# MENTAL HEALTH REPORT

With findings based on Stakeholder Interviews and Community Meetings

2017

St. John's Hospital Foundation

# Letter From The Foundation President

In 2015, Teton County published an updated Community Health Needs Assessment. The CHNA was the end product of more than a year's worth of collaborative work that was led by Teton County Public Health and St. John's Medical Center and engaged 40 agencies and dozens of community members. The resultant document identified "Access to Care" as the number one community indicator. Hidden within "Access to Care" was a growing concern: that the community had a concomitant issue with access to mental and behavioral health care.

In the fall of 2016, St. John's Hospital Foundation (SJHF) was pleased to receive a private grant to begin to gather qualitative information about mental health access in partnership with: Curran Seeley Foundation, Jackson Hole Community Counseling Center, St. John's Medical Center, Teton County Public Health Department, Teton County School District, and Teton Youth & Family Services.

It was immediately clear that Teton County is a community whose organizations are run by people who know the landscape, know the history, communicate with each other, and know that their services make a daily difference in the lives of their friends and neighbors. This spirit buoys them even in the face of crippling cuts from state and federal sources. Baseline services will continue to be available thanks to the ingenuity, training, and dedication of these agencies.

Community members, program partners, clinicians, funders, elected officials all responded quickly and definitively when asked to participate in this process to discern obstacles to mental health access. There was a resounding yes from all corners of the community. That provided the framework for significant optimism on the part of the Foundation team.

My sincere thanks to directors and staff of these exceptional community partners, the 75 interview subjects, the dozens of community members who participated in the community stakeholder meetings, the leadership team at St. John's Medical Center, and the visionary donors who want to ensure a better future for our community. I am certain that the stories and information collected through this effort will help chart the way forward for our community around important mental health access issues for years to come.

With Gratitude,

John Goettler, President
St. John's Hospital Foundation

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# Executive Summary

The central purpose of this project was to provide candid information from Teton County mental health care providers about the state of the mental health system and work to identify possible gaps or needs on the provider side. The results are meant to be a tool that can be used by elected officials, Town and County staff, program providers, Medical Center leaders, and local funders to guide goal setting, work plan development, and focus efforts on areas of need to increase efficacy and impact. All conversations were framed in the context of a community-wide effort; support for these activities and responsibility for betterment of the system must be the responsibility of the entire community. No single organization has all of the solutions; progress will require the participation of all agencies, funders, and elected bodies.

As is noted in the Methodology section below, interviews all included questions related to a concept paper focused on the evidence-based best practice Collaborative Care Model. Though there was widespread support for an integrated approach to behavioral health, there was also concern with regard to scarce resources, available training, and some general misunderstanding about the model itself. Rather than form the foundation of the action plan, the concept paper and the Collaborative Care Model formed the basis of edifying conversations with interviewees and in the stakeholder meetings. Ultimately, there are several intermediary steps necessary before the community can embrace this best practice.

The objective was to identify and prioritize gaps, identify possible solutions and actions, and determine who might be best suited to carry those actions forward; the described process delineated a framework wherein there was no requirement that an agency or elected body take on a task. Because of those parameters, there were six primary community needs identified, three of which retained action items and a sponsoring agency. The needs are listed herein and the action items and agencies are described in the body of the document.

1. Residents of Teton County are not aware of the available mental health services.
2. The local system lacks central administration, leadership and coordination.
3. Funding is limited, unstable.
4. Limited integration of mental health and primary care services.
5. There is a lack of understanding of roles & responsibilities in the system and in the community.
6. Teton County lacks psychiatrists.

What follows in this report is a summation of the methodology, the identified needs and the action plan to be undertaken in the coming year along with the entity identified as the most appropriate to spearhead the activity on a go-forward basis.

# Methodology

Interviews were conducted in October, November and December of 2016 by Jen Simon, Vice President, SJHF, and John Goettler, President, SJHF. In addition, Elizabeth Cheroutes, LCSW, served as an independent contractor to SJHF for this engagement and conducted numerous interviews.

Individuals interviewed for the study included leaders of the program partners; numerous agency professional staff members; private counselors; elected officials; members of law enforcement; administrators, physicians and other members of St. John's Medical Center; numerous business and community leaders. The names of the seventy five (75) individuals that participated in the interviewee process are included as Appendix B.

The interviews were held in private, and all comments are considered confidential. Because each interviewee was assured of confidentiality, no comments in this report are attributed to individuals. It is the opinion of each interviewer that each interviewee made an effort to give candid, straightforward answers due to the confidential nature of the interviews.

The interviewers opened each interview with a brief discussion of the context and the process. The interviewers then engaged the interviewee in a conversation about attitudes toward mental health in Teton County by utilizing a questionnaire. The interviewees were not necessarily asked to answer every question printed in the questionnaire. Rather, the questions varied somewhat according to the interviewee's role relationship to the mental health system. Some interviewees declined to respond to certain questions, usually because they lacked a sufficient basis of information. Therefore, not all statistical tabulations total 75 responses.

A Concept Paper (Appendix D) was prepared and shared with interviews at the time of the interview or in advance of the meeting.

The report then became the basis for facilitated stakeholder meetings led by facilitator Susan Eriksen-Meier. Three stakeholder meetings were held at the Ordway Auditorium in the Teton County Library: January 31st, February 7th, and February 14th, 2017. Following the third stakeholder meeting, the full list of community priorities around mental health were formulated. The final result is this document which includes the list of priorities around community mental health and action items delineated after this extensive process.

Through this process, the Foundation came to understand more about the landscape from the perspective of the organizations that are delivering care. Though at the outset there was a conscious decision to stay on the provider side of the equation—citing the concern that each patient journey is different and therefore challenging to quantify or systematize—it became clear that more information on the patient side would be essential to generating lasting change. A process mapping effort—mapping the landscape from the patient perspective—has been proposed and it remains to be seen if Systems of Care, SJMC, or any individual organization might choose to move that effort forward.

# Needs & Activities

## NEED & ACTIVITY #1

| | |
|---|---|
| **Need:** | Residents of Teton County are not aware of the available mental health services. |
| **Activity:** | Create a central location to increase awareness of resources and access to services |
| **Goal:** | **Make available resources more accessible to the community** |

*"We have a lot of organizations working in the arena. We have a lot of talented professionals. We do a good job of being concerned about the health of our community, but we need to do more about mental health."*

The Resource Mapping project was started to address the primary health need identified in the 2015 Community Health Needs Association: access to health services. The Access to health services Action Group was formed in response to this need. As part of their work, they identified factors that contribute to access issues. Though there are myriad issues—from financial resources to transportation—one issue that could be addressed was identified as knowledge of services.

Expanding Knowledge of Services was identified as a starting point and the group investigated ways to increase availability of information. In the process, they looked at best practices for developing a central point of information for health/social services. Network of Care (networkofcare.org) was identified as the best resource to fill the need.

This database was seen as useful for those working within health/social services and also for general community members who wanted to find information about resources. Network of Care has two major components – Resource Directory and Data Center. The Resource Directory is built to provide community access to information about providers, services, and access. The Data Center helps providers track how the community is doing with regard to national health indicator data.

The Access to Care working group, with the help of Systems of Care and Teton County Public Health, applied for Community Foundation Grant for year 1 funding. The Community Foundation provided start up funding, with ongoing funding from Teton County and St. John's Hospital Foundation. The project is now underway with an anticipated April launch. Network of Care's Teton County site will include a tab for mental health resources.

## What you can do

1. Complete a listing submission

2. Share the link on your organization's website

3. Register online once the site goes live

4. Participate in upcoming Community Health Needs Assessment

# NEED & ACTIVITY #2

| | |
|---|---|
| **Need:** | The local system lacks central administration, leadership and coordination |
| **Activity:** | No new outcomes. |
| **Goal:** | **Develop opportunities to increase mental health leadership in the community.** |



*"Could we use a person to be in charge? Yes, I could see real value in having a mental health officer with the County."*

Throughout the interview process, the need for centralized leadership emerged as a key theme. During the transition to community meetings, the program partners expressed some concern about the weight of additional responsibility and tried to balance that against the additional layers of hierarchy or oversight that a centralized leadership agency or structure might infer or require. There was open concern expressed during the community meetings that this might represent an unnecessary layer of administration. Though community members and organizational leaders appeared to be split on the subject of leadership, members of the group voted against the idea—citing a desire not to add a layer or more meetings. Further discussion did not reveal a near-term path forward, though the interview results do indicate that there is a strong desire for centralized leadership to emerge out of this process.

