



**Wyoming Citizen
Review Panel**

Case Number:
Reviewers:
#1:
#2:
Period Under Review (PUR):
____ / ____ / ____ ➔ Today; or
____ / ____ / ____ ➔ ____ / ____ / ____ ; or
<input type="checkbox"/> Life of Case and/or <input type="checkbox"/> SAGE
Case Debriefed:



**SYSTEMS & YOU
NETWORKING & COLLABORATING**

On

Mental Health and
Substance Abuse

Community Services in Wyoming



Wyoming
Department
of Health

Commit to your health.

Mission Statement:

This assessment process is about the ways in which the community collaborates to meet the mental health and addiction recovery needs of Wyoming citizens.

Use and Disclosures Q&A Information Form

SYNC – Systems and You Networking and Collaborating on mental health and substance abuse community services in Wyoming

.....

Q. Why is the Wyoming Citizen Review Panel (WYCRP) collaborating with the Wyoming Department of Health, Mental Health and Substance Abuse Services Division (MHSASD) and conducting the **SYNC** Community Service Review?

A. This assessment process is about the ways in which the community collaborates to meet the needs of persons who utilize the mental health and substance abuse recovery system.

Q. What types of information will be collected?

A. The **SYNC** process is intended to only collect information about the process that occurred when someone sought and/or received treatment and recovery services. This will include information about the many service providers or community resources that work together. The process is not intended to find or record personal health information; the process is about ways the community and the substance abuse or mental health provider(s) worked with the client to meet treatment and recovery needs.

Q. What will happen to the information?

A. The information will be summarized in a report to the community and other stakeholders. No personal or identifying information will be shared.

Q. What about privacy; will personal information be protected?

A. The MHSASD, and the WYCRP¹ are bound by several state and federal laws, rules, regulations and policies that protect all personal health information obtained through the review process. If we fail to do so, there are penalties of law and the griever may be entitled to bring a law suit. In order to comply with these laws, the MHSASD and WYCRP have implemented policies and procedures to protect information from unlawful uses.

Q. But how will information be protected?

A. All information about the client will be kept strictly confidential. Reports will only summarize the ways in which the community worked together to meet the client's needs and no identifying information will be revealed.

Q. Who can be contacted with more questions?

A. The Wyoming Department of Health, Mental Health & Substance Abuse Services Division or the Wyoming Citizen Review Panel, Incorporated:

Form **SYNC6**

<p>Mike Beaver 6101 Yellowstone Avenue; Suite 220 Cheyenne, WY 82002 (307) 777-6494 http://health.wyo.gov/mhsa</p>
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<p>Kelly J. Hamilton PO Box 1504 Cheyenne, WY 82003-1504 (307) 632-0032 http://wycrp.org</p>
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¹ The Wyoming Citizen Review Panel does not maintain any client specific information in any form.

SYNC Community Service Review

Onsite Review Instrument and Instructions

Background:

This review process is entitled **SYNC** (*systems and you networking and collaborating on mental health and substance abuse services*). It is modeled closely after The Wyoming Citizen Review Panel's Child and Family Services Review Process, a collaborative process in Wyoming that evaluates the child welfare system using qualified professionals and citizens who are trained to be members of a case review team.²

The needs of individuals and families experiencing mental illness and/or addiction disease are best served when community systems work together. Their needs include not only quality treatment but also programs providing housing, education, law enforcement, job training, education, primary health care and more. **SYNC** is designed to evaluate the community system encountered by individuals and families seeking services. It is a strength-based constructive process that recognizes and celebrates successes, publishes systemic findings and advocates for any needed change by interviewing stakeholders, providers, clients and families. **Treatment notes and client case files are not accessed.**

The Wyoming Citizen Review Panel (WYCRP) and Wyoming Department of Health, Mental Health and Substance Abuse Services Division (MHSASD) have created this review process with the assistance of Dr. Richard J. Delaney, PhD and Casey Family Programs. The three pillars of **SYNC** are:

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

Process:

Participation in the process is strictly voluntary and any case information shared will be kept confidential. Potential participants will be identified from public records such as court files including drug courts, through consumer organizations, by providers and local programs serving the needs of persons experiencing mental illness and/or addiction disease. Once a potential participant is identified, this procedure will be followed to seek the voluntary participation of the individual and his or her family:

² More information about this process, which is called the Mini CFSR process, can be found at <http://wycrp.org>.

