

Thomas O. Forslund, Director

Governor Matthew H. Mead

## MEMORANDUM

**Date:** September 21, 2012

**To:** Joint Appropriations Interim Committee  
Joint Labor, Health and Social Services Interim Committee

**From:** Thomas O. Forslund, Director  
Wyoming Department of Health

**Subject:** Legislative Report: Mental Health and Substance Abuse Services Quality Improvement

**Ref:** F-2012-371

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The 2006 Legislative Session Laws, Section 10, of the House Enrolled Act No. 21 states:

*The department of health, mental health division, shall establish a statewide quality improvement program which will systematically monitor the effectiveness, efficiency, appropriateness and quality of mental health care and services. The department of health, mental health division shall negotiate with service providers specific system performance measures and client outcome measures utilized on the statewide quality improvement program, to include, but not limited to, access to and quality of core and regional services, changes in employment and residential status of clients, and cost effectiveness of services. The department shall structure its contracts with community mental health centers with whom it has contracts to ensure necessary client data is reported uniformly. The contracts shall specify what services will be provided under the contract and outcome measures achieved to determine the extent of statewide needs, based on regional reports received. Quality improvement reports shall be provided to the joint appropriations interim committee and the joint labor, health and social services interim committee no later than October 1 of each year, beginning October 1, 2007.*

Attached is the report that fulfills the legislative mandate. If you need additional information, please contact Chris Newman, M.H.A., Senior Administrator, Behavioral Health Division, 6101 Yellowstone Road, Suite 220, Cheyenne, Wyoming, 82002, (307) 777-6494, or [chris.newman@wyo.gov](mailto:chris.newman@wyo.gov).

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Attachment

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**State of Wyoming**



**Report to  
Joint Labor, Health and Social Services Interim Committee**

**Quality Improvement, 2006 General Session, Chapter 40, Section 10,  
House Enrolled Act No. 21**

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**October 1, 2012**

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## **Section 1. Executive Summary**

The Wyoming Department of Health, Behavioral Health Division (the Division) is required to collaborate with service provider's to identify specific system performance measures and client outcomes that include (1) access to quality of core and regional services, (2) changes in employment and residential status of clients, and (3) cost effectiveness of services. Contracts with service providers are required to include services to be delivered and outcome measures. Contract negotiations in Fiscal Year 2012 (FY12) included all the required domains and measures.

During FY12, the Division monitored contract deliverables and provider data to ensure that consumers of mental health and substance abuse treatment services were receiving needed resources that promote recovery, had access to treatment, and experienced positive outcomes.

The Division has made significant progress in developing and implementing quality programs and services through initiatives based on effective management and service contracting business practices. The performance based contracts in FY12 provided funding incentives for providers to increase their service delivery. The funding made available through Enrolled Act 21 has allowed the Division to enhance the scope and quality of mental health and substance abuse services throughout Wyoming.

Performance measures for FY12 included two domains: service utilization and outcome reporting. Targets were monitored through the Division's Contract Oversight Group on a monthly basis. Thirteen out of sixteen substance abuse outpatient agencies met their performance targets; four out of five substance abuse residential programs met their performance targets; and all mental health outpatient agencies met their performance targets.

The Division is required to certify any person or agency that provides treatment services to court referred clients, or to those that receive State dollars. Providers are certified to be in compliance with the Rules and Regulations for Substance Abuse Services, Chapter's 1-8. Certification reviews are conducted and monitored through the Center for the Application of Substance Abuse Technologies (CASAT) and the Commission on Accreditation of Rehabilitation Facilities (CARF). The purpose of the review is to ensure compliance to the standards for the substance abuse providers and national standards for the mental health providers. Accreditation/certification procedures can be used to assess and accredit/certify new service developments and to review the ongoing quality and capacity of services.

The Division hosted Wyoming's federal partners from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a one day review to determine the completeness of the Division's Corrective Action Plan (CAP). It was determined during this visit that the Division had met the requirements and that the CAP process is now complete.

## **Section 2. Specific Requirements of Statute**

Section 10 of the Enrolled Act No. 21 of the 2006 Budget Session requires the Division to submit quality improvement reports to the Joint Appropriations Interim Committee and the Joint Labor, Health and Social Services Committee no later than October 1, of each year. This is the Division's sixth annual report to the legislature.

The Division is required by the Enrolled Act No. 21 of the 2006 Session to negotiate with service provider's specific system performance measures and client outcomes to include (1) access to quality of core and regional services, (2) changes in employment and residential status of clients, and (3) cost effectiveness of services. Contracts with service providers are required by the Enrolled Act No. 21 of the 2006 Session to include services to be delivered and outcome measures. Contract negotiations in FY12 included all the required domains and measures.