# NEED & ACTIVITY #3

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| **Need:** | Funding is limited, unstable |
| **Activity:** | No new outcomes. |
| **Goal:** | **Stabilize funding.** |



*"Find ways to revise funding: maybe a 1% tax or mill levy. I think we need mental health to count as least as much as buses."*

There was no "silver bullet" identified to address the funding gaps and instability. Because a primary focus for agency providers is sustainable funding for individual organizational operations, there was little capacity for broader conversations about collaborative funding. Nonetheless, several suggestions did arise.

- Teton County should endeavor to create benchmarks and evaluative tools as part of their annual budgeting process to foster a more predictable funding environment locally for social service agencies.

- Organizations should work together with Teton County government, Board of County Commissioners, Town of Jackson, Town Council, SJMC, and major funders to find ways to address and stabilize funding resources.

- The data collected as part of this report and through the proposed programs—Network of Care, Community Health Needs Assessment, and the SJMC Pilot Program—might attract new funders or open up access to new funding opportunities.

- Finding ways for agencies to diversify funding sources will be important to the future of these organizations.

# NEED & ACTIVITY #4

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| **Need:** | Limited integration of mental health and primary care services |
| **Activity:** | Provide access to mental health services in primary care settings, including at clinics/ED and via referrals from primary care providers |
| **Goal:** | Increase accessibility to mental health services by co-locating mental health services in primary care provider offices. |

> "Medical disorders may lead to mental disorders, mental conditions may place a person at risk for certain medical disorders, and mental and medical disorders may share common risk factors. Collaborative care models that use a multidisciplinary team have been shown to provide effective treatment for persons with comorbid physical and mental conditions."
>
> –*Robert Wood Johnson Foundation*



*"Organizations are integrated and talking to each other. That is a good thing because you're able to catch different cases, share resources, and not overlap. It is important to spend funds efficiently."*

## Context

Teton County has no mental health services co-located in clinics or the SJMC Emergency Department nor a direct referral system from primary care providers. Quantitative data from national sources indicate that mental illness can have a strong and deleterious impact on physical health and clinical outcomes. Anecdotal in Teton County indicate that unidentified or untreated mental illness negatively impacts large portions of our community, including those in our jails and criminal justice system as well as youth in the community, St. John's Medical Center's associates and patients, and the community as a whole.

## Action

SJMC intends to launch a pilot program to increase access to mental health services at clinics/ED. This program will be comprised of three primary components:

1. **Services:** A Mental Health Navigator will be co-located at SJMC during set hours. This will complement the telepsych services available in the SJMC and the clinics.

2. **Screening:** As part of this effort, physicians, family nurse practitioners, and nurses at these locations will be trained in the use a standardized screening protocol to provide consistent referrals.

3. **Referral:** Providers will refer patients to the Mental Health Navigator. The Mental Health Navigator will assist patients in addressing acute needs, accessing resources, and scheduling appointments.

# NEED & ACTIVITY #5

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| **Need:** | There is a lack of understanding of roles & responsibilities in the system and in the community. |
| **Activity:** | No new outcomes. |
| **Goal:** | **Increase activity around education with an eye toward improving this need.** |



*"From the outside looking in, it seems to be a very fragmented system. It seems like there is a lot of need that does not get addressed. I do not know where low income people go. I do not know where a family goes to learn what services are available and where they go to find care."*

## Suggested Activity

Work with Systems of Care, Human Services Planning Council, SJMC, and Teton County to increase awareness of the system and individual and agency roles within the system.

Though the group acknowledged that lack of understanding of roles & responsibilities in the system and in the community likely hinders access to mental health care, there was a concern that individual organizations simply lack the funding resources or staff capacity to address this at the present time. Because there is no centralized administration or leadership—though there are volunteer groups like Systems of Care and Human Services Council with members from the organizations—to assist with advocacy or resource development, there was no foundation for a collective effort in this direction. Some participants cited an effort 10 years ago to utilize Human Services Council as the foundation for a community-wide awareness effort; they were not supportive of revisiting this citing the failure of that effort.

> *"[It is] fragile. [We are] not able to react quickly to people's needs – [people are] waiting for counseling. [There is] mystery around mental health and how it fits."*

# NEED & ACTIVITY #6

| | |
|---|---|
| **Need:** | Teton County lacks psychiatrists |
| **Activity:** | Provide psychiatrists |

| | |
|---|---|
| **Need:** | Teton County lacks psychiatric subspecialists in key areas |
| **Activity:** | Provide access to subspecialists |

| | |
|---|---|
| **Goal:** | **Increase availability of psychiatric services in Teton County.** |

> "We need psychiatric support. We need to address the future of that practice. We need to either recruit a replacement or do tele-medicine."
>
> *–Mental Health Interviewee*

*"We have a need for psychiatric services: there are limited choices for adults and children."*

## Context

Throughout both the interview process and the community meetings, the impending lack of psychiatric services in Teton County and surrounding areas loomed large and was cited as both an important and urgent need for the community. Dr. Fredstrom, who provides services to most of the organizations working in the mental health space as well as private individuals, has indicated that she will retire this year. Dr. Girling, another provider, has already closed his Jackson office. Disappearance of essential psychiatric services will leave a tremendous void in the community.

## Action

Dr. Paul Beaupre, CEO of St. John's Medical Center, described an effort, now underway, to develop an RFP to recruit psychiatrists using a telehealth model. Psychiatric telehealth groups exist in the healthcare marketplace and have been extremely successful in population centers. The telehealth model of psychiatry appears to hold significant promise for rural areas such as ours. The benefits of psychiatric telehealth include:

- 24/7/365 coverage
- Access to subspecialists, especially geriatric and adolescent psychiatrists
- Great opportunities for community access
- No recruitment challenges (see Sun Valley for comparable example)
- No housing challenges
- Affordability of professionals
- Future integration of personal technology (i.e., access to providers via apps)
- Geographic coverage/expanded service area for mental health provision

### Goal: Increase access to psychiatric subspecialists in Teton County.

> "I am concerned about psychiatric care, especially when O'Ann retires. For our agency, she has been cooperative and we have a positive relationship. We are concerned that is going away. There is not a resource available, especially for adolescents."
>
> *–Mental Health Interviewee*

## Context

Different populations frequently have distinct psychiatric needs; these needs were cited repeatedly in the interviews and in community meetings. Subspecialists are trained to work with a specific healthcare population and with better results. For example, the medications and approaches indicated for an adolescent with anxiety will not be the same as those indicated for a patient over 65 with anxiety.

## Action

Locations without sufficient patient volumes have often been subject to a one-size-fits-all approach; telepsych can ameliorate this situation by providing access to an array of providers who specialize in these areas. As part of the RFP and resulting contract with a psychiatric telehealth provider, St. John's Medical Center will increase access to psychiatric subspecialists. Areas of subspecialty identified as particularly important include:

- Geriatric Psychiatrists
- Adolescent Psychiatrists
- Substance Abuse Experts

# Appendix A: Summary of Interviews

## What is your general opinion about the state of mental health in Teton County?

Teton County can be a place of extremes: in some ways, it encourages a healthy lifestyle, in others, it attracts or encourages less healthy behaviors (e.g., extreme risk taking, excessive alcohol and drug use, general excess). Respondents felt these disparities were also reflected in the challenges of living in a community with significant economic inequality.

Several items were cited frequently as contributing factors in declining mental health:

- Economic hardship/inequality
- The impact of multiple jobs
- Housing challenges (finding, affording, keeping)
- Wyoming winters
- Family stresses
- Other medical needs/illnesses.

These were also frequently mentioned as factors that could be addressed or improved through directed community efforts.