1. The MHSASD and the WYCRP will receive requests for a **SYNC** review by a randomized selection process through collaboration with other stakeholders;³
2. the requesting entity will notify potential participants and seek their voluntary participation; participants sign acknowledgements and information release(s) / consent forms⁴ with such consents terminating at the conclusion of the review;
3. potential participants are provided complete information on the review process⁵ by the WYCRP and are informed again that their participation is voluntary; either the client or requesting entity will be asked to fill out a brief summary of the case⁶ and define a period under review;
4. each review team will consist of two persons⁷: a mental health / substance abuse or other related professional and a citizen:
 - a. The WYCRP identifies and contacts a mental health / substance abuse professional or other systemic professional, and
 - b. the WYCRP locates a citizen⁸ for the review process.
5. Review dates, location, and interviews are coordinated by the WYCRP working closely with the identified local point of contact:
 - a. Participants and reviewers are informed of the time and place of the review.
6. There is a pre-planning meeting or conference call to discuss the process and note any issues of concern;
7. a training at the review site or online regarding how to apply the instrument and how the interview process works will be conducted;
8. interviews are conducted and the review instrument is completed and scored;
9. a debriefing meeting is scheduled and held upon the conclusion of the review process;
10. a summary of systemic findings is produced by the WCRP;⁹
11. a copy of the findings is made available to participants and stakeholders;
12. at a future date, stakeholders, participants, reviewers, interviewees may hold an exit meeting or community forum to discuss the summary information and to provide feedback on the process, and
13. the MHSASD and the WYCRP help advocate for any identified changes.

Guiding Principles:¹⁰

1. Confidentiality;

³ An alternative to the randomization selection process are specific cases used for instrument and process testing and refinement or collaborative projects.

⁴ Forms **SYNC3** and **SYNC4** are to be completed.

⁵ Form **SYNC6** is to be provided to participants.

⁶ Form **SYNC5** is to be completed.

⁷ Each person who accesses any information related to the case or conducts or hears any interviews is required to complete a **SYNC2** form.

⁸ A citizen is defined for this process as someone who is a stakeholder in the mental health and/or substance abuse field. A non exclusive example would be a school counselor, medical professional, caseworker or treatment provider.

⁹ No personal or identifying information is included in these findings, nor does the Wyoming Citizen Review Panel, Incorporated keep any personal identifying information in their data bases or files.

¹⁰ These principles are borrowed in part from the *Systems of Care Initiative*; more information may be found at <http://www.childwelfare.gov/systemwide/service/soc/>.

2. cultural competence;
3. home and community based services;
4. client focused and family centered;
5. strength based;
6. interagency and community systems improvement; and
7. accountability.

It is important to remember that this review is not an assessment of, or about, a specific mental health/substance abuse provider but rather how a community system collaborated to provide the best mental health and/or substance abuse services possible to Wyoming citizens. This review is strength-based and incorporates the tenants of reflection and transparency; consumers should have a meaningful input into the services they receive.

General Instructions:

The **SYNC** review instrument is used to review the way community systems collaborate to meet the requirements of individuals with mental health and / or substance abuse service needs. Conceptually, the review encompasses the quality of community services from the perception of the client, the community and the professional staff.

The **SYNC** instrument is completed by a qualified review team either in hand written form or electronically. If completed electronically and once second partied, the review instrument will be frozen in Adobe®.

Reviewers will receive a summary report¹¹ to gain a basic understanding of the treatment and service needs from the case being reviewed: Individual case records will not be reviewed. The review team will conduct client authorized interviews with clients, their families and close friends, community center staff, community partner organization staff, and other professionals involved with the client in relationship to the case. This process contributes to a larger community review and no individual case will be reported in isolation without comparison to other sources of data. The focus will always remain on the larger, community system of care.

Remember that all questions should be answered completely so that someone may review this instrument at a later time and understand the case and outcomes without access to the parties or reviewed information.