## **Section 3. Response to Specific Requirements of Statute**

The Division is responsible for a biennium budget of \$228,124,603. This includes budgetary oversight of developmental disabilities programs, the Wyoming State Hospital, the Wyoming Life Resource Center and all mental health and substance abuse programs.

Contracting for mental health and substance abuse services is a core function of the Division and is the primary method for ensuring fiscal accountability for services delivered, as well as improving the outcomes of clients who received those services. This report will focus on program expenditures and quality improvement results occurring throughout FY12 for Division funded mental health and substance abuse services throughout Wyoming's communities.

The Division has had a longstanding relationship with the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC), and works collectively with this provider group to determine relevant outcome measures, funding strategies, and treatment gaps. During FY12, the Division and WAMHSAC articulated a set of 11 outcome measures specifically designed to track treatment service performance according to four domains: efficiency, effectiveness, access, and client satisfaction. These measures became expectations in the Fiscal Year 2013 (FY13) outpatient treatment contracts. The Division will utilize the Wyoming Client Information System (WCIS) to collect and report outcome and performance metrics based on the data submitted by the funded providers.

### **Key Fiscal Highlights:**

Fifty-eight contracts were executed for a total of \$55,320,351 as designated below:

- \$48,924,281 Mental Health and Substance Abuse Outpatient and Residential
- \$536,246 Transitional Housing for Substance Abuse Services
- \$827,000 Mental Health and Substance Abuse Peer Specialists
- \$3,033,987 HB308 Substance Abuse Services
- \$1,738,837 Mental Health Crisis Stabilization Services
- \$260,000 Mental Health and Substance Abuse Ombudsman Services

### **Key Program Highlights:**

- All treatment contracts were managed through systematic and complex monitoring processes.
- Enhancements were made to client outcome instruments and performance management plans.
- All Division funded and private substance abuse providers were certified.
- Revisions to mental health rules were drafted through a comprehensive stakeholder and committee framework.
- Clinical and administrative trainings were given to community treatment providers.
- The Division undertook a strategic planning process.
- Complaints and investigations were managed.
- Critical incidents were managed.
- Annual enhancements to the Wyoming Client Information System (WCIS) resulted in more accurate and reliable data.
- The Division was released from the Corrective Action Plan of 2010. All conditions of the Corrective Action Plan were met.

### **Enrolled Act 21 Quality Improvement Program Monitoring:**

The Division uses several management tools to monitor performance as required by Enrolled Act 21. During this past year, the Wyoming Department of Health has created the HealthStat Initiative to track and evaluate the effectiveness and efficiency of the department's programs. A monitoring framework was established to measure program performance through program goals and objectives, expenditures, output, and efficiency and outcome metrics. These measures and others are reported in the following table.

**Enrolled Act 21 Quality Improvement Program Monitoring Results for FY12:**

<b>Performance Measure</b>	<b>Metric</b>	<b>Status</b>	<b>Source</b>
<b>Effectiveness</b>			
<b>Mental Health and Substance Abuse</b>	Outcomes	78.2% satisfaction	Consumer Survey
<b>Mental Health and Substance Abuse</b>	Increased GAF Scores by more than five points	23% of clients	FY12 HealthStat Performance Report
<b>Efficiency/Cost Effectiveness</b>			
<b>Mental Health</b>	Average cost per client	\$ 1,273	FY12 Mental Health HealthStat Performance Report
<b>Substance Abuse</b>	Average cost per client	\$ 1,194	FY12 Substance Abuse HealthStat Performance Report
<b>Appropriateness</b>			
<b>Mental Health and Substance Abuse</b>	Appropriateness of Treatment	84.8% satisfaction	Consumer Survey
<b>Quality</b>			
<b>Mental Health and Substance Abuse</b>	Quality of Treatment	79.9% satisfaction	2011 MHSIP Consumer Survey
<b>Access</b>			
<b>Mental Health and Substance Abuse</b>	Access to Treatment	84.8% satisfaction	Consumer Survey
<b>Substance Abuse</b>	Statewide penetration rate	1.92%	WCIS
<b>Mental Health</b>	Statewide penetration rate	4.43%	WCIS
<b>Employment Status</b>			
<b>Mental Health</b>	Clients currently employed	31.60%	WCIS
<b>Substance Abuse</b>	Clients currently employed	45.38%	WCIS
<b>Residential Status</b>			
<b>Mental Health</b>	Clients living at home	90.00%	WCIS
<b>Substance Abuse</b>	Clients living at home	80.28%	WCIS

### **Scope and Impact of Substance Abuse and Mental Health Disorders:**

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 24,200 adults in Wyoming have a serious mental illness and about 5,200 children have a serious emotional disturbance. Community mental health centers treated 17,235 clients during FY12. Sixty-five percent of people treated were 22 years of age or older, 55 percent were female, 21 percent were currently married. Fifty-three percent of all mental health clients were referred by family/friends or by self-referral. The most pressing problem for people entering treatment services centered on depression and other affective disorders. Twenty percent of people served reported incomes under \$10,000 per year. The number of clients increased slightly from Fiscal Year 2012 (FY11). The number of people reporting income less than \$10,000 per year decreased from 52 percent in FY11 to 20 percent for FY12. All other demographics remained approximately the same.

