\$22.00	\$5.50	\$419,953	\$84,004	\$168,007
Central	69,010	\$1,800,517	\$26.09	\$1.41	\$1,897,775	\$97,258	\$194,516
Eastern	14,787	\$277,528	\$18.77	\$8.73	\$406,643	\$129,115	\$258,229
Fremont	36,310	\$876,370	\$24.14	\$3.36	\$998,525	\$122,155	\$244,310
High Country	22,280	\$438,768	\$19.69	\$7.81	\$612,700	\$173,932	\$347,864
Hot Springs	4,598	\$114,821	\$24.97	\$2.53	\$126,445	\$11,624	\$23,248
Jackson	18,964	\$407,672	\$21.50	\$6.00	\$521,510	\$113,838	\$227,676
Northern	47,466	\$1,069,153	\$22.52	\$4.98	\$1,305,315	\$236,162	\$472,324
Yellowstone	26,516	\$594,085	\$22.40	\$5.10	\$729,190	\$135,105	\$270,210
Peak	137,721	\$3,027,695	\$21.98	\$5.52	\$3,787,328	\$759,633	\$1,519,265
Pioneer	19,772	\$671,710	\$33.97	\$56.00	\$1,107,232	\$435,522	\$871,044
Southwest	37,758	\$1,024,445	\$27.13	\$0.37	\$1,038,345	\$13,900	\$27,800
Washakie	7,939	\$199,443	\$25.12	\$2.38	\$218,323	\$18,880	\$37,759
Total	506,529	\$11,858,926	\$23.41	\$121.52	\$13,929,548	\$2,634,124	\$5,268,247
AVERAGE		\$790,595	\$23.56	\$8.10	\$928,637	\$175,608	\$351,216

* Figures include the 10% cost of doing business increase.
Funding needed for equalization equals \$3,670,697

ATTACHMENT E
LOCATION OF PROPOSED 12 PSYCHIATRISTS BY REGION

REGIONS	FTE PSYCHIATRIST
Basin Region	1.20
Big Horn Co Couns	0.27
Hot Springs Co Couns	0.11
Washakie MHS	0.19
Yellowstone BHC	0.63
Northeast Region	1.99
BHS at Campbell Co	0.87
Northern Wy Couns	1.12
Central Region	1.99
Central Wy Couns	1.63
Eastern Wy MHC	0.35
Southeast Region	3.62
Carbon Co. Couns.	0.36
Peak Wellness Center	3.26
Southwest Region	1.75
Fremont Counseling	0.86
Southwest Couns Svc	0.89
West Region	1.95
High Country	0.53
Jackson Hole	0.45
Pioneer Co Couns.	0.97
TOTAL	12.5

ATTACHMENT F

CRISIS STABILIZATION BUDGET ESTIMATE

We propose to implement crisis stabilization services within each of the six CCRs in the state. Services can include mobile teams, intensive residential services, specialized youth crisis stabilization beds for children or any combination of these services. Following is a breakdown of crisis stabilization funding needs.

(1) Staffing. The model assumes the following staffing pattern in each region. Cost estimates for staff includes salary and benefits.

.5 FTE Crisis Program Manager/Nurse	\$39,000
.1 FTE Psychiatrist	\$19,500
1.0 FTE Masters level counselor	\$56,000
1.0 FTE Bachelor level case manager	\$45,500
1.0 FTE Peer Support Specialist	\$32,500
5.0 FTE Crisis Aides	\$162,500
Other Costs:	
Occupancy	\$15,000
Equipment	\$ 5,000
Travel	\$10,000
Emergency Funds	\$ 5,000
Supplies	\$ 2,000
Medications	\$10,000
	<hr/>
	\$402,000

(2) Youth Crisis Stabilization. Youth beds must be kept separate from adult beds. Specialized beds in a Residential Treatment Center or family environment are two options. Costs are estimated at \$300 per day and may vary by region. Calculations are based on an estimated one crisis bed (365 days per year) per 80,000 population.