Onsite coordinators may be reached via their cell phones at:

(307) 256-9159 – Kelly J. Hamilton

(307) 760-7973 – Mike Beaver

¹¹ Form **SYNC5**.



**SYSTEMS & YOU
NETWORKING & COLLABORATING**

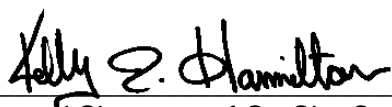
**WYOMING SYNC REVIEWER AGREEMENT
TO PROTECT THE CONFIDENTIALITY
OF CLIENT INFORMATION**

I understand that as a reviewer in Wyoming's **SYNC** systemic review process, I may have access to confidential information about consumers or former consumers of mental health and/or substance abuse treatment. **I agree to hold all information confidential and to not divulge any information to unauthorized persons (persons not on this review team).**

I acknowledge that divulging confidential information or failing to protect the consumers' privacy could make me liable for criminal penalties and civil / monetary damages, and may result in my suspension or dismissal from the **SYNC** review team. I agree to indemnify the Wyoming Department of Health and the Wyoming Citizen Review Panel for any damages, including attorney's fees, which may result from my failure to comply with this agreement. This agreement applies to my case-reviewing services and to any information that I may have access to as a **SYNC** case reviewer including, but not limited to, information from the following agencies and individuals:

Counselors, Therapists	Family, Friends
County and State Health Departments	Professional Providers
Judicial System	Others Involved in Consumer's Service Plan
Extended Support Network	

As a **SYNC** case reviewer, I agree to exercise good judgment and to comply with the Wyoming Department of Health and the Wyoming Citizen Review Panel's case-review policies and procedures. If I drive a vehicle while engaged in business for the review, I will maintain a valid driver's license and I will drive offensively. If I am driving my own vehicle, I will have all legally-required liability insurance. Upon request, I will provide the Wyoming Citizen Review Panel with proof of my driver's license and adequate insurance coverage.

_____	_____
Print Name of SYNC Case Reviewer	Case Number
_____	_____
Signature of SYNC Case Reviewer	Date
	_____
Name and Signature of On Site Coordinator	Date

Proceed no further until this document and the one on the following page are filled out.
Form **SYNC2**



**SYSTEMS & YOU
NETWORKING & COLLABORATING**

**WYOMING SYNC REVIEWER AGREEMENT
TO PROTECT THE CONFIDENTIALITY
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Print Name of **SYNC** Case Reviewer

Case Number

Signature of **SYNC** Case Reviewer

Date

Kelly E. Hamilton

Name and Signature of On Site Coordinator

Date

Proceed no further until this document is filled out.

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Interview Principles

(not part of the review instrument – guidance document only)

¹² **Appreciative Inquiry** ¹³ (AI) is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of **what gives “life” to a living system when it is most alive, most effective, and most constructively capable** in economic, ecological, and human terms.

AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential.

It centrally involves the mobilization of inquiry through the crafting of the “unconditional positive question” often-involving hundreds or sometimes thousands of people.

In AI the arduous task of intervention gives way to the speed of imagination and innovation; instead of negation, criticism, and spiraling diagnosis, there is discovery, dream, and design.

AI seeks, fundamentally, to build a constructive union between a whole people and the massive entirety of what people talk about as past and present capacities: achievements, assets, unexplored potentials, innovations, strengths, elevated thoughts, opportunities, benchmarks, high point moments, lived values, traditions, strategic competencies, stories, expressions of wisdom, insights into the deeper corporate spirit or soul--and visions of valued and possible futures.

Taking all of these together as a gestalt, AI deliberately, in everything it does, seeks to work from accounts of this “positive change core” - and it assumes that every living system has many untapped and rich and inspiring accounts of the positive.

Link the energy of this core directly to any change agenda and changes never thought possible are suddenly and democratically mobilized.

¹² While not part of the final review instrument, pages 9-13 are beneficial to use for a summary of what type of interview should be conducted, what should be asked by the interviewer of the interviewee and for a place to take notes of those findings and document the sequence of events in the case for reference.

