Resource Guide For

Children, Youth and Families

Department of Family Services
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This Resource Guide was developed by the Juvenile Services Division of the Wyoming Department of Family Services with assistance of the Protective Services Division of the Wyoming Department of Family Services and Wyoming Guardians *ad Litem* Program.

SECTION 1: CHILDREN AND FAMILIES

WYOMING DEPARTMENT OF FAMILY SERVICES RESOURCE GUIDE FOR CHILDREN AND FAMILIES

How to Use This Guide

GOAL

To provide the community, and those who are involved in the interest of children and families, a comprehensive overview of the array of possible appropriate and available community services that can be utilized by and for children and their families. The continuum identifies risk factors and behaviors common to each of the six levels and appropriate interventions.

FINDING INFORMATION

At the front end of the continuum is prevention, which is the creation of conditions, opportunities and experiences, which encourage and develop healthy, self-sufficient children and families and occur before the onset of problems. Early interventions are supports that are more intensive and services provided to children and families designed to identify a problem. Immediate interventions are targeted towards less serious non-chronic offenders. Immediate and intermediate interventions provide supports that are more intensive and services to the children and families when there are heightened risk factors and the child is displaying high-risk behaviors. Immediate and intermediate interventions include mental health and substance abuse evaluations and/or out-patient treatment, diversion, crisis centers, courts/court supervised treatment programs, domestic violence centers, etc. Residential interventions provide treatment and transition services while a child/youth is removed from home, usually in a state training school or a residential treatment facility. Transition services span the final phase of involvement and the first phase of reentry and include pre-release planning with the child/youth, family, community agencies and the local team interacting with the court during this phase. Aftercare is those interventions and services applied during the planned period of community release, leading to case closure/termination.

Start with the Risk Factor/Behavior Chart (please refer to pages 4-6 of this section). Find the risk factor/behavior the child(ren), adult or family unit is exhibiting. Determine the most appropriate level of the continuum based upon the risk factor/behavior (i.e. prevention, intermediate). Follow the arrow down to the next box, which shows the levels/assessments to help determine the appropriate level of intervention for the child(ren), adult or family unit. The arrows down

Note: This guide should serve as a tool. The behaviors and services identified are not all inclusive and there may be other considerations or options. Levels of interventions and associated services should be used as recommendations with an understanding that situations and circumstances vary.

to the last box display the corresponding recommended or suggested service for each level. Each service is explained in detail regarding what it is, its purpose and benefits.

The child, adult or family unit risk factors/behaviors, assessment results and interventions can be used in combination to determine the most appropriate level for the individual child, adult or family unit. The determination should occur in consultation with other professionals involved with the child, adult or family unit including medical professionals regarding medical necessity.

For each level, any service included in and below that specific level can be used, but services beyond that level should only be utilized for more severe behaviors.

If it is determined that the Residential Level (Level 5) may be the most appropriate level for the child/youth, please refer to the "Level of Care" information provided in Appendix A of this guide. Each level of care is described in detail and explains child/youth appropriate for each out-of-home placement type. It also provides services offered and contact information for each specific placement. There are also maps included in this guide providing a visual to placement options throughout the state.

Least Restrictive Environment. Ensures the services are provided in the least restrictive environment while keeping the child/youth safely in the community when possible.

Appendices. The levels of care combine with the Wyoming directory of 24-hour care providers, found in the appendix, contain a thorough listing of out-of-home placements found in Wyoming, definitions of how the continuum with use of assessments can be utilized to make appropriate recommendations and other services that can be accessed through the Department of Family Services

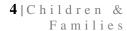
The Wyoming System of Care is a comprehensive and coordinated process of supports and services ranging from community services to placement and reentry of youth. These supports and services can help resolve problems before they escalate and decrease the need for out of home placement. The continuum ensures that the most appropriate services are provided in the least restrictive environment possible.

WYOMING SYSTEM OF CARE/SERVICE ARRAY

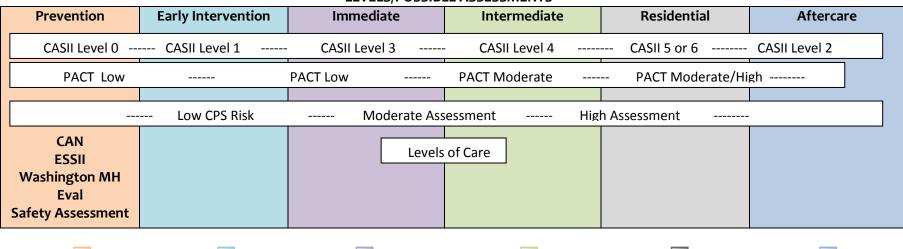
(Risk Factor/Behavior Chart)

RISK FACTORS/BEHAVIORS BY POPULATION

| | Prevention | Early Intervention | Immediate | Intermediate | Residential | Aftercare |
|--------|---------------------------|---|---|--|--|---|
| Child | No risk factors needed | Substance abuse School disruption Truancy School dropout Traffic/status offense HIV/AIDS risk behavior Antisocial behavior Health or mental health concerns Developmental disability Performance at school Behavior at school Low birth weight | Abnormal or nonexistent attachment and bonding Moderate substance abuse Property crimes Chronic Low-level and first time misdemeanor offenses Violent delinquency Repeat status offenses Serious traffic offenses Moderate Health or mental health concerns | High health or mental health concerns High substance abuse Repeat/serious offenses against property/people with low to moderate risk of re-offense Serious felony offenses Violent offenses (in need of supervision) | Extreme health or mental health concerns Extreme substance abuse Repeat violent and serious crimes Felony level crimes | Substance abuse recovery maintenance Offenders transitioning back into the community Transitioning back to community from residential care |
| Adult | No risk factors needed | Substance abuse Antisocial behavior Negative attitude toward being a parent Physical and mental health issues Developmental disability Low IQ Language barriers Attitudes towards drugs Lack of prenatal care Corporal punishment No employment | Moderate substance abuse Moderate physical or mental health Issues Chronic misdemeanor offenses and jail sentences Neglect adjudication | High substance abuse High physical or Mental Health issues Felony offenses Abuse adjudication Unreasonable corporal punishment | Extreme substance abuse Extreme physical or mental health issues Serving a prison sentence Neglect/abuse adjudication | Substance abuse recovery maintenance Mental health residential recovery maintenance Probation/parole Transitioning back to community from residential care Neglect/abuse adjudication |
| Family | No risk factors needed | Economic factors Management problems Divorce or custody issues | Economic factors Family conflict Domestic violence in home | High level of domestic violence in home | Any family member in residential care or in need of residential care | Any family members transitioning back to community from residential care |



LEVELS/POSSIBLE ASSESSMENTS*



FFFFCTIVE MODELS AND SERVICES BY POPULATION**

| | EFFECTIVE MODELS AND SERVICES BY POPULATION** | | | | | |
|----------------|---|--|---|---|--|---|
| Child 0-3 | Early EducationDD Services | Early EducationDD ServicesAdvocacy | Mental Health Evaluations | Outpatient Mental Health Services Family Foster Care Kinship Care Group Homes MST FFT ACT (Assertive Community Treatment) | Foster Care Therapeutic Foster Care Kinship Care | Foster Care Therapeutic Foster Care Outpatient Mental Health Services |
| Child 4-12 | Alternative Schools Before and After School Programs Tutoring/Mentoring IDEA/IEP Special Needs Education Boys and Girls Club DD Services DD Waiver | Before and After School Programs Outpatient Mental Health Services Tutoring/Mentoring Truancy Prevention IDEA/IEP Special Needs Education Boys and Girls Club DD Services DD Waiver Advocacy | Mental Health Evaluations Before and After School Programs IDEA/IEP Special Needs Education Diversion | Outpatient Mental Health Services Children's Mental Health Waiver Family Foster Care Kinship Care Group Homes MST FFT ACT (Assertive Community Treatment) | Children's Mental Health Waiver Foster Care Therapeutic Foster Care Kinship Care Crisis Centers Group Homes Residential Treatment Centers Psychiatric Residential Treatment Facilities Acute Crisis Stabilization In-Patient Substance Abuse Treatment | Foster Care Therapeutic Foster Care Outpatient Mental Health Services Outpatient Substance Abuse Treatment |
| Child 13-18 | Crisis Centers Vocational/Job Training for Youth Youth Support | Crisis CentersVocational/Job Training for YouthYouth Support | Crisis CentersDiversionJuvenile ProbationPACT Assessment | Crisis CentersJuvenile ProbationSubstance Abuse Day Treatment | Foster CareTherapeutic Foster CareKinship CareCrisis Centers | Intensive Supervision Programs Electronic monitoring Foster Care |

| Child 13-18 (cont) | Before and After School Programs Tutoring/Mentoring Special Needs Education Boys and Girls Club DD Services DD Waiver | Community Service Outpatient Substance Abuse Treatment Before and After School Programs Outpatient Mental Health Services Tutoring/Mentoring Truancy Prevention Special Needs Education Boys and Girls Club DD Services Substance Abuse Support Groups DD Waiver Advocacy | Mental Health Evaluation Independent Living Outpatient Substance Abuse Treatment and Evaluations Alternative Schools Special Needs Education Drug Courts/Court Supervised Treatment Programs Substance Abuse Support Groups | Intensive Supervision Programs Outpatient Mental Health Services Alternative Schools Electronic Monitoring House Arrest Drug Courts/Court Supervised Treatment Programs Children's Mental Health Waiver Family Foster Care Kinship Care Group Homes MST, FFT and ACT (Assertive Community Treatment) | Group Homes Residential Treatment Centers Psychiatric Residential Treatment Facilities Acute Crisis Stabilization In-Patient Substance Abuse Treatment Juvenile Detention BOCES Wyoming Boys and Girls School (only if adjudicated delinquent) Children's Mental Health Waiver | Therapeutic Foster Care Outpatient Mental Health Services Outpatient Substance Abuse Treatment Independent Living Vocational/Job Training for Youth |
|--------------------------|---|--|---|--|--|---|
| Adult | Parenting Faith-Based Organizations Financial Counseling Adult DD Services Traumatic Brain Injury Waiver Quality of Life Services DD Services | Outpatient Substance Abuse Treatment Parenting Job Training Vocational Rehabilitation Financial Counseling Adult DD Services Traumatic Brain Injury Waiver Outpatient Mental Health Services Quality of Life Services Substance Abuse Support Groups DD, Long-term Care, and Assisted Living Waivers Advocacy | Outpatient Substance Abuse Treatment and Evaluations Domestic Violence Programs Parenting Mental Health Evaluations Outpatient Mental Health Services Quality of Life Services Drug Courts/Court Supervised Treatment Programs Substance Abuse Support Groups | Substance Abuse Day Treatment Domestic Violence Programs Outpatient Mental Health Services Quality of Life Services Drug Courts/Court Supervised Treatment Programs | In-Patient Substance Abuse Treatment In-Patient Mental Health Services for Adults Quality of Life Services | Outpatient Substance Abuse Treatment Domestic Violence Programs Parenting Outpatient Mental Health Services Quality of Life Services |
| Family | Faith-Based Organizations Financial Assistance for Health Related Costs County Mental Health Centers Quality of Life Services | Family Counseling (Outpatient MH Services) In-Home Support Financial Assistance for Health Related Costs County Mental Health Centers Quality of Life Services Substance Abuse Support Groups Advocacy | CASA (Abuse/Neglect Court Action Only) Domestic Violence Centers In-Home Support County Mental Health Centers Quality of Life Services Substance Abuse Support Groups | CASA (Abuse/Neglect Court Action Only) Domestic Violence Centers County Mental Health Centers Quality of Life Services | CASA (Abuse/Neglect Court Action Only) Quality of Life Services | CASA (Abuse/Neglect Court Action Only) Domestic Violence Centers In-Home Support County Mental Health Centers Quality of Life Services |

^{*} Note: The listed assessments and assessment outcomes are not always necessary or required. They are listed as a planning tool only.

^{**} Note: Alternatives to higher levels of care: Services can be accessed and utilized in the levels below indicated and for other populations, particularly if the child and/or family have existing protective factors or the child's or families' protective factors can be cultivated. This list is not exhaustive and does not prescribe a one-fits-all approach.

LEVEL 1. PREVENTION

At the earliest stage of intervention, services can be geared toward preventing child mistreatment and dissolution of families. These services can include parenting classes, early childhood home visitation, domestic violence prevention services, mental health and substance abuse screening and outreach, and supports and services that promote healthy parent-child interactions. The Wyoming Departments of Family Services, Health and Education provide prevention services throughout the state. The prevention, intervention and treatment services help to strengthen families and turn around the lives of troubled youth.

For a prevention service to be effective, it should focus on both the risk and protective factors that can be present during a child's development and in his/her environment, including that of his/her family. Risk factors are personal characteristics or environmental conditions scientifically established to increase the likelihood of problem behavior. Protective factors are personal characteristics of environmental conditions that interact with risk factors scientifically established to reduce the likelihood of problem behavior (Kirby and Fraser, 1997). A prevention program that focuses too heavily on improving risk factors alone or too heavily on solely increasing protective factors would not be as effective as a program that provided an adequate concentration on both factors.

Prevention services in Wyoming are aimed at identifying the lower risk behaviors that the particular youth may be demonstrating through an assessment process. Then, through analysis of those risk factors in combination with the youth's protective factors, potential causes for the negative behaviors can be identified. Based on that information the most appropriate interventions for the youth can be identified, and the youth can be linked with the most appropriate service(s).

