



Wyoming Department of Education

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MEMORANDUM NO. 2009-178

TO: School District Superintendents
School Principals
Special Education Directors
Building Intervention Team Coordinators

FROM: Joe Simpson, Deputy Superintendent
Administrative Unit

DATE: November 6, 2009

SUBJECT: Community Mental Health/Substance Abuse Centers'
Resource Document

IMPORTANT INFORMATION

To better assist agencies, organizations, and other service groups to help students and families, the Wyoming Departments of Health, Education, and Family Services have been meeting monthly at the Director level to provide improved coordination, collaboration, and integration of services. Over the next year, we expect to continue to share information across the agencies to better serve Wyoming citizens and youth.

The Wyoming Department of Health, Mental Health and Substance Abuse Services Division have shared their updated resource document on the Community Mental Health and Substance Abuse treatment services within communities. It includes the types of services the centers provide, service definitions, and relevant contract requirements. The Department has been asked to convey this information to all Superintendents and appropriate staff. A hard copy is attached for your review.

JS:jn

Attachment

Community Mental Health and Substance Abuse Centers by Region

Region	County	Center Name	Treatment Services
Basin	Big Horn	Big Horn County Counseling	<ul style="list-style-type: none"> • Mental Health Outpatient • Substance Abuse Outpatient
	Hot Springs	Hot Springs County Counseling Service	<ul style="list-style-type: none"> • Mental Health Outpatient • Substance Abuse Outpatient
	Park	Cedar Mountain Center	<ul style="list-style-type: none"> • Substance Abuse Outpatient • Substance Abuse Residential • Substance Abuse Transitional Residential
		Yellowstone Behavioral Health Center	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential
	Washakie	Cloud Peak Counseling Center	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential • Substance Abuse Outpatient
Western	Lincoln	High Country Behavioral Health	<ul style="list-style-type: none"> • Mental Health Outpatient • Substance Abuse Outpatient
	Sublette	High Country Behavioral Health	<ul style="list-style-type: none"> • See Lincoln Co. for service list
	Sweetwater	Southwest Counseling Service	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential • Substance Abuse Outpatient • Substance Abuse Residential • Substance Abuse Social Detoxification • Substance Abuse Transitional Residential
	Teton	Curran-Seeley Foundation	<ul style="list-style-type: none"> • Substance Abuse Outpatient
		Jackson Hole Community Counseling Center	<ul style="list-style-type: none"> • Mental Health Outpatient
	Uinta	Cornerstone	<ul style="list-style-type: none"> • Substance Abuse Outpatient
		Pioneer Counseling Services	<ul style="list-style-type: none"> • Mental Health Crisis Stabilization • Mental Health Outpatient • Mental Health Residential
Central	Converse	Solutions For Life	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential • Substance Abuse Outpatient
	Fremont	Fremont Counseling Services	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential • Substance Abuse Outpatient
		Fremont County Alcohol Crisis Center	<ul style="list-style-type: none"> • Substance Abuse Social Detoxification • Substance Abuse Transitional Residential
	Natrona	Central Wyoming Counseling Center	<ul style="list-style-type: none"> • Mental Health Outpatient • Mental Health Residential • Substance Abuse Outpatient • Substance Abuse Residential-

			<ul style="list-style-type: none"> Adolescent Substance Abuse Residential-Adult Substance Abuse Social Detoxification Substance Abuse Transitional Residential
	Niobrara	Solutions For Life	<ul style="list-style-type: none"> See Converse Co. for service list
Northern	Campbell	Behavioral Health Services of Campbell County	<ul style="list-style-type: none"> Mental Health Outpatient Mental Health Residential (through sub-contract with Council of Community Services) Substance Abuse Outpatient Substance Abuse Social Detoxification (through sub-contract with Council of Community Services)
	Crook	Northern Wyoming Mental Health Center	<ul style="list-style-type: none"> See Sheridan Co./Northern Wyoming Mental Health Center for service list
	Johnson	Northern Wyoming Mental Health Center	<ul style="list-style-type: none"> See Sheridan Co./Northern Wyoming Mental Health Center for service list
	Sheridan	Northern Wyoming Mental Health Center	<ul style="list-style-type: none"> Mental Health Outpatient Mental Health Residential Substance Abuse Outpatient
		Wyoming Substance Abuse Treatment and Recovery Center (WYSTAR)	<ul style="list-style-type: none"> Substance Abuse Residential Substance Abuse Social Detoxification Substance Abuse Transitional Residential
Weston	Northern Wyoming Mental Health Center	<ul style="list-style-type: none"> See Sheridan Co./Northern Wyoming Mental Health Center for service list 	
Southeastern	Albany	Peak Wellness Center	<ul style="list-style-type: none"> See Laramie Co./Peak Wellness Center for service list
	Carbon	Carbon County Counseling Center	<ul style="list-style-type: none"> Mental Health Outpatient Mental Health Residential Substance Abuse Outpatient
	Goshen	Peak Wellness Center	<ul style="list-style-type: none"> See Laramie Co./Peak Wellness Center for service list
	Laramie	Pathfinder	<ul style="list-style-type: none"> Substance Abuse Outpatient Women Only IOP
		Peak Wellness Center	<ul style="list-style-type: none"> Co-Occurring (MH/SA) Residential Mental Health Crisis Stabilization Mental Health Outpatient Mental Health Residential Substance Abuse Outpatient Substance Abuse Residential Substance Abuse Social Detoxification Substance Abuse Transitional Residential
Platte	Peak Wellness Center	<ul style="list-style-type: none"> See Laramie Co./Peak Wellness Center for service list 	