¹³ Taken from: <http://appreciativeinquiry.case.edu/intro/whatisai.cfm>.

Interview Summation Guidance

(not part of the review instrument – guidance document only)

Section 1: Case Review Information

- Case information.
- Case review category?
- Case summary.
- Critical pivot points?
- Systems genogram(s): Personal and family.



Section 2: Access and Availability of Services

- Organizations involved and usefulness?
- Why client needed services?
- How client learned of services?
- Barriers?
- Access and timeliness?
- Delay? Services offered during delay?
- Waiting list?
- Services available as long as necessary?
- Services denied, delayed, suspended or terminated?
- Satisfaction?

Section 3 (a): Quality of Service Including Recovery Support

- Wraparound services?
- Early intervention?
- Community supportive?
- Discrimination? Stigma?
- Professional case management services?
- Follow up services provided?
- Advocates involved?
- Client use all services?

Section 3 (b): Quality of Service Including Recovery Support

- Culture honored and respected?
- Religious and spiritual beliefs honored and respected?
- Language barriers?
- Physical disability barriers?

Section 3 (c): Quality of Service Including Recovery Support

- Services explained?
- Client informed what to expect?
- Services matched to desired outcomes?
- Strength based services?
- Family and supporters involved as appropriate?

Section 4: Coordination of Services

- Services coordinated so client could remain near home and family?
- Coordination between all providers?
- Empowerment of clients?
- Meetings involve the client?

Section 5: Additional Comments

Section 6: Non mandatory case file structure review

Section 7: Debriefing preparation

Reviewer Summation Notes
(not part of the review instrument – guidance document only)

Section 1: Case Review Information



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Section 2: Access to and Availability of Services

The community collaborates to assure individuals and families are able to easily access mental health and substance abuse services.

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Section 3: Quality of Service Including Recovery Support

The community offers an array of services and programs to support and promote individuals and families who may benefit from services and to support recovery and resilience from mental health and substance abuse problems by individuals, children and families needing those services.

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Section 3 (a): Quality of Service Including Recovery Support

Client's mental health and/or substance abuse recovery is supported through an array of services and professionally qualified staff.

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Section 3 (b): Quality of Service Including Recovery Support

Services offered are responsive to the cultural context, characteristics, and the cultural/ethnic traditions of the populations that are served. The program builds on the unique values, preferences, and strengths of individuals in their community. The system includes culturally/linguistically diverse providers.

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Section 3 (c): Quality of Service Including Recovery Support

Services offered are strength-based. The strengths children and families possess are taken into account in the planning and implementation of a coordinated treatment plan. Clients, and where appropriate their family, are involved in decisions and are able to make choices about their care.

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Section 4: Coordination of Services

Mental Health and substance abuse services are integrated and coordinated with other service programs and are viewed by the community as an integral part of the system of care for the client.