PREVENTION:

- *Early Care and Education
- *Developmental Disability (DD)
 Services
- *Boys and Girls Club
- *Before and after School Programs
- *Tutoring/Mentoring
- *IDEA/EP
- *Special Needs Education
- *Big Brothers/Big Sisters
- *Vocational/Job Training for Youth
- *Youth Support
- *Community/Faith Involvement
- *Family Strengthening/Parenting
- *Parenting
- *Financial Counseling
- *Adult DD Services
- *Quality of Life Services
- *Financial Assistance for Health Related Costs
- *Medicaid
- *Community Mental Health Centers

Risk Factors/Behaviors:

No Risk Factors Needed

LEVEL 2. EARLY INTERVENTION

Early Intervention services are supports that are more intensive and services, which can be provided to families where risk factors are identified. These services can include casework and counseling, early education, before and after school programs, truancy prevention, mental health and substance abuse services, and vocational rehabilitation services.

EARLY INTERVENTION:

- *In-Home Support
- *Outpatient Mental Health and Substance Abuse Services
- *Truancy Prevention
- *Community Service
- *Vocational Rehabilitation
- *Substance Abuse Support
 Groups
- *Before and After School Programs
- * National Guard Youth Challenge Program
- *Special Needs Education
- *Financial Counseling

Risk Factors/Behaviors: (not all-inclusive)

Substance Abuse
School Disruption/Dropout
Truancy
Antisocial Behavior
Physical and Mental Health Issues
Economic Factors

LEVEL 3.IMMEDIATE INTERVENTIONS

When the child, adult or the family unit exhibit a heightened level of risk, interventions in the community will need to be identified and provided immediately. Immediate interventions may include mental health or substance abuse evaluations and/or out-patient treatment, domestic violence centers, and day treatment.

Immediate interventions can provide effective community services to keep children/youth from unnecessary and expensive residential placements and institutions.

IMMEDIATE INTERVENTIONS:

- *Juvenile Probation (DFS)
- *PACT Assessment
- *Mental Health Evaluations
- *Individual and/or Family Counseling
- *Alternative Schools
- *Crisis Centers
- *Diversion
- *Day Treatment
- *Alcohol/Substance Abuse Treatment and Evaluations (Out Patient)
- *Drug Courts/Supervised Treatment Programs
- *Domestic Violence Centers
- *CASA (Abuse/Neglect Court Action only)
- *Diversion
- *National Guard Youth Challenge Program
- *Special Needs Education

Risk Factors/Behaviors: (not all-inclusive)

Abnormal or Nonexistent Attachment and Bonding Moderate Substance Abuse Property Crimes Moderate Health or Mental Health Concerns Neglect Adjudication Economic Factors Family Conflict Domestic Violence in Home

LEVEL 4.INTERMEDIATE INTERVENTIONS

Intermediate interventions may be identified and provided in response to higher levels of risk factors associated with the child, adult or family unit or in response to behaviors exhibited by the child/youth, including any criminal activity.

This intervention level may include formal court processing and such court-ordered community-based corrections as intensive supervision, day treatment, probation, electronic monitoring, house arrest and alternative schools.

Intermediate interventions are appropriate interventions for youth whose behaviors pose no significant threats to their communities though require additional resources and services as youth are provided the highest level of community supervision and have the greatest restrictions on unstructured free time.

Intermediate sanctions can provide effective community services to keep youth from unnecessary and expensive residential placements and institutions.

INTERMEDIATE INTERVENTIONS:

- *Intensive Supervised Probation
- *Electronic Monitoring
- *House Arrest
- *Substance Abuse Day Treatment
- *Alternative Schools
- *Outpatient Mental Health Services

Risk Factors/Behaviors:

High Health or Mental Health Concerns
High Substance Abuse
Abuse Adjudication
Repeat Crimes Against People
Violent & Serious Crimes
High Level of Domestic Violence in the Home

LEVEL 5. RESIDENTIAL

Children/youth whose risk factors/behaviors are more serious in nature or who fail to respond to other interventions are handled at a different level of the Wyoming System of Care. Children/youth who cannot be maintained safely in their homes/communities may be placed in out-of-home care to include residential treatment centers, group homes, foster care, etc. The primary purpose for the placement of a child/youth outside of his/her home is to provide for the treatment needs of the child/youth, which could not be addressed in the community.

In Wyoming, placement outside of the home is considered a last resort after initial efforts in the continuum of care have been exhausted. In fact, recent efforts in Wyoming have resulted in a significant decrease in the amount of placements of children/youth outside their homes. Aside from the extremely high cost of placement and strains it puts on a child/youth and his/her family, research shows inconsistent results on the efficacies of out-ofhome placements. Prolonged stays and frequent moves can be detrimental to children's/youth well being. Children/youth placed out-of-the home are at greater risk for more compromised development and health problems, delayed cognitive development, lower academic functioning, higher rates of depression, poorer social skills and more behavioral problems such as aggression and impulsiveness. Care should be taken when placing a child/youth in an out-of-home placement that the type and structure of the program be strongly analyzed for a good fit. For instance, a behavioral treatment approach might be a better fit for one child/youth and a wilderness program a better fit for another. In addition, the placement should provide appropriate treatment as well as education, skills development, and vocational or employment training.

RESIDENTIAL:

- *Crisis Shelters
- *Foster Care
- *Therapeutic Foster Care
- *Group Home
- *Residential Treatment Center (RTC)
- *Juvenile Detention Centers
- *State Facilities
- *Psychiatric Residential Treatment
- *Acute Psychiatric
 Hospitalization (Stabilization
 or long term in a regular
 hospital)
- *Treatment Facilities
- *Acute Crisis Stabilization
- *Wyoming Boys or Girls School (only if adjudicated delinquent)

Behaviors: (High Risk)

Extreme Health or Mental Health Concerns Extreme Substance Abuse Repeat Violent and Serious Crimes Neglect/Abuse Adjudication

***Please refer to Appendix A for information specific to Wyoming on Levels of Care

LEVEL 6. AFTERCARE

The majority of out-of-home placed children/youth will re-enter their communities. In addition, the current state of the art research finds that many residential facilities do little to "correct" behavior. Research demonstrates that any gains made by children/youth in residential facilities quickly evaporate following release because children/youth are often released back to disorganized communities where it is easy to slip back into the old habits. Therefore, a juvenile justice system should consider with the upmost importance what it should do to provide for the successful reentry of these children/youth back into their communities.

Reentry programs are defined as reintegrative services that prepare children/youth who are placed out of their homes for reentry into their communities. Collaboration should occur with communities and their resources to ensure the delivery of prescribed services and successful supervision. A comprehensive reentry process should begin after sentencing and should continue through the period of release back into the community. It requires the creation of a seamless set of services to prevent the reoccurrence of risky behavior. In Wyoming, the Departments of Family Services, Health and Education are able to collaborate together to provide for the most thorough and specific coordination of services appropriate for each returning child/youth.

AFTERCARE:

- *ISP
- *Electronic Monitoring
- *Therapeutic Foster Care
- *Foster Care
- *Day Treatment
- *Independent Living
- *Vocational/Job Training
- *Alcohol/Substance Abuse Recovery Maintenance
- *Mental Health Services (out patient)
- *Parenting
- *In-home Support

SECTION 2: AT-RISK YOUTH

WYOMING DEPARTMENT OF FAMILY SERVICES RESOURCE GUIDE FOR AT-RISK YOUTH

How to Use This Guide

GOAL

To provide the community, and those who are involved in the interest of youth, a comprehensive overview of the array of appropriate and available community services that can be utilized by and for at risk juveniles and their families. The continuum identifies behaviors common to each of the five levels and appropriate interventions.

FINDING INFORMATION

At the front end of the continuum is prevention, which includes actions taken to stop youth from entering the juvenile justice system. Immediate interventions are targeted toward less serious non-chronic offenders. They are designed as early interventions that can hold youth accountable for their actions by intervening in illegal behavior and, if required, securing needed services. Typical immediate interventions include restorative justice interventions. Immediate interventions are frequently delivered in the context of diversion from formal court processing. Intermediate interventions are appropriate for youth who continue to offend following immediate interventions, youth who have committed more serious offenses, and some violent offenders who need supervision, structure and monitoring, but not necessarily confinement. This type of intervention includes community-based corrections such as intensive supervision, day treatment, probation, electronic monitoring and alternative schools. Secure care provides treatment and transition services while a youth is removed from home, usually in a state training school or a residential treatment facility. Transition services span the final phase of placement and the first phase of reentry and include prerelease planning with the offender, family, community agencies and the local team interacting with the court. Reentry is interventions and services applied during the planned period of community supervision following release, leading to case closure/termination.

Start with the Behavioral Chart (Please refer to pages 17-18 of this section.) Find the concerning behavior(s) that the youth is exhibiting. Determine the most appropriate level of the continuum based upon the behaviors (i.e. prevention, intermediate). Follow the arrow down to the next box which shows the assessments/sanction levels (please

Note: This guide should serve as a tool. The behaviors and services identified are not all inclusive and there may be other considerations or options. Levels of interventions and associated services should be used as recommendations with an understanding that situations and circumstances vary.

refer to Appendix B for further information), to help determine the appropriate level of intervention for the youth. The arrows down to the last box then display the corresponding recommended or suggested service for each level. Each service is explained in detail regarding the service, its purpose and benefits (please refer to http://sites.google.com/site/wjjcocr at http://www.ojjdp.ncjrs.gov/mpg/for this information).

The youth's behaviors, assessment results and sanction levels can be used in combination to determine the most appropriate level for the individual youth. The determination should occur in consultation with other professionals involved with the youth, including medical professionals regarding medical necessity.

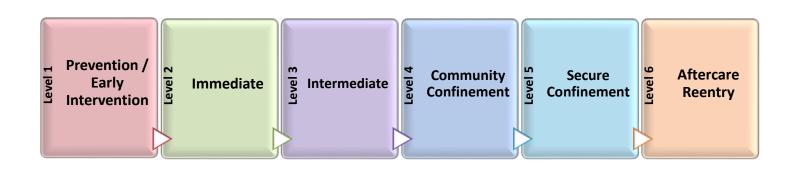
For each level, any service included <u>in and below</u> that specific level can be used, but services beyond that level should only be utilized for more severe behaviors.

If it is determined that the Residential level (Level 4) may be the most appropriate level for the youth, please refer to the "Levels of Out-of-Home Placement" information provided in Appendix A of this guide. Each level of placement is described in detail and explains youth appropriate for each out-of-home placement type. It also provides services offered and contact information for each specific placement. There are also maps included in this guide providing a visual for placement options throughout the state.

Least Restrictive Environment. Ensures the services are provided in the least restrictive environment while keeping the youth safely in the community when possible.

Appendices. The levels of out-of-home care combined with the Wyoming directory of 24-hour care providers, found in the appendix, contain a thorough listing of out-of-home placements found in Wyoming, definitions of how the continuum with use of assessments can be utilized to make appropriate recommendations and other services that can be accessed through the Department of Family Services.

The Juvenile Services Continuum of Care is a comprehensive and coordinated process of delivering services ranging from community services to placement and reentry of youth. The continuum ensures that the most appropriate services are provided in the least restrictive environment possible.





Resource. The continuum was adapted from the Model Program Guide by the U.S. Office of Juvenile Justice and Delinquency Prevention and from the Juvenile Graduated Sanctions by the National Council of Juvenile and Family Court Judges.

WYOMING SYSTEM OF CARE/SERVICE ARRAY

RISK FACTORS/BEHAVIORS BY POPULATION

| MISK THE TOTAL DET TOTAL THOR | | | | | |
|--|---|--|---|--|--|
| • Prevention | • Immediate | • Intermediate | • Community Confinement | • Secure Confinement | Aftercare / Reentry |
| Substance abuse School disruption Truancy School dropout Traffic/status offense HIV/AIDS risk behavior Antisocial behavior Health or mental health concerns Developmental disability Performance at school Behavior at school Low birth weight Sanction Level 1 offenses | Abnormal or nonexistent attachment and bonding Moderate substance abuse Property crimes Chronic Low-level and first time misdemeanor offenses Violent delinquency Repeat status offenses Serious traffic offenses Moderate health or mental health concerns Sanction Level 1 & 2 offenses | High Health or mental health concerns High substance abuse Repeat/serious offenses against property/people with low to moderate risk of re-offense Serious felony offenses Violent offenses (in need of supervision) Sanction Level 2&3 offenses | Serious property offenses Violent delinquent offenses Moderate to high risk of recidivism Extensive treatment needs Multiple repeat offenders Unstable/unsafe living conditions Sanction Level 3&4 offenses | Extreme health or mental health concerns Extreme substance abuse Repeat violent and serious crimes Felony level crimes Sanction Level 4&5 offenses | Substance abuse recovery maintenance Offenders transitioning back into the community Transitioning back to community from residential care |
| | | | | | |













LEVELS/POSSIBLE ASSESSMENTS*

| Prevention | Immediate | Intermediate | Community Confinement | Secure Confinement | Aftercare / Reentry |
|--|---------------|---------------|--------------------------|--------------------|---------------------|
| CASSII Level o-1- | CASSII Leve | el 2CASSII Le | evel 3CASS | II Level 4CA | SSII 5 or 6 |
| | | | | | |
| PACT LowPACT ModeratePACT Moderate/HighPACT Moderate/HighPACT High | | | | | |
| | | | | | |
| Sanction Level 1 | Sanction Leve | l 2Sanction | Level 3 | Sanction Level | |
| | | | Levels of Out of | Home Placement | |













EFFECTIVE MODELS AND SERVICES BY POPULATION**

LEVEL 1. PREVENTION

In recent years, the juvenile justice system has seen the emergence of a proactive approach to help divert youth away While the traditional method of from committing crime. intervening with youth after initial contact with the juvenile court is still prominent and necessary, the method of providing prevention services to at-risk youth and their families is proving successful to reduce juvenile delinquency and increase public safety before many juveniles even touch the system.