## What do you consider the strengths of the mental health system in Teton County?

Almost every respondent reflected on the professionalism of the community providers—both in the non-profit and private sectors.

Existing efforts, like Systems of Care, were frequently cited as ways in which the community has already been proactively working toward consistent communication and collaboration. Volume and availability of providers gave most respondents hope that there are significant resources to bring to bear on mental health and substance abuse challenges in the community.

General responses that can be considered as "community-wide strengths" focused on several key areas:

- Number of trained providers
- Communication among agencies
- Systems of Care
- Support of Town and County
- Private philanthropy/Community Foundation
- Community passion/willingness to discuss and get involved

Other responses focused on specific areas of strength; those have been grouped by sector.

**St. John's Medical Center:** The hospital's willingness to participate and to partner on Title 25 cases were cited as assets. Many other counties, including adjacent counties, do not have a Title 25 arrangement with a medical facility. This relationship is considered a significant asset in Teton County.

<u>Clinical care:</u> There are certain physicians who make themselves available and are knowledgeable in their support of families and individuals with significant mental illness. Certain clinics and clinicians make referrals for mental and behavioral support.

<u>Non-profit sector:</u> The Counseling Center, Curran Seeley, and Teton Youth & Family Services were frequently discussed as being significant assets to the community. Systems of Care was cited as a process that has improved communications among agencies.

<u>Private providers:</u> There is a large number of trained private providers who are willing to participate and step into leadership roles for a community-wide effort. There are providers who have demonstrated willingness to provide pro-bono or sliding scale services.

<u>Law enforcement:</u> All members of the Jackson Police Department have participated in introductory Crisis Intervention Training with a plan to get all members the full 40 hour training. The Police Department, Sheriff's Department, and County Attorney's office (central to Title 25 cases) have expressed a strong willingness to participate.

<u>Public sector:</u> Elected officials liaise with SJMC, Systems of Care, Public Health, and the schools. Both the Town and County provide funding for human services organizations and encourage agency participation in Systems of Care to increase communication and collaboration and avoid duplication.

## What areas are in need of strengthening in the mental health system in Teton County?

This question elicited a range of strong responses. While interviewees felt strongly that the community is fortunate to have resources from a robust non-profit sector to trained private providers to significant support from local elected and philanthropists, there was nonetheless consensus that Teton County could and should work to address concerns in the mental health arena.

General responses that can be considered as "community-wide issues" focused on several key areas:

- Availability of psychiatric care
- Availability of specialized behavioral health care (e.g., culturally/linguistically appropriate, geriatric, post-partum, adolescent, etc.)
- Accessibility of services (e.g., knowing where to go if you or a loved one needs care, having a single point of entry for services)
- Education, awareness, and prevention
- Coordination of care (e.g., a collaborative care model, integrated behavioral health, behavioral health providers on-site at doctor's offices, etc.)
- Training for specific fields (e.g., Crisis Intervention Training for law enforcement; behavioral health training for medical professionals, etc.)
- Availability and proximity of inpatient care for mental illness and substance abuse
- Cost of services
- Leadership

Other responses focused on specific areas in need of strengthening; those have been grouped by sector.

**St. John's Medical Center:** SJMC's Emergency Department provides many of the initial services; SJMC has hold rooms for Title 25 (not all counties have a provision for this and not all hospitals will take these individuals). There is not adequate behavioral health training for front line clinical staff. The gatekeeper model (JHCCC is the gatekeeper) does not always include the clinicians. The hospital is a crucial player, and there is work to be done internally in order to obtain provider buy-in. Specific comments included:

> More training for clinical staff (CNAs, nurses, techs, MDs)
> Hospital needs to participate in the community (e.g., Systems of Care, Human Service Planning Council, etc.)
> Ensure that the role of mental health identified as a chronic illness and/or co-morbidity and is not treated as an ancillary concern or service

- Training
- Collaborative care model

**Clinical Care:** Community physicians are frequently in the position of making referrals for mental health and substance abuse treatment. These physicians would benefit from the support of trained behavioral health providers.

- Co-located mental health providers
- Collaborative care model

**Non-Profit Sector:** The non-profit sector has seen funding reductions of more than 30% by the State of Wyoming. They are financially lean, offer low compensation sometimes lack adequate staff, and have uncertain replacement funding. As a result, they lack capacity to take on additional responsibilities and remained focused on addressing immediate issues in keeping with their core missions.

- Funding (e.g., as part of a larger system, federal grants, large foundations, someone to write and administer grants)

**Private Providers:** An underutilized part of the solution. Private counselors need to be worked into the web of the community as part of a larger system. Private providers could provide more sliding scale services.

- More options like the Chad Kreft Fund.

**Law Enforcement:** The high number of Title 25 placements puts law enforcement on the front lines of mental health conversations.

- Crisis intervention training

**Public Sector (e.g., elected bodies, Wyoming state statute, Department of Health rules):** There are statutes that impact the provision of services as well as the financial support for services. In Wyoming, counties are obligated by statute to provide core human services, including mental health. Within the Title 25 statute are provisions dictating when and how placement can occur.

- Statute for deterioration, guardianship

*Please note: Funding was frequently cited as an "area in need of strengthening" but will be discussed separately in this document.*

*Please note: The role of state and local elected officials and bodies is addressed under funding.*

## If you had a magic wand, what one change would you make to the mental health system in Teton County?

Interviewees had a number of suggested changes to the mental health system, including:

- Hire psychiatrists and/or psych FNPs
- Utilize telehealth for psychiatry
- Hire and ensure the availability of specialized providers, especially for adolescents, seniors,
- and Spanish speakers
- Establish a 311 number for general information
- Create a central intake location and/or form
- Deploy an education campaign so that people know where to get services
- Educate business owners about how to be involved/help employees
- Create a position for a Community Mental Health Coordinator
- Ensure all members of law enforcement have received Crisis Intervention Training
- Build an inpatient detox center [NOTE: interviewees had varying definitions of "detox"]
- Build an inpatient behavioral health unit
- Implement a Collaborative Care Model
- Co-locate behavioral health providers at SJMC clinics
- Find a permanent and/or recurring funding source
- Combine mental health and substance abuse programs, as is done in other Wyoming counties

## The State of Wyoming has made significant cuts that have impacted healthcare, including mental health. What can we do here locally to offset the reduction in state funds?

Every interviewee responded with great concern about the state of funding for mental health in Wyoming. There seemed to be broad awareness that funding cuts had either taken place or were looming or both—and that these cuts were likely to have an impact on community providers. There was also an understanding that the community would need to step up in a variety of ways—more awareness, more vocal support, more donations, more pressure on elected officials—to ensure sustainable funding over the short-, middle-, and long-term.

- Continue to work on State Funds: meet with legislators, department heads, Governor
- Work with the County on a sustainable and predictable long-term funding process
- Work with the Town on a sustainable and predictable long-term funding process
- Research and identify Federal granting programs that support mental health and community
- Work with the Town on a sustainable and predictable long-term funding process
- Research and identify Federal granting programs that support mental health and community systems
- Research and identify family foundations that support mental health and community systems
- Work with the Community Foundation to develop leadership in private philanthropy
- Work with Hospital Foundation (SJHF) to increase capacity around fundraising and grant writing

## Mental Health will require considerable funding in the next 3 to 5 years. What funding mechanisms will be key to success?

Building on responses to the earlier funding question, this question prompted interviewees to become more specific about mechanisms. Overall, respondents were clear that there was no "silver bullet" and that a portfolio approach would be necessary to account for the ebb and flow of funding sources over time. Funding was, again, stressed as critical to every component of community mental health—from providing sliding scales to ensure individuals could see providers to finding sustainable funding sources to keep agencies open and well-staffed. Some suggested that private philanthropic support may be a short-term solution, but the key to success is to develop an on-going and sustainable funding source.

