

ENROLLED ACT NO. 56, HOUSE OF REPRESENTATIVES

SIXTY-SIXTH LEGISLATURE OF THE STATE OF WYOMING  
2021 GENERAL SESSION

AN ACT relating to public health and safety; amending provisions related to community health services; specifying and prioritizing the categories of persons to receive state funded mental illness and substance use disorder services; providing definitions; making conforming amendments; repealing obsolete provisions; requiring reports; and providing for effective dates.

*Be It Enacted by the Legislature of the State of Wyoming:*

**Section 1.** W.S. 25-10-101(a)(vii) and (ix), 25-10-112(g) and (j), 35-1-612, 35-1-613(a)(i), (iv), (v), (viii), by creating new paragraphs (xiv) through (xxiii) and by renumbering (xiv) as (xxiv), 35-1-614, 35-1-618(a)(intro), 35-1-620(a)(i), (ii), (b)(ii), (iii), (vi), by creating new paragraphs (ix) through (xi) and by creating a new subsection (c), 35-1-621, 35-1-622(a)(i), 35-1-623(a)(i), (ii) and (b), 35-1-625(a)(intro) and (b)(intro) and 35-7-1033(b)(iv) are amended to read:

**25-10-101. Definitions.**

(a) As used in this act:

(vii) "Mental health center" means a ~~community human services program for the prevention, treatment and amelioration of mental illness~~ behavioral health center as defined by W.S. 35-1-613(a)(xvi), other provider under W.S. 35-1-611 through 35-1-627 or an equivalently staffed and equipped student health service;

(ix) "Mental illness" and "mentally ill" mean a physical, emotional, mental or behavioral disorder which causes a person to be dangerous to himself or others and which requires treatment, but do not include addiction to

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drugs or alcohol, drug or alcohol intoxication or developmental disabilities~~i, except when one (1) or more of those conditions co-occurs as a secondary diagnosis with a mental illness;~~

**25-10-112. Liability for costs of detention, involuntary hospitalization and proceedings therefor.**

(g) The department in consultation with each board of county commissioners may establish a single point of responsibility or gatekeeper. The department and each board of county commissioners shall give preference to a behavioral health center as defined by W.S. 35-1-613(a)(xvi) as the single point of responsibility. Gatekeeper duties shall include, but are not limited to, providing guidance on issues of detention and involuntary treatment and monitoring and coordinating timely, efficient and effective patient treatment prior to, during and after any emergency detention or involuntary treatment under this act. No behavioral health center designated under this subsection shall charge fees for gatekeeping services provided under this article. No gatekeeper designated under this subsection shall provide inpatient psychiatric treatment to patients under this act, unless the gatekeeper has been approved by the department of health to provide these services.

(j) The department, boards of county commissioners, designated hospitals, gatekeepers and other treatment providers may, upon contract or agreement, coordinate and monitor the services and payments required for the treatment of persons with mental illness as provided under this section. Pursuant to contract or agreement, the department may assume any part of the expenses associated with a gatekeeper which expenses would otherwise be the

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responsibility of a county under this act, including expenses for the transportation of patients to appropriate care settings. The department may only assume any part of the expenses associated with a gatekeeper when the gatekeeper has been contracted through a behavioral health center as defined by W.S. 35-1-613(a)(xvi).

**35-1-612. Purpose.**

The purpose and intent of this act is to establish, maintain and promote the development of a comprehensive range of services in communities of the state to provide prevention of, and treatment for individuals serve priority populations and other persons affected by, mental illness, substance abuse—use disorders, or developmental disabilities, and to provide shelter and crisis services for victims of family violence and sexual assault.

**35-1-613. Definitions.**

(a) As used in this act:

(i) "Community board" means a community mental health board, a substance abuse—use disorder board, a developmental disabilities board, or a family violence and sexual assault board, or a board offering a combination of human services programs, created under this act. For the purposes of this act every community board is also a public agency;

(iv) "Human services program" means community facilities, services and programs which exclusively or in part, are used or operated to prevent or treat mental illness, substance abuse—use disorders or developmental disabilities, to provide shelter and crisis services for

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victims of family violence or sexual assault or to provide other community based services which serve a public purpose;

(v) "Mental illness" means a condition which is manifested by a disorder or disturbance in behavior, feeling, thinking or judgment to such an extent that care and treatment are required, but does not include addiction to drugs or alcohol, drug or alcohol intoxication or developmental disabilities;

(viii) "Substance ~~abuse~~ use disorder" means the use, without compelling medical reason, of any substance which results in psychological or physiological dependency as a function of continued use in such a manner as to induce mental, emotional or physical impairment or to cause socially dysfunctional behavior;

