

**The Wyoming Department of Health Report to the  
Joint Appropriations Interim Committee and the  
Joint Labor, Health and Social Services Interim Committee**

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

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**Report on Quality Improvement  
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## **1. General Comments/Overview/Executive Summary**

The Wyoming Mental Health and Substance Abuse Services Division (the Division) continues to value and promote the use of client outcomes and system performance measures to improve the quality of services delivered throughout Wyoming communities. We have established structures and processes to ensure an accountable, public mental health and substance abuse system which measures the performance of both the Division and our contractors. The quality management program is responsible for performance monitoring. Changes to the program are dynamic and respond to the changes in administration, management, and priorities for services delivered in our public systems of care.

The Division is responsible for a biennium budget of \$161,435,572.00. Contracting for services is a core function of the Division and is a primary method for holding service providers and the Division fiscally accountable for services delivered, as well as the outcomes of clients who receive those services.

This is the Division's fourth legislative report on the quality improvement program and summarizes the projects and accomplishments of FY10. The Division utilizes state and federal funds in the development and implementation of a statewide quality management program for transforming mental health and substance abuse services throughout Wyoming. We have made significant enhancements this past year and are reflected in this year's legislative report.

### Key Highlights:

- Continued enhancement of the scope of the Division Quality Management Program to include the following key domains: fiscal and budget accountability; contract compliance reviews; regulatory oversight through federal and state statutes, including certification and standards; community systems, and program evaluation; consumer advocacy; policy and planning
- Development of the Quality Management Program reporting process through the Division Leadership Committee
- Implementation of the new promulgated Substance Abuse Standards
- Certification reviews of substance abuse providers with increased oversight to non-compliance issues
- Enhancement to contract management monitoring systems in accordance with FY10 contract changes
- Enhancement of the Wyoming Client Information System (WCIS) which has resulted in more accurate and reliable data
- Drug Court Program Evaluations
- Community Systems Evaluations
- Access to Services Survey of all contracted providers and the Division
- Development and implementation of Division Policy and Protocols
- 2010 GAP's Report on public mental health and substance abuse services
- Blue Print Revision
- Preliminary Data Evaluation and Literature Review of Young Adult Smoking Initiation

## **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 report is the Division's fourth report. The requirements of Enrolled Act 21 call for a statewide quality improvement program which monitors the effectiveness, efficiency, appropriateness and quality of mental health care and services.

Additionally, the Division is required to negotiate with service providers' 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 to include services to be delivered and outcome measures.

Section 12 of Enrolled Act No. 21 provides for substance abuse funding with requirements for the Division to implement outcomes and data infrastructure systems for research, analysis, performance measurements, and quality improvement of services provided by Division contractors. Additionally, substance abuse and mental health services shall be measured to determine the extent of statewide needs based on regional reports received.

## **3. Impact/Consequences/and Outcomes**

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. Centers providing mental health services are currently treating only 3,854 people with serious mental illnesses out of the 24,200 mentioned above. In addition, these centers are currently treating approximately one-third of the 5,200 children with a serious emotional disturbance. The Division is currently working with treatment providers to increase the penetration rates among these populations.

Approximately 31,000 people in Wyoming have a substance abuse disorder. Public treatment providers served about 8,300 persons last year. Research tells us that for most people with a mental illness or substance abuse diagnosis, treatment and recovery work best through the receipt of community-based services. Services close to home minimize disruption of families, jobs, community connections and supports, and facilitate community re-integration.

Other items of interest are as follows:

### *Continued Building and Enhancement of the Quality Management Program*

Structures and processes are in place to monitor the effectiveness, efficiency, appropriateness and quality of mental health and substance abuse services. Through the Quality Management Program Framework, specific domains have been identified as core functions of the Division which require ongoing monitoring and quality management. This program continues to evolve over time to meet the transformational changes within our systems of care.

## *Quality Management Program Framework*

Enrolled Act 21 provides the foundation for substantial system transformation of mental health and substance abuse services. The Division continues to make substantial progress in developing and enhancing client outcome and system performance measures in concert with building capacity for a quality data infrastructure. Our goal is to develop a quality management system that improves the quality of services provided throughout Wyoming by utilizing data in the Division decision making process.