**Values and Principles for Mental Health and Substance Abuse Services
And
Working Agreement Template for System of Care Partners**

Core Values:

1. Services are client-centered and family-focused, with the needs of the client (and family, as appropriate) dictating the types and array of services provided.
2. Services are community-based, with the locus of services, as well as management and decision-making responsibility, resting at the community level.
3. Services are culturally competent, with agencies, programs, and services responsive to the cultural, racial, and ethnic differences of the populations that they serve.
4. Services are focused on resiliency, recovery, prevention and wellness to maximize positive client outcomes.

Guiding Principles:

1. Clients have access to a comprehensive array and levels of services that address their individual physical, emotional, social, and educational needs.
2. Clients receive individualized services in accordance with the unique needs and potentials of each person and guided by an individualized service plan.
3. Clients receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of clients are full participants in all aspects of the treatment planning and delivery of services, whenever possible.
5. Clients receive services that are integrated, with linkages between human-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
6. Clients are provided with case management and collaborative services to ensure that multiple services are delivered in a coordinated and therapeutic manner and that clients can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for clients are supported by the system of care in order to enhance the likelihood of positive outcomes.
8. Clients are ensured smooth transitions between and within service delivery systems.
9. The rights of clients are protected and effective advocacy efforts are promoted.
10. Clients receive services without regard to race, religion, national origin, gender, physical disability, or other characteristics. Services are sensitive and responsive to cultural differences and special needs.

SYSTEM OF CARE PARTNERS

Each Community Mental Health and/or Substance Abuse Center will develop a System of Care Working Agreement to include the following community partners, at a minimum:

1. Department of Family Services;
2. Department of Corrections;
3. Local School Districts; and
4. Consumers and consumer advocacy organizations

Other agencies encouraged to be included are:

1. Community-based organizations service children and families;

2. Local human services organizations; and
3. Wyoming Department of Health, local Public Health Offices.

WORKING AGREEMENT TEMPLATE (The following is a guideline for the development of a template for a working agreement.)

Parties: This working agreement is made and entered into by and between (the Community Mental Health and/or Substance Abuse Center), the District Manager and Regional Juvenile Services Manager for the Wyoming Department of Family Services, the District Manager for the Wyoming Department of Corrections, Local School District Designee (and any other entity joining the working agreement).

Purpose of working agreement: The parties agree this working agreement is intended to develop common purposes/processes for shared clients among the signers and the organizations they represent to include joint efforts. In order to improve the community-based system of care serving children and families with mental health and substance abuse needs, the parties agree as follows:

1. To identify a liaison for transition planning for youth returning to the community from a residential placement to serve as a single point of contact for transition planning;
2. To develop a process for agreeing to an single, integrated individualized case plan for clients receiving services from more than one agency;
3. To develop a process for assuring the client and family voices are heard and desires included in case planning and services;
4. To assure that each agency resources are integrated so that high need clients are receiving the array of services to meet their needs;
5. To create provisions helpful in assuring the human service agencies work together to meet the needs of youth and their families; and
6. Establish provisions for the working relationship between the provider and the Department of Corrections, the Department of Family Services, local school districts and consumers/consumer advocacy organizations to benefit the client.

The parties should describe their joint vision for what is to be accomplished by this working agreement. An example of a vision statement: “We agree to collaborate and to communicate for the purpose of maintaining a partnership between mental health, substance abuse, corrections and the child welfare, local education systems, consumer and/or consumer advocacy groups in this county in order to improve access to services and the outcomes for those persons we share as clients as well as their families. We will respect each other’s professional judgment while assuring there is always sufficient communication to consider the needs and objectives of one another. It is the intent of this partnership to build a conceptual and practical framework that unites all of us in providing treatment, supervision and services in order to improve the lives of our clients. We will agree to use our partnership to advocate for the improvement of systems serving our clients and to explore best practices.”

Term of working agreement and required approvals: This agreement is effective when all parties have executed it and all required approvals have been granted [Effective Date]. The term of the agreement is from the Effective Date through June 30, 2010.