According to SAMHSA, approximately 31,000 people in Wyoming have a substance abuse disorder. Community substance abuse centers served 7,475 persons in FY12 compared to 7,856 in FY11. Seventy-seven percent of persons served were 22 years of age or older, 67 percent were males, less than 16 percent were currently married. Nineteen percent of people served reported incomes under \$10,000 per year. Over 59 percent of persons served were referred to treatment by the legal system and 63 percent reported alcohol as the primary drug used. Marijuana was the next most used drug at 19 percent.

### **Contract Monitoring and Compliance Reviews:**

In FY12, 58 treatment contracts were executed for a total of \$55,320,351. There were six types of treatment contracts managed: general outpatient and residential for mental health and substance services, crisis stabilization, mental health special projects, and drug courts. The Division primarily contracted with community mental health and substance abuse centers and significant enhancements were made in FY12 to the application process and contract requirements. Efforts were made to reduce reporting burden and increase provider and Division accountability. Contracts provided funding for outpatient and residential mental health and substance abuse services which are provided locally, regionally and statewide. Contracts were closely monitored by Division treatment, data and fiscal staff through a Contract Oversight Group and a Performance Management Plan. The monitoring group met monthly to review deliverables, data and information and other contract requirements in order to process contract payments.

Contract performance measures for FY12 centered on service utilization. Targets were monitored through the Quality Management Program on a monthly basis. Eleven out of sixteen substance abuse outpatient agencies met their performance targets; three out of five substance abuse residential programs met their performance targets; and thirteen out of fourteen mental health outpatient agencies met their performance targets.

**Standards and Certification:**

The Division is required to certify any person or agency that provides treatment services to court referred clients, or to those that receive State dollars. Providers are certified to be in compliance with the Rules and Regulations for Substance Abuse Services, Chapter’s 1-8. Certification reviews are conducted and monitored through the Center for the Application of Substance Abuse Technologies (CASAT) and the Commission on Accreditation of Rehabilitation Facilities (CARF). The purpose of the review is to ensure compliance to the Standards for the substance abuse providers and national standards for the mental health providers. Accreditation/certification procedures can be used to assess and accredit/certify new service developments and to review the ongoing quality and capacity of services.

The Division will be moving forward during Fiscal Year 2013 (FY13) to bring all certification practices relevant to the funded providers internal to the Division. With the passage of Footnote 9 in Section 048 of 2012 Senate Enrolled Act 29 during the 2012 Legislative Session, all funded substance abuse providers will be required to be CARF Accredited by December 31, 2013.

Certification reviews are conducted on-site and managed through the Division’s certification program. Certifications are conducted when a new community provider is established, when re-certifications are due or when certifications are based on corrections/probationary terms and providers are in need of regulation compliance checks. Recommendations from the certification reviews were presented to the Division’s Quality Management Leadership Committee (QMLC) for consideration. The QMLC makes a determination as to which findings may be necessary to consider for feedback to the provider and/or to the Division for consideration in policy, programming and planning processes.

Accreditation reviews are arranged directly between the provider and CARF, and are paid for with funding from the Division. Each provider is required to provide the Division with a copy of their review documentation and the subsequent Quality Improvement Plan they submit to CARF. Providers are also required to submit to the Division their Annual Conformance to Quality Report each year.

Overview of FY12 Substance Abuse Certification	
Certified Treatment and Prevention Providers	134
New Providers	5
Number of Treatment Sites	83
Corrective Action Plans	7
Re-certifications	74
Levels of care certified	223

**Clinical and Administrative Provider Training:**

Training is an essential component to ongoing quality services. With that in mind, the Division contracts with CASAT to provide training throughout the year. In FY12, the training that was offered is as follows:

State Wide Provider Training	
Total Participants	503
CEU's Awarded	2193

The Division also contracted with the TA-HEF Ranch to facilitate an annual specialty physician's conference with the focus on substance abuse and treatment. The conference is also open to the general therapeutic practitioner community. The conference in FY12 resulted in the following:

Participants	Certificates Awarded
450	352

All of the trainings were recorded and continue to be available for ongoing training opportunities. The training was broadcasted through the telehealth network and web broadcasts.

