

Section III: A Vision for Transforming Wyoming’s Health Services System – Integrating Care to Improve Outcomes

Health Care Reform is at our doorstep. While the federal roadmap is only beginning to be drawn, there are many core principles which we can utilize now to prepare our mental health and substance abuse systems for the upcoming changes over the next several years. 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, through the delivery of person-centered “Health Care Homes.” Through careful planning and leadership, the system can promote integration between physical health care, mental health services, and substance abuse services.

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. Collaborative partnerships among key stakeholders and allied agencies require that leaders are trained, knowledgeable, and effective across every level of the system: state, regional, CMHC, and provider. These leaders must have a strengths-based leadership style, be visionary, values driven, willing to take risks, and resilient. They will have the skills to use data and measure performance, form strategic alliances, and build strong collaborative relationships. They will utilize data to manage costs, track outcomes, and work collaboratively to make changes to continually shape and improve services, subsequently modifying policy and practice to achieve positive results.

Integration of services is the key to implementing Health Care Reform. There is a need for state and local providers to work together to plan the best strategies for integrating Health Care Reform and delivering comprehensive prevention, wellness, treatment, and support services to meet the needs of children and adults with mental illness and/or substance abuse addictions. Health Care Reform is not simply sending a client to a physician for care. It is a complex change in the way that we deliver health care to meet an individual’s complex needs. It is an integration of funding to reduce the barriers of dedicated funding sources and moves to fund comprehensive health care to meet the needs of the client and family.

This integration requires that we must proactively change our service delivery system, while ensuring that we continue to have a safety net to help clients with a serious mental illness and/or addiction to receive services in the least restrictive setting. In addition, we must ensure that the service delivery system continues to meet the diverse and complex needs of these seriously ill people in our communities. Therefore, it is the responsibility of the Division and each of the providers to ensure that system-level integration promote the delivery of a supportive, collaborative system of care for persons with the most serious mental health and substance abuse needs.

The following components provide a framework for state and local leaders to work together to strengthen and integrate our services and create a strong, coordinated health system for clients and families. These principles will be outlined below and then each will be discussed in detail.

- 1. Access:** Engage clients and identify opportunities to integrate access to physical health, mental health, and substance abuse services for the highest-need clients.
- 2. Wellness and Recovery Focus:** Guide the delivery of wellness and recovery services through the development of Wellness and Recovery Plans and Individual Behavioral Health Plans.
- 3. Person-Centered Services:** Deliver person-centered, self-directed physical, mental health, and/or substance abuse evidence-based services that promote health and wellness in an integrated health care model. This model will include treating the whole person in a coordinated, collaborative model of care with primary care physicians, behavioral health staff, and other allied agencies.
- 4. Training:** Offer training to staff, clients, and family members to develop skills in evidence-based practices and service integration. In addition, provide consultation and training on developing integrated services to support clients to embrace and manage healthy lifestyle habits, build supportive social relationships, and promote health, wellness, and recovery.
- 5. Quality Management:** Develop, expand, and implement a quality management process to establish, collect, and measure client outcomes and system-level performance to ensure that services are integrated, timely, and promote health, wellness, and recovery.
- 6. System Transformation and Integration:** Develop strategies with allied providers to integrate physical health, mental health, and substance abuse services.

Creating an Integrated Health System for the Future

- 1. Access:** *Engage clients and identify opportunities to integrate access to physical health, mental health, and substance abuse services for the highest-need clients.*

Clients will be welcomed into services and receive a timely assessment as a first step in the Health Care Home model. An integrated service delivery system will change from a problem-based, clinic model to the delivery of person-centered services. This system will involve clients, and family members of children, and support them to be active participants in assessing, planning, and delivering services.

Assessments include key components of a person's comprehensive health factors, including physical health, mental health, substance use, and involvement with other services (e.g., Department of Family Services, Probation, employment, and housing). An integrated, confidential Electronic Health Record will include the results of all assessments and will be shared with team members, including physicians, mental health staff, and substance abuse staff. The appropriate release of information will be obtained at the time of the assessment.

Health Care Reform will also result in an increase in the number of people who are eligible for Medicaid services. Previously, in order for a person to be eligible for Medicaid, a person needs to meet the eligibility qualifications in one of several different aid categories. As a result, women with children, children in foster care, and persons with a serious disability were some of the primary Medicaid recipients. With Health Care Reform, eligibility for Medicaid is now based on income. Anyone who has an income below 133% of the Federal Poverty Level (FPL) will qualify for Medicaid, expanding eligibility to include men, women without children, and others who previously did not meet the eligibility standards. The implications of these changes on the health care system are far reaching. States will be required to match the federal Medicaid dollars for services delivered. There will be a need to clearly define services and medical necessity criteria for these services. This new system increases the need for integrated health care resources and personnel to provide the right amount of service at the right time, effectively developing a system of care to help monitor the cost and quality of services.