Payment. No payment shall be made to either party by the other party as a result of this working agreement.

Responsibilities of parties. The parties should agree in writing on obligations to meet the following responsibilities:

1. Identify the most significant issues or practices that need to be improved or added to existing services in order to achieve your vision statement. The working agreement should provide detailed description of each issue, identify proposed solutions and assign responsibility for follow through. The working agreement must also include an agreement about how progress on each issue will be measured.
2. The parties should specifically identify how the services offered by each party will be integrated with those offered by other parties will be coordinated in order to comprehensively serve the needs of mental health and substance abuse clients. The parties may consider such options as co-location of staff, coordination of policies and practices, integrated funding and others.
3. The working agreement should set forth the process by which treatment plans and agency case plans will be integrated, communicated and coordinated among the parties to the working agreement.
4. The parties should identify any opportunities for cross-training of staff. Specifically, the working agreement should describe the plan for informing staff of the provisions of this working agreement so that all persons involved will be fully informed of their organization's obligation under its terms.
5. The parties should identify any other community partner necessary to their ability to meet objectives and agree on a strategy for involving them in this effort.
6. The working agreement should include an agreement for conducting periodic joint meetings to review progress.
7. The working agreement should identify a strategy for conflict resolution that includes the involvement of the Mental Health and Substance Abuse Services Division if useful.

Signatures:

WYOMING DEPARTMENT OF FAMILY SERVICES

Date

WYOMING DEPARTMENT OF CORRECTIONS

Date

SCHOOL DISTRICT #

Date

CONSUMER/CONSUMER ADVOCACY ORGANIZATION

Date

COMMUNITY MENTAL HEALTH OR SUBSTANCE ABUSE CENTER

Date

Related FY09 Outpatient and Residential Contract Requirements

System of Care. The Contractor shall take the lead in negotiating a Working Agreement with other human service agencies in the Contractor's catchment area, using the template attached to this Contract as Attachment E. At a minimum, this Working Agreement must include the signatures of officials representing the Department of Family Services, Department of Corrections, the local school district(s), and any other community mental health or substance abuse center whose participation in the system of care is helpful. If any entity required hereunder to sign a Working Agreement refuses to do so, the Contractor shall notify the Division not later than October 31, 2009. If the Division is not able to successfully mediate the issues, that party's signature will not be required. The Contractor shall document the inclusion of consumers and their families in the planning, development, and adoption of the Working Agreement. The Contractor is encouraged to include other human service organizations. The Working Agreement shall be submitted to the Division in PDF form through WCIS for its approval no later than November 30, 2009. Failure to submit the Working Agreement by that date shall constitute grounds for withholding five percent (5%) of subsequent monthly payments under this contract until such time as the Working Agreement is submitted to the Division.

Services Offered on Sliding Fee Scale. The Contractor shall charge clients, who are served under this Contract, on a sliding fee scale, using the Division's sliding fee scale as a guideline, a current version of which can be found on the Division's website (www.health.wyo.gov/mhsa/treatment/SlidingFeeScale.html). The Contractor shall submit its sliding fee scale to the Division for its written approval. The sliding fee scale shall be based on a justifiable and verifiable methodology that considers client's family income and size. The Contractor shall have policies and procedures for applying the sliding fee scale to clients who are served under the Contract. The Contractor's policies and sliding fees scale shall be approved by the Division as part of the annual application process. Services provided under this contract may not be denied or delayed because of the inability of the client to pay, or because of his/her place of residence in Wyoming. The Contractor shall apply the sliding fee scale only to individual person who directly receives mental health and/or substance abuse services as enrolled client. A client is defined by Wyo. Stat. 35-1-613(a)(ix) as "any individual receiving services from a human service program authorized under this act." The Contractor shall provide a copy of the sliding fee scale to each client at the time of intake. The Contractor shall not apply sliding fee scale rates to agencies, organizations, and third party payers; provided the Sliding Fee Scale shall apply to all fees for which the client is personally liable for payment.

Priority for Mental Health Services. The Contractor shall determine, by clinical assessment, those of its clients who meet the definition of priority population clients. Persons whose symptoms meet the criteria for an adult with SPMI or for children and adolescents with SED [as defined in Attachment K,] will be given priority for services from the Contractor.

...The Contractor shall provide services to the following populations in the order listed when such persons are deemed to have a higher need for services than other potential clients:

- Persons who are combat veterans;
- Persons receiving services under the provisions of Title 14 of the Wyoming Statutes;
- Persons on probation and under the jurisdiction of the Wyoming Department of Corrections;
- Persons on parole under the jurisdiction of the Wyoming Board of Parole;
- Persons charged with child endangerment, abuse or neglect.