Funding mechanisms included the following:
- Private philanthropy
- Grants from large national foundations
- Grants from Federal agencies
- Town and County
- Mill levy
- Sales tax
- Subsidy, fee for service, or other financial support from the business community
- Real estate transfer tax (must be done in Cheyenne)
- Alcohol tax (must be done in Cheyenne)

## What is your opinion of the Concept Paper? What do you see as the top challenge & top opportunity to establishing a collaborative care model in Jackson?*

The overwhelming number of interviewees who read the Concept Paper and responded, found the Collaborative Care Model to be an efficient and effective way to respond to systemic needs around community mental health. Their responses indicate that the model is viewed positively because it offers the opportunity to integrate primary care providers into the behavioral health care model. Co-locating behavioral health resources with providers was seen as a way to increase utilization and decrease confusion around point of entry.

Most respondents highlighted provider experience and dedication and indicated that the culture of good-will between providers, both non-profit and private, might support this type of model. Challenges focused on funding issues, lack of community leadership, and how to communicate this model to the greater community. There was specific concern about ensuring the inclusion of non-native English speakers, including the Latino community, where access to primary care providers may be limited due to insurance and language barriers.

*Please note that not all interviewees responded to the Concept Paper.*

## How do you think our community will respond to this effort?

Answers ran the gamut: many positive, many cautiously optimistic, many unsure whether the community is aware of the breadth or depth of the project. More than a few were concerned that our community has demonstrated a greater willingness to care about pathways and animals than about our friends' and neighbors' mental health.

Overall, interviewees ended their comments positively, with some creative suggestions about how we might educate the community about the importance of this issue and compel them to action.

These suggestions included:

- Print campaign
- Social media campaign
- 311 number (and attendant publicity)

## Who do you believe will be the key to making this effort succeed? Who might you suggest as potential leaders for this effort? What other members of the community would be particularly important to this effort?

Answers ranged from individual names to specific agencies to additional suggestions of funders or funding sources.

Overall, respondents felt that it will be essential to keep all the existing providers, especially the non-profits with free services or sliding fee scales (Jackson Hole Community Counseling Center, Teton Youth & Family Services, Curran Seeley), engaged, involved, and funded. A significant number of community members depend on these services and interviewees consistently named them as central to the success of any effort.

Private providers were frequently mentioned as an under-utilized resource that might play a larger role as part of a community-wide solution whether by offering their own sliding scale or pro-bono services or by becoming more active participants in a community-wide effort.

More deeply engaging large entities—St. John's Medical Center, Teton County School District, law enforcement, and large employers—was also a recurring theme. Interviewees hoped to ensure that the community's largest employers are at the table as part of the solution.

Many wondered whether creating a coordinating role might help to ensure the long-term success of a community-wide effort.

## Would you be willing to get involved in this effort as a volunteer?

- 44 interviewees responded with YES.
- 9 responded with a version of maybe.
- 5 replied that it is already something they do in their current role in the community.

## If asked to consider a leadership role, would you say YES?

- 25 interviewees responded with YES.
- 13 responded with a version of maybe.
- 5 replied that is already something they do in their current role in the community.
- 4 responded with NO.

# Appendix B: List Of Interviewees

1. Deidre Ashley
   Executive Director
   JH Community Counseling Center

2. Matt Banks
   Manager
   Teton County Department of Family
   Services

3. Paul Beaupre, M.D.
   Chief Executive Officer
   St. John's Medical Center

4. Cathy Beck
   Director, Primary Care Unity
   St. John's Medical Center

5. Brent Blue, MD
   Medical Director
   Emerg-A-Care

6. Carol Bowers
   Assistant Director of Client Services
   Community Safety Network

7. Jennifer Bradof
   Therapist in private practice

8. Ben Brettell
   Diversion Program
   Teton Youth & Family Services

9. Amy Brooks
   Case Manager
   One 22

10. Bruce Burkland, LMFT
    Executive Director
    Teton Youth & Family Services

11. Faye Campbell, LMFT
    Therapist in private practice

12. Sarah Cavallaro
    Director of Operations
    Teton Youth & Family Services

13. Gillian Chapman
    Superintendent
    Teton County School District #1

14. Sen. Leland Christensen
    Wyoming Senate District #16

15. Katharine Conover
    President
    Community Foundation of Jackson Hole

16. Meg Daly
    Writer
    Planet Jackson Hole

17. Vida Day Sanchez
    Program Director
    One22

18. Jacques Dubois
    Board Chair
    JH Community Counseling Center

19. Anne Ellingson
    Therapist
    Curran-Seeley Foundation

20. Michael Enright, PhD
    Psychologist in private practice

21. Tessa Enright, FNP
    Wilson Medical Clinic
    St. John's Medical Center

22. Rev. Mary Erickson
    St. John's Episcopal Church
    Jackson Hole United

23. Elizabeth Ewing, LPC
    Clinical Director, Mountain House
    JH Community Counseling Center

24. Sara Flitner
    Flitner Strategies

25. Tom Forslund
    Director
    Wyoming Department of Health

26. O'Ann Fredstrom
    Psychiatrist in private practice

27. Trudy Bergmeyer Funk
    Executive Director
    Curran Seeley Foundation

28. Lynnette Gaertner, LCSW
    Social Worker
    St. John's Medical Center

29. Elizabeth Gilmour, LPC
    Social Worker
    St. John's Medical Center

30. Julia Goldensohn, PhD.
    Psychologist in private practice

31. Jeff Greenbaum, MD
    Director of Emergency Services
    St. John's Medical Center

32. Bruce Hayse, M.D.
    Physician in private practice

33. Julia Heemstra
    Director, Wellness Department
    St. John's Medical Center

34. Lou Hochheiser, M.D.
    Physician, Former CEO
    St. John's Medical Center

35. Margaret Hochheiser, PhD.
    Psychologist in private practice

36. Mark Houser
    Case Manager, Mountain House
    JH Community Counseling Center

37. Jake Richins
    Assistant Director
    Prevention Management Organization

38. Susan Juvelier, LPC
    Therapist in private practice

39. Jennifer Kandolin, LPC
    Therapist in private practice

40. Stephanie Kiser, LCSW
    Therapist and Family Advocate
    Hirschfield Center for Children
    Teton Youth & Family Services

41. Maggie Land, MSW
    Social Worker
    St. John's Medical Center

42. Lety Liera
    Director, Head Start
    Children's Learning Center

43. Sharel Love
    Executive Director
    Community Safety Network

44. Marcia Lux, M.D.
    Physician
    St. John's Medical Center

45. Natalia Duncan Macker
    Vice Chair
    Board of County Commissioners

46. Liz Masek
    Trustee
    St. John's Medical Center

47. Bob McLaurin
    Town of Jackson Administrator

48. Chris Moll, LCSW
    Director, Hirschfield Center for Children
    Teton Youth & Family Services

49. Jude Mooney, LPC
    Therapist
    JH Community Counseling Center

50. Hailey Morton Levinson
    Town of Jackson Council member

51. Mark Newcomb
    Chair
    Board of County Commissioners

52. Shannon Nichols
    Director of Education and Outreach
    Community Safety Network

53. Carmina Oaks
    Case Manager
    One22

54. Joan Palmer
    Chief Nursing Officer
    St. John's Medical Center

55. RuthAnn Petroff
    Snake River Roasting Co.
    Board Member, TYFS

56. Arty Polo
    Manager, Van Vleck House
    Teton Youth & Family Services

57. Jodie Pond
    Director
    Teton County Department of Health

58. Smokey Rhea
    Board of County Commissioners

59. Kathy Robertson
    Parent
    Owner, Treasures I Seek

60. Rep. Andy Schwartz
    Wyoming House District #23
    Board Chair, TYFS

61. Jeremy Silcox, LCSW
    Director, Van Vleck House
    Teton Youth & Family Services

62. Todd Smith
    Chief of Police
    Town of Jackson

63. Starr Sonne
    Director of Client Services
    Community Safety Network

64. Noa Staryk
    Owner, Nest
    Board Member, CFJH

65. Ted Staryk
    Owner, Snake River Brewing
    Board Member, SJHF

66. Matt Stech, LCSW
    Prevention Management Organization

67. Pier Trudelle, LCSW
    Teton County School District

68. Melissa Turley
    Executive Director
    Teton Village Association

69. Paul Vogelheim
    Board of County Commissioners

70. Pat Weber
    Director (Retired), Living Center
    St. John's Medical Center

71. Steve Weichman
    Teton County and Prosecuting Attorney

72. Jim Whalen
    Sheriff, Teton County, WY

73. A.J. Wheeler, M.D.
    Physician, St. John's Medical Center

74. Adam Williamson, LPC
    Therapist
    JH Community Counseling Center

75. Becky Zaist
    Executive Director
    Senior Center of Jackson Hole

# Appendix C: Notes from Program Partner and Stakeholder Meetings

Submitted by Susan Eriksen-Meier, Meeting Facilitator

## St. John's Hospital Foundation
## Mental Health Community Project

Community Partner Meeting
January 30, 2017

This meeting of critical service providers focused on mental health system needs, or issues that should be addressed in order to improve service delivery.