While the Medicaid population will be expanded through Health Care Reform, there will still be many people who are not eligible for Medicaid and need mental health and/or substance abuse services. These services will be funded through state dollars (the current state funding), insurance, and self-pay. Currently, only about 40% of mental health clients and 10% of substance abuse clients meet Medicaid eligibility.

2. *Wellness and Recovery Focus:* *Guide the delivery of wellness and recovery services through the development of Wellness and Recovery Plans and Individual Behavioral Health Plans.*

Information from an integrated assessment creates the opportunity to develop wellness programs and guides services. Through the development of a Wellness and Recovery Plan (WRAP) and/or an Individual Behavioral Health Plan (IBHP), clients, family, staff, and other support persons create the plan and identify key roles and responsibilities for each participant.

William Anthony (1993) identifies recovery as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” As the health care system integrates services and creates one coordinated IBHP with the client, services become focused on the needs of the client and family, as appropriate. These collaborative services are focused on supporting a person’s recovery and assures continuity of care. In addition, clients are active partners of the treatment team. Clients take responsibility for understanding their illness, managing symptoms, complying with treatment, and developing a supportive network to maximize health, wellness, and recovery.

3. *Person-Centered Services:* *Deliver person-centered, self-directed physical, mental health, and/or substance abuse evidence-based services that promote health and wellness in an integrated health care model. This model will include treating the whole person in a coordinated, collaborative model of care with primary care physicians, behavioral health staff, and other allied agencies.*

The Care Manager will assess and coordinate the individual's health services, based upon the person-centered IBHP. The Care Manager will work closely with the individual to coordinate needed services and assist in helping them manage their physical health, mental health, and substance abuse conditions. Behavioral health services will recognize co-occurring disorders (mental health and substance abuse) and develop treatment strategies to treat both conditions in an integrated manner. Physical health conditions will also be considered to understand the influence of mental health and substance abuse issues on physical health issues.

The Care Manager will also coordinate services with the primary care provider and support the individual to develop and integrate healthy lifestyle choices (e.g., nutrition, exercise, social activities). In addition, individuals will be linked to other needed services, including educational, dental, housing, and employment services.

Presently, there is a shortage of nurses and other qualified health providers to meet this objective. However, as the system moves toward a person-centered approach, it will be increasingly important to be able to hire qualified persons who can help manage health conditions and integrate services to maximize outcomes.

- 4. **Training:** Offer training to staff, clients, and family members to develop skills in evidence-based practices and service integration. In addition, provide consultation and training on developing integrated services to support clients to embrace and manage healthy lifestyle habits, build supportive social relationships, and promote health, wellness, and recovery.*

Systems will offer training and workshops to staff, clients, and family members regarding system change, person-centered treatment planning, and integrated services. Strategies will be developed for delivering comprehensive prevention, wellness, recovery, treatment, and support services. Workshops will be offered on managing health, mental health, and substance abuse disorders through an integrated team model. In addition, evidence-based treatment models will be provided for co-occurring disorders.

Strategies will be developed for promoting nutrition, diet, exercise, smoking cessation, meditation, anger management, and other life skills (e.g., parenting, seeking employment, budgeting). In addition, expanding Case Management and other supportive services, such as transportation and child care, can help ensure clients have access and are linked to appropriate services.

Workshops and training will be available on Psychiatric Rehabilitation services, including skills training, assertive community treatment, family psycho-education, self-management, supported employment, supported housing services, and other evidence-based practices. Strategies will be expanded for hiring and employing peer specialists and family support staff.

Health Care Reform requires systems to make significant changes to the existing service delivery system. Training and supportive leadership are key to the successful development and implementation of these integrated service models.

In addition, leaders and managers at all levels of the system will use data and performance measures as essential components of the quality management system to continuously improve access and services to meet the needs of clients, while managing costs and resources.

5. ***Quality Management:*** *Develop, expand, and implement a quality management process to establish, collect, and measure client outcomes and system-level performance to ensure that services are integrated, timely, and promote health, wellness, and recovery.*

An integrated health care system requires a comprehensive Quality Management System to serve as the foundation for managing access, quality, outcomes, and cost-effectiveness. A Quality Management System utilizes consistent, standardized health care data to ensure access to services, deliver evidence-based services, and manage costs. An integrated, confidential Electronic Health Record collects the core client- and service-level data to conduct daily business. It also collects information on outcomes, performance, and continuity of care across systems to improve coordination and cost-effectiveness.