Priority for Substance Abuse Services. The Contractor shall provide services to the following populations in the order listed otherwise deemed to have a higher need for services than other potential clients:

- Pregnant intravenous drug users;
- Pregnant women;
- Intravenous drug users;
- Women with dependent children,
- Persons who are combat veterans;
- Persons receiving services under the provisions of Title 14 of the Wyoming Statutes;
- Persons on probation and under the jurisdiction of the Wyoming Department of Corrections;
- Persons on parole under the jurisdiction of the Wyoming Board of Parole; and
- Persons charged with child endangerment, abuse or neglect.

Quality of Life Funding. Quality of life funds are provided to community mental health and substance abuse centers for clients whose needs, as identified in that client's treatment plan, require non-clinical supports and services in order to achieve the clinical outcomes of the client's treatment plan.

Quality of life funds may be used for the following needs:

- a. Emergency Subsistence: (e.g. crisis shelter, food, clothing, essential personal supplies)
- b. Prescription Medication: (e.g. prescriptions for psychotropic and other medications)
- c. Health and Medical Supports: (e.g. lab, injections, medical supplies, health assessments, health and dental care, dentures, eyeglasses, and other health and dental devices)
- d. Housing: (e.g acquisition, retention, safety)
- e. Transportation: (e.g. access to clinical services, medical, resources, development of recreation/socialization interests)
- f. Recreation/Socialization: (e.g. development of interests consistent with current income and long-term lifestyle)
- g. Respite Care: (brief non-relative care from a trained provider for clients unable to care for themselves; provided because of the absence or need for relief of those persons normally providing care, in the client's home or place of residence, providers residence, or foster home)
- h. Other: (these will be itemized on the form, after case-by-case approval has been obtained from the Division)

Mental Health and Substance Abuse Services and Definitions

MENTAL HEALTH DIRECT SERVICES-OUTPATIENT

Case Management--Group: Group Case Management is a non-clinical service provided in a group setting to two or more unrelated clients. Group case management is used to assist individuals in gaining access to needed medical, social, educational, and other services.

The purpose of case management is to foster a client's rehabilitation from a diagnosed mental/substance abuse disorder by organizing needed services and supports into an integrated system of care until the client, or if the client is a child/adolescent, the family as appropriate is able to assume this responsibility.

The client's primary therapist (employed or contracted by the community mental health center) will perform an assessment and determine the case management services required.

- a. Group Case Management activities include, but are not limited to:
 - Linkage
 - Monitoring/Follow-up
 - Referral
 - Advocacy
- b. Group Case Management services do not include:
 - Social or recreational activities or companionship or attendant care
 - Case finding
 - Treatment services or skill training
 - Documentation or other administrative activities
 - Staff travel time
 - Internal agency meetings regarding a client

Case Management--Individual: Case Management is an individual, non-clinical service used to assist individuals in gaining access to needed medical, social, educational, and other services.

The purpose of case management is to foster a client's rehabilitation from a diagnosed mental/substance abuse disorder by organizing needed services and supports into an integrated system of care until the client or if the client is a child/adolescent, the family as appropriate is able to assume this responsibility.

The client's primary therapist (employed or contracted by the community mental health center) will perform an assessment and determine the case management services required.

- a. Case management activities include, but are not limited to:
 - Linkage
 - Monitoring/Follow-up
 - Referral
 - Advocacy
 - Crisis intervention
- b. Case management services do not include:
 - Social or recreational activities or companionship or attendant care
 - Case finding
 - Treatment services or skill training
 - Documentation or other administrative activities

- Staff travel time
- Internal agency meetings regarding a client

Clinical Assessment: Therapist contact with the enrolled client and collaterals as necessary for the purposes of completing an evaluation of the client's mental health disorders and treatment needs, which may include the administration of psychometric testing instruments and functional assessment if either is indicated, and establishing a DSM (latest edition) diagnosis.

Day Treatment: Therapist contact with two or more clients and collaterals as necessary for the purpose of providing a preplanned and structured group program of community living skills training which addresses functional impairments and/or behavioral symptoms of the client's mental disorder in order to slow deterioration, maintain or improve community integration, to ensure personal well being, and to reduce the risk of or duration of placement in a more restrictive setting including a psychiatric hospital or similar facility.

Early Intervention Services: A community based service where master level licensed therapists with specialized training or experience in providing therapeutic services to children provide services to preschool-age children and their families who are experiencing or at risk of behavioral, mental or alcohol or substance abuse disorders. Therapists must have received training in the treatment of trauma in young children. Early intervention staff must assist in the identification of children needing this service. The therapist must collaborate with EPSDT screeners, Public Health Nurses, DFS staff and staff of early childhood agencies such as Head Start, Early Childhood Centers, preschools, daycare centers and Boys and Girls Clubs.