(xiv) "Adults with acute mental illness" means persons who are subject to an emergency detention under W.S. 25-10-109, an involuntary hospitalization order under W.S. 25-10-110 or a directed outpatient commitment order under W.S. 25-10-110.1, or who were released from an emergency detention or were discharged from an involuntary hospitalization or directed outpatient commitment order within the last six (6) months;

(xv) "Adults with severe mental illness" means persons who, based on diagnosis and history, have a substantial probability of being unable to meet their needs for food, shelter and medical care if they do not receive regular mental health treatment or case management;

(xvi) "Behavioral health center" means:

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(A) A nationally accredited organization that is licensed to conduct business in the state of Wyoming and provides a comprehensive range of services for the treatment and management of mental illness and substance use disorders for priority populations; or

(B) For the purpose of federal reimbursement, a tribal federally qualified health center or a behavioral health service provider certified by the Indian health service of the United States department of health and human services.

(xvii) "Families at high risk" means:

(A) Children who have been discharged from an acute psychiatric facility or a psychiatric residential treatment facility within the previous six (6) months, and their immediate family members as defined by rule of the department of family services;

(B) A child or the parent, legal guardian or other immediate family member of a child, as defined by rule of the department of family services, who has been referred to a behavioral health center by the department of family services for treatment for a mental illness or a substance use disorder and the treatment is necessary to prevent the removal of the child from the child's home or to reunify the child with the child's family;

(C) A child who has been referred to a behavioral health center for treatment for mental illness or a substance use disorder that impacts the child's life and the treatment is necessary to prevent child's involvement in the judicial system.

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(xviii) "General access clients" means persons who do not meet the definition of a priority population under paragraph (xxii) of this subsection;

(xix) "Indigent general access clients" means persons who do not have private or public health insurance that provides coverage for mental illness or substance use disorder treatment and whose total household income is not more than one hundred fifty percent (150%) of the federal poverty level;

(xx) "Indigent clients with high needs" means persons who meet the definition of indigent general access clients under paragraph (xix) of this subsection and who have a mental illness or substance use disorder that substantially impairs their ability to function in society;

(xxi) "Nonstate level justice involved" means:

(A) Persons who within the previous six (6) months have been placed on probation and made subject to an intensive supervision program under W.S. 7-13-1102 that includes treatment for a mental illness or a substance use disorder;

(B) Persons who within the previous six (6) months have been convicted of or pled nolo contendere to a criminal offense and ordered to enroll in an intensive outpatient treatment program for a mental illness or substance use disorder as part of their sentence;

(C) Persons on probation, parole or who have been conditionally released, who within the previous six (6) months have been sanctioned under W.S.

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7-13-1802(b)(iv) through (vi) and ordered to receive treatment for a mental illness or a substance use disorder;

(D) Qualified offenders under W.S. 7-13-1301 through 7-13-1304 who within the previous six (6) months have been ordered to receive treatment for a substance use disorder.

(xxii) "Priority population" means any person, as determined by the department, who falls into any of the following categories:

(A) State level justice involved;

(B) Nonstate level justice involved;

(C) Families at high risk;

(D) Adults with acute mental illness;

(E) Adults with severe mental illness;

(F) Indigent clients with high needs;

(G) Indigent general access clients.

(xxiii) "State level justice involved" means persons that within the previous six (6) months have been released or paroled from an institution as defined by W.S. 7-13-401(a)(vi), released or discharged from a facility as defined under W.S. 7-11-301(a)(ii) and who require continuing treatment for a mental illness or substance use disorder;

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~~(xiv)~~(xxiv) "This act" means W.S. 35-1-611 through 35-1-627.

**35-1-614. Counties, school districts and cities may contract for human services programs; counties may establish community boards.**

(a) A county may contract with behavioral health centers or private or public agencies to provide human services programs for the county. The county may appropriate funds for the programs.

(b) A municipality may contract with behavioral health centers or private agencies or a community board to provide human services programs for the municipality. The municipality may appropriate funds for the programs.

(c) A school district may contract with behavioral health centers or private or public agencies to provide human services programs for school age children.

(d) A county may establish, or two (2) or more counties may agree to establish a community board, or community boards in accordance with this act. A community board shall provide human services to the entire county or counties in which it is established. A community board may offer one (1) or more services for ~~the mentally ill, substance abuser, developmentally disabled or the victim~~ persons affected by mental illness, substance use disorders, developmental disabilities or victims of family violence or sexual assault.