### Needs List-Prioritized

The group discussed needs in general, including very specific service needs. However, they decided that any community effort should focus on the system itself and that specific service needs would fall within the responsibility of existing providers.

The group prioritized the list of system needs as follows:

1. Organization/Collaboration lacks structure
2. System is siloed, with community understanding especially affected
3. Professional component of system needs attention, psychiatrists, telemedicine, specialists
4. People don't know how to access system
5. Gaps between crisis and prevention services
6. Funding: inconsistent, random, cuts looming

### Raw Needs Brainstorm List

| | | |
|---|---|---|
| Work between crisis and prevention | Professional component needs help-psychiatrists, specialists, telemedicine | Definitions are not clear-i.e. detox, crisis stabilization. We are not speaking the same language |
| Siloed System | System lacks organization and structure | Who we are-roles |
| Funding-random, inconsistent | Agencies roles are limited by their nature, but criticized for not fixing mental health issues | Patient compliance, rights and confidentiality makes this complicated |
| People don't know how to access system | Service partners don't understand each other's responsibilities, roles or limitations | Prevention-is this included? |

## Raw Needs Brainstorm List (continued)

| | | |
|---|---|---|
| Crisis happens at night, MH specialist work during the day | Need plan for system-not just 1,2 or 3 leaders | Lack of institutional memory with turnover? |
| Private providers don't have a role in the system-need a role | Duplication and gaps in service provision | Residential care-$ empty beds at Red Top due to affordability |

## Raw Needs Brainstorm List (continued)

| | | | |
|---|---|---|---|
| Crisis stabilization -Title 25, SJMC not full inpatient, but stabilized | Crisis stabilization vs. intervention | What is the system we are trying to create and who leads it? | Prevention at all levels, intervention |
| Mental health issue masked by drugs and alcohol | Title 25: People who do not qualify still need help, but not in violation of the law | No where to "take someone" in crisis | No system prior to criminal act or Title 25 criteria |
| No detox center or safe house | No legal authority to bring someone to detox or safe house | Town ordinances are an option | Our police are trained in mental health |
| Need org chart for system, showing what everyone does | Substance abuse system, services, facilities | Collaborative care model could be used as an umbrella for system | Co-morbidity |
| System today is focused on urgent, short-term | No long-term consistency | Siloed approach to care | Community norms do not help-party town |
| Need to mount one effort community -wide | Coordination of services | Collaborative Care model includes: Financial relationships, assessments of branches of service and locating funding sources | |

# St. John's Hospital Foundation
# Mental Health Community Project

Community Stakeholder Meeting
January 31, 2017

This meeting focused on the identification and prioritization of issues that need to be addressed in order to improve the delivery of mental health services in the wake of budget cuts and rising community needs.

## Needs List

The list below includes the top issues from each of the four small groups.  The list was presented to the collective, large group, who voted to prioritize this list. The voting results are shown.  Green votes are in support. Red votes indicate that participants do not support this issue being on the prioritized

| Issue or Need | Votes |
|---|---|
| Difficult to find comprehensive information about system-who does what, responsibilities, limitations (Resource Mapping) | 20 Green |
| Our system has a lack of central administration, leadership and coordination | 18 Green |
| Funding is limited, unstable | 8 Green, 3 Red |
| Education-Lack of understanding of roles & responsibilities in the system and in the community | 2 Green |
| Limited integration of primary care and mental health services | 1 Green |
| Providers-Lack of psychiatric and specialty care, no telemedicine services | 1 Green |

## Working Groups Lists

Participants divided into four small groups. Each small group brainstormed issues that should be addressed in order to improve mental health service delivery. The lists were then prioritized and the top three scored on Eisenhower's decision matrix.

### Group #1

- Funding is inconsistent
- System lacks structure
- System lacks leadership and focus

### Group #2

- System lacks leadership and focus
- Provider pool lacks psychiatrists and specialists
- Funding is limited, unstable

### Group #3

- Difficult to find comprehensive information about system (resource mapping)
- Education-lack of understanding of roles & responsibilities in the system & the community
- No central administration for system-lacks leadership, coordination

### Group #4

- Difficult to find comprehensive information about system (resource mapping)
- Limited integration of primary care and mental health services
- Funding is limited, unstable

# St. John's Hospital Foundation
# Mental Health Community Project

Community Stakeholder Meeting
February 7, 2017

This meeting focused on the identification and prioritization of action to address the community needs identified in the previous meeting.

## Warm Up and Discussion

During the 1/31/2017 meeting participants commented that the group did not have a shared vision and/or that terms used did not have the same meaning for all participants. To kick off the 2/7/2017 meeting two short films (each only minutes long) were shown, one outlining a collaborative care model and the other the vision and work of the New Jersey Mental Health Association, an example of a central leadership organization. The two films can be viewed online.

Collaborative care explained: https://www.youtube.com/watch?v=S-029Yf7AYM
Example of central leadership organization: https://www.youtube.com/watch?v=K4sGxJXjJY8

Following each film the group was asked to stand on a line on the floor indicating their answer to the following questions. One end of the line was designated for yes and the other for no. This exercise allowed participants to show their position and elicited robust conversation. The predominant group position is noted for each question.

In the first video, a collaborative care model was described.