Delinquency prevention programs are designed to address specific problems and provide interventions for at-risk youth and their families. The Wyoming Departments of Family Services, Health and Education provide youth prevention services throughout the state. The prevention, intervention and treatment services help to strengthen families and turn around the lives of troubled youth.

For a prevention service to be effective, it should focus on both the risk and protective factors that can be present during an adolescent's development and in his/her environment, including that of his/her family. Risk factors are personal characteristics or environmental conditions scientifically established to increase the likelihood of problem behavior. Protective factors are personal characteristics or environmental conditions that interact with risk factors scientifically established to reduce the likelihood of problem behavior (Kirby and Fraser, 1997). A prevention program that focuses too heavily on improving risk factors alone or too heavily on solely increasing protective factors would not be as effective as a program that provided an adequate concentration on both factors.

Prevention services in Wyoming are aimed at identifying the lower risk behaviors that the particular youth may be demonstrating through an assessment process. Then, through analysis of those risk factors in combination with the youth's protective factors, potential causes for the negative behaviors can be identified. Based on that information the most appropriate interventions for the youth can be identified, and the youth can be linked with the most appropriate service(s).

PREVENTION:

- *Afterschool/Recreation Activities
- *Individual and Family Counseling/Therapy
- *Boys' & Girls' Club
- *Tutors and Mentors
- *Truancy Prevention
- *Vocational/Job Training
- *Leadership and Youth **Development**
- *Big Brothers/Big Sisters
- *After School Employment
- *Community Services, i.e. Public Health
- *National Guard Youth **Challenge Program**
- *Community/Faith Involvement
- *Family Strengthening/Parenting

Behaviors: (Low Risk)

School Disruption Trespassing Truancy

Littering **Curfew Violation**

***For an explanation of best practice/evidence based programs and services please refer to the Model Program Guide from the Office of Juvenile Justice and Delinquency Prevention located at http://www.ojjdp.ncjrs.gov/mpg/ or for Wyoming services http://sites.google.com/site/wjjcoc.

LEVEL 2. IMMEDIATE INTERVENTIONS

While diversion services are focused at keeping the youth from entering the juvenile justice system, for certain youth, diversion alone may not be enough. Some youth may not have had the opportunity to take advantage of diversion services prior to committing offenses, or sometimes youth may proceed on to crime, despite the positive intentions of diversion. Immediate interventions, in combination with diversion, are appropriate for these types of youth.

Immediate interventions are mechanisms that hold youth accountable for their actions. They are targeted toward less serious, non-chronic offenders and are designed as early interventions that penalize illegal behavior and secure needed services. Typical immediate interventions include community service, restitution, curfew restrictions, supervision and mandated involvement in short-term programs (shoplifter programs or substance abuse education for example). Immediate interventions also serve to make the youth responsible for repairing the harm done by the crime.

Processing certain youth through the juvenile justice system may do more harm than good (Lundman, 1993). Many first-time misdemeanor offenders, minor repeat offenders and even some nonviolent felons can often be handled best outside of the court system. By providing diversion and immediate interventions to these youth and keeping lower-risk offenders out of already overburdened juvenile courts and detention facilities, the chances that these youth will thereby not fall further into the system are increased. Keeping youth from the court system as long as possible can decrease the risk for increased delinquent behaviors often associated with the increased exposure to delinquent peers and environments, and can reserve resources for higher risk youth.

IMMEDIATE INTERVENTIONS:

- *Municipal, County/Circuit Court
- *Diversion Screening
- *Youth Screening Board
- *PACT Assessment
- *Unsupervised and/or County Probation
- *Restitution
- *Mental Health Evaluations
- *Parent Meeting
- *Truancy Court
- *Community Service
- *National Guard Youth Challenge Program
- *Day Treatment
- *Independent Living

Behaviors: (Moderate Risk)

Low Level Misdemeanors Chronic Low Level Offenses Chronic Truancy Vandalism Simple Assault/Battery

^{***}For an explanation of best practice/evidence based programs and services please refer to the Model Program Guide from the Office of Juvenile Justice and Delinquency Prevention located at http://www.ojjdp.ncjrs.gov/mpg/ or for Wyoming services http://sites.google.com/site/wjjcoc.

LEVEL 3. INTERMEDIATE INTERVENTIONS

When diversion and immediate interventions have not proven effective for youth who continue to offend, intermediate interventions are the next step in the continuum of care. Intermediate interventions are appropriate for juveniles who commit more serious felony offenses, some violent offenses or continual repeat offenders who require more structure and monitoring though not out-of-home placement.

Intermediate interventions serve to hold juveniles accountable for their crimes and hold juveniles responsible to repair harm they may have caused. Intermediate interventions address juvenile behavior in a more restrictive and intensive level than immediate intervention supervision. This intervention includes formal court processing and may include such court-ordered community-based corrections as intensive supervision, day treatment, probation, electronic monitoring, house arrest and alternative schools.

Intermediate interventions are appropriate interventions for youth whose behaviors pose no significant threats to their communities but require additional resources and services. Youth are provided the highest level of community supervision and have the greatest restrictions on unstructured free time at this level.

Intermediate interventions can provide effective community services to keep youth from unnecessary and expensive residential placements and institutions.

INTERMEDIATE INTERVENTIONS:

- *Juvenile Probation (DFS)
- *Intensive Supervised Probation
- *Individual and/or Family Counseling
- *Alternative School
- *Electronic Monitoring
- *Day Treatment
- *Alcohol/Substance Abuse Treatment (Out Patient)
- *House Arrest

Behaviors: (Moderate to High Risk)

Chronic Truancy
Repeat Serious Offenses
Repeat Alcohol & Drug
Repeat Property Crimes
Repeat Crimes Against People
Violent & Serious Crimes
Serious Traffic Offenses

^{***}For an explanation of best practice/evidence based programs and services please refer to the Model Program Guide from the Office of Juvenile Justice and Delinquency Prevention located at http://www.ojjdp.ncjrs.gov/mpg/ or for Wyoming services http://sites.google.com/site/wjjcoc.

LEVEL 4: COMMUNITY CONFINEMENT

Community confinement becomes an option when children and youth do not respond to intermediate interventions. Placement within the community allows the youth to maintain community connections including but not limited to school, religious activities, treatment providers and extra-curricular activities. Further, it allows the family to be more directly involved in their treatment and maintain their family connections.

When youth continue to escalate within the community or commit an offense necessitating additional resources, they are handled in the community confinement level in the continuum of care. Aside from small secure facilities, there are other program alternatives to incarceration. These programs can be effective in well-developed community based settings. This type of programming is appropriate for youth who have been involved in serious

Community Confinement:

- * Day Treatment Programs
- * Foster Care
- * Therapeutic Foster Care
- * Crisis Shelters
- * Group Homes
- * Non-residential Programs

Behaviors: (Moderate to High Risk)

and out-of-home treatment needs.

Serious Property Offenses Moderate to High Risk of Recidivism Multiple Repeat Offenders Sanction Level 3&4 Offenses Violent Delinquent Offenses Extensive Treatment Needs Unstable/Unsafe Living Conditions

***Please refer to Appendix A for information specific to Wyoming on Levels of Out-of-Home Placement

property crimes and crimes against persons. These offenders have a low or moderate risk of recidivism

LEVEL 5. SECURE CONFINEMENT

Children and at-risk youth WHOSE offenses or needs are more serious in nature or who fail to respond to community confinement interventions are handled at a different level of the juvenile justice continuum of care. Children and youth who cannot be maintained safely in their homes/communities may be placed in out-of-home care to include residential treatment centers, state facilities (Wyoming Boy's and Girl's Schools), psychiatric residential treatment facilities and juvenile detention facilities. The primary purpose for the placement of a child or youth outside of his/her home is to provide for the treatment needs of the child or youth that could not be addressed safely in the community.

In Wyoming, placement outside of the home for children or youth is considered a last resort after initial efforts in the continuum of care have been exhausted. In fact, recent efforts in Wyoming have resulted in significant decreases in the amount of placements of children or youth outside their homes. For instance, in comparing fourth quarter 2006 to fourth quarter 2010 data, a 26.3 percent reduction in placements occurred. Aside from the extremely high cost of placement and strains it puts on a juvenile and his/her family,

Secure Confinement:

- *Residential Treatment Center (RTC)
- *Juvenile Detention Centers
- *State Facilities (WBS/WGS)
- *Psychiatric Residential Treatment (PRTF)

*Treatment Facilities

*Acute Psychiatric
Hospitalization
(Stabilization or long term
in a regular hospital)

research shows inconsistent results in the efficacies of out-of-home placements. Care should be taken when placing a juvenile in an out-of-home placement that the type and structure of the program be strongly analyzed for a good fit. For instance, a behavioral treatment approach might be a better fit for one circumstance and a wilderness program a better fit for another. In addition, the placement should provide appropriate treatment as well as education, skills development, and vocational or employment training.

Secure Confinement—is appropriate for serious violent and chronic offenders. The behaviors manifested in these offenders include serious property crimes and violent delinquency. These offenders have a high risk of recidivism and extensive treatment needs. This type of intervention involves commitment to state training schools or other secure correctional facilities. It has been demonstrated that small correctional units and residential programs with a treatment orientation are more effective and more humane than large institutions for this population.

Detention—these facilities serve a short-term holding function for youth awaiting court disposition or awaiting placement following juvenile court determination. These facilities differ from county jails, which typically provide a "hold and release" function for juveniles, keeping them only long enough to locate and hand them over to a responsible parent or guardian. The primary services in juvenile detention facilities are assessment, education and counseling for youth who are either a threat to public safety or flight risk. The facility's educational programs are certified by the Department of Education and paid for by each juvenile's home school district.

Behaviors: (High Risk)

Violent Offenses High Risk of Recidivism Felony-level Offenses Chronic Offenders Repeat Violent & Serious Offenses Sanction Level 4&5 Offenses

***Please refer to Appendix A for information specific to Wyoming on Levels of Out-of-Home Placement

LEVEL 6. REENTRY

The majority of out-of-home placed juveniles will re-enter their communities. In addition, the current state of the art research finds that many residential facilities do little to "correct" delinquent behavior. Research demonstrates that any gains made by juvenile offenders in correctional facilities quickly evaporate following release because youth are often released back to disorganized communities where it is easy to slip back into the old habits that resulted in arrest in the first place (Deschenes and Greenwood, 1998). Therefore, a juvenile justice system should consider with the upmost importance what it should do to provide for the successful reentry for these juveniles back into their communities.

Reentry programs are defined as reintegrative services that prepare juveniles that are placed out of their homes for reentry Collaboration should occur with into their communities. communities and their resources to ensure the delivery of prescribed services and successful supervision. A comprehensive reentry process should begin after sentencing and should continue through the period of release back into the community. This process requires the creation of a seamless set of services to prevent the reoccurrence of antisocial behavior. In Wyoming, the Departments of Family Services, Health and Education are able to collaborate together to provide for the most thorough and specific coordination of services appropriate for each returning juvenile. For instance, a juvenile's reentry program with his family might include coordination with the juvenile's home school, home counselor, independent living provider, local substance abuse counselor, family counselor and family/aide. This coordination would occur among all involved parties (Department case workers, family members, counselors, aides, school personnel, therapist at current facility, etc) prior to release back into the community.

In addition to the intervention and treatment services required to assist the juveniles back into their communities, research demonstrates that the combination of both treatment and surveillance can be beneficial to prevent recidivism following reentry into the community. Surveillance involves some community restraint over the juveniles such as employment verification, intensive supervision, electronic monitoring, house arrest, urinalysis tests, etc. The punitive nature of such interventions and measures can act as deterrents to reduce the juvenile's criminal activities by reducing both the capacity and opportunity to commit crimes.

REENTRY:

- *Intensive Supervised Probation
- *Electronic Monitoring
- *Therapeutic Foster Care
- *Foster Care
- *Day Treatment
- *Independent Living
- *Vocational/Job Training
- *Alcohol/Substance Abuse Treatment Groups
- *Individual/Family Therapy

^{***}For an explanation of best practice/evidence based programs and services please refer to the Model Program Guide from the Office of Juvenile Justice and Delinquency Prevention located at http://www.ojjdp.ncjrs.gov/mpg/ or for Wyoming serviceshttp://sites.google.com/site/wjjcoc.

SECTION 3: APPENDICES

APPENDIX A

LEVELS OF OUT - OF - HOME PLACEMENT

State Institutions (Services for Adjudicated Delinquent Youth)

Level 1 – Family Foster Care

Level 2 – Therapeutic Foster Care (TFC)

Level 3 – Group Home

Level 4 – Residential Treatment Center (RTC)

Level 5 – Psychiatric Residential Treatment Facility (PRTF)

Level 6 – Acute Psychiatric Hospitalization (stabilization or longterm in a regular hospital)

Note: While each of the following facilities have been certified by The Department of Family Services (or by respective state's licensing facility for out of state facilities), the Department of Family Services does not certify educational programs within facilities and does not guarantee results of any individual facility. Individual educational and mental health certifications should be obtained through the Wyoming Departments of Education prior to any placement decision. This list is for informational purposes only and not an endorsement of any provider.