**35-1-618. Community boards; powers.**



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(a) For each human services program authorized by the county commissioners the community boards may contract with a behavioral health center or a local public or private nonprofit provider or:

**35-1-620. Powers and duties of the department and its divisions.**

(a) The department through its divisions may:

(i) Enter into cooperative contracts with behavioral health centers, private agencies, public agencies and community boards by negotiation without competitive bids or by competitive bidding. The department shall not contract with any entity which is not in substantial compliance with the standards and guidelines under subsection (b) of this section. The department shall not contract with any entity to purchase shelter and crisis services for victims of domestic abuse or sexual assault;

(ii) Consult with and advise community boards, political subdivisions, nonprofit corporations, state agencies, health and medical groups within the state and the United States public health service about standards for the promotion of services to residents of Wyoming for the prevention, diagnosis and treatment of mental illness, substance ~~abuse~~use disorders and developmental disabilities and for the provision of other community based services which serve a public purpose.

(b) The department shall:

(ii) Prescribe standards for the quality of human services programs which provide state ~~purchased~~funded services under this act;

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(iii) ~~Establish a uniform schedule of fees which will act as a guideline~~ payment policies for state ~~purchased~~ funded services provided to ~~clients by human services programs under this act. The schedule shall accurately reflect~~ priority populations that take into account a client's ability to pay and utilize general funds authorized for expenditure as the payment of last resort;

(vi) ~~For~~ Prioritize behavioral health centers as the providers of state purchased-funded services. If a behavioral health center cannot provide sufficient services, the department shall select the most appropriate service ~~providers within each region~~ provider in order to achieve ~~the most~~ an effective and efficient delivery of mental illness and substance use disorder services and human services ~~system programming;~~

(ix) Prioritize the delivery of state funded services to priority populations and allocate those services between priority populations in the following order of priority, with tier 1 being the highest priority and tier 3 being the lowest priority among priority populations:

(A) Tier 1: priority populations specified under W.S. 35-1-613(a)(xxii)(A) through (E);

(B) Tier 2: priority populations specified under W.S. 35-1-613(a)(xxii)(F), who do not otherwise qualify under Tier 1;

(C) Tier 3: priority populations specified under W.S. 35-1-613(a)(xxii)(G), who do not otherwise qualify under Tiers 1 or 2.

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(x) Subject to subsection (c) of this section, the priority populations tier requirements under paragraph (ix) of this subsection and in addition to other contractual payments to behavioral health centers and other service providers under this act, the department shall provide essential subsidy payments to eligible behavioral health centers, or to other eligible service providers under paragraph (vi) of this subsection, to help defer continuing operating costs needed to provide services to priority populations. A behavioral health center or other service provider under paragraph (vi) of this subsection shall be eligible to receive essential subsidy payments only upon demonstrating a need for operational cost assistance as determined by rule of the department. The amount of any essential subsidy payment shall be subject to available funding and based on the total population of the geographic area served by the behavioral health center or other provider and the number of other behavioral health care providers within a thirty-five (35) mile radius;

(xi) Prioritize behavioral health centers for the delivery of gatekeeping services as provided by W.S. 25-10-112(g) and only assume the expenses associated with a gatekeeper under W.S. 25-10-112(j) when the gatekeeper has been contracted through a behavioral health center.

(c) Behavioral health centers may provide mental health or substance use disorder services to general access clients provided that the service is funded through any combination of sources other than state funding for priority populations under this section. Behavioral health centers may use the facilities, supplies and personnel funded under paragraph (x) of this subsection to provide services to general access clients provided services to

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priority populations are not materially diminished. When the means of the state allow, the department is authorized to seek funding through the budget process to deliver mental health or substance use disorder services to general access clients.

**35-1-621. All state funds for human services contracted to department; federal and private funding not affected.**

A state agency which provides state or federal funds to a community based mental health, substance ~~abuse~~use disorder, developmental disabilities or other human services program shall contract the funds to the department. The department shall expend the funds in accordance with W.S. 9-2-102 and this act. This section does not impair the ability of community based programs to apply for or receive funds directly from federal or private sources, subject to W.S. 35-1-620(b)(i).

**35-1-622. Department; budget requests; purchase of service contracts.**

(a) The department's budget request shall recommend:

(i) The types of services that the division shall purchase, in accordance with the priority populations tier requirements provided by W.S. 35-1-620(b)(ix), which shall not include shelter and crisis services for victims of domestic abuse or sexual assault;

**35-1-623. Contracts; reports; regular payments; termination.**

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(a) Every contract awarded pursuant to this act shall require:

(i) The ~~program~~ provider to submit annual financial and expenditure reports to the department;

(ii) The division to make regular payments to the ~~program~~ provider based on the services provided;

(b) The division shall terminate a contract with a ~~program~~ behavioral health center or other provider made under this act when the division finds, after a hearing in accordance with W.S. 16-3-107 through 16-3-112 if requested by the provider, that the ~~program~~ provider is not using contract funds for contract purposes, or that a contract ~~program~~ is not being administered in accordance with this act.