During this past year, the Quality Management Program (QMP) has further integrated into Division business practices that extend into the Division's work with community treatment and prevention providers. A basic guiding principle of the QMP is that all work of the Division and its contractors falls under the purview of quality management. All work is directed to improve the quality of services delivered with efficiency and effectiveness and positive client outcomes. QMP is responsible for monitoring and building the foundation for ongoing program evaluation and the assessment of QMP enhancement and expansions in FY10. The program provides a framework for a base process that is divided into six domains:

1. Fiscal and Budget Accountability;
2. Regulations;
3. Contract Compliance;
4. Community Systems, and Program Evaluation;
5. Consumer Advocacy; and
6. Policy and Planning

Key findings from each domain are disseminated through the Quality Management Manager for analysis and summary. This summary is presented to the QMP Leadership committee and the Department of Health Senior Management Team. Continued work needs to expand into information dissemination to the Governor's Substance Abuse and Violent Crime Board and the Governor's Mental Health Planning Council for feedback and recommendations to the Division for policy, programming and planning decision making.

Data continues to be collected, reported, and analyzed through the Division's reporting system, "Wyoming Client Information System" (WCIS). Data from WCIS is an essential tool in the QMP monitoring process. Additionally, special studies and program evaluations are conducted to evaluate programs and services. The Data and Research unit has spent a considerable amount of time this past year working with treatment providers in reconciling data for quality and use ability.

The vision of the Division is to operate all business practices under the umbrella of the Quality Management Program, implementing quality management and monitoring practices into each program within the Division's units. By doing so, quality management has become a consistent business practice, rather than a check-and-balance that occurs only when scheduled. Internal meetings and committees have implemented the QMP process into the functionality of all five units within the Division. These units include Interagency, Fiscal/Contracts, Research/Data, Community Services and Treatment, and Community Prevention Services.

### *Contract Compliance*

Contract compliance is an important domain of the QMP and consists of on-site and in-Division reviews of each state contracted mental health and/or substance abuse treatment provider's agency, services, and data reporting. Site visits and in-Division monitoring began in September 2008 and consists of Division staff from the treatment, data and quality management units visiting each provider's main office. The Prevention Unit has processes in place that ensure their contractors have on-site visits several times throughout the year to ensure contract compliance.

Information is gathered through staff interviews and checklist monitoring tools. Checklists contain important topical areas that each unit has determined necessary to review in addition to important areas within the contract. The monitoring within the Division includes document review, WCIS data reports, and other sources of information that treatment providers are required to submit to the Division. On-site monitoring reviews include visiting main offices of treatment and data operations. These visits involve review of client case files and data reports. Initial findings from the reviews are reviewed with the provider during a summary interview that will occur at the end of the day's visit.

A written report offers feedback of the strengths and recommendations found during the review with an opportunity for the provider to submit written comments. A final report is then prepared for the provider, as well as placed in their file. The Division offers technical assistance for those areas found to be in need of attention and for those areas the provider has requested assistance. Visits take approximately one day at larger facilities and less at smaller facilities.

The on-site review process will be evaluated and re-defined during FY11.

### *Standards and Certification*

Promulgation of the state's substance abuse standards ("Wyoming Department of Health Substance Abuse Standards, Chapter's 1-8") began January 1, 2010. 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 our substance abuse providers, and national standards for our mental health provider's. Accreditation/Certification procedures can be used to assess and accredit/certify new service developments and to review the ongoing functioning of services.

Certification reviews are conducted on-site and managed by The Division Certification and Training Specialist, with QMP oversight. Certifications are conducted when a new service is established, when re-certifications are due or when certifications are based on corrections/probationary terms and in need of compliance checks. Recommendations from the certification reviews are presented to the Division Quality Management Leadership Committee for consideration. The Committee will determine 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.

## *Community Systems Evaluation*

The Division continues a citizen review process, Systems and You Networking and Collaborating (SYNC), similar to that used by the Department of Family Services (DFS) to improve child welfare practices. The Division contracted with the Wyoming Citizen Review Panel, the entity conducting the DFS child welfare reviews, to create and conduct the community reviews.