State Institutions (Services for Adjudicated Delinquent Youth)

Wyoming Boys' School: The Wyoming Boys' School (WBS) serves youth as an educational, vocational and rehabilitative facility designed to treat and improve outcomes for adjudicated delinquent boys aged 12-21. The average length of stay is six (6) months. Services provided include educating and preparing at-risk boys for life's opportunities; helping families assume more responsibility for raising their own children; and providing juveniles a stable, safe, supportive, nurturing, healthy environment while at the school. The WBS administers programs that promote public safety by providing supervision and family centered therapeutic services, physical and mental health programming and education services. The WBS does not have an on-site psychologist or psychiatrist. Mental health needs of youth are addressed through contractual services.

Wyoming Girls' School: The Wyoming Girls School (WGS) serves as an educational, vocational and rehabilitative facility designed to treat and improve outcomes for adjudicated delinquent girls aged 12-21. The WGS works with youth and their families to ensure that their residents are provided the skills to live a stable, safe, supportive and healthy life. It is their mission that youth achieve their highest potential, are successfully educated and prepared for life's opportunities. The WGS promotes seven core standards in working with youth. They include: safety, professionalism, teamwork, gender specific programs, child centered-family focused, personal accountability and hope for the future of every girl. The WGS does not have an on-site psychologist or psychiatrist. Mental health needs of youth are addressed through contractual services.

WYOMING BOYS' SCHOOL (WBS)

Gary Gilmore, Superintendent

PHYSICAL ADDRESS: 1550 HWY 20 South

Worland, WY 82401

MAILING ADDRESS: 1550 HWY 20 SOUTH

Worland, WY 82401

TELEPHONE: (307) 347-6144 or 347-4969

FAX: (307) 347-4869

CAPACITY: 95

AGES SERVED: Males 12-21

SERVICES: Secure facility providing adjudicated delinquent males

opportunities to make changes, services focus on

psychological/emotional stability, educational and physical development and mental health therapies; designed for youth to learn socially responsible values and life skills restructure their critical thinking skills and prepare for transition back to family and community; accredited junior high school and high

school.

WYOMING GIRLS' SCHOOL (WGS)

Chris Jones, M.Ed., M.Ed.L.. Superintendent

PHYSICAL ADDRESS: 3500 Big Horn Avenue

Sheridan WY

MAILING ADDRESS: P.O. Box 868

Sheridan WY 82801

TELEPHONE: (307) 674-7476 **FAX:** (307) 674-4909

CAPACITY: 90

AGES SERVED: Females 12-18

SERVICES: Therapeutic and educational facility for treatment of

adjudicated delinquent girls; gender-specific support services focusing on mental health and substance abuse treatment, educational and life skills development; preparation for

transition back to family and community; accredited junior high

school and high school.

Level 1: FAMILY FOSTER CARE

Regular and specialized foster care - is defined as a home setting, which provides temporary care of children/youth who have been placed in the custody of the Department of Family Services (DFS) by court order because they cannot remain in their own home due to suspected or substantiated physical abuse, sexual abuse, neglect or other circumstances necessitating out-of-home care. Court hearings are held every six (6) months to review the case and determine if continued placement in out-of-home care is necessary.

Placement may include living arrangements in homes of relatives or kin (related by blood, marriage or adoption or other individuals who have a close, caring relationship with the child/youth and/or family) or non-relative caregivers. Foster homes may be certified or not although non-relative caregivers are generally certified to provide foster care either through DFS or a certified Child Placing Agency. Foster parents work collaboratively with the child/youth's multidisciplinary team to assist the child/youth and his/her parent(s) meet their case plan goals.

Children/youth who have developmental, emotional, behavioral, or medical needs requiring specialized care may qualify for specialized foster care in which case caregivers either already have or receive the training, education and/or skills they need to meet the unique needs of the child/youth and may qualify for a higher reimbursement rate to help cover the additional costs of caring for the child/youth. A child/youth designated to be in specialized foster care 1) qualifies for a higher level of care, but the services are either not available in his/her community and the child/youth can receive the care needed in his/her foster home; or 2) does not qualify for the next level of care (eg. Therapeutic Foster Care). The foster family may be asleep during the child/youth's sleeping hours.

Who should be admitted to a foster home?

A child/youth who is unable to safely remain in his/her own home and who can live in a home setting is appropriate for a regular or specialized foster care. Foster care is not the entry point to accessing inpatient psychiatric services, PRTFs, SRTCs and RTCs.

Children/youth who are appropriate for this service may have the following behaviors: Not applicable. A foster home is the least restrictive type of out-of-home care when a child/youth is placed in DFS custody. The child/youth's behavior is typically not the reason they are in a foster home.

The following are required for admission:

There are no specific admission requirements other than the parent(s) have signed a time-limited voluntary placement agreement or the juvenile court 1) orders the child/youth to be placed in DFS custody; 2) makes a finding that it is contrary to the welfare of the child/youth to remain in their home; and 3) makes a finding that reasonable efforts have been made to

keep the child/youth in the home or that immediate circumstances existed making reasonable efforts unnecessary.

REFER TO YOUR LOCAL DFS OFFICE FOR INFORMATION REGARDING AVAILABLE FOSTER HOMES

| Afton | 307-886-9232 |
|--------------|--------------|
| Buffalo | 307-684-5513 |
| Casper | 307-473-3900 |
| Cheyenne | 307-777-7921 |
| Cody | 307-587-6246 |
| Douglas | 307-358-3138 |
| Evanston | 307-789-2756 |
| Gillette | 307-682-7277 |
| Glenrock | 307-436-9068 |
| Greybull | 307-765-9453 |
| Jackson | 307-733-7757 |
| Kemmerer | 307-877-6670 |
| Lander | 307-332-4038 |
| Laramie | 307-745-7324 |
| Lusk | 307-334-2153 |
| Lyman | 307-786-4011 |
| Newcastle | 307-746-4657 |
| Pinedale | 307-367-4124 |
| Powell | 307-754-2245 |
| Rawlins | 307-328-0612 |
| Riverton | 307-856-6521 |
| Rock Springs | 307-362-5630 |
| Sheridan | 307-672-2404 |
| Sundance | 307-283-2014 |
| Thermopolis | 307-864-2158 |
| Torrington | 307-532-2191 |
| Wheatland | 307-322-3790 |
| Worland | 307-347-6181 |
| | |

FOSTER CARE COORDINATORS IN WYOMING

| County(s) | Coordinator/Contact | Phone/Fax | Address |
|---|--|--|--|
| Albany | Briana Montoya Briana.Montoya@Wyo.gov | (307) 721-1984 (307) 742-8848 fax | 3817 Beech St., Suite 200 Laramie, WY 82070 |
| Big Horn Hot Springs Park Washakie | Kristie Collins Kristie.Collins@Wyo.gov | (307) 548-6503 or (307) 587-6246 ext. o (307) 527-7183 fax | 1301 Rumsey Ave. Cody, WY 82414 |
| Campbell Crook Weston | Heidi Phipps <u>Heidi.Phipps@Wyo.gov</u> | (307) 687-5232 (307) 686-1889 fax | 551 Running W Dr. Gillette, WY 82718 |
| Carbon | Alex Brooks Alejandra.Brooks@Wyo.gov | (307) 328-0612 ext. 38 (307) 328-2801 fax | 215 W. Buffalo, Suite 359 Rawlins, WY 82301 |
| Converse Goshen Niobrara Platte | Carol Gooden-Rice Carol.Gooden-Rice@Wyo.gov | (307) 532-2191 ext. 228 (307) 532-4666 fax | 1618 East M Street Torrington, WY 82240 |
| Fremont | D'Ann Nelson Dann.Nelson@Wyo.gov | (307) 332-4038 ext. 44 (307) 332-4806 fax | 201 N. 4th Lander, WY 82520 |
| Johnson Sheridan | Jordan Dempsey Jordan.Dempsey@Wyo.gov | (307) 675-5460 (307) 672-8948 | |
| Laramie | Carmelle Adams-Case <u>Carmelle.Adams-Case1@Wyo.gov</u> Melody Watters <u>Melody.Watters@Wyo.gov</u> | (307) 777-5167 (307) 777-5181 | 1510 E. Pershing Cheyenne, WY 82001 (307) 777-5190 fax |
| Natrona | Rose Fry Rose.Fry@Wyo.gov | (307) 473-3924 (307) 473-3967 fax | 851 Werner Ct., Suite 200 Casper, WY 82601 |
| N. Lincoln Sublette Teton | Tracy Hiatt Tracy.Hiatt@Wyo.gov | (307) 733-7757 ext. 28 (307) 733-0082 fax | P.O. Box 547 Jackson, WY 83001 |
| S. Lincoln Uinta | Holly Law Holly.Law@Wyo.gov | (307) 789-2756 ext. 236 (307) 789-2165 fax | 350 City View Dr., Ste. 302 Evanston, WY 82930 |
| Sweetwater | Emilia Slater Emilia Slater @Wyo.gov | (307) 352-2532 (307) 352-2560 fax | 2451 Foothill Blvd., Suite 103 Rock Springs, WY 82901 |
| E. Shoshone DFS | Katherine Tillman Eshoshone.fostercare@hotmail.com | (307) 332-6591 (307) 332-6593 fax | P.O. Box 945 Ft. Washakie, WY 82514 |
| N. Arapaho DFS | Jamie Moss <u>Jamie.Moss@Wyo.gov</u> | (307) 857-5728 (307) 857-5741 fax | P.O. Box 77 St. Stephens, WY 82524 |
| State Office | Dana Ward Dana.Ward@Wyo.gov | (307) 352-2509 (307) 352-2560 fax | 2451 Foothill Blvd., Suite 103 Rock Springs, WY 82901 |

Level 2: THERAPEUTIC FOSTER CARE

Therapeutic Foster Care (TFC) - is defined as a home setting which provides access to comprehensive mental health and substance abuse treatment services, either in the home or outpatient, to children and adolescents who have experienced a level of dysfunction that makes it impossible to function in their own homes or in foster care. TFC provides a moderate level of structure and supervision to support age appropriate behavior. The family may be asleep during the child/youth's sleeping hours. The family must be available to meet the child/youth's treatment needs 24 hours a day. This service provides a structured and supervised environment for the acquisition of skills necessary to enable the child/youth to improve level of functioning to achieve and/or to maintain the most realistic level of independent function where earlier treatment gains are somewhat fragile and the child/youth is subject to regression.

Who should be admitted to TFC?

A client may be appropriate for admission to TFC if they are fairly accepting of the treatment process and have experienced a level of dysfunction that makes it impossible to function at an age appropriate level in their homes or in foster care. TFC is not the entry point to accessing inpatient psychiatric services, PTRFs, SRTCs and RTCs.

What are the criteria for admission to TFC?

The following outlines TFC admission criteria:

- 1. The child/youth must have received a medical or psychiatric evaluation AND psychological or any other evaluation/assessment.
- 2. The child/youth is fairly accepting of the treatment process.
- 3. The child/youth has displayed difficulty in his/her own home or in a lower level of care.
- 4. The child/youth can receive education in the public school system.

The following are required within 14 days of admission to TFC:

Initial diagnostic assessment.

- 1. Medical, psychiatric and substance use history.
- 2. Family and social assessment.
- 3. Client assets and strengths.
- 4. Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem solving.
- 5. Psycho-educational assessment.
- 6. An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations.

- 7. A problem list, related to the reasons why the client was admitted to this level of care.
- 8. Identification of interventions for the immediate management of the problems identified in 7.
- 9. The treatment objectives (desired client responses) expected to be met by the time of the first continued stay review.

Children/youth who are appropriate for this service may have the following behaviors:

- 1. Difficulty following directions.
- 2. Frequent arguments with caretakers, siblings, teachers etc.
- 3. Mild self-injurious behavior, risk taking or sexual promiscuity.
- 4. Suicidal thoughts.
- 5. Frequent fights at home, school or community.
- 6. Frequent verbally aggressive outbursts.
- 7. Frequent property damage.
- 8. Inability to engage in age appropriate activities without constant supervision (little league, scouts, etc.).
- 9. Low to moderate risk for sexually victimizing others.
- 10. Possible involvement with the juvenile justice system.
- 11. Infrequent school suspensions.

THERAPEUTIC FOSTER CARE

Therapeutic Foster Care (TFC) programs are operated by any private person, partnership, corporation, association, agency or other entity that arranges for the placement or temporary care, maintenance, and supervision of a child/youth in a place other than the home of the his/her parents or relatives. A TFC agency recruits, trains, approves and provides oversight for its own foster homes. TFC is a family-based, intensive treatment foster care program for severely emotionally disturbed children/youth.