1. Did you know about this model before you saw the video? (Yes)

2. Did the video accurately describe the model? (Yes, with some maybe)

3. Do you think this would be a good model for our community? (Yes)

4. Do you think this would work here? (Maybe-we have special challenges)

5. If this model were prioritized for action now, how would you feel? (Maybe-we have other needs that take priority, especially since this will need funding)
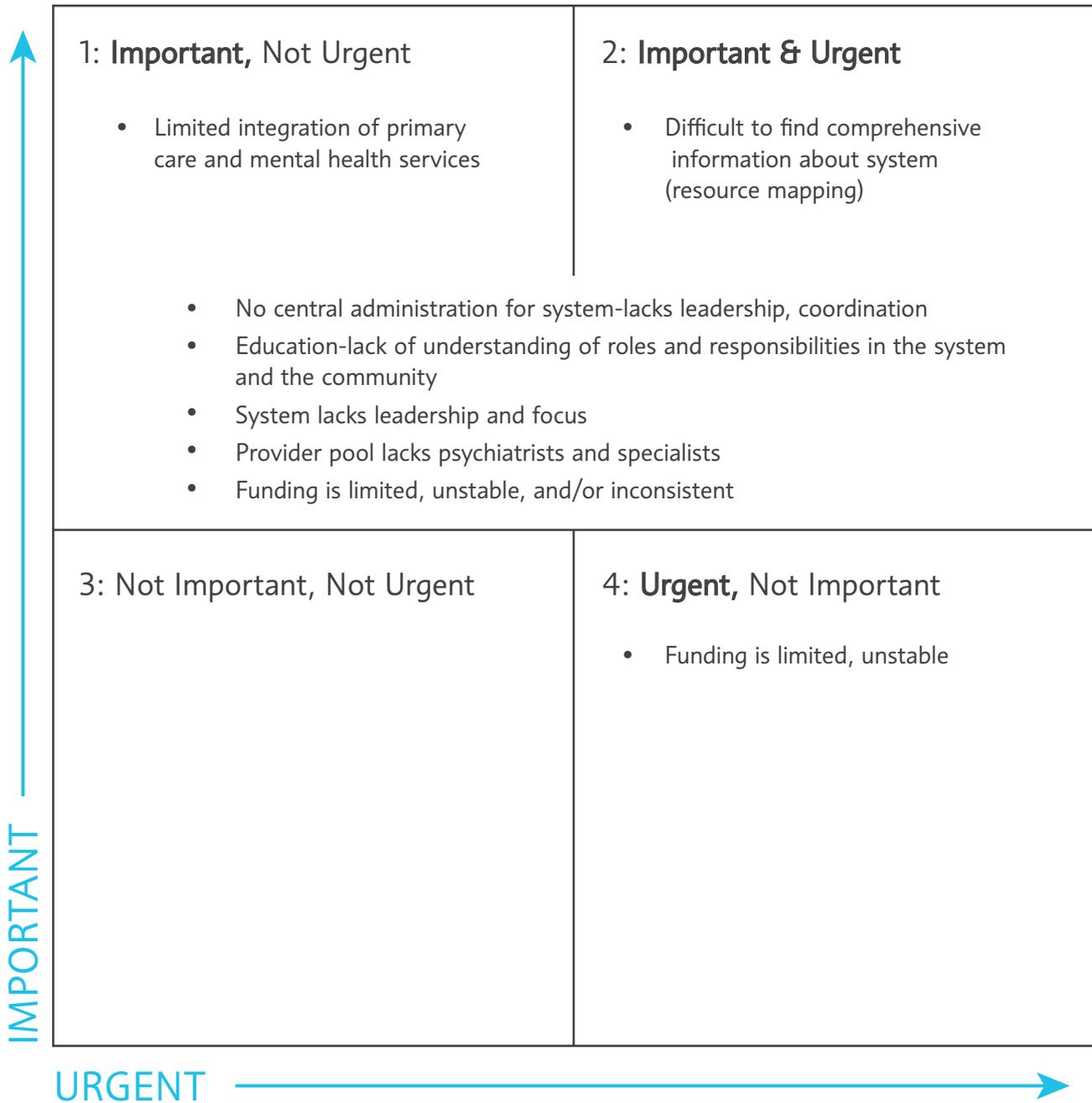
In the second video, a Mental Health Association in New Jersey short video of their vision. The MHANJ is a statewide community mental health organization in which people with mental illnesses can achieve full potential, free from stigma and other barriers to care and recovery.

This video shows one way a central organization could work.

1. Do you think this type of organization would be beneficial to our community? (Yes-maybe with some no)  It's pointed out that this is a lobbying org.

2. If this model were prioritized for action here, how would you feel? (Group moved into maybe-no, again-higher needs are noted)

**1: Important,** Not Urgent

- Limited integration of primary care and mental health services

**2: Important & Urgent**

- Difficult to find comprehensive information about system (resource mapping)

- No central administration for system-lacks leadership, coordination
- Education-lack of understanding of roles and responsibilities in the system and the community
- System lacks leadership and focus
- Provider pool lacks psychiatrists and specialists
- Funding is limited, unstable, and/or inconsistent

**3: Not Important, Not Urgent**

**4: Urgent,** Not Important

- Funding is limited, unstable

IMPORTANT

URGENT

# St. John's Hospital Foundation
# Mental Health Community Project
Community Stakeholder Meeting
February 7, 2017

## Action List by Need
Each of the needs prioritize at the last meetings was posted on the wall. Each need had a section for "Action items already working or planned in our community" and a section for "Desired future action items." The group was asked to write action items on sticky notes and stick them to the appropriate area. Once this was done, the group was asked to vote on the future action items, using green dots for "please move this action forward", yellow dots for "I'm not sure" and red dots for "please don't do this". The results are listed by need below. When participants combined sticky note, the actions are highlighted together in green.

| Need | Difficult to find comprehensive information about system-who does what, responsibilities, limitations (Resource Mapping) |
|---|---|
| Action Items Already Working or Planned | Network for Care database (new) <br><br> Classroom Mental Health .com <br><br> Systems of Care |
| Desired Future Action Items | Elder care system that is proactive (13G) <br><br> Educate providers using outreach (8G) <br> Standardized training for new hires –this is our system (local specific, who does what, introductions) (2G,3Y) <br><br> Law change for Title 25 when client has guardian (2Y, 5R) <br><br> 311 info to Network of Care, central registry of services (9G) |

## Action List by Need (continued)

| Need | Our system has a lack of central administration, leadership and coordination |
|---|---|
| Action Items Already Working or Planned | Systems of Care<br>Human Services Council |
| Desired Future Action Items | Development of elected official driven Health and Human Service Plan for Teton County, (7G)<br>Improved information and discussion of what town and county are mandated &/or want to provide<br>Someone whose job it is to help (assist) all involved to coordinate and collaborate. Keep track of legislative issues etc. (2Y)<br>Figure out how to do this without a new layer (8G)<br>Determine community priorities (2G, 1Y)<br>Create a MH board of volunteers to create and direct a 5-10 year plan (4R,3Y)<br>County or SJMC mental health director (5R, 3Y) |

| Need | Funding is limited, unstable |
|---|---|
| Action Items Already Working or Planned | Reconfigure county public funding process with nonprofit network<br>Advocacy with individual orgs/issues on a local, state level (EDs in Cheyenne) |
| Desired Future Action Items | Set strategic priorities as a community-Health and Human Services Plan (8 G)<br>Pass a mental health/SOC levy (11G)<br>Continue organizational advocacy, but include other voices (no votes)<br>Patients with no $ or insurance only have JHCCC  (1 Y,1R)<br>Coordinate proposals for state funding (2Y, 1G)<br>Engage business leaders and employers (6G)<br>After care resources, Title 25, substance abuse (5G) |

## Action List by Need (continued)

| Need | Education-Lack of understanding of roles & responsibilities in the system and in the community |
|---|---|
| Action Items Already Working or Planned | Systems of Care<br>Human Services Council<br>Behavioral Services Committee<br>CEU Collaborative (Can be used more effectively in future)<br>Child Protection Team<br>Communication with TCSD<br>Title 25 process<br>Case manager meeting |
| Desired Future Action Items | Bring in national speakers to promote issue (1 R)<br>Connect SOC and HSC with other providers (3G)<br>Engage citizens individually to get their input and understand their perspective better (1 G)<br>Community forums to share what the roles are (1G)<br>Awareness (4G)<br>Need better support for guardians to get help (no votes)<br>311 help line (5 G)<br>More information on how to access and pay for services (3G)<br>Not all people will access if they have to wait.<br>Media awareness (2G)<br>Mental health resources and training for general practitioners (5 G)<br>Network of Care database-mental health priority (11G)<br>Encourage collaboration releaser and calls encouraged (no votes) |

## Action List by Need (continued)

| Need | Limited integration of primary care and mental health services |
| --- | --- |
| Action Items Already Working or Planned | Systems of Care<br>Human Service Council<br>Magellan Health Care wrap around services for youth and families |
| Desired Future Action Items | These three items are already working, but need future action<br>Coordination of physician psych care with therapy services (3 G)<br>Functional–project based collaboration/response to suicide coll (1G)<br>Better utilization of LCSWs currently at hospital (2G)<br><br>Desired future action<br>Social workers at primary care facilities (these items combined 14 G)<br>Co-locate behavioral health clinics<br>Pilot integrative behavioral health at one clinic<br>Effort to pilot a collaborative care model in Teton County<br>Include state-wide services, i.e. Wyoming Guardianship (1 G)<br>Opioid prevention resources (no votes)<br>Access to mental health services at same time of referral-no wait, no second appointment  (10 G) |