Emergency Services: Direct contact with an enrolled or unenrolled person in crisis as an intervention to prevent escalation of the crisis and to triage the person into needed services. Services must be available twenty-four hours a day, three hundred sixty-five days a year, via an answering service and/or pager system. Answering services provided by sheriff's offices or hospitals do not qualify. In providing emergency services, the following time lines must be met:

- Fifteen (15) minutes for a telephone response by an appropriate licensed professional;
- One (1) hour onsite response time by an appropriate licensed professional within a community; and
- Two (2) hour onsite response time by an appropriate licensed professional within a county.

Medication Management Services: Medication management services are prescription of and/or monitoring of the effects of psychotropic medications. Medication management services may be provided by any of the following professionals, if provided within the scope of the applicable professional license.

- Psychiatrist.** Medication management services provided by a physician who is both licensed to practice medicine in Wyoming and also who identifies himself/herself to the public as specializing in the practice of psychiatry.
- General Physician.** Medication management services provided by a physician who is licensed to practice medicine in Wyoming and who, if possible, can access psychiatric consultation as necessary.
- Advanced Practitioner of Nursing.** An Advanced Practice Registered Nurse (A.P.R.N.) is licensed and recognized by the Wyoming State Board of Nursing as an Advanced Practitioner of Nursing.

Medication management services provided by an advanced practice registered nurse includes prescription of medication under his or her prescriptive authority, management and monitoring of psychotropic medications and consultations in person or by telephone with a psychiatrist and/or physician about clients of the Contractor agency.

Any other substance abuse services performed by an advanced practice registered nurse are not defined as medication management services and may not be billed as such.

- d. Physician Assistant A physician assistant is a health professional licensed by the State of Wyoming to practice medicine under a supervising physician, and as approved by the Wyoming Board of Medicine and within its Rules and Regulations for Physicians and Physician Assistants, effective March 7, 1997.

Medication management services provided by a physician assistant include prescription of medication under his or her prescriptive authority, management and monitoring of psychotropic medications and consultations in person or by telephone with the supervising physician about clients of the Contractor agency.

Any other substance abuse services performed by a physician assistant are not defined as medication management services and may not be billed as such.

- e. Registered Nurse. A registered nurse is a health professional who is licensed by the Wyoming State Board of Nursing as a registered nurse.

Medication management services provided by a registered nurse include the medical case management of psychiatric medications prescribed by any person authorized by state law to prescribe and consultations in person or by telephone with a physician about the clients of the Contractor agency.

Any other mental health services performed by a registered nurse are not defined as medication management services and may not be billed as such.

- f. Licensed Practical Nurse. A licensed practical nurse is a health professional who is licensed by the Wyoming State Board of Nursing as a licensed practical nurse.

Medication management services provided by a licensed practical nurse include the medical case management of psychiatric medications prescribed by any person authorized by state law to prescribe and consultations in person or by telephone with a physician about the clients of the Contractor agency.

Any other substance abuse services performed by a licensed practical nurse are not defined as medication management services and may not be billed as such.

Rehabilitative Services--Individual: Skill trainer contact with the enrolled client for the purpose of implementing that portion of the enrolled client's treatment plan targeted to developing and restoring basic skills necessary to function independently in the home and the community in an age-appropriate manner and for the purpose of developing or re-developing those skills necessary to enable and maintain independent living in the community in an age-appropriate manner, including learning skills in use of necessary community resources. Individual Rehabilitative Services does not include contacts with collaterals.

Rehabilitative Services--Intensive Individual: The short-term use of two skill trainers with one client in order to provide effective management of particularly acute behaviors that are violent, aggressive or self harmful. Skill trainers who provide Intensive Individual Rehabilitative Services shall have been trained in non-violent behavioral management techniques.

Rehabilitative Services--Group: Skill trainer contact with two or more unrelated clients for the purpose of implementing that portion of each enrolled client's treatment plan targeted to developing and restoring basic skills necessary to function independently in the community in an age-appropriate manner and for the purpose of developing or re-developing those skills necessary to enable and maintain independent living in the community in an age-appropriate manner, including learning skills in use of necessary community resources. Group Rehabilitative Services do not include contacts with collaterals.

Therapy--Agency-Based Individual/Family: Therapist contact at the agency's office with the enrolled client and collaterals as necessary for the purpose of developing and implementing the treatment plan for the enrolled client, including medication management by licensed medical personnel as indicated.

Therapy--Group: Therapist contact in a group setting with two or more unrelated clients and collaterals as necessary for the purpose of implementing each client's treatment plan.

Therapy--Community-Based Individual/Family:

- a. Therapist contact outside the agency's office with the enrolled client and collaterals as necessary for the purpose of developing and implementing the treatment plan for the enrolled client including medication management by licensed medical personnel as indicated.
- b. This service must be provided off site.