Quality Management activities will involve clients, Peer Specialists, and staff to design evaluation strategies, collect and analyze data, and review reports. Reports will be produced to provide feedback on client outcomes and the effectiveness of services. The Quality Management process will utilize feedback from system partners to measure performance, outcomes, and modify service delivery to resolve issues and improve services. The system will identify evidence-based practices and other standard medical practice guidelines to improve the health, mental health, and substance abuse status of clients, especially those with chronic health conditions. In addition, a methodology for tracking health indicators using validated measurement tools will be developed and implemented. These activities will provide continuous feedback to system managers, clients, allied agencies, and stakeholders to demonstrate the effectiveness of services and identify best practice models.

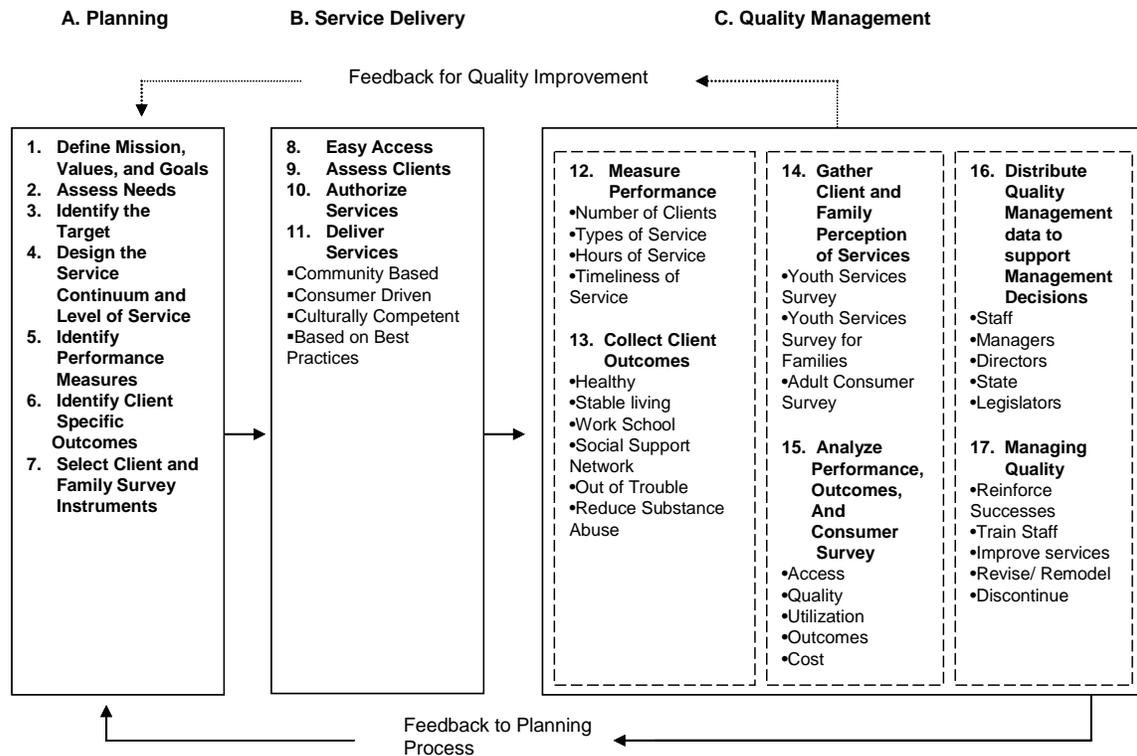
Quality Management Model

A comprehensive Quality Management Model requires multiple levels of activities and input at both the local and state levels to continuously improve the quality of services. At the local level, each CMHC has a Quality Improvement Process which assures that services are accessible and timely, the quality of care meets state and federal standards, and the program is cost-effective.

The Quality Management Model includes a systematic planning process; clear expectations for the delivery of services; methods for measuring performance and collecting outcomes; and a quality improvement process for providing feedback, making decisions and changes, and continually strengthening services. This process involves stakeholders from various agencies, including health providers, Department of Family Services, Probation, Department of Education, Public Health, Behavioral Health, consumers, youth, and families.

Figure 55 provides a diagram of a quality management model that can be used at the local and state level.

Figure 55
Quality Management Model



This Quality Management Model illustrates a framework for providing leadership in planning, service delivery, and improving services over time. These activities systematically measure performance, collect client outcomes, and obtain client and family members’ perception of services. Staff analyze this data, distribute the information, and collaborate with all levels of the system to provide feedback to manage and improve quality. This information helps celebrate success, identify training needs, and promote collaboration in building a quality health care system.

6. System Transformation and Integration: *Develop strategies with allied providers to integrate physical health, mental health, and substance abuse services.*

Health Care Reform will significantly impact and change all aspects of the health care service delivery system and the way in which health services are delivered to clients. In preparation for these changes, leaders at the state, local CMHCs, and private providers will need to work together to create a new vision for integrated health care services. This leadership will provide the foundation for building an integrated health care system, which delivers comprehensive prevention, wellness, treatment, and support services to children, youth, adults, and older adults.