## Action List by Need (continued)

| Need | Providers-Lack of psychiatric and specialty care, no telemedicine services |
|---|---|
| Action Items Already Working or Planned | BHC interested in telemedicine for psychiatry <br><br> Use of psych nurses <br><br> Figuring out how to get more psychiatry here (ongoing) |
| Desired Future Action Items | Affordable housing for psychiatrist recruitment (2R, 1 G) <br><br> Use of psychiatric nurses supervised by MD (1G) <br><br> Hire psychiatrists (18G) <br><br> Home care for clients (1G) <br><br> Education for primary care physicians (3G) <br><br> Improve access to psychiatric and psychological services (2G) <br><br> Crisis center for adults (11G, 2Y) <br><br> Hire gerontologist (3G) <br><br> Change in regulations for disability housing (1G) <br><br> Use telemedicine for subspecialties  (1G, 2 Y) |

| NEED | ACTIVITIES | OUTCOME |
|------|-----------|---------|
| Difficult to find comprehensive information about system. | Network for Care database implemented and promoted St. John's Medical Center Navigator (proposed) Classroom Mental Health.com Systems of Care | Comprehensive Information about services is available online. SJMC Navigator assists patients TC Library staff help patients access Network of Care Promotion raises awareness of service |
| Our system has a lack of central administration, leadership and coordination | Systems of Care & Human Services Council Revisit after goal #1 met Identify attributes of need. SJMC navigator will be able to help Exactly what problems are created by lack of admn, leadership and coord | No new outcomes at this time |
| Funding is limited, unstable | Advocacy with individual orgs/issues on a local, state level (EDs in Cheyenne) | Some improvement with existing revenue source-county<br><br>• County funding process easier for service providers<br>• County funding process impact-focused for electeds<br>• Some new grant funding<br><br>SJMC pilot data attracts new funding opportunities Grant application in works JHCC and IE |

| NEED | ACTIVITIES | OUTCOME |
|---|---|---|
| Limited integration of primary care and mental health services | St. John's Medical Center to Develop Pilot Program @ Clinics<br><br>~~Magellan Health Care wrap around services~~ (funding ending) | Integration of primary care and mental health services improved at pilot sites, later expanded. |
| Education-Lack of understanding of roles & responsibilities in the system and in the community. (Resource Mapping) | Systems of Care Human Services Council Behavioral Services Committee CEU Collaborative (Can be used more effectively)<br><br>Child Protection Team Communication with TCSD Title 25 process Case manager meeting | No new outcomes |
| Lack of psychiatric and specialty care, no telemedicine services | St. John's Medical Center to Issue RFP for Psychiatric Services | Psychiatric and subspecialty care available to the community through telemedicine at pilot clinics. |

# St. John's Hospital Foundation
# Mental Health Community Project
Community Stakeholder Meeting
February 14, 2017

This meeting focused on actions being implemented to address the community needs identified in the previous meetings, and the identification of outcomes that can and cannot be reasonably expected to follow.

1. The meeting began with a review of the project.

2. Teton County Public Health, St. John's Medical Center and Teton County Commissioners each described activities, planned or in progress, designed to improve the deliver of mental health services in Teton County in the wake of rising demand and potential budget cuts.

3. A group discussion linked new activities with resulting outcomes.

## ACTIVITIES PLANNED OR IN PROGRESS

### Teton County Public Health: Network of Care
Network of Care is an online tool providing both a service directory and a health indicator data center. The grouped discussed how organizations will add or change listings and how those listing will be vetted. Private mental health practitioners will be encouraged to list their services. St. John's Hospital Foundation, Teton County Commissioners and the Community Foundation of Jackson Hole generously fund this project.

### St. John's Medical Center

- **Telemedicine Services:** St. John's Medical Center will pilot psychiatric services via telemedicine in two locations in our community. They are in process of selecting a service provider. Telemedicine is new and the hospital looks forward to supporting patients' adjustment to telemedicine services. Since it is very hard to find and secure psychiatrist in rural communities, telemedicine provides an excellent opportunity to quickly improve services and address many patient access issues.

- **Psychiatric Search:** St. John's Medical Center will conduct a professional search for psychiatrists. Paul Beaupré, St. John's CEO, explained the challenges to such a search and the hospital's strategic thinking regarding the simultaneous implementation of telemedicine.

- **Navigator:** A staff "navigator" will support the pilot implementation of telemedicine services. In addition to supporting the telemedicine implementation, this person will also assist with service referrals in general.

## ACTIVITIES PLANNED OR IN PROGRESS (continued)

### Teton County Commissioners: Funding Process Review and Update

The Teton County Commissioners will discuss the application process for Teton County funding with the intent of improving the Commissioner's understanding as well as the applicant's experience.

The group was asked if there were any other new action items planned or working. Being none, the group moved onto a discussion of outcomes.

### Outcomes

Using the chart on the following pages, each action was listed with the need or needs it was most likely to affect. Then the group discussed outcomes likely to be achieved through the new actions and which outcomes where still unaddressed.

The next two pages show the final charts reflecting the group's work.

| NEED | OUTCOMES ADDRESSED BY 2017-2018 ACTION | OUTCOMES NOT ADDRESSED BY 2017-2018 ACTION |
|---|---|---|
| Difficult to find comprehensive information about system. | It is easier to find information: Comprehensive Information about services is available online.<br><br>SJMC Navigator assists patients<br><br>TC Library staff help patients access<br><br>Network of Care Promotion raises awareness of service | Patients with no computer access not addressed<br><br>311 not widely available Directory will not show relationships btwn agencies or patient path<br><br>Language/terms confuse patients<br><br>System not working together -not comprehensive |
| Our system has a lack of central administration, leadership and coordination | No new outcomes: Group voted not to add a layer. Group stuck trying to suggest another way to consider/achieve this. | Attributes need to be defined. |
| Funding is limited, unstable | Funding is available, stable Some improvement with existing revenue source-county<br><br>• County funding process easier for service providers<br>• County funding process impact-focused for electeds<br>• Some new grant funding<br><br>SJMC pilot data attracts new funding opportunities Grant application | Not enough operational funding for service providers<br><br>No or limited funding for community coordination, promotion, advocacy<br><br>Funding sources are not diverse-gov heavy |

| NEED | OUTCOMES ADDRESSED BY 2017-2018 ACTION | OUTCOMES NOT ADDRESSED BY 2017-2018 ACTION |
|---|---|---|
| Limited integration of primary care and mental health services | Integration of primary care and mental health services improved at pilot sites, later expanded. | Pilot can't be everywhere immediately<br><br>No PCP=no access<br><br>Cost of care prevents access |
| Education-Lack of understanding of roles & responsibilities in the system and in the community.<br>Action:<br>(Resource Mapping) | No new outcomes | No PCP involvement community-wide<br><br>No platform to share needs<br><br>Lack of understanding" PCPs,<br><br>Law Enf, new-hires<br><br>No written information on gaps highlighted by Title 25 process |
| Lack of psychiatric and specialty care, no telemedicine services | Psychiatric and subspecialty care available to the community through telemedicine at pilot clinics. | Geographic-Pilot not everywhere<br><br>Facility-based service gaps not addressed: detox, crisis center, group home.<br><br>Primary Care Phys also retiring-filling gaps<br><br>40% of workforce commuting not served by pilot<br><br>People initially uncomfortable with telemed<br><br>Cost-If they can't afford PCP, no access to telemed |

# Appendix D: Concept Paper

CONCEPT PAPER: ON THE NEED FOR INTEGRATED AND COORDINATED MENTAL HEALTH CARE

## Context

St. John's Hospital Foundation received a grant to compile qualitative data around perceptions and attitudes toward mental health in Teton County. Data collection will include key stakeholder interviews which will then be compiled into a report. The report will be used as the basis for facilitated stakeholder meetings and the creation of a list of priorities around community mental health.

Program Partners who support and endorse this effort include: Curran Seeley Foundation, Jackson Hole Community Counseling Center, Teton County Public Health Department, Teton County School District, and Teton Youth & Family Services.

Interviews will be conducted until December 15, 2016. Data will be compiled in a timeframe that supports stakeholder meetings in January and February after which time a full list of community priorities around mental health will be released along with an action plan for next steps.

## Overview

Quantitative data from national sources indicate that mental illness can have a strong and deleterious impact on physical health and clinical outcomes. According to research compiled by the Robert Wood Johnson Foundation:

> People with co-occurring physical and mental conditions represent a significant and costly portion of the population...Key findings include: Comorbidity is the rule rather than the exception. More than 68 percent of adults with a mental disorder had at least one medical condition. Comorbidity is associated with elevated symptom burden, functional impairment, decreased length and quality of life and increased costs. The pathways causing comorbidity is complex and bidirectional. Medical disorders may lead to mental disorders, mental conditions may place a person at risk for certain medical disorders, and mental and medical disorders may share common risk factors. Collaborative care models that use a multidisciplinary team have been shown to provide effective treatment for persons with comorbid physical and mental conditions. The most effective treatment models, however, are not in widespread use.[1]

Anecdotal in Teton County indicate that unidentified or untreated mental illness negatively impacts large portions of our community, including our jails and criminal justice system, youth in the community, St. John's Medical Center's associates and patients, as well as the community as a whole.