CENTRAL WYOMING COUNSELING CENTER (TFC)

Executive Director: Mike Huston **Contact Person:** Patty Linville

Cross Reference: Central Wyoming Counseling Center

Physical Address: 1430 Wilkins Circle **Mailing Address:** 1430 Wilkins Circle

Casper, WY 82601

Telephone: (307) 237-9583 **Fax:** (307) 265-7277

Email: mhuston@cwcc.us, plinville@cwcc.us

Certified Programs: RTC, CPA

Level 3: GROUP HOME

Group home (GH)- is defined as a home or group living setting that may provide mental health and substance abuse treatment services to children and adolescents, either in the home or outpatient. These children/youth have experienced a level of dysfunction that makes it impossible to function in the community without an increase in structure and supervision. Group Homes provide a moderate level of structure and supervision to support age appropriate behavior. The staff may be asleep during the child/youth's sleeping hours if there is an operable alarm system and there are no children/youth present who are a danger to themselves or others. Staff must be available to meet child/youth's needs 24 hours a day.

Who should be admitted to a group home?

A client may be appropriate for admission to a group home if they are fairly accepting of the treatment process and can function in the public school system. Many of these children/youth have suffered abuse/neglect within their own families and as a result have a great deal of trouble adjusting to a family setting. An adolescent close to becoming an adult and working on independent living skills may also be appropriate for this type of group living, as opposed to a family setting. Group homes are not the entry point to accessing inpatient psychiatric services, PRTFs, SRTCs and RTCs.

What are the criteria for admission to a group home?

The following outlines the group home admission criteria:

- 1. The child/youth must have received a medical or psychiatric evaluation AND psychological or any other evaluation/assessment, if placed at this level post juvenile court adjudication.
- 2. The child/youth is fairly accepting of the treatment process.
- 3. The child/youth has displayed difficulty in a family setting such that placement with a family would not be indicated.
- 4. The child/youth can receive education in the public school system.

The following are required within 14 days of admission to a group home:

Initial diagnostic assessment.

- 1. Medical, psychiatric and substance use history.
- 2. Family and social assessment.
- 3. Client assets and strengths.
- 4. Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem solving.
- 5. Psycho-educational assessment.
- 6. An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations.

- 7. A problem list, related to the reasons why the client was admitted to this level of care.
- 8. Identification of interventions for the immediate management of the problems identified in 7.
- 9. The treatment objectives / treatment plan / case plan (desired client responses) expected to be met by the time of the first continued stay review.
- 10. An active and current discharge plan.

Children/youth who are appropriate for this service may have the following behaviors:

- 1. Significant difficulty following directions.
- 2. Frequent arguments with caretakers, siblings, teachers etc.
- 3. Mild self-injurious behavior, risk taking and/or sexual promiscuity.
- 4. Suicidal thoughts.
- 5. Frequent fights at home, school or community.
- 6. Frequent verbally aggressive outbursts.
- 7. Frequent property damage.
- 8. Inability to engage in age appropriate activities without constant supervision (little league, scouts, etc.).
- 9. Low to moderate risk for sexually victimizing others.
- 10. Involvement with the juvenile justice system.
- 11. Infrequent school suspensions.

GROUP HOMES

A group home is a community-based program where the residents may attend public school, work in the community and have access to their support systems.

ADAMS CANYON CRISIS

Director: Jeremy Silcox

Cross Reference: Red Top Meadows, Van Vleck House

Physical Address: 3188 S Adams Canyon Road

Mailing Address: P.O. Box 2631

Jackson, WY 83001

 Telephone:
 (307) 734-2411

 Fax:
 (307) 733-6374

 Email:
 jsilcox@tyfs.org

Certified Programs: Crisis

Crisis Beds & Region: 4 – Region IV. 3 Crisis beds, 1 GH bed

Ages Served: 10-17

Comments:

Services: Structured, therapeutic environment, individual, group and

family counseling, supervised activities, school monitoring, aftercare, ED, SED, CHINS, delinquents, conduct disorders, self harming, low intellectual functioning, physically handicapped.

BIG HORN BASIN ADOLESCENT PROGRAMS

Director: Gregory Gloy

Cross Reference: Big Horn Basin Group Homes

Physical Address: 967 US HWY 20
Mailing Address: P.O. Box 858
Pagin WV 82410

Basin, WY 82410

 Telephone:
 (307) 568-2222

 Fax:
 (307) 568-2982

 Email:
 bghrn@tctwest.net

Certified Programs: Crisis & GH

Crisis Beds & Region: 4 beds in Region 1: 2 at NWTC, Powell & 2 in Basin.

Ages Served: 10-17

Comments: Group Home: US Hwy 20

Services: Focus on responsibility, education, work ethic and family

reunification; CHINS, delinquent, suicidal, substance abuse, emotionally disturbed, violent offenders, conduct disorder, self harming, eating disorders, pregnant females, sexually abused.

CARBON COUNTY YOUTH CRISIS CENTER

Director: Eric Brooks Cross Reference: Cathedral Home **Physical Address:** 1130 E. Daley St. **Mailing Address:** 1130 E. Daley St. Rawlins, WY 82301

Telephone: (307) 328-5641 Fax: (307) 328-5641

Email: ebrooks@cathedralhome.org

Certified Programs: Crisis & GH

4 CR and 4 GH - Region II **Crisis Beds & Region:**

Ages Served: 0-17

Comments: Under Cathedral Home

FREMONT COUNTY GROUP HOMES - BOYS - RIVERTON (3-CR) (6-GH)

Executive Director: Jeff Verosky

Cross Reference: Fremont County Group Homes – GIRLS - Lander

11 Minter Lane **Physical Address: Mailing Address:** 11 Minter Lane

Riverton, WY 82501

Telephone: (307) 856-2643 Fax: (307) 856-2656

Email: jverosky@bresnan.net

Certified Programs: Crisis & GH **Crisis Beds & Region:** 6 - Region VI

Ages Served: 10-17

Comments: 2 GHs - boys in Riverton, girls in Lander

Services: Peer-group living situation for adolescents who have been

> abused, neglected or need services; severely emotionally disturbed, conduct disorders, suicidal (not actively), self harming, mentally ill, physically aggressive, low intellectual functioning, eating disorders, pregnant females, substance abuse, arsonists, sexual offenders, physically handicapped, CHINS, crisis care, abuse/neglect, pre-delinquent, delinquent.

FREMONT COUNTY GROUP HOMES - GIRLS - LANDER (3-CR) (6-GH)

Associate Director: Jeff Verosky

Cross Reference: Fremont County Group Homes – BOYS - Riverton

Physical Address: 2228 N. 2nd St. Mailing Address: 2228 N. 2nd St.

Lander, WY 82520

Telephone: (307) 332-5490 **Fax:** (307) 856-2646

Email: jverosky@bresnan.net

Certified Programs: Crisis & GH

Crisis Beds & Region: 6 (includes Lander & Riverton) - Region VI

Ages Served: 10-17

Comments: 2 GHs - boys in Riverton, girls in Lander

Services: CHINS, crisis, abuse/neglect, pre-delinquent, delinquent,

suicidal, unmarried mothers, severely emotionally disturbed, conduct disorders, suicidal (not actively), self harming, mentally ill, physically aggressive, low intellectual functioning, eating disorders, pregnant females, substance abuse, arsonists, sexual

offenders, physically handicapped.

HEART MOUNTAIN NEW BEGINNINGS

Vice President:Jon CarterPhysical Address:909 Road 22 HMailing Address:909 Road 22 H

Powell, WY 82435

Telephone: Office: (307) 754-7105, Cell: (307) 254-1982

Email: jon@wyoboys.com **Certified Programs:** GH – 10 capacity

LARAMIE YOUTH CRISIS CENTER

Director: Eric Brooks

Cross Reference: Cathedral Home Physical Address: 960 N. 5th St. Mailing Address: 960 N. 5th St.

Laramie, WY 82072

Telephone: (307) 742-5936

Email: ebrooks@cathredralhome.org

Ages Served: 0-17

Comments: Under Cathedral Home

YOUTH CRISIS CENTER, KATHLEEN HEMRY and TRUE RESIDENTS WINGS

Program Director: Stacy Nelson

Cross Reference: Youth Crisis Center, R.L. Mills Home

Physical Address: 1656 E. 12th St. 1656 E. 12th St.

Casper, WY 82601

Telephone: (307) 577-5718 **Fax:** (307) 577-5716

Email: smnelson@bresnan.net

Certified Programs: GH – Female and Male GH, 10 capacity

Ages Served: 10-17

Comments: Three facilities under the umbrella of Youth Crisis Center: YCC

(Crisis only), and Hemry Home (GH).

Services: Female only. Long-term care for girls who are unable to return

to their natural families at the current time. Delinquency, CHINS, truancy issues, suicidal ideation, emotionally disburbed, anger management, drug and alcohol issues, conduct disorders,

self harming, substance abuse, family placement issues,

sexually abused, sex offenders, arson.

Services provided include individual, family and group therapy to work towards family reunification, social skills, independent living skills, education assistance. When unable to complete family reunification, the Hemry Home works cooperatively with

community agencies to facilitate independent living.

MACHASEH CHILDREN'S RANCH

Executive Director: John Scudder

Cross Reference:

Physical Address: 238 Sand Gulch Road

Shoshoni, WY 82649

Mailing Address: PO Box 160

Pavillion, WY 82523

Telephone: (307) 856-6133

Email: jbscudderjr@wyoming.com **Certified Programs:** Shelter, GH – 10 capacity

Ages Served: 10 - 17
Comments: In Shoshoni

Services: Peer-group living situation for adolescents who have been

abused, neglected, or are in need of services; treatment for emotionally disturbed, suicidal (not actively), CHINS, mentally

ill, physically aggressive, CHINS, pre-delinquent, low intellectual functioning, eating disorders, pregnant females, substance abuse, sexually abused, physically handicapped.

NORTHWEST WYOMING TREATMENT CENTER, GROUP HOME FOR BOYS

Executive Director: Ty Barrus

Cross Reference: Vernon C. Condie Home; VCC Youth Homes

Physical Address: 468 Hamilton Way
Mailing Address: 468 Hamilton Way

Powell, WY 82435

Telephone: Office: (307) 754-8400, Cell Phone: (307) 271-7460

Email: youth@tritel.net

Certified Programs: GH **Ages Served:** 12-17

Comments: Live-in house parents.

Services: Home-like environment; tutoring.

NORTHWEST WYOMING TREATMENT CENTER, GROUP HOME FOR GIRLS

Executive Director: Ty Barrus

Cross Reference: VCC Youth Homes & Vernon C. Condie Home

Physical Address: 468 Hamilton Way
Mailing Address: 1106 Julie Lane

Powell, WY 82435

Telephone: Office: (307) 754-8400, Cell phone: (307) 271-7460

Email: youth@tritel.net

Certified Programs: GH **Ages Served:** 12-17

Comments: Live-in house parents.

Services: Home-like environment; tutoring.

TRIANGLE CROSS RANCH

Director:Michael MorsoPhysical Address:428 Rd. 1AFMailing Address:428 Rd. 1AF

Powell, WY 82435

Telephone: (307) 645-3325, (307) 645-3130

Fax: (307) 645-3030

Email: mikemorso@aol.com

Certified Programs: Crisis & GH

Ages Served: 10-17

VAN VLECK HOUSE

Director: Jeremy Silcox

Cross Reference: Adams County Crisis Shelter, Red Top Meadows and Teton

Youth and Family Services

Physical Address: 510 S. Cache **Mailing Address:** 510 S. Cache

Jackson, WY 83001

 Telephone:
 (307) 733-6440

 Fax:
 (307) 733-6374

 Email:
 jsilcox@tyfs.org

Certified Programs: Crisis & GH
Crisis Beds & Region: 1 - Region IV

Ages Served: 10-17

Comments: Under the umbrella agency: Teton Youth & Family Services and

the Van Vleck House operate in Jackson and Red Top Meadows

operates in Wilson.

Services: Structured, therapeutic environment, individual, group and

family counseling, supervised activities, school monitoring, aftercare, ED, SED, CHINS, delinquent, conduct disorders, self harming, low intellectual functioning, pregnant females,

physically handicapped.

VOLUNTEERS OF AMERICA, WY & MT, MILESTONE YOUTH HOME

Director of Youth Services: Susan Arnold **Cross Reference:** VOA, Milestones

Physical Address: 3395 Strahan Parkway Mailing Address: 1876 Sheridan Ave.

Sheridan, WY 82801

Telephone: (307) 673-0062 **Email:** sarnold@voar.org

Certified Programs: Crisis & GH
Crisis Beds & Region: 6 - Region II

Ages Served: 10-17

Comments: Volunteers of America, WY, MT (VOA) operates Milestone

Youth Home; Jeff Holzinger is the President/CEO of VOA.

Services: CHINS, Crisis, delinquent, substance abuse, emotional

problems.

YOUTH EMERGENCY SERVICES, INC. (Y.E.S. HOUSE)

Executive Director: Sheri England Clark Fairbanks

Physical Address: 905 N. Gurley Avenue, Building A

Mailing Address: P.O. Box 2151

Gillette, WY 82717

Telephone: (307) 686-0669 **Fax:** (307) 686-2121

Email: sengland@ccsd.k12.wy.us; cfairbanks@ccsd.k12.wy.us

Certified Programs: GH

GH Beds & Region: 10- Region III

Ages Served: 10-17
COMMENTS: Also RTC

Services: Youth awaiting court/placement or youth transitioning from

other programs back to community. Youth needing respite care or permanent placement for youth who have no place to live and are seeking independent living arrangements. In-home case management offering assistance 24-7, therapeutic group, independent living skills, educational groups, Corrective

Thinking, Character Counts, mentoring program, recreational

opportunities, family involved parenting classes, on-site school.