Chart can be viewed on the next page

(Attachment F continued)

Regions	Population (2004 Est.)	Youth Crisis Days	Cost
Basin Region			\$69,081
Big Horn	11,416	52	\$15,626
Hot Springs	4,598	21	\$6,294
Washakie	7,939	36	\$10,867
Yellowstone BHC	26,516	121	\$36,294
Northeast Region			\$115,231
BHS at Campbell County Hosp	36,721	168	\$50,262
Northern	47,466	217	\$64,969
Central Region			\$114,697
Central	69,010	315	\$94,457
Eastern	14,787	67	\$20,240
Southeast Region			\$209,408
Carbon	15,271	70	\$20,902
Peak	137,721	628	\$188,506
Southwest Region			\$101,128
Fremont	36,310	166	\$49,699
Southwest	37,758	172	\$51,581
West Region			\$83,516
High Country	22,280	102	\$30,496
Jackson Hole	18,964	87	\$25,957
Pioneer	19,772	90	\$27,063
Total	506,529	2311	\$693,312

Request Summary:

\$402,000 x 6 CCRs = \$2,412,000 x 2 years	\$4,824,000
\$693,312 distributed regionally based on population x 2 years	\$1,386,624

TOTAL BIENNIUM REQUEST**\$6,210,624**

ATTACHMENT G

State of Wyoming Mental Health Division

Wyoming Mental Health Accountability and Quality Improvement Program

Purpose

The Wyoming Mental Health Accountability and Quality Improvement Program will establish, monitor, and report annually to the legislature negotiated performance measures. A statewide Quality Improvement Program will be created to systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health care and services. The framework will include the creation of regional Quality Improvement Committees that report quarterly to a statewide Quality Improvement Council. The Quality Improvement Council will report annually to the legislature, WDH and Governor's Planning Council on Mental Health, and key stakeholder groups.

Role of Quality Improvement Activities for Wyoming's Mental Health System

To assure a collaborative, accessible, responsive, efficient, and effective mental health system that is culturally competent, client and family oriented, recovery focused, and age appropriate through the implementation of quality improvement methodologies.

Functions of the Wyoming Mental Health Quality Improvement Council and Regional Quality Improvement Committees

- Provide leadership in the development and implementation of a quality improvement system for mental health and behavioral health services
- Coordinate efforts to identify performance indicators which are meaningful, affordable to measure, and sufficiently sensitive to measure changes.
- Coordinate efforts to promote continuous quality improvement activities
- Coordinate efforts to measure system performance
- Involve stakeholders in the quality improvement process
- Promote special studies, utilizing information from the data committee and other sources, to assure access, quality and cost-effectiveness of services
- Advocate for effective, quality mental health programs
- Review, assess, and make recommendations regarding various components of the mental health system
- Periodically review the state's data systems and requirements to ensure they are reasonable
- Promote the use of evidence based practices
- Endorse the use of data to help managers at all levels of the system make good decisions, improve services, improve accountability, facilitate communication, and manage resources
- Utilize domains, or areas of performance, to represent the principle groupings of goals, objectives, and benchmarks

Core domains of Wyoming's performance measurement system

- Access to Services
- Appropriateness of Services
- Quality of Services
- Clinical and population outcomes

- Consumer satisfaction
- Integration and coordination of services
- Prevention, education, and outreach

Outcome menu

- Clinical Status (measures of psychiatric symptoms).
- Functional status (evaluation of a person's ability to perform activities of daily living)
- Quality of Life (client's assessment of his/her quality of life)
- Adverse Events (rates of hospitalizations, rehospitalizations, suicides, incarcerations)
- Satisfaction with Care
- Costs of psychiatric care, consumer's lost work productivity, cost-effectiveness of different treatment types
- Treatment outcomes across diagnostic categories
- Consumer surveys measuring satisfaction with services and actual outcomes
- Changes in level of function scores
- Rates of re-hospitalization
- Changes in employment status following mental health intervention
- Changes in school status (attendance, grades, social interaction) following mental health interventions
- Encounters with law enforcement and juvenile justice
- Stability of placements or residential stability
- Consumer assessments of social functioning as a result of mental health interventions
- Drug and alcohol use following mental health interventions

Basic Steps to Implementing the Quality Improvement Council and Regional Quality Improvement Committees