MENTAL HEALTH INDIRECT SERVICES-OUTPATIENT
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Community System Reviews: Participating in community system reviews may include staff of Contractor gathering and providing relevant information, writing reports, participating in interviews with review teams and/or serving as a review team member. Appropriate client consents shall be required to staff participation in any review.

Consultation Services. Consultation services are case-centered or program-centered services rendered to other human service agencies, health care professionals, or human service oriented groups in order to assist them in meeting the mental health needs of their constituents who are NOT clients of the mental health center. Consultation does not involve treatment of individuals or groups in lieu of enrolling such persons as clients of the mental health centers.

Education/Prevention Services. Education/Prevention services are designed to increase the level of mental health knowledge or skills of the lay public or specialized groups of individuals. Education / Prevention services may consist of providing mental health information to the general public, skill training, conducting workshops, seminars, or similar experiences. It does not include staff development or continuing educational experiences for the agency's own staff, political activities designed to influence voters on mental health issues, or activities which are primarily fund raising in nature.

Outreach Services. Outreach services are face-to-face or telephone contacts with an agency, an individual or a family for the purpose of screening for service need and/or engaging the potential client in mental health treatment.

Recreation/Socialization. Recreation outings and social activities provided to clients by the Contractor as one part of a client's individual treatment plan.

Suicide Prevention Services. Suicide Prevention Services are (1) face to face interactions with individuals or groups designed to reduce the risk of suicide through increased education and awareness, e.g., providing information on the warning signs, and risk factors and protective factors associated with suicide, and (2) activities designed to reduce the risk of suicide, e.g., providing a mental health review of responses on screening instruments that are designed to detect mental illness or suicidal thoughts. Interactions and activities must be consistent with the goals and objectives of Wyoming's Suicide Prevention Plan and the defined activities of the local suicide prevention coalition. Documentation of activities must be maintained, to include the date, time, and location of the activity, the number of participants, a brief description of the activity, and the outcomes produced by the activity, if any.

SUBSTANCE ABUSE DIRECT SERVICES-OUTPATIENT
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Case Management: Case Management is an individual, non-clinical service used to assist individuals in gaining access to needed medical, social, educational and other services.

The purpose of case management is to foster a client's rehabilitation from a diagnosed mental/substance abuse disorder by organizing needed services and supports into an integrated system of care until the client or if the client is a child/adolescent, the family, as appropriate, is able to assume this responsibility.

The client's primary therapist (employed or contracted by the Community Mental Health/Substance Abuse Center) will perform an assessment and determine the case management services required.

Activities guided by the client's treatment plan which brings services, agencies, resources, and people together within a planned framework of action toward the achievement of established treatment goals.

- a. Case management activities include, but are not limited to:
 - Linkage
 - Monitoring/Follow-up
 - Referral
 - Advocacy
 - Crisis Intervention

- b. Case management services do not include:
 - Social or recreational activities, companionship or attendant care.
 - Case finding.
 - Treatment services or skill training.
 - Documentation or other administrative activities.
 - Staff travel time.
 - Internal agency meetings regarding a client.

Client Engagement Services: In-person staff contact with an individual specifically for the purpose of as described the Wyoming Department of Health Rules and Regulations for Substance Abuse Standards, gaining their informed consent to being assessed for a substance abuse related problem and/or enrolled as a client of the provider. Client Engagement Services must include research based contingency management practices. Utilization of these services may also be used when census counts are at one hundred percent (100%) utilization at the American Society of Addiction Medicine (ASAM) indicated level of care and all lower levels of care. In such cases, attempts to enroll clients at an alternative facility must be made and substantiated. These services cannot be used in lieu of enrolling such persons as clients of the substance abuse agency and do not include Driving Under the Influence/Minor in Possession (DUI/MIP) education.

Clinical Assessment: Therapist contact with the enrolled client and collaterals as necessary for the purposes of completing an evaluation of the client's substance abuse disorders and treatment needs, including psychometric testing and functional assessment, if either is indicated, and establishing a Diagnostic and Statistical Manual (DSM) (latest edition) diagnosis. The process and procedures by which a service provider determines the presence of a substance abuse and related diagnoses based on the current version of the DSM, latest edition) of Mental Disorders of the American Psychiatric Association. Clinical assessment must include the administration of the Addiction Severity Index (ASI) for adults or appropriate instrument for adolescents and determination of the appropriate level of care using the current version of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria in conjunction with any other assessment instrument needed to make a DSM diagnosis of the client. The clinical assessment includes the identification and evaluation of an individual's strengths, weaknesses, problems, and needs in order to determine the need for primary treatment services and development of an individualized treatment plan. This assessment is inclusive of progress and discharge as indicated by the appropriate level of care.