Individual and family therapy is provided mainly through community therapists. Y.E.S. House therapists are available in emergency situations and for those youth who need a Y.E.S. House therapist. Wrap around youth focused, family centered

program.

YOUTH ALTERNATIVES HOME ASSOC.

Executive Director: Karen Fry **Cross Reference:** YAHA

395 City View Drive **Physical Address:**

Mailing Address: P.O. Box 943

Evanston, WY 82931-0943

Telephone: Group Home: (307) 789-1477; Crisis Center: (307) 789-1551 Fax: Group Home: (307) 789-1484; Crisis Center: (307) 789-1991

Email: Group Home: yaha@allwest.net

Crisis Center: youthshelter@allwest.net

Certified Programs: Crisis & GH **Crisis Beds & Region:** 6 - Region V

Ages Served: 10-17

Comments: Program Director: Kathy Groth; Crisis Center Supervisor: Mark

Cornell.

Services: Community based services for entire family; short-term and

> crisis care and long term specialized treatment; enhance emotional/social/educational/physical development; individual

> and family treatment; CHINS, crisis care, pre-delinquent, substance abuse, suicidal, ED, violent offenders, conduct disorders, self harming, delinquent, mentally ill, physically aggressive, low intellectual functioning (>70), eating disorders,

pregnant females (first trimester only), substance abuse, sexually abused, animal cruelty, physically handicapped.

YOUTH DEVELOPMENT SERVICES

Director: Rene Kemper

Cross Reference: Converse County Group Home

Physical Address: 800 Jackson **Mailing Address:** P.O. Box 1328

Douglas, WY 82633

Telephone: (307) 358-4352 Fax: (307) 358-4847

kemper@communicomm.com Email:

Certified Programs: Crisis, GH & CPA **Crisis Beds & Region:** 2 - Region X

Ages Served: 10-17 **Services:** Make kids stronger and reunified with families; tutors,

medication management, family visitation, mental health, recreational therapy, activities. Crisis care, delinquent, non-violent offenders, physical & sexual abuse, substance abuse, CHINS, emotionally disturbed, suicidal (not actively), self

harming, sex offenders, mentally ill, low intellectual functioning, eating disorders, pregnant females, physically handicapped.

YOUTH HOME, INC. - GREEN RIVER

Director: David Thorne

Cross Reference: Green River Group Home & Rock Springs Group Home

Physical Address: 1580 Colorado Circle

Mailing Address: P.O. Box 2263

Rock Springs, WY 82902

Telephone: (307) 872-6465 (Green River)

Fax: (307) 872-3285

Email: dthorne@sweetwaterhsa.com

Certified Programs: Crisis & GH

Crisis Beds & Region: 6 - Region VII (includes beds in both R.S. & G.R.)

Ages Served: 10-17

Services: Non-therapeutic, group foster care home; behavior

management; CHINS, arsonist, sex offender, delinquent, emotionally disturbed, SED, conduct disorders, suicidal (not actively), CHINS, mentally ill, low intellectual functioning, , eating disorders, pregnant females, sexually abused, physically

handicapped.

YOUTH HOME, INC. - ROCK SPRINGS

Director: David Thorne

Cross Reference: Youth Home, Inc. – Rock Springs & Green River

Physical Address: 3801 Sweetwater Drive

Mailing Address: P.O. Box 2263

Rock Springs, WY 82902

Telephone: (307) 352-6762 (Rock Springs)

Fax: (307) 352-6656

Email: dthrone@sweetwaterhsa.com

Certified Programs: Crisis, CPA & GH

Crisis Beds & Region: 6 – Region VII (includes beds in both R.S. & G.R.)

Ages Served: 10-17

Services: CHINS, arsonist, sex offender, delinquent.

Level 4: RESIDENTIAL TREATMENT CENTERS

Residential Treatment Center (RTC) – is defined as a provider facility or distinct part of the organization, which renders an interdisciplinary program of mental health treatment to individuals under 21 years of age who have persistent dysfunction in major life areas. The dysfunction is of an extent and pervasiveness that requires a protected and highly structured therapeutic environment. These organizations, or distinct part of organizations, exclude those that provide acute psychiatric care, partial hospitalization, group living, therapeutic schooling, primary diagnosis substance abuse disorder treatment, or primary diagnosis mental retardation or developmental disability treatment.

RTCs provide comprehensive mental health services to children and adolescents who are in need of quality, pro-active treatment at a higher level of supervision and structure than can be provided in a Group Home (and may provide substance abuse treatment services, according to the level of certification from the Wyoming Department of Health). This setting has a higher level of consultative and direct service from psychiatrists, psychologists, therapists, medical professionals, etc. The child or adolescent needs supervision by awake staff during time when the child or adolescent is sleeping. In addition to diagnostic and treatment services, RTCs should also provide instruction and support toward attainment of developmentally appropriate basic living skills/daily living activities that will enable children and adolescents to live in the community upon discharge.

The focus of a RTC is improvement of a client's symptoms through the use of evidence-based strategies, group and individual therapy, behavior management, medication management, and active family engagement/therapy; unless evidence shows family therapy would be detrimental to the client. Unless otherwise indicated, the program should facilitate family participation in the treatment planning, implementation of treatment planning, and timely, appropriate discharge planning, which includes assisting the family in accessing wrap-around services in the community.

Who should be admitted to a RTC?

A client may be appropriate for admission to a RTC if she/he has a diagnosed behavioral condition and is responsive to the need for intensive, active, therapeutic intervention, which requires a staff secure treatment setting in order to be successfully implemented. This setting has a higher level of consultative and direct service from psychiatrists, psychologists, therapists, medical professionals, etc. RTC service is not the entry point to accessing acute psychiatric hospitalization.

What are the criteria for admission to a RTC?

The following outlines the RTC admission criteria:

 The child/youth must have received a medical or psychiatric evaluation resulting in a diagnosed behavioral condition AND psychological or any other evaluation/assessment.

- 2. The child/youth is only minimally accepting of the treatment process.
- 3. The child/youth's educational needs must also be met in a setting provided by the residential provider.
- 4. There are documented attempts to treat the client with the maximum intensity of services available at a community level or less intensive level of care that cannot meet or has failed to meet the needs of the client.
- 5. Without intervention, there is clear evidence that the client will likely decompensate and present a risk of serious harm to self or others.

The following are required within 14 days of admission to a RTC:

Initial diagnostic assessment.

- 1. Medical, psychiatric and substance use history.
- 2. Family and social assessment.
- 3. Client assets and strengths.
- 4. Developmental history and current developmental functioning with respect to physical, psychological and social areas, including age appropriate adaptive functioning and social problem solving.
- 5. Psycho-educational assessment.
- 6. An assessment of the need for psychological testing, neurological evaluation and speech, hearing and language evaluations.
- 7. A problem list, related to the reasons why the client was admitted to this level of care.
- 8. Identification of interventions for the immediate management of the problems identified in 7.
- 9. The treatment objectives / treatment plan / case plan (desired client responses) expected to be met by the time of the first continued stay review.
- 10. An active and current discharge plan.

Children/youth who are appropriate for this service may have the following behaviors:

- 1. Inability to follow directions and conform to structure of school, home or community.
- 2. Repeated, sometimes violent arguments with caretakers, peers, siblings and/or teachers.
- 3. Moderate level of self-injurious behavior, risk taking and/or sexual promiscuity.
- 4. Suicidal actions/history of serious suicidal actions.
- 5. Almost daily physical altercations in school, home or community.
- 6. Frequent verbally aggressive and provocative language.
- 7. Frequent and severe property damage.
- 8. Probable juvenile justice system involvement.

- 9. Frequent school suspensions.
- 10. Moderate to high risk for sexually victimizing others.

Children/youth who exhibit escalating behaviors (as described above) may require a facility or intervention to provide for a "physically secure" environment (the facility has locks).

RESIDENTIAL TREATMENT CENTER (RTC)

Residential treatment is defined as a program of service for youth who require a combination of therapeutic, educational, and treatment services in a residential group care setting.

CATHEDRAL HOME FOR YOUTH (CR) (GH) (RTC)

Executive Director: Nicole Hauser Physical Address: 4989 N. 3rd St. Mailing Address: 4989 N. 3rd St.

Laramie, WY 82073-0520

Telephone: (307) 745-8997 **Fax:** (307) 742-6146

Email: nhauser@cathedralhome.org

Services: Residential wrap-around services, community services,

education services, substance abuse, individual and group therapy, horse therapy, vocational programs and independent living. Emotionally disturbed, severely emotionally disturbed, violent offenders, conduct disorder, actively suicidal, self harming, CHINS, pre-delinquent, delinquent, sex offenders, mentally ill, physically aggressive, low intellectual functioning, eating disorders, pregnant females, substance abuse, sexually abused, arsonists, animal cruelty, physically handicapped.

CENTRAL WYOMING COUNSELING CENTER (Substance Abuse Program for Juveniles) RTC (Formerly known as New Directions)

Director: David Monhollen

Cross Reference: Central Wyoming Counseling Center (Therapeutic Foster Care

Program)

Physical Address: 1430 Wilkens Circle **Mailing Address:** 1430 Wilkens Circle

Casper, WY 82601

Telephone: (307) 237-9583 **Fax:** (307) 265-7277

Email: dmonhollen@cwcc.us

Certified Programs: RTC

Ages Served: Up to 17 years of age

Comments: Juvenile substance abuse program. Primary diagnosis of

substance abuse. Cannot serve adolescents who need medical

detoxification.

Services: In-patient treatment for juveniles with substance abuse issues.

Court ordered and private pay. Individual, group, family counseling. Emotionally disturbed, severely emotionally disturbed, conduct disorder, suicidal (not actively), CHINS, predelinquent, sex offenders, mentally ill, pregnant females, substance abuse, sexually abused, animal cruelty, physically handicapped, will consider violent offenders, self harming, delinquent, eating disorders, juvenile sex offenders and

arsonists.

NORMATIVE SERVICES, INC.

Executive Director: Gary Flohr

Cross Reference: NSI

Physical Address: 5 Lane Lane
Mailing Address: P.O. Box 3075

Sheridan, WY 82801

Telephone: (307) 763-7183 **Fax:** (307) 674-7781

Email: info@normativeservices.com

Certified Programs: RTC, CPA **Ages Served:** 6-17

Comments: JCAHO accredited

Services: On-grounds accredited school, staff secured, 24 hour

structured programming, on-site clinical services including individual, group and family counseling, psychiatric services, psychological services, evaluations, treatment planning, medical services, dental and vision, substance abuse treatment up to level 3.5 and nursing interventions; participation in Wyoming high school athletics, recreational services, choir and drama,

peer and staff mentorship and life skills training.

Population served: Males and females; behaviorally/emotionally disturbed, mood

disorder, bipolar disorder, major depression, dysthymic

disorder, post traumatic disorder, ADHD, reactive attachment disorder, oppositional defiant disorder, conduct disorder, self

harming, CHINS, pre-delinquent, delinquent, substance abuse, sexually, physically and emotionally abused, physically

handicapped and sexually reactive behaviors.

NORTHEAST WYOMING BOARD OF COOPERATIVE DECUATIONAL SERVICES (NEW BOCES)

Executive Director: Julie Cudmore **Cross Reference:** NEW BOCES

Physical Address: 410 North Miller Ave **Mailing Address:** 410 North Miller Ave.

Gillette, WY 82716

Telephone: (307) 682-0231 **Fax:** (307) 686-7628

Email: jcudmore@newboces.com

Certified Programs: RTC-BOCES

Ages Served: 6-18

Comments: Administrative Assistant: Maureen Costello

Services: Residential service to disabled individuals. SED, IEP students,

CHINS, pre-delinquent, delinquent, mentally ill, emotionally disturbed, conduct disorder, physically aggressive, low intellectual functioning, sexually abused, physically

handicapped. Independent Living Program. High staff to youth

ratio. Time out facility.

NORTHWEST WYOMING BOARD OF COOPERATIVE EDUCATIONAL SERVICES (NW BOCES)

Administrative Director: Carolyn Conner

Cross Reference: Big Horn Basin Youth's Center

Physical Address: 250 E. Arapaho Mailing Address: P.O. Box 112

Thermopolis, WY 82443-0112

Telephone: (307) 864-2171 **Fax:** (307) 864-9463

Email: nwboces@rtconnect.net

carolync@rtconnect.net

Website: www.nwboces.com

Certified Programs: RTC-BOCES

Ages Served: 6-14

Comments: Secure residential

Website: http://thermopwy.net/nwboces/boces1set.html

Services: Emotionally disturbed youth, CHINS, pre-delinquent,

delinquents, mentally ill, sexual victims/offenders, self-harming,

physically aggressive, low to high cognitive functioning,

family/individual/group counseling, regular and special education in accredited on-grounds school, comprehensive treatment and educational services for at risk youth throughout Wyoming.

NORTHWEST WYOMING TREATMENT CENTER, JULIE LANE

Executive Director: Ty Barrus

Cross Reference: VCC Youth Homes & Vernon C. Condie Home

Physical Address: 1106 Julie Lane **Mailing Address:** 1106 Julie Lane

Powell, WY 82435

Telephone: Office: (307) 271-7460 Ty Barrus Cell Phone: (307) 254-0575

Email: youth@tritel.net
Certified Programs: RTC & Crisis

Ages Served: 12-17

Services: Substance abuse, severly emotionally disturbed, conduct

disorder, suicidal (not actively), self harming, CHINS,

delinquent, mentally ill, physically aggressive, low intellictual functioning, substance abuse, sexually abused, arsonists, animal

cruelty.