**Complaints and Investigations:**

The Division established a comprehensive Complaint and Investigation Policy per the direction of the Rules and Regulations for Substance Abuse Standards, Chapters 1-8, and the Behavior Health Personnel and Program Quality (1992) rules. It is always the recommendation of the Division to encourage resolution on the local level or through the services of the Mental Health and Substance Abuse Ombudsman Program. However, when issues arise that are not resolved or are more complicated in nature, the Division works to resolve cases for the best possible outcome.

During FY12, the Division managed two major complaints leveraged against one provider that resulted in an extensive informal investigation process. The process includes information gathering, fact finding, summation and determination. The investigations have resulted in this provider being placed on a CAP. One outstanding CAP remains from FY11, and it is anticipated that the CAP will be completed by the end of first quarter FY13. The Division managed numerous other complaints that were resolved without an investigation being necessary.

The Division has a complaint and investigation team that includes the Quality Management Program Manager, Psychiatric Consultant, and other experts required to manage any specific issues or concerns that is leveraged in a complaint. The objective is to establish a team that has the expertise and objectivity to evaluate the concerns in the most productive and professional manner possible. Typically, an on-site review with the agency involved is necessary to interview relative staff, management and clients. The Division seeks the guidance and expertise of the Wyoming Department of Health leadership, as well as the Wyoming Attorney General's Office.

**Critical Incidents:**

As a component of quality management, providers are required by contract to report critical incidents to the Division. They are also required to submit certain critical incidents to their accrediting authority and Medicaid. The Division has developed a monitoring plan to track trends over time to allow for informed decision making processes regarding targeted technical assistance specific to the needs of particular providers and regions. The breakdown for FY12 is as follows:

FY12 Critical Incident Reports	
Suicide	8
Suicide Attempt	23
HIPAA Violation	1
Death (natural cause or unknown)	36
Abuse and Neglect	5

- Critical incident reports were not received by nine agencies
  - One report was received by one agency
  - Two reports were received by two agencies
  - More than two reports were received by eight agencies

**Substance Abuse and Prevention Treatment Block Grant Core Technical Review:**

The Division hosted Wyoming’s federal partners from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a one day review to determine the completeness of the Division’s CAP. It was determined during this visit that the Division had met the requirements and that the CAP process is now complete.

**Section 4. Recommendations for Future Changes**

None.

**Section 5. Detailed Supplementary Information**

**FY12 Quick Facts: State Funded Mental Health Treatment Programs**

- Over 17,250 clients were provided state funded mental health treatment services in State Fiscal Year 2012.
- 45% of clients were male.
- Over 53% of clients served were referred for services from family, friends, or self-referrals.
- The most frequently-delivered outpatient service was agency based individual or family therapy (24% of all outpatient services delivered), followed by case management (16%).
- 14% of clients served were 11 years or younger; 15% were between 12-17 years old; 64% were adults up to age 59 years of age; 7% were senior citizens.

**Presenting Problems at Admission**

<b>Depression and anxiety</b>	<b>29%</b>
<b>Marital and family concerns</b>	<b>19%</b>
<b>Social</b>	<b>17%</b>
<b>Coping</b>	<b>18%</b>
<b>Evaluation</b>	<b>3%</b>
<b>Alcohol and drugs</b>	<b>5%</b>
<b>Legal issues</b>	<b>3%</b>
<b>Other</b>	<b>6%</b>

**FY12 Quick Facts: State Funded Substance Abuse Treatment Programs**

- Over 7,400 clients were provided state funded substance abuse treatment services in State Fiscal Year 2012.
- 67% of clients were male.
- Approximately 45% had a co-occurring mental health disorder
- Over 20% of clients served were referred for services from family, friends, or self-referrals; 38% were referred by the legal system.
- The most frequently-delivered outpatient service was Intensive Group Therapy and Group Therapy (75% of all outpatient services delivered).
- Primary Residential Treatment served approximately 1107 clients in SFY 12.
- 9% of clients were between 12-17 years old; 89% were adults up to age 59 years of age; 2% was senior citizens.

**Presenting Problems at Admission**

<b>Alcohol and drugs</b>	<b>69%</b>
<b>Legal issues</b>	<b>12%</b>
<b>Evaluation</b>	<b>3%</b>
<b>Depression and anxiety</b>	<b>4%</b>
<b>Social</b>	<b>4%</b>
<b>Marital and family concerns</b>	<b>2%</b>
<b>Coping</b>	<b>3%</b>
<b>Other</b>	<b>3%</b>

**Section 6. Appendices**

Not applicable.