Intensive Outpatient Treatment: Therapist contact with two or more clients and collaterals as necessary for the purpose of providing a pre-planned and structured group program. A non-residential (outpatient treatment) service that operates a highly structured therapeutic environment a minimum of nine (9) contact hours per week for patients eighteen (18) years of age and over and a minimum of six (6) hours per week for those under the age of eighteen (18). Hours spent by a client/patient attending Twelve (12) Step or other community support groups shall not be included to meet these requirements.

Intensive Outpatient Treatment for Women: Therapist contact with two or more female clients and collaterals as necessary for the purpose of providing a pre-planned and structured, gender-specific, group program. A non-residential (outpatient treatment) service that operates a highly structured therapeutic environment a minimum of nine (9) contact hours per week for patients eighteen (18) years of age and over and a minimum of six (6) hours per week for those under the age of eighteen (18). Hours spent by a client/patient attending Twelve (12) Step or other community support groups shall not be included to meet these requirements.

Medication Management Services: Medication management services are prescription of and/or monitoring of the effects of psychotropic medications. Medication management services may be provided by any of the following professionals, if provided within the scope of the applicable professional license.

- g. **Psychiatrist.** Medication management services provided by a physician who is both licensed to practice medicine in Wyoming and also who identifies himself/herself to the public as specializing in the practice of psychiatry.
- h. **General Physician.** Medication management services provided by a physician who is licensed to practice medicine in Wyoming and who, if possible, can access psychiatric consultation as necessary.
- i. **Advanced Practitioner of Nursing.** An Advanced Practice Registered Nurse (A.P.R.N.) is licensed and recognized by the Wyoming State Board of Nursing as an Advanced Practitioner of Nursing.

Medication management services provided by an advanced practice registered nurse includes prescription of medication under his or her prescriptive authority, management and monitoring of psychotropic medications and consultations in person or by telephone with a psychiatrist and/or physician about clients of the Contractor agency.

Any other substance abuse services performed by an advanced practice registered nurse are not defined as medication management services and may not be billed as such.

- j. Physician Assistant A physician assistant is a health professional licensed by the State of Wyoming to practice medicine under a supervising physician, and as approved by the Wyoming Board of Medicine and within its Rules and Regulations for Physicians and Physician Assistants, effective March 7, 1997.

Medication management services provided by a physician assistant include prescription of medication under his or her prescriptive authority, management and monitoring of psychotropic medications and consultations in person or by telephone with the supervising physician about clients of the Contractor agency.

Any other substance abuse services performed by a physician assistant are not defined as medication management services and may not be billed as such.

- k. Registered Nurse. A registered nurse is a health professional who is licensed by the Wyoming State Board of Nursing as a registered nurse.

Medication management services provided by a registered nurse include the medical case management of psychiatric medications prescribed by any person authorized by state law to prescribe and consultations in person or by telephone with a physician about the clients of the Contractor agency.

Any other mental health services performed by a registered nurse are not defined as medication management services and may not be billed as such.

- l. Licensed Practical Nurse. A licensed practical nurse is a health professional who is licensed by the Wyoming State Board of Nursing as a licensed practical nurse.

Medication management services provided by a licensed practical nurse include the medical case management of psychiatric medications prescribed by any person authorized by state law to prescribe and consultations in person or by telephone with a physician about the clients of the Contractor agency.

Any other substance abuse services performed by a licensed practical nurse are not defined as medication management services and may not be billed as such.

Therapy--Agency-Based Individual/Family: Therapist contact at the agency's office with the enrolled client and collaterals as necessary for the purpose of developing and implementing the treatment plan for the enrolled client, including medication management by licensed medical personnel as indicated. Clinical contact with the enrolled client (and collaterals as necessary), involving the application of special knowledge and skills in performing the core functions utilized in support of the treatment plan and the process of recovery.

Therapy--Community-Based Individual/Family: Therapist contact outside the agency's office with the enrolled client and/or collaterals as necessary, for the purpose of developing and implementing the treatment plan for the enrolled client including medication management by licensed medical personnel as indicated.

Therapy—Group: Therapist contact with two or more unrelated clients and collaterals, in a group setting, as necessary for the purpose of implementing each client's treatment plan. The application of formal counseling techniques involving interaction among members of a group of patients/clients.

SUBSTANCE ABUSE INDIRECT SERVICES-OUTPATIENT

Community System Reviews: Participating in community system reviews may include staff of Contractor gathering and providing relevant information, writing reports, participating in interviews with review teams and/or serving as a review team member. Appropriate client consents shall be required to staff participation in any review.

Outreach Services: Outreach services are face-to-face or telephone contacts with an agency, an individual, or family for the purpose of screening for service need and/or engaging the potential client(s) in substance abuse services.