RED TOP MEADOWS

Executive Director: Tom Concannon **Cross Reference:** Van Vleck House

Physical Address: 7905 South Fall Creek Road

Mailing Address: P.O. Box 290

Wilson, WY 83014-0290

Telephone: (307) 733-9098 **Fax:** (307) 733-7627

Email: tomconcannon@tyfs.org

Certified Programs: RTC **Ages Served:** 12-18

Comments: Teton Youth & Family Services is the umbrella agency under

which Red Top Meadows (Wilson) and Van Vleck House

(Jackson) operate.

Services: Male only. CHINS, SED, suicidal, sex offenders/victims,

delinquent, substance abuse, eating disorders, low intellectual functioning (high 70's), moderately physically aggressive, arsonists, animal cruelty, self-harming, attachment/ mood/ attention/oppositional defiant disorders. Nationally accredited therapeutic wilderness program. On grounds school, individual,

group and family therapy, community service, therapeutic mileau and activities.

REGION V BOARD OF COOPERATIVE EDUCACTIONAL SERVICES (BOCES)

Executive Director: Doris Woodbury

Cross Reference: C-V Ranch & Region V Board Of Cooperative Services

Physical Address: 3850 N. Wilderness Dr.

Mailing Address: P.O. Box 899

Wilson, WY 83014-0240

Telephone: (307) 733-8212 **Fax:** (307) 733-8462

Email: dwoodbury@boces5.org

Certified Programs: RTC-BOCES

Ages Served: 8-18

Comments: Education Program Special Ed Director: Patty Talley

Services: Comprehensive services for at-risk youth, handicapping

conditions, lower functioning, emotionally disturbed, traumatic brain injury, health impaired, juvenile sex offenders, violent offenders, suicidal (not actively), self harming, CHINS, predelinquent, delinquent, physically aggressive, eating disorder, pregnant females, substance abuse, arsonists, animal cruelty

and victims.

ST. JOSEPH'S CHILDREN'S HOME

Director:Robert MayorCross Reference:Newell CenterPhysical Address:1419 Main StreetMailing Address:P.O. Box 1117

Torrington, WY 82240

Telephone: (307) 532-4197 **Fax:** (307) 532-8405

Email: bmayor@stjoseph-wy.org

Certified Programs: RTC Ages Served: 7-17

Comments: Program Director: Richard Nelson; JCAHO accredited.

Medicaid approved.

Services: On-grounds accredited school. Populations served: CHINS,

suicidal, arsonist, delinquent violent offenders, conduct

disorder, self harming, mentally ill, physically aggressive, eating disorders, pregnant females, substance abuse, animal cruelty, physically handicapped, will consider severaly emotionally

disturbed and sex offenders.

TRINITY TEEN SOLUTIONS, INC.

Program Director: Angie Woodward, RN

Physical Address: 89 RD 8 RA

Powell, WY 82435

Telephone: (307) 645-3384 **Fax:** (307) 645-3385

Email: admissions@trinityteensolutions.com

Web page: www.trinityteensoluntions.com

Services: Emotionally disturbed, conduct disorder, suicidal (not actively),

self harming, CHINS, delinquent, mentally ill, physically

aggressive, eating disorders, substance abuse, sexually abused,

juvenile sex offender.

YOUTH EMERGENCY SERVICES (Y.E.S. HOUSE)

Executive Director: Sheri England **Boys Coordinator:** Leona McGraw

Physical Address: 905 N. Gurley Avenue, Building A

Mailing Address: P.O. Box 2151

Gillette, WY 82717

Telephone: (307) 686-8218 **Fax:** (307) 686-2121

Email: sengland@ccsd.k12.wy.us

Certified Programs: Boys' Residential Treatment Center

RTC Beds: 16
Ages Served: 10-17

Girls Coordinator:Mary MorganPhysical Address:706 LongmontMailing Address:P.O. Box 2151

Gillette, WY 82717

Telephone: (307) 686-7434 **Fax:** (307) 686-2121

Email: mamorgan@ccsd.k12.wy.us

Certified Programs: Girls' RTC

RTC Beds: 12 Ages Served: 10-17

Services: Mental health and/or substance abuse treatment and co-

occurring disorders, individual, group and family therapy, medication management, educational groups, on-site education, family involved parenting classes, mentoring program, cultural, artistic and recreational opportunities including wilderness experiences, independent living skills, Corrective Thinking, Character Counts, wrap around youth focused, family centered program.

SECURE RESIDENTIAL TREATMENT

NORTHWEST WYOMING BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Administrative Director: Carolyn Connor

Cross Reference: BOCES & NW BOCES and Big Horn Basin Residential Treatment

Center

Physical Address: 250 E. Arapaho Mailing Address: P.O. Box 112

Thermopolis, WY 82443-0112

Telephone: (307) 864-2171 **Fax:** (307) 864-9463

Email: carolync@directairnet.com

Certified Programs: RTC-BOCES

Ages Served: 6-14

Comments: In addition to non-secure cottage, facility also has one secure

housing unit.

Website: http://thermopwy.net/nwboces/boces1set.html

Services: Severely emotionally disturbed, non-active suicide, CHINS, pre-

delinquent, delinquent, mentally ill, juvenile sex offenders, chronically dependent, arsonists. Program for multi-disabled

severe and profound DD youth 6-21. North Central

Accreditation.

ST. JOSEPH'S NEWELL CENTER

Director:Robert MayorCross Reference:St. Joseph'sPhysical Address:1419 MainMailing Address:P.O. Box 1117

Torrington, WY 82240

Telephone: (307) 532-4197 **Fax:** (307) 532-8405

Email: rnelson@stjoseph-wy.org

Certified Programs: RTC - SECURE

Ages Served: 6-17

Comments: JCAHO accredited. Medicaid approved.

Program Director: Richard Nelson.

Services: Secure facility. Emotionally disturbed, suicidal, psychiatric

assessment.

WYOMING BEHAVIORAL INSTITUTE

CEO: Joseph Gallagher

Cross Reference: WBI

Program Manager Michele Berens
Physical Address: 2521 East 15th Street
Mailing Address: 2521 East 15th Street
Casper, WY 82609

(asper, wr 02009

Telephone: (307) 237-7444 or 800/457-9312

Fax: (307) 265-5525

Email: michele.berens@uhsinc.com

Website: www.wbihelp.com
Certified Programs: RTC - SECURE

Ages Served: 4-17

Comments: JCAHO accredited. Medicaid approved.

Services: Intensive psychiatric inpatient residential treatment for

adolescents 13 to 17 years old. Level of care assessments and information and referral are available by telephone days,

evenings and weekends.

Level 5: PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES

Psychiatric Residential Treatment Facility (PRTF) - is defined as 24-hour, supervised, inpatient level of care provided to children and adolescents up to age 21 who have long-term mental health or psychiatric illnesses and/or serious emotional disturbance(s) that are not likely to respond to short-term interventions and have failed to respond to community based intervention(s).

PRTF's provide comprehensive mental health and substance abuse treatment services to children and adolescents who, due to <u>severe</u> emotional disturbance, are in need of quality, proactive treatment. In addition to diagnostic and treatment services, PRTF's should also provide instruction and support toward attainment of developmentally appropriate basic living skills/daily living activities that will enable children and adolescents to live in the community upon discharge.

The focus of a PRTF is on improvement of a client's symptoms through the use of evidence-based strategies, group and individual therapy, behavior management, medication management, and active family engagement/therapy; unless evidence shows family therapy would be detrimental to the client. Unless otherwise indicated, the program should facilitate family participation in the treatment planning, implementation of treatment planning, and timely, appropriate discharge planning (which includes assisting the family with varying levels of support and services to ensure a safe, stable and nurturing home environment. This is often referred to as wrap-around services. In effect, it means wrapping a child/family with support until the family reaches an adequate level of self-sufficiency). Wyoming EqualityCare provides wrap around services within the Children's Mental Health Waiver.

Who Should be Admitted to a PRTF?

A client may be appropriate for admission to a PRTF if he/she has a psychiatric condition that cannot be reversed with treatment in an outpatient treatment setting and the condition is characterized by severely distressing, disruptive and/or immobilizing symptoms, which are persistent and pervasive.

Who Should Not be Admitted to a PRTF?

A client who is experiencing acute psychiatric behaviors is not appropriate to be admitted to a PRTF. PRTF services are not the entry point to accessing inpatient psychiatric services.

What are the criteria for Admission (ADM) to a PRTF?

The following outlines the PRTF admission criteria: The client must meet all 5.

1. The client presents with a longstanding (at least 6 months) psychiatric diagnosis characterized by severely distressing, disruptive and/or immobilizing symptoms that are persistent and pervasive and which cannot be reversed with treatment in an outpatient

treatment setting, or is being stepped down in intensity from an acute psychiatric facility. The diagnosis must meet the criteria for an Axis 1 as defined by the DSM-IV.

Examples would include the following:

- The presence of emotional distress.
- Regression, depression, low frustration tolerance, irritability and/or other psychiatric symptoms that interfere with the client's ability to change behavior and/or mood, form a therapeutic alliance or sustain engagement in treatment.
- Impaired reality testing.
- A condition consistent with an eating disorder diagnosis as described in the current edition of the DSM.
- 2. There are documented attempts to treat the client with the maximum intensity of services available at a less intensive level of care that cannot meet or has failed to meet the needs of the client within the past 6 months. The client must have failed to respond to outpatient interventions. Six months of alternative, less restrictive levels of care must have been tried and have failed, or are not psychiatrically indicated. ^{7,8}

Exception: The client has had a sudden, acute onset of psychiatric illness, and a lower level of care is not psychiatrically indicated.

- 3. At least one of the patterns of behavior listed below must be present:
 - a. Persistent, pervasive and frequently occurring oppositional/defiant behavior.
 - b. Reckless and/or impulsive behavior, which represents a disregard for the well-being and/or safety of self/others.
 - c. Aggressiveness and/or explosive behavior.
 - d. Gestures with intent to injure self/others, which have not resulted in serious injury, without evidence that such gestures are immediately progressing to life threatening behavior.
 - e. Self-induced vomiting, use of laxatives/diuretics, strict dieting, fasting and/or vigorous exercise.
 - f. Extreme phobic/avoidant behavior.
 - g. Extreme social isolation.
 - h. History of repeated life threatening injury to self /others, resulting in acute care admissions within the past 12 months. The client is not currently considered at risk to inflict life-threatening injury to self/others in the residential treatment setting.

- 4. Without intervention, there is clear evidence that the client will likely decompensate and present a risk of serious harm to self or others.
- 5. A psychiatric evaluation by a psychiatrist that specializes in Child/Adolescent Psychiatry and/or a psychological evaluation by a clinical psychologist that specializes in Child/Adolescent Psychology. Psychiatrists and psychologists must be licensed and in good standing. The evaluation must take place no more than 30 days prior to PRTF Admission.
- 6. In order to access Medicaid funds, in lieu of State's general fund, for a PRTF placement, the Court Order should not specify the facility name or the level of care. Recommended language for the Court Order for a PRTF placement should read:
 - "....the child shall be placed in the temporary custody of the Department of Family Services for placement in accordance with the recommendations set forth in psychiatric evaluation, a copy of which is in this court file and which is attached as Attachment "A" to this court order."

| Current Certified PRTFs | <u>Address</u> | <u>City</u> | Phone # |
|-----------------------------------|-----------------------------------|----------------------|--------------|
| Acadia Montana | 55 Basin Creek Rd. | Butte, MT | 406-494-4183 |
| Alabama Clinical Schools | 1221 Alton Dr. | Birmingham, AL | 205-836-9923 |
| Benchmark Behavioral Health | 592 West 1350 South | Woods Cross, UT | 801-299-5300 |
| Boys Town National Research Hosp. | 555 N. 30 th Street | Omaha, NE | 402-498-6391 |
| Cedar Springs Behavioral Health | 2135 Southgate Rd. | Colorado Springs, CO | 719-633-4114 |
| Coastal Harbor Treatment Center | 1150 Cornell Ave. | Savannah, GA | 912-354-3911 |
| Compass Intervention Center | 7900 Lowrance Rd. | Memphis, TN | 901-758-2002 |
| Copper Hills Youth Center | 5899 W. Rivendell Dr. | West Jordan, UT | 801-561-3377 |
| Cottonwood Treatment Center | 1144 West 3300 South | Salt Lake City, UT | 801-433-2900 |
| Desert Hills | 5310 Sequoia Rd. NW | Albuquerque, NM | 505-836-7330 |
| Devereux Cleo Wallace | 8405 Church Ranch Blvd. | Westminster, CO | 303-466-7391 |
| Devereux Foundation | 8000 Devereux Dr. | Viera, FL | 321-242-9100 |
| Heritage School | 5600 Heritage School Dr. | Provo, UT | 801-226-4600 |
| Hermitage Hall | 1220 8 th Ave. South | Nashville, TN | 615-250-2334 |
| Kidspeace National Centers, Inc. | 5300 Kidspeace Drive | Orefield, PA | 800-854-3123 |
| Lakemary Center, Inc. | 100 Lakemary Dr. | Paola, KS | 913-557-4000 |
| National Deaf Academy | 19650 US Hwy 441 | Mt. Dora, FL | 352-735-9500 |
| Norris Academy | 17 Ridgeway Rd. | Norris, TN | 865-494-5554 |
| Oak Plains Academy of Tenn., Inc. | 1751 Oak Plains Rd. | Ashland City, TN | 931-362-2000 |
| Pathway Family Services, LLC | 4101 SW Martin Dr. | Topeka, KS | 785-783-8438 |
| Provo Canyon School | 1350 E. 750 North | Orem, UT | 801-227-2100 |
| St. Joseph's Children's Home | 1419 Main St. | Torrington, WY | 307-532-4197 |
| Wyoming Behavioral Institute | 2521 E. 15th St. | Casper, WY | 307-237-7444 |
| Yellowstone Boys and Girls Ranch | 1732 S. 72 nd St. West | Billings, MT | 406-655-2100 |

Level 6: ACUTE PSYCHIATRIC HOSPITALIZATION

Acute inpatient psychiatric hospitalization is defined as the highest intensity of medical and nursing services provided within a structured environment providing 24-hour skilled nursing and medical care. Full and immediate access to ancillary medical care must be available for those programs not housed within general medical centers.