**35-1-625. Protection of clients' rights.**

(a) Every contract awarded under this act shall require the ~~program~~ provider to guarantee the clients' rights to:

(b) Every contract awarded under this act shall require the ~~program~~ provider to:

**35-7-1033. Unlawful acts; distribution; registration; possession; records; counterfeiting; punishment.**

(b) Except for a violation of subparagraph (a)(iii)(B) of this section and except as otherwise provided:

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(iv) In the event a substance abuse assessment ordered pursuant to this section is provided by an entity with whom the department of health contracts for treatment services, the costs of the assessment shall be paid by the offender subject to the ~~sliding fee scale~~ payment policies adopted pursuant to W.S. 35-1-620~~i~~ ~~and 35-1-624~~; provided however, if the assessment is ordered as a result of a felony conviction under this section, the assessment shall be conducted and costs assessed pursuant to W.S. 7-13-1301, et seq.;

**Section 2.** W.S. 35-1-620(b)(iv), (v), (vii) and (viii), 35-1-622(b) and 35-1-624 are repealed.

**Section 3.**

(a) The department of health shall consult with affected mental illness and substance use disorder treatment providers and other stakeholder organizations as determined by the department regarding the reform and redesign of the state funded mental illness and substance use disorder treatment programs required under this act and other related topics, to include the following subjects:

(i) Eligibility requirements for receipt of state funding consistent with the priority populations as defined by W.S. 35-1-613(a)(xxii) as created under section 1 of this act;

(ii) Eligibility requirements for receipt of essential subsidy payments under W.S. 35-1-620(b)(x), as created under section 1 of this act, in order to target geographic areas with inadequate access for general access clients to mental illness and substance use disorder treatment providers. A methodology for establishing the

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manner in which, and amount in which, essential subsidy payments could be provided to eligible behavioral health centers and other eligible service providers shall also be considered under this paragraph;

(iii) A pay for performance program methodology and standards for priority populations as defined by W.S. 35-1-613(a)(xxii) and priority population tiers under W.S. 35-1-620(b)(ix) as created under section 1 of this act that rewards providers for administering the case management process as provided by paragraph (iv) of this subsection and for achieving outcomes that support independence and self reliance, including but not limited to:

(A) Prevention of psychiatric hospitalization;

(B) Prevention of reincarceration in an institution as defined by W.S. 7-13-401(a)(vi) or other penal institution;

(C) Competitive employment in an integrated setting, as provided under W.S. 9-2-1002(a)(xiii) and (xv);

(D) Independent housing.

(iv) Implementation of a case management process and applicable standards for continuing assessment, planning, treatment facilitation, care coordination and evaluation of priority populations to promote patient safety, quality of care and cost effective outcomes;

(v) Delivery of housing and crisis shelter assistance to priority populations to be provided by behavioral health centers.

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(b) On or before September 1, 2021, the department shall report to the joint labor, health and social services interim committee on the discussions, findings and recommendations generated by the consultations required under subsection (a) of this section. As part of the report, the department shall present recommendations on funds that could be repurposed to best implement the policy changes required under section 1 of this act and the recommendations contained in the report, which shall include identifying potential budget units from which funds could be repurposed, including but not limited to:

- (i) Unit 2506 (MH Outpatient);
- (ii) Unit 2507 (SA Outpatient);
- (iii) Unit 2508 (MH Residential);
- (iv) Unit 2509 (SA Residential).

(c) On or before September 1, 2025, the department of health shall report to the joint labor, health and social services interim committee and provide an update on the status of the department's administration of the reform and redesign of the state funded mental illness and substance use disorder treatment programs required under this act. The report shall include any recommendations for modifying the priority populations specified in W.S. 35-1-613(a)(xxii) or the priority populations tiers specified in W.S. 35-1-620(b)(ix) as created under section 1 of this act.



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(d) The department of health and department of family services shall promulgate rules and regulations necessary to implement section 1 of this act by July 1, 2022.

**Section 4.**

(a) Except as otherwise provided by subsection (b) of this section, this act is effective July 1, 2022.

(b) Sections 3 and 4 of this act are effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

\_\_\_\_\_  
Speaker of the House

\_\_\_\_\_  
President of the Senate

\_\_\_\_\_  
Governor

TIME APPROVED: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

I hereby certify that this act originated in the House.

\_\_\_\_\_  
Chief Clerk