MENTAL HEALTH RESIDENTIAL TREATMENT PROGRAMS

Emergency Housing: Emergency housing is designed for persons with a serious mental illness in need of temporary housing, but who do not require hospitalization, or the more intensive support and treatment of the crisis residential program. Services provided include, but are not limited to: advocacy, counseling, linkages to community mental health and other human services, which may include referrals to vocational and housing opportunities.

Independent Housing with Staff Support: Independent housing with staff support is an independent living arrangement for persons who do not need daily support. These typically include individual or shared apartments or houses that are shared by two to five persons. These housing units function as independent households with staff support available in case of emergencies. Individuals may use this level of housing as a transition to independent living, or may remain in this setting indefinitely in order to avoid the need for more intensive settings.

Semi-supervised Housing: Semi-supervised housing is an independent, structured living arrangement for persons who do not need intensive daily support. Individuals living in this level of housing are at risk of moving to a more structured environment and/or requiring hospitalization, without minimal structure and supervision. These typically include board and care homes, or individual apartments or houses that are shared by three to five persons. These small cooperative housing units function as independent households with direct linkages to staff support in case of emergencies, as well as for regular assessment and evaluation meetings. Individuals may use this level of housing as a transition to independent living, or may remain in this setting indefinitely in order to avoid the need for more intensive settings. This program should be for persons who only need minimum support in order to live in the community. These individuals may require rent subsidy to remain in this setting.

Transitional Residential: A transitional residential program is designed for persons who are able to participate in programs offered in the community, but who, without the support of counseling and a therapeutic community, would be at risk of returning to the State Hospital. This program is for persons who may be expected to progress toward a more independent living setting within three months to one year, or longer as needed. The clients are expected to play a major role in the daily functioning of the household. Residents should be required to be involved in daytime activities outside of the house which are relevant to their personal goals and conducive to their achieving more self-sufficiency.

Crisis Stabilization - Residential: Short-term crisis residential services are an alternative to hospitalization for individuals experiencing an acute episode or crisis who require temporary removal from their home environment. The program is available for admission 24 hours a day, seven days a week. The primary focus of this program is to treat and support the individual throughout the crisis. This may include providing: crisis assessment and interventions, medication management, linkages to needed behavioral health services, a diagnostic assessment of the person's existing support system, and assistance

in transitioning back to the individual's typical living situation. Recommendations for referrals upon discharge may also be included in this service.

Intensive Residential Treatment: A long-term residential treatment program includes a full day treatment component as a part of the program. Residential treatment services are for persons who require intensive support to live in the community, and may last for as long as two or three years. This program includes a full day treatment program with an active prevocational and vocational component, outreach to develop linkages with other programs, and counseling to aid clients in developing the skills to move toward less structured, more independent housing.

SUBSTANCE ABUSE RESIDENTIAL TREATMENT PROGRAMS
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Primary Residential Treatment Services – Adolescent: Residential treatment services for adolescents offers organized treatment services that feature a planned regimen of care. Any individual under the age of eighteen (18). The term may also frequently apply to young adults aged eighteen (18) to twenty-one (21), who may be in need of adolescent type services rather than adult-type services. Such programs are housed in permanent facilities where adolescent can reside safely and are staffed twenty-four (24) hours per day. The goal of adolescent residential treatment services is to provide protective environments that include medical stabilization, support, treatment for addictive and co-occurring disorders and supervision. The adolescent may have significant deficits in the areas of readiness to change, relapse, continued use or continued problem potential or recovery environment.

Primary Residential Treatment Services – Adult, Pregnant Women or Women with Children: Residential treatment services may be free standing or hospital based. It operates twenty-four (24) hours per day, seven (7) days per week and offers evaluation and a planned regimen of treatment services including the staff-monitored administration of prescribed medication. The goal of residential treatment is to provide a protective environment that includes support and treatment for addictive and co-occurring disorders and supervision.

Transitional Housing: A substance free supportive living environment for individuals and their minor dependent(s) which provides six (6) months to one (1) year of furnished housing. Transitional housing should provide private quarters that are readily accessible to outpatient services, public transportation, local businesses, and municipal and community services. Housing services are indicated when clients need assistance to stabilize during any level of treatment and/or rebuild their lives. Transitional services shall provide access to peer recovery support, mentoring, life skills coaching, housing, and food. Residents must be employed, enrolled in education or job training, or volunteering in the community. Residents in transitional housing must be enrolled and participating in appropriate outpatient services.

Detoxification-Social: A social detoxification service is an organized residential service that may be delivered by appropriately trained staff that provides 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal. Services must integrate serial inebriate elements. Social detoxification services are characterized by their emphasis on peer and social support.

Detoxification-Medically Monitored: A medically-monitored detoxification service is an organized service delivered by medical and nursing professionals which provides 24 hours a day, seven (7) days per week medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a set of physician-approved policies and procedures or clinical protocols.