All of the following are required to meet the medical necessity criteria:

- 1. The patient must have been diagnosed with a psychiatric illness by a physician or psychiatrist.
- Symptoms of illness must be in accord with those described in the Diagnostic Statistical Manual of Mental Disorders, Edition IV (DSM-IV).
- 3. One or more of the following must be present:
 - a. Patient presents with suicidal ideation and intention, which represents significant risk of harm, medically significant self-mutilation, and/or a recent lethal attempt to harm self, such that 24-hour/day hospitalization and observation are necessary for the patient's safety.
 - b. Patient presents with a recent history of grossly disruptive, delusional and/or violent behaviors representing clear and present danger of serious harm to others.
 - c. The patient's psychiatric condition severely impairs his/her basic functional capacity as evidenced by disorganized, uncontrolled thinking/behavior that represents a genuine and proximal risk of danger to self such that 24-hour/day nursing and medical treatment is required.
 - d. Diagnosis and/or treatment(s) is/are clearly unsafe or impossible to be provided in an ambulatory setting and can only be accomplished with 24-hour intensive nursing and medical care.

WYOMING BEHAVIORAL INSTITUTE

CEO: Joseph Gallagher

Cross Reference: WBI

Program Manager:Michele BerensPhysical Address:2521 East 15th StreetMailing Address:2521 East 15th Street

Casper, WY 82609

Telephone: (307) 237-7444 & 800/457-9312

Fax: (307) 265-5525

E-Mail: michele.berens@uhsinc.com

Website: www.wbihelp.com
Certified Programs: RTC - SECURE

Ages Served: 4-17

Comments: JCAHO accredited. Medicaid approved.

Services: Acute inpatient psychiatric stabilization for children ages 4 to 12,

adolescents 13 to 17, and adults. Level of care assessments and information and referral are available by telephone days,

evenings and weekends.

ST. JOSEPH'S NEWELL CENTER

Director:Robert MayorCross Reference:St. Joseph'sPhysical Address:1419 MainMailing Address:P.O. Box 1117

Torrington, WY 82240

Telephone: (307) 532-4197 **Fax:** (307) 532-8405

Email: rnelson@stjoseph-wy.org

Certified Programs: RTC - SECURE

Ages Served: 6-17

Comments: JCAHO accredited. Medicaid approved.

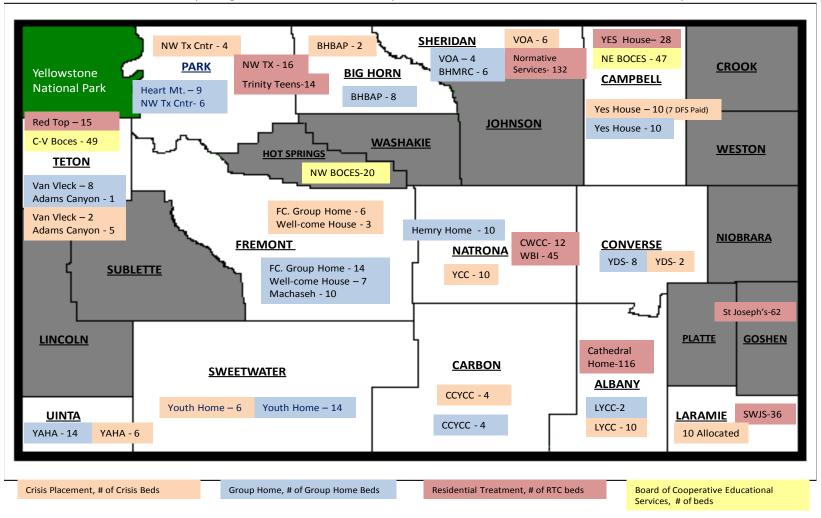
Program Director: Richard Nelson

Services: Secure facility. Emotionally disturbed, suicidal, psychiatric

assessment.

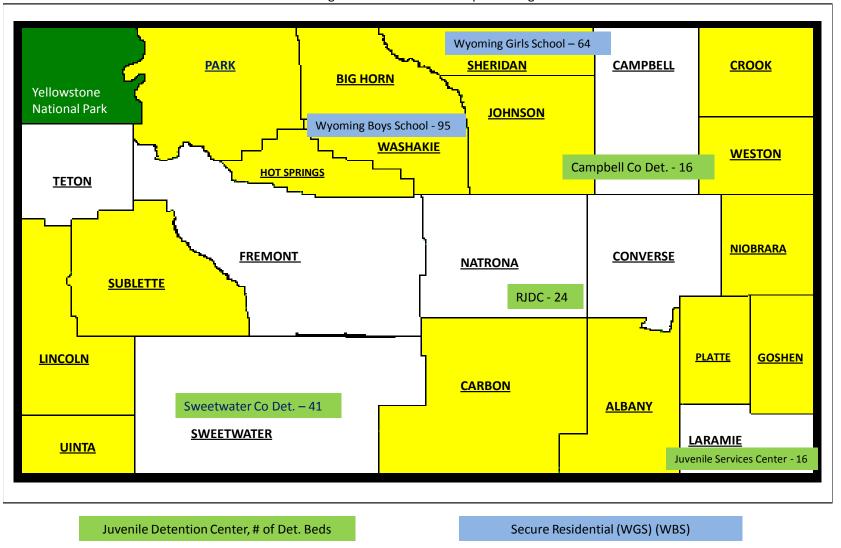
Crisis Beds, Group Homes, and RTCs

Gray background = No Detention, Group Home, or Crisis Services available within the County.



Secure Residential and Juvenile Detention Centers

Yellow background = OJJDP rural exception designation



APPENDIX B

SANCTION LEVELS

The purpose of the Wyoming Progressive Sanction Guidelines is to ensure that youth offenders face uniform and consistent services and intervention within the community, whenever possible, using the least restrictive and most appropriate intervention that corresponds with their current offense, prior history, treatment and needs, and effectiveness of prior interventions. The Wyoming Sanction Levels, as defined in Wyo. Stat. § 14-6-246 – 251 provide guidelines to Juvenile Court disposition regarding youth's conduct. The Sanction Levels correspond with the maximum amount of time the specific crime is punishable by if tried in an adult court.

Parents of youth involved in juvenile court must exercise control over the youth to ensure enforcement of curfew, home detention, school attendance and conditions of probation. In each sanction level, the court may require the parent or guardian to pay all or part of any fine imposed, require the parent to perform community service with the youth, require the parent to attend parenting classes, or other education or treatment programs. Additionally, the court may transfer temporary legal custody to a relative, other suitable adult, state agency, commit the youth for up to 90 days for treatment and substance abuse services, commit the youth to a juvenile detention facility, require youth and parents to pay restitution, require the youth perform community service, or restrict driving privileges.

If the youth has been previously adjudicated for violation of Wyoming Criminal Code at the same sanction level as the current referring offense, the youth may be assigned a sanction level one level higher than the original sanction level. Additionally, if the youth has violated a condition imposed under Sanction Level 1-4, the court shall conduct a new disposition hearing and may assign the youth a sanction level that is one level higher than the previously assigned sanction level.

Sanction Levels:

- (i) For a misdemeanor punishable under the Wyoming Criminal Code by imprisonment for not more than six (6) months, the sanction level is one;
- (ii) For a misdemeanor punishable under the Wyoming Criminal Code by imprisonment for not more than one (1) year, the sanction level is two;
- (iii) For a felony, other than a violent felony as defined by W.S. 6-1-104(a)(xii), the sanction level is three;
- (iv) For a violent felony as defined by W.S. 6-1-104(a)(xii), other than a felony punishable by life, life without parole or death, the sanction level is four;
- (v) For a felony punishable under the Wyoming Criminal Code by life, life without parole or death, the sanction level is five.

Dispositional Guidelines:

- Sanction Level 1:
 - o Probation: 3-6 months,
 - Require parents to identify restrictions to impose on youth's activities and requirements set for youth's behavior, and
 - o Refer the youth to community based youth intervention program.

• Sanction Level 2:

- o Probation not less than 6 months,
- Require parents to identify restrictions to impose on youth's activities and requirements set for youth's behavior, and
- o Require a probation officer to monitor the youth's activities and behaviors.

• Sanction Level 3:

- o Placement in a residential program for up to 3 months,
- Supervised probation for at least 6 months and no longer than 12 months, and
- o Impose highly structured restrictions on youth's activities and requirements for behavior as a condition of probation.

• Sanction Level 4:

- Commit the youth, aged twelve, or above to the Wyoming Boys'/Girls'
 School for an indefinite term,
- Upon release, impose highly structured restrictions on the youth's activities and requirements for behavior as a condition of release, and
- Upon release, require a probation officer to closely monitor the youth for not less than 6 months.

• Sanction Level 5:

- Commit the youth, aged twelve or above, to the Wyoming Boys'/Girls' School for an indefinite term,
- Upon release, impose highly structured restrictions on the youth's activities and requirements for behavior as a condition of release, and
- Upon release, require a probation officer to closely monitor the youth for not less than 12 months.

The chart at the beginning of this resource guide provides a visual representation of how the sanction levels fit into the Continuum of Care to help identify appropriate services and interventions.

POSITIVE ACHIEVEMENT CHANGE TOOL (PACT)

The Positive Achievement Change Tool (PACT) is the Juvenile Risk Assessment utilized by the Department of Family Services in Wyoming and by county/city partners around the state. The main purpose of the PACT is to determine a youth's risk to re-offend as a way to provide appropriate services to that youth. The assessment directly identifies factors correlated with future criminal behavior and identifies lower to higher risk youth with the corresponding levels of services.

The PACT has varying ranges of scores from low, moderate, moderate-high and high. Youth scoring lower on the PACT are then assessed at a lower level of risk to re-offend than a youth scoring in the high range. Services provided should be appropriate for each youth's individual level of risk. Youth who score low should be provided services to help keep them from moving further into the juvenile justice system. Juveniles should be provided services that are appropriate for only the negative behaviors they have exhibited. Youth who score high will require higher-level services aimed at keeping the youth and community safe. At-risk youth who are assessed as high level should be maintained in the least restrictive setting possible to address the appropriate needs.

The chart at the beginning of this resource guide provides a visual representation of how the PACT fits into the Continuum of Care to help identify appropriate services and interventions.

CHILD & ADOLESCENT SERVICE INTENSITY INSTRUMENT (CASII)

The Child and Adolescent Service Intensity Instrument (CASII) is a tool used to determine the level of care and provides options for appropriate services needed for youth with serious emotional disturbances (SED), and those that may be applying for the Children's Mental Health Waiver program. This tool ensures that youth with SED have access to a comprehensive array of services that address the youth's physical, emotional, social and educational needs, within the least restrictive, most normative environment that is clinically appropriate. The CASII is administered by an individual who has been certified to administer the instrument for the waiver program. The individual may be a social worker, clinician, counselor, etc.

The level of care is determined by the following six dimensions:

Risk of Harm: This dimension measures the level of danger the youth may be toward themselves or others and is an assessment of his/her potential for being a victim of physical or sexual abuse, neglect or violence.

Functional Status: This dimension measures changes in the degree to which the youth can take care of themselves and measures their ability to fulfill responsibilities and interact with other people.

Co-Occurrence of Conditions: This dimension measures the co-existence of disorders across four domains: Developmental Disability, Medical, Substance Abuse and Psychiatric.

Recovery Environment: This dimension is divided into two subscales; Environmental Stress and Environmental Support. It measures the strengths and weaknesses of the youth and their family as well as their neighborhood and community's role in worsening or improving the best interest of the youth.

Resiliency and/or Response to Services: Resiliency refers to a child or adolescent's emotional strength as well as the capacity for successful adaptation. This dimension also measures the extent to which the youth and family have responded favorably to past involvement with services.

Involvement in Services: This dimension looks at two subscales; Scale A-Youth and Scale B-Parent/Primary Caretaker, which measures both the youth and family's interest and involvement in services.

Each dimension has a five point rating scale, from the score of one, as "least severe," to the score of five, as "most severe." Dimension scores are then calculated to provide a composite score.

The chart at the beginning of this resource guide provides a visual representation of how the CASII fits into the Continuum of Care to help identify appropriate services and interventions.

APPENDIX C

OTHER SERVICES PROVIDED BY THE DEPARTMENT OF FAMILY SERVICES (NOT ALL INCLUSIVE)

Clothes Allowance Counseling

Electronic Monitor Evaluation

Family Preservation Independent Living

Mentoring Parenting

Transportation Substance Abuse

Respite Crisis Placement