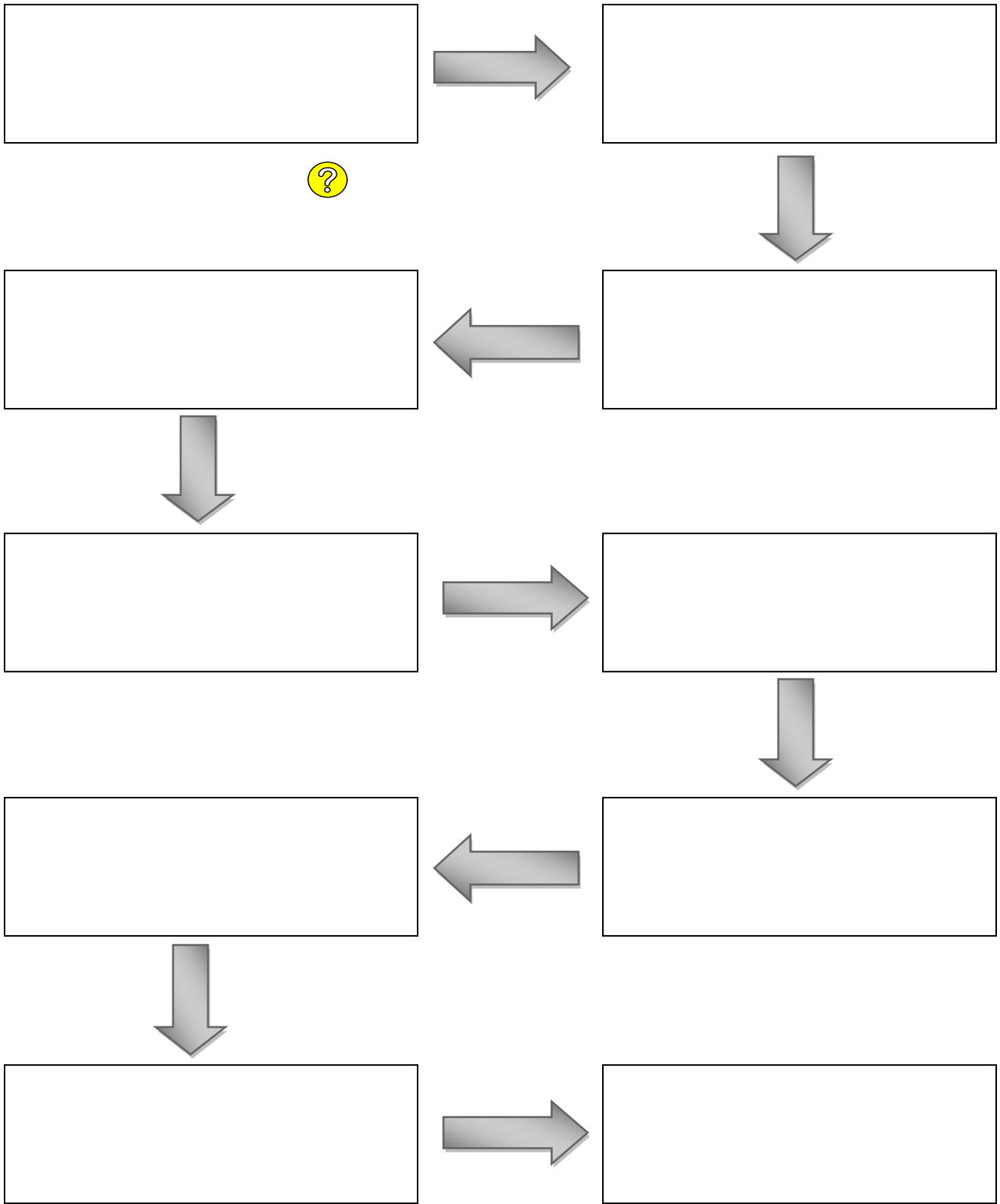
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Section 5: Additional Comments

Please use this area to provide additional comments about mental health and/or substance abuse services offered in this area not previously noted in this review instrument.

-
-
-
-

To assist in clarifying the sequence of events in a case, each box may be filled in with a particular event and date.
(not part of the review instrument – guidance document only)



h. Please identify as many critical pivot points as possible, sequentially and throughout the life of the case, that clearly indicate a time of significance and/or a change in services that resulted in a significant positive or negative impact to the case:



1.

2.

3.

4.

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6.

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9.

10.