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[1] Goodell, S., Druss BG, and Walker, ER. "Mental Disorders and Medical Comorbidity." The Synthesis Project. Robert Wood Johnson Foundation: February, 2011.

## Background

Teton County has a history of providing mental health services to its population through multiple professional, social organizations and providers. It can reasonably be stated that available services are among the strongest in the state.

Despite evident strengths, gaps in available services and the overall coordination of care exist. Although pieces of the mental health care puzzle are present, there are critical needs related to:

- A high incidence of suicidality

- Chemical and alcohol dependency

- A lack of coordinated adolescent care

- The issue of identification of primary and secondary prevention of mental health problems

- The availability of safe care for those with acute disorders that cannot be cared for in an outpatient setting.

Although not a complete listing of gaps, the above list is representative of the problem.

## Concept

Mental illness can and does have a negative impact on physical health and clinical outcomes, and Teton County has been impacted by the lack of consistent, coordinated resources and capacity around community mental health. Together these considerations would be enough to elevate the level of concern about a collaborative effort on behalf of our community. Add to that significant budget cuts and the need for efficient, connected, evidence-based programming increases.

> **Collaborative Care** is a specific type of integrated care developed at the University of Washington that treats common mental health conditions such as depression and anxiety that require systematic follow-up due to their persistent nature. Based on principles of effective chronic illness care, Collaborative Care focuses on defined patient populations tracked in a registry, measurement-based practice and treatment to target. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment for patients who are not improving as expected. [2]

Coordination of services across agencies and providers along with the integration of Primary Care Providers into the care model will create a more robust and seamless mental health system in Teton County. To that end, St. John's Medical Center seeks to spearhead an effort to convene agencies to identify and prioritize mental health needs and then implement an evidence-based collaborative care model to improve mental health outcomes in Teton County.

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[2] AIMS Center: Advancing Integrated Mental Health Solutions, University of Washington, Psychiatry & Behavioral Sciences Division of Population Health. Collaborative Care Definition. https://aims.uw.edu/collaborative-care

To this end, St. John's Medical Center will:

1. Alongside community providers and agencies, identify needs and resources, convene stakeholders, and provide leadership for the implementation of a collaborative care model.

2. Prioritize needs, and then develop and implement a plan, predicated on best practices, to implement a collaborative care model in Teton County

3. Work with town, county and state officials to support processes and legislation to promote a collaborative care model that can serve as a model for other Wyoming communities.

## Conclusion

Through this process of convening stakeholders, prioritizing needs around mental health, identifying additional resources, and developing an action plan, Teton County can create a replicable and sustainable of collective impact and collaborative service delivery. By implementing a community-focused model, based on best practices, and establishing clear points of coordination and communication, Teton County will improve mental health outcomes.

# Appendix E: Glossary of Terms

**Central Intake:**
A single point of entry into mental health services.

**CFJH:**
Community Foundation of Jackson Hole

**CHINS:**
Child In Need of Supervision. Refers to process in Title 14 of Wyoming State Statutes dealing with adolescents at risk who have not yet been adjudicated delinquent.

**Collaborative Care Model:**
Collaborative care programs are one approach to integration in which primary care providers, care managers, and psychiatric consultants work together to provide care and monitor patients' progress.

**Crisis Intervention Training:**
Trend in law enforcement to respond to persons with acute mental illness intended to diffuse crisis situations and prevent violence.

**Crisis Stabilization:**
Short-term, psychiatric and psychological care intended to prevent inpatient hospitalization.

**CS:**
Curran-Seeley Foundation

**Court-Ordered:**
Mandated mental health treatment, usually inpatient, after a patient has been deemed a danger to self or others. Wyoming now has the ability to court-order outpatient treatment.

**Detox/Detoxification:**
Medical intervention geared towards treating withdrawal symptoms in people with substance dependence. Can be either inpatient or outpatient depending on severity of symptoms.

**DFS:**
Department of Family Services. State government agency mandated to investigate and provide services in child abuse/neglect cases, juveniles adjudicated delinquent, and adult protection issues.

**DOH:**
Department of Health. State government agency addressing Aging, Behavioral Health, Healthcare Financing and Public Health.

**Global Screening:**
Term used to refer to screening for mental illness and/or substance abuse issues at any point in the healthcare continuum using consistent assessment tools and language.

### Human Services Planning Council:
A sub-group of the Systems of Care, the Human Services Planning Council focuses on funding issues affecting human service delivery systems in Teton County. It is composed of non-profit organizations whose missions include services for critical care.

### Inpatient:
Mental health services in a hospital setting with both medical and psychological care.

### Integrated Behavioral Health:
The provision of mental health, behavioral health and substance abuse services within a primary care setting using a team-based approach.  The Collaborative Care Model is an evidence-based best practice within Integrative Behavioral Health.

### JHCCC:
Jackson Hole Community Counseling Center

### JHPD:
Jackson Hole Police Department

### MI:
Mental Illness

### Mill Levy:
The assessed property tax rate used by local governments and other jurisdictions to raise revenue in order to cover annual expenses.

### Mountain House:
Part of the Jackson Hole Community Counseling Center. The adult outpatient therapeutic services for persons with severe and persistent mental illness. Provides case management, medication management, socialization, group and individual therapy, and drop-in services.

### Outpatient:
Mental health and substance abuse services for persons not hospitalization.

### PHN:
Public Health Nursing

### Psychiatric Nurse Practitioner:
An advanced practice registered nurse with specialization and prescribing authority for mental health issues.

### Psychiatrist:
A doctor of medicine with an advanced specialization in mental health issues and prescribing authority.

### SA:
Substance Abuse

**SJHF:**
St. John's Hospital Foundation

**SJMC:**
St. John's Medical Center

**SPMI:**
Severe and Persistent Mental Illness

**Sobering Center:**
A facility that provides a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober. Sobering centers provide services for alcohol-dependent individuals that may have secondary problems such as drug abuse/dependence, mental illness and/or medical issues.

**Social Work:**
Graduates of schools of social work (in the U.S.A. with either bachelor's, master's or doctoral degrees) who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies. Social workers may work directly with clients addressing individual, family and community issues, or they may work at a systems level on regulations and policy development, or as administrators and planners of large social service systems (Barker, 2003).

**Suicidal Ideation:**
Endorsement of thoughts and feelings of ending one's life.

**Systems of Care:**
The Systems of Care idea was brought to life by Human Service agencies in the Fall of 2003. Since this time numerous agencies have participated in creating a Human Service "system" that better serves the community. This group of agencies and individuals meets monthly to improve the "system" in which clients are served. These meetings provide agencies the opportunity to network and strategically plan how to best service the client's needs. The following are the goals defined by the Human Service Systems of Care:

- Improved response to client's needs.

- Organizations report outcome measurements and financial information in a uniform measure.

- Improved communication and cooperation.

- Improved collaboration and resource sharing between organizations.

Successfully implementing these goals will give Teton County Human Service providers a plan to provide services to the client where their needs are being met in an efficient, cost-effective, and measurable way. The Systems of Care helps to create a comprehensive structure for services and implement these based on client's needs.

**TCSD:**
Teton County Sheriff's Department

**TCSD #1:**
Teton County School District #1

**Title 25:**
The Wyoming State Statute referring to persons who are involuntarily hospitalized due to danger to self or others as a result of mental illness.

**Transitional Housing:**
A short-term, residential stabilization program that is used as either a for a prevention of mental health crisis or as aftercare after hospitalization. It is staffed 24 hours per day by qualified mental health professionals and utilizes socialization, life skills, and mental health treatment with the goal of independent living.

**TYFS:**
Teton Youth and Family Services