

## Executive Summary

The Wyoming Mental Health and Substance Abuse Services Division (MHSASD), the Community Mental Health Centers (CMHC), and the Substance Abuse Centers (SAC) are transforming the mental health and substance abuse system of care in Wyoming. This transformation has been supported through House Bill 91 and Senate File 76. This legislation provided additional funding to develop and expand Early Intervention services; Outpatient Mental Health services; Outpatient Substance Abuse services; staff, psychiatric, and nursing salaries; Residential services; Social Detox; and Crisis Stabilization services. This funding has been extremely effective at addressing many of the gaps identified in the 2006 Mental Health and Substance Abuse Gaps Analysis Reports (Callahan, Whitbeck, and Smith, 2006).

Many legislators and directors requested an update to the 2006 Gaps Analysis Reports. As a result, the 2010 Gaps Analysis Report (Callahan and Smith, 2010) was developed. This report utilized information from interviews with key stakeholders, including Directors, mental health and substance abuse staff, clinicians, Case Managers, consumers, family members, and allied agency staff. In addition, data from the Wyoming Client Information System (WCIS) was analyzed to understand client access and utilization of services.

A number of positive changes have occurred in the past four years, as a result of legislative funding. Ongoing quality improvement activities, and consumer and family involvement in services. There has been an increase in the number of mental health and substance abuse clients receiving services in the CMHCs and SACs. There has been an increase in the hours of services delivered for both mental health and substance abuse centers. This includes a significant increase in Medication Management services delivered by psychiatrists, Advanced Nurse Practitioners, and Physician Assistants. Funding for the Residential Substance Abuse programs has substantially increased the number of treatment beds available, which has increased capacity and improved access to this important level of treatment.

A number of promising practices have been identified through this report, including the Hot Springs Mobile Family Partnership Team, the Court Case Management Program in Natrona County, and system of care teams across the state. These programs are excellent examples of collaboration and coordination of services across allied agencies to meet the needs of clients and families. There has been an increase in consumer and family involvement in leadership activities (UPLIFT, NAMI, and WYSAAG), as well as the development of drop-in centers to promote wellness and recovery. There are exemplary Residential programs for women and children (Southwest Counseling), and for persons with co-occurring disorders (Peak Wellness Center).

There are still opportunities to strengthen the service delivery system by delivering more services to children with a Serious Emotional Disturbance (SED) and adults with a Serious and Persistent Mental Illness (SPMI). These individuals create higher costs for the system. By expanding Case Management services and hiring consumers as Peer Specialists, youth as Peer Mentors, and additional family members as Parent Partners, community-based

services can help support high-need clients to remain stable in the community. Developing services designed specifically for Transition Age Youth (ages 16-25) would help youth stay in school; remain in the community; stay out of trouble; avoid substance use; and develop positive, supportive relationships. There is an ongoing need for the development and expansion of low-income housing options in each region, as well as Transitional Residential housing for substance abuse clients. There is also a need for additional Social Detox and Medical Detox services.

It appears that the mental health and substance abuse systems will be experiencing another transformation with the implementation of Health Care Reform in 2014. While the federal roadmap for these system changes will be developed over the next few years, there are many core principles which can be utilized now to prepare our mental health and substance abuse systems. Our mental health and substance abuse systems must integrate services with physical health care providers. This integration and system transformation will promote health, recovery, and wellness for people with mental illness and/or substance abuse disorders.

This system integration and transformation requires effective leadership to develop, implement, and sustain the vision of Health Care Reform. Leaders need to have the skills and abilities to promote individual, organizational, and system transformation, while understanding how decisions at one level will impact access and quality of services at other levels. Leaders must have a strengths-based leadership style, be visionary, values driven, willing to take risks, and resilient. They will utilize data to manage costs, track outcomes, and work collaboratively to make changes to continually shape and improve policy and practice to achieve positive results.

Health Care Reform will modify how some mental health and substance abuse services are funded. Eligibility for Medicaid will change, with more persons eligible for Medicaid-funded services. However, Medicaid does not pay for a number of the specialized services that are currently available for our high-risk clients (children with SED and adults with SPMI). These services help keep high-need clients stable in the community and out of the hospital. There are similar issues with Medicaid reimbursement for substance abuse services. Historically, the number of substance abuse clients who meet Medicaid eligibility has been small. In addition, there are a few substance abuse providers that meet the Medicaid licensure requirements. As a result, state funding will be needed to support the mental health and substance abuse services that are not reimbursed by Medicaid.

As Health Care Reform is planned, implemented, and managed, state and local leadership must work together to promote system and culture change. These leaders must have the vision and skills to change our current system that primarily treats “parts” of the person (physical health, issues, mental health disorders, substance abuse issues), with separate funding streams (physical health, mental health, substance abuse), by different providers (e.g., primary care providers, mental health clinicians, substance abuse treatment staff) into an integrated behavioral health service delivery system that promotes health, wellness, and recovery. The change to integrated services requires strong state and local leadership, collaboration across systems, shared resources, and common, person-centered outcomes.