A SYNC review is an assessment process to measure the ways in which a community collaborates to meet the needs of persons who utilize the mental health and substance abuse recovery system. A part of the SYNC review involves teaming a mental health and/or substance abuse professional with a citizen. These two-person, review teams receive training on the process and the review instrument. Next, the team conducts interviews and document findings. A SYNC review is not about a single agency or a single case. It is a process developed in Wyoming to measure certain outcomes. The Wyoming Citizen Review Panel then publishes a report on the findings from the review.

A SYNC review process measures three outcome areas:

1. Access to services;
2. Quality of services, including support for recovery; and
3. Coordination.

Participation in a SYNC review is strictly voluntary and all case information is kept confidential. No identifying information is revealed, shared or kept on file from the review. After the review, general findings are gathered and analyzed. In addition to the review, stakeholder meetings may also be held in the area to gather further information about the community. Data from both the review and the meetings are then compared.

SYNC has been conducted on cases referred by UPLIFT and Drug Courts throughout Wyoming. The SYNC review process is also open to referrals from community mental health and/or substance abuse programs. During FY10, SYNC reviews were conducted with some of the Children's Mental Health Waiver program participants as well.

## *Consumer Advocacy*

Consumer Advocacy is a self-monitored function of practices and process that ensures consumers are part of the decision-making process, and their feedback is applied to changes and improvements within the system of care. QMP has ensured that consumers and communities will have a voice and an effect on the overall services and the system in which they are offered.

An Ombudsman program provides support and voice for consumer concerns and feedback to the Division, the Governor's Substance Abuse and Violent Crime Board, and the Governor's Mental Health Planning Council.

The Division is moving forward with funding peer specialist's positions for substance abuse treatment providers in FY11, there are currently 8 peer specialists employed at various Community Mental Health Centers throughout the state.

## *Program Evaluation*

The Data and Research Unit of the Division continues to support program evaluation studies for drug court, treatment and prevention programs. A comprehensive review of Court Supervised Treatment programs were conducted in FY09. A follow-up report to the GAPS 2006 report has just recently been finalized. *Gaps Analysis Report Mental Health and Substance Abuse Services System*, July, 2010. This report has provided a comprehensive analysis of community treatment services in 2005. The GAPS report has reviewed the system changes as a result of legislative funding that has occurred since 2006.

The Prevention Unit has created many reports that discuss the effectiveness of prevention programs as well, most notably the WYSAC, *Wyoming's 2009 Synar Tobacco Compliance Report*, October, 2009, and the WYSAC, *Preliminary Data Evaluation and Literature Review of Young Adult Smoking Initiation*, April 2010. The reports are listed in Appendix B.

#### 4. Statistical Information

##### **FY10 Quick Facts:**

##### **State Funded Mental Health Treatment Programs**

- Over 17,900 clients were provided state-funded mental health treatment services in State Fiscal Year 2010.
- 46% of clients were male.
- Over 52% of clients served were referred for services from family, friends, or self-referrals.
- The most frequently-delivered outpatient service was Case Management (27% of all services delivered), followed by agency-based individual/family therapy (23%).
- 15% of clients served were 11 years or younger; 15% were between 12-17 years old; 65% were adults up to age 59 years of age; 5% were senior citizens.

##### **Presenting Problems at Admission**

<b>Depression and anxiety</b>	<b>29%</b>
<b>Social</b>	<b>19%</b>
<b>Coping</b>	<b>15%</b>
<b>Marital and family concerns</b>	<b>19%</b>
<b>Legal issues</b>	<b>4%</b>
<b>Alcohol and drugs</b>	<b>7%</b>
<b>Domestic violence</b>	<b>2%</b>
<b>Other</b>	<b>5%</b>

##### **FY10 Quick Facts:**

##### **State Funded Substance Abuse Treatment Programs**

- Over 8,300 clients were provided state-funded substance abuse treatment services in State Fiscal Year 2010.
- 68% of clients were male.
- Over 18% of clients served were referred for services from family, friends, or self-referrals; 35% were referred from a court.
- The most frequently-delivered outpatient service was Group Therapy (35% of all services delivered). Primary Residential Treatment accounted for another 37% of services delivered in FY10.
- 9% of clients were between 12-17 years old; 89% were adults up to age 59 years of age; 2% were senior citizens.