A component of Health Care Reform is the development of “Health Care Homes.” Each person who utilizes services will be assigned a Care Manager who creates a Health Care Home that

assesses and coordinates the individual's health services. Following a comprehensive assessment of the person's physical health, mental health, and substance abuse diagnoses, a person-centered treatment plan is developed with the client. The Care Manager will work closely with the individual to coordinate needed services and utilize cost-effective, prevention-based services, whenever possible.

The Health Care Home model has been found to be very effective in managed care institutions, with a large risk pool, and a broad array of Specialty Services. The challenge for Wyoming, and for other frontier states, is to adapt the Health Care Home model and modify it to be effective in small communities with one or two primary care physicians and a small number of mental health clinicians, substance abuse therapists, part-time psychiatrists, and nurses. With the small number of health care staff in Wyoming communities, it is critical that agencies work collaboratively to create a supportive network of services for high-need clients. A key component to the success will be the ability to collect data and closely monitor clients, services, and cost-effectiveness to help manage costs and outcomes.

The role of mental health services and substance abuse services within Health Care Reform has not been fully developed. Currently, approximately 30-40% of the persons served in the Community Mental Health Centers (CMHC) are Medicaid eligible. The remaining clients have other types of funding, including insurance, employee assistance programs (EAP), and self-pay. Other persons are indigent with no health insurance, and are not eligible for Medicaid. For substance abuse services, approximately 10% of the clients are Medicaid eligible. With new Medicaid eligibility based upon 133% of the FPL, a higher percentage of the mental health and substance abuse clients are likely to be eligible for Medicaid. The increase in the number of persons eligible for Medicaid will also increase the number of persons seeking mental health and substance abuse services.

Currently, Medicaid is not the only funding source for services in Wyoming. The majority of mental health and substance abuse services are funded through state general funds, especially those services for children who are Seriously Emotionally Disturbed (SED), adults who are Seriously and Persistently Mentally Ill (SPMI), and persons who need substance abuse services. Medicaid pays for the Core Mental Health Services (Assessment, Individual and Group Therapy, Day Treatment, Case Management, and Medication Management). However, the Specialized Mental Health Services, which help keep high-need clients stable in the community, are not fully funded by Medicaid. These services include Psychiatric Rehabilitation, Peer Specialists, Parent Partners, Supported Employment, wellness and recovery drop-in centers, and Outreach Services.

In addition, other critical services for obtaining positive outcomes for these high-need clients include supported housing, residential, and other rehabilitative services. Most of these services are not routinely reimbursed by Medicaid. While Medicaid reimbursement is available for Inpatient Psychiatric services, many of the persons who utilize these services are not current clients, so individuals may not be eligible for Medicaid funding.

Similarly, Medicaid pays for only a small percentage of the substance abuse services delivered. The existing Medicaid substance abuse services are primarily physician-directed and limited in scope and practice. In addition, many of the substance abuse staff do not meet the Medicaid

staffing requirements, so they are unable to bill Medicaid for the services delivered. There continues to be an extensive need for substance abuse services across the state.

State and local leaders may also consider the feasibility of developing Federally Qualified Health Centers (FQHC) to help implement Health Care Reform in a cost-effective manner. While this is a complex, multi-year application process, there are several benefits for CMHCs and/or regions in Wyoming to pursue this certification. In addition, there are special provisions for rural communities that are available to assist in completing the application and making the organizational changes.

On June 29, 2010, House Representatives Doris Matsui and Eliot Engel introduced the Mental Health and Addictions Safety Net Equity Act (H.R. 5636). While this legislation has not yet been passed, it has promise for mental health and substance abuse centers. This legislation creates Federally Qualified Behavioral Health Centers (FQBHC) to offer community-based treatment and support for persons with mental health and addiction disorders. It will help states and providers to meet the increase in demand for mental health and addictions services generated by Health Care Reform. It would also support continuity of care by integrating primary health care within mental health and substance abuse centers. If enacted, this legislation could provide the funding and support needed to integrate services and create person-centered services across Wyoming.

As Health Care Reform is developed, planned, and implemented, it is critical that the mental health and substance abuse systems integrate with health care services, while meeting the complex needs of children with SED, adults with SPMI, and persons who abuse substances. Leaders across the system of care must plan together with allied providers to develop strategies for creating a strong, integrated network of care for all persons in Wyoming. Through shared planning and decision making, and enhanced communication and coordination of services, leaders can develop an integrated, collaborative system of care that promotes wellness and recovery for clients and families across the small, rural communities in Wyoming.

Summary

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 (medical issues, mental health disorders, substance abuse), 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.

Leaders from all levels of the system must collaborate to develop integrated behavioral health centers. These centers will provide the safety net and services that deliver comprehensive prevention, wellness, treatment, and support services to children, youth, adults, and older adults across Wyoming.