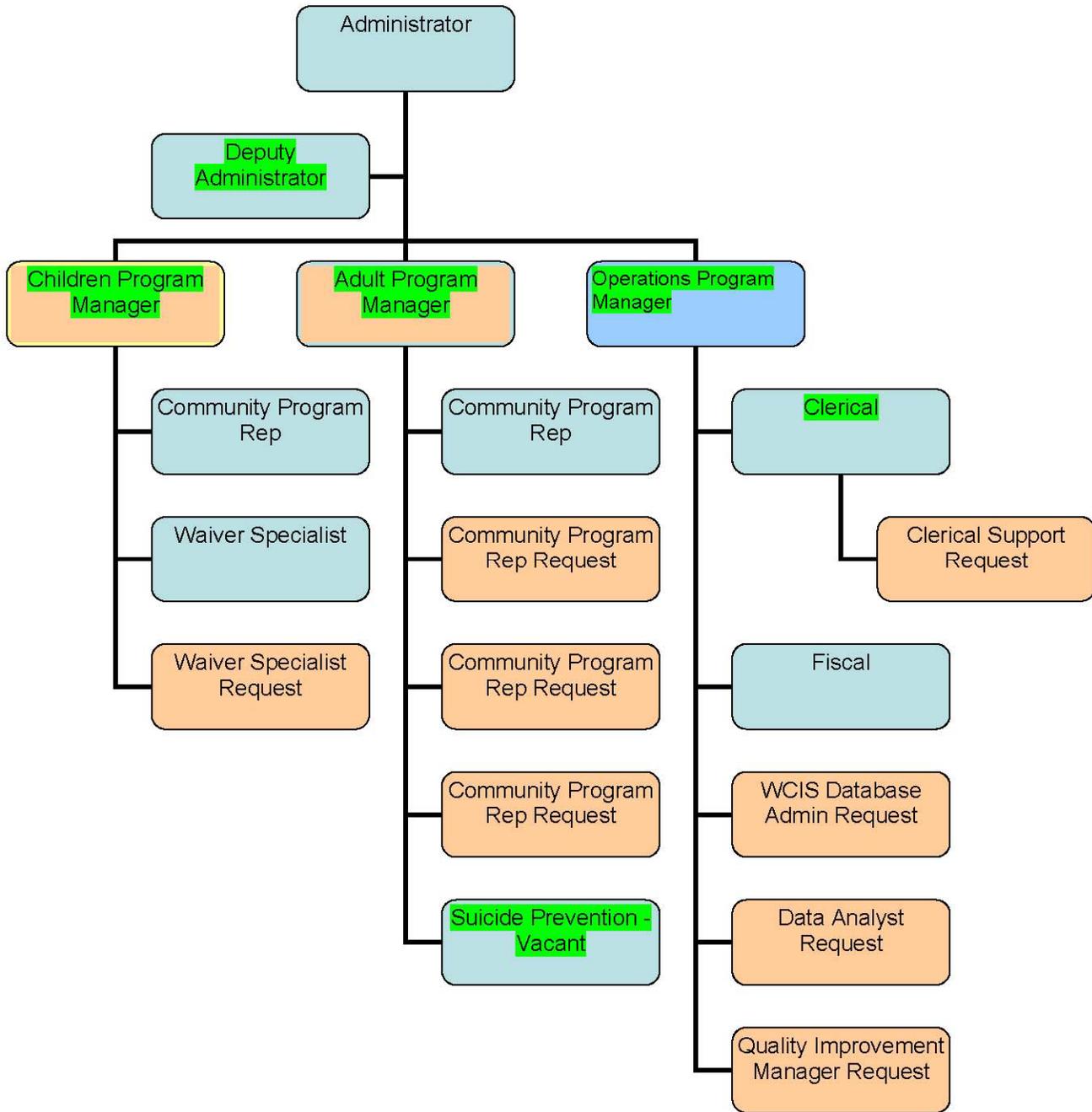
- Formally establish a Quality Improvement Council and Regional Quality Improvement Committees (including recruitment of Regional QI Coordinators and Statewide QI Manager)
- Hire RQIC Coordinators which will have overall responsibility for the quality assurance/ quality improvement processes within specified regions;
- Hire State QIC Manager which will have overall responsibility for the statewide quality assurance/ quality improvement processes;
- Define the relationship of the QIC and RQIC to the local boards (CMHC) and MHD/WDH
- Define the authority of the QIC and RQIC
- Establish QIC membership, including CMHC staff, consumers, family members, advocates, and other stakeholders
- Develop a Statewide and Regional Quality Improvement Plans, including a description of the processes for setting goals, objectives, indicators, and benchmarks.
- Develop a Statewide and Regional Quality Improvement Work Plans.
- Implement the Statewide and Regional QI Work Plans using the structure described in the Quality Improvement Plan; collect and analyze data and information;
- Review data to identify opportunities for improvement.
- Implement targeted changes based upon performance and outcomes data.
- Evaluate and revise components of the QI Plans and QI Work Plans, as needed.
- Communicate findings internally and externally.
- Repeat the steps above annually or on a regular and periodic basis.

Biennium Funding Proposal

- \$784,000 for salaries and benefits for 6 regional care coordinators and one state staff position at \$56,000 each
- \$135,800 for regional and statewide training and travel
- \$21,000 for computer equipment (one time cost at \$3000 per staff position)
- \$8,400 for telecommunications (annual cell phone costs of \$600 per year for each staff position)

TOTAL BIENNIUM REQUEST: \$949,200

Proposed Organizational Chart



Legend:
 Beige = requested positions
 Green highlighted are current positions in HR process