##### **Presenting Problems at Admission**

<b>Alcohol and Drugs</b>	<b>71%</b>
<b>Depression and anxiety</b>	<b>4%</b>
<b>Social</b>	<b>4%</b>
<b>Coping</b>	<b>2%</b>
<b>Marital and family concerns</b>	<b>3%</b>
<b>Legal issues</b>	<b>10%</b>
<b>Evaluation</b>	<b>3%</b>
<b>Other</b>	<b>6%</b>

Appendix A represents the data matrix that is currently required under federal reporting requirements for the National Outcome Measures.

## **5. Recommendations**

Recommendation: It is recommended that the Legislature, and other policy makers utilize the information developed through our Quality Management Program in an effort to help guide the decision making process in regards to the Division.

## **6. Summation and Conclusions**

The Division has made significant progress in developing and implementing quality programs and services through initiatives based in effective management and service contracting business practices. Additional funding requests are not required for quality management and reporting functions. The funding made available through Enrolled Act 21 has allowed the Division to enhance the scope and quality of mental health and substance abuses throughout our state.

## 7. Appendices

### Appendix A: Substance Abuse and Mental Health Services Administration National Outcome Measures (NOMS)

Substance Abuse and Mental Health Services Administration  
National Outcome Measures (NOMS)

DOMAIN	OUTCOME	MEASURES		
		Treatment		Prevention
		Mental Health	Substance Abuse	Substance Abuse
Abstinence	Abstinence from Drug/Alcohol Use	NOT APPLICABLE	Reduction in/no change in frequency of use at date of last service compared to date of first service ▶	30-day substance use (non-use/reduction in use) ▶ Perceived risk of use ▶ Age at first use ▶ Perception of disapproval
	Decreased Mental Illness Symptomatology	Under Development	NOT APPLICABLE	NOT APPLICABLE
Employment/Education	Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status and of children by increased school attendance ▶	Increase in/no change in number of employed or in school at date of last service compared to first service ▶	ATOD suspensions and expulsions; workplace AOD use and perception of workplace policy
Crime and Criminal Justice	Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶	Drug-related crime; alcohol-related car crashes and injuries
Stability in Housing	Increased Stability in Housing	Profile of client's change in living situation (including homeless status) ▶	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶	NOT APPLICABLE
Access/Capacity	Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity ▶	Unduplicated count of persons served; penetration rate - numbers served compared to those in need ▶	Number of persons served by age, gender, race and ethnicity
Retention	Increased Retention in Treatment - Substance Abuse	NOT APPLICABLE	Length of stay from date of first service to date of last service ▶ Unduplicated count of persons served ▶	Total number of evidence-based programs and strategies
	Reduced Utilization of Psychiatric Inpatient Beds - Mental Health	Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶	NOT APPLICABLE	NOT APPLICABLE
Social Connectedness	Increased Social Supports/Social Connectedness <sup>2/</sup>	Under Development	Under Development	Under Development
Perception of Care	Client Perception of Care <sup>1/</sup>	Clients reporting positively about outcomes ▶	Under Development	NOT APPLICABLE
Cost Effectiveness	Cost Effectiveness (Average Cost) <sup>1/</sup>	Number of persons receiving evidence-based services/number of evidence-based practices provided by the State	Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment	Increase services provided within cost bands within universal, selective, and indicated programs
Use of Evidence-Based Practices	Use of Evidence-Based Practices <sup>1/</sup>		Under Development	Total number of evidence-based programs and strategies

Note: Prevention measures pending stakeholder approval.

<sup>1/</sup> Required by 2003 OMB PART Review.

<sup>2/</sup> For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.

## Appendix B: Comprehensive Report List

The following reports can be located on the Wyoming Department of Health, Mental Health and Substance Abuse Services website, under the Quality Management tab.

<http://www.health.wyo.gov/mhsa/qualitymanagement.html>

Or by email: [margarete.loghry@health.wyo.gov](mailto:margarete.loghry@health.wyo.gov)

- Gaps Analysis Report Mental Health and Substance Abuse Services System, July 2010
- Crisis Stabilization Report
- Drug Court Report
- Children's Mental Health Waiver
- CASAT Annual Report
- CASAT Annual Training Report
- Access To Services Report
- Preliminary Data Evaluation and Literature Review of Young Adult Smoking Initiation
- Wyoming's 2009 Synar Tobacco Compliance Report