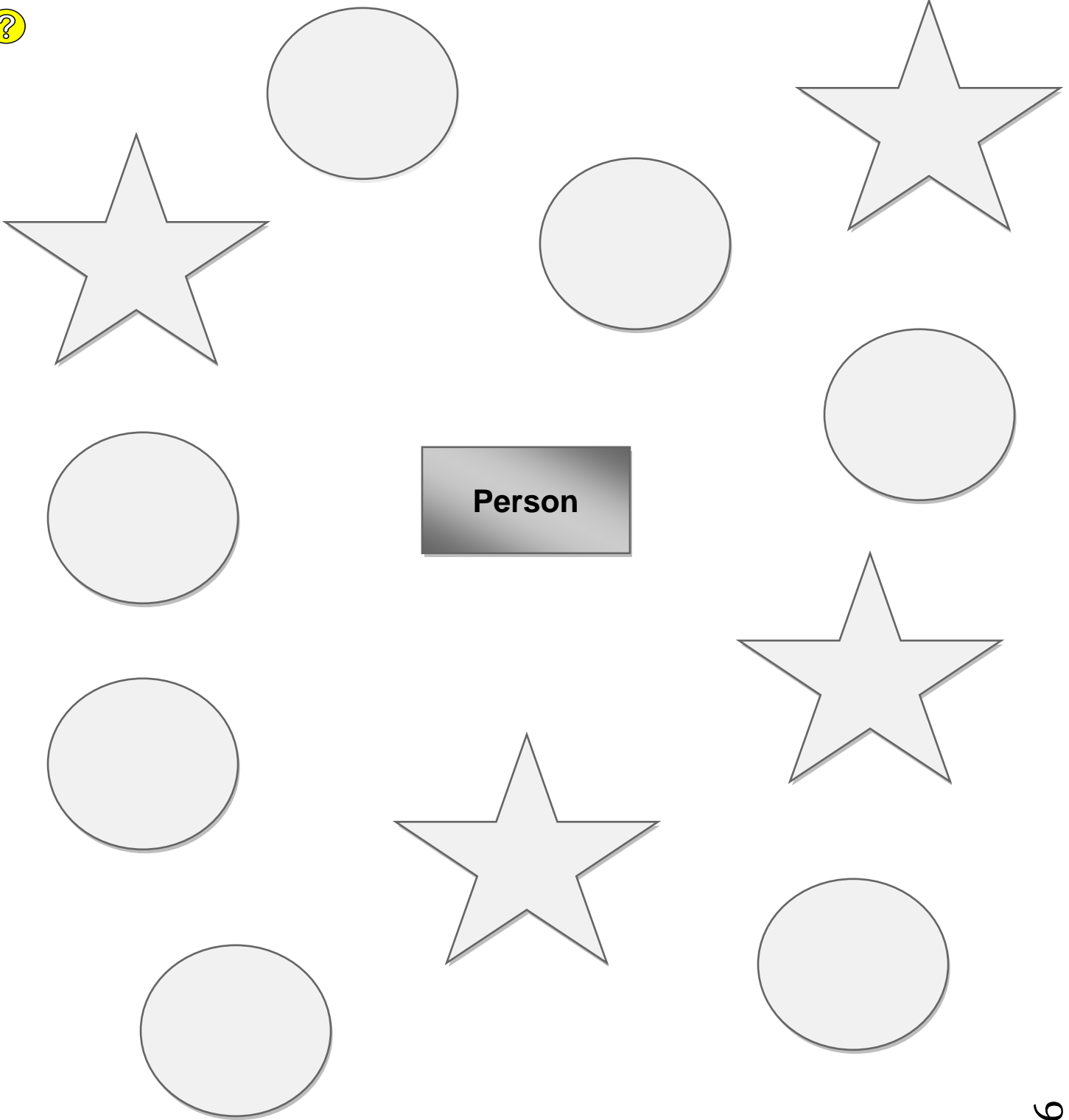
Comments:

Systems Geno-Gram for Person

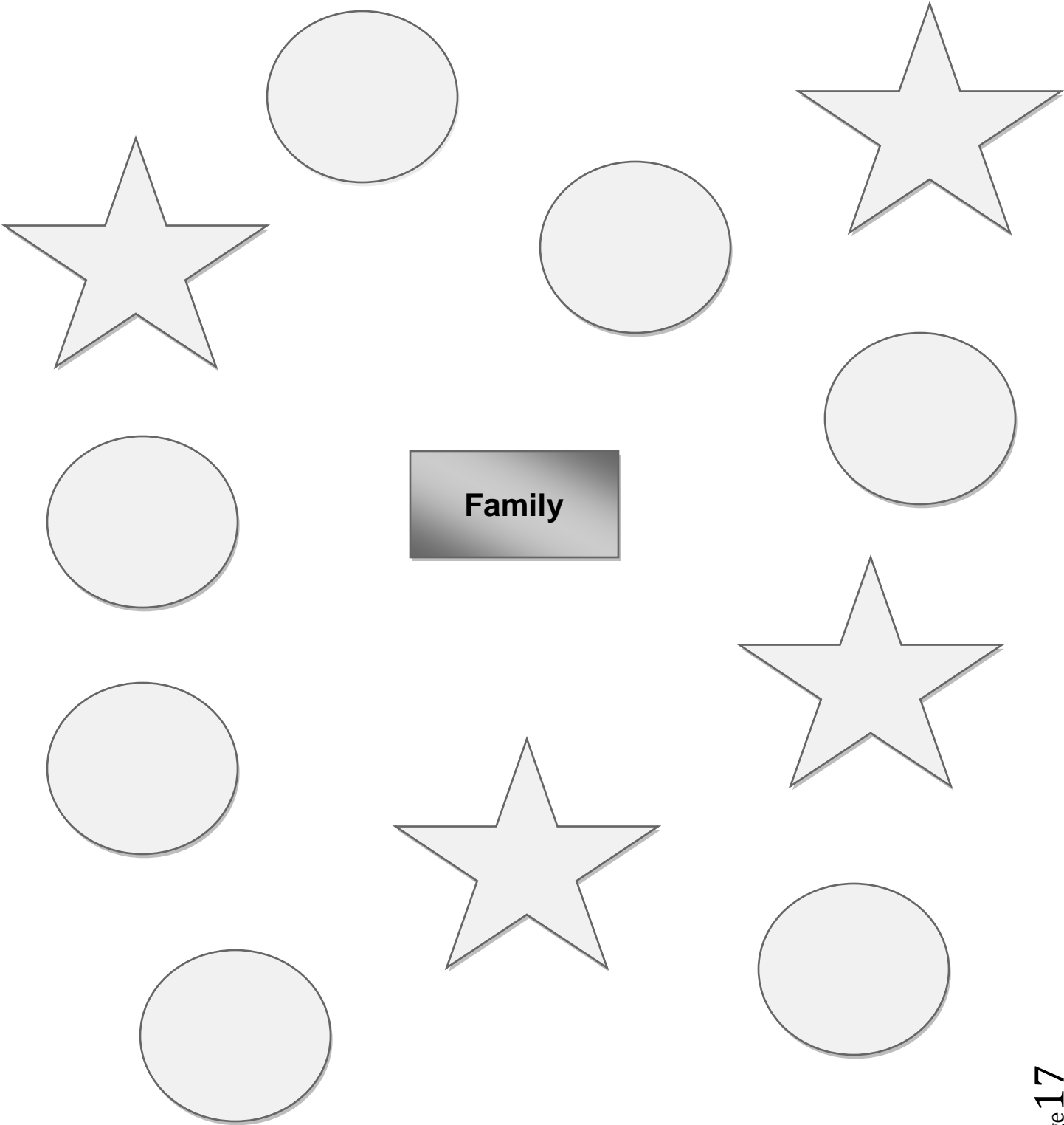
Star = Natural Support

Circle = Service Providers

Label and draw lines between those people and services that are connected.



Systems Geno-Gram for Family
Star = Natural Support
Circle = Service Providers
Label and draw lines between those people and services that are connected.





Section 2: Access to and Availability of Services.

The community collaborates to assure individuals and families are able to easily access mental health and substance abuse services.

Item	Question		
a.	Please indicate which organizations are involved with and/or providing services to the client.		
<input type="checkbox"/> Adult Probation and Parole	<input type="checkbox"/> Employer	<input type="checkbox"/> Public Defender/GAL	
<input type="checkbox"/> Advocacy/Support Organization	<input type="checkbox"/> Family	<input type="checkbox"/> Public Media	
<input type="checkbox"/> Attorney	<input type="checkbox"/> Friends	<input type="checkbox"/> Residential Treatment	
<input type="checkbox"/> Clergy	<input type="checkbox"/> Head Start Program	<input type="checkbox"/> School	
<input type="checkbox"/> Crisis Stabilization	<input type="checkbox"/> Inpatient Treatment	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Department of Corrections	<input type="checkbox"/> Juvenile Probation	<input type="checkbox"/> Social Security	
<input type="checkbox"/> Department of Family Services	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Substance Abuse Center	
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Mental Health Center	<input type="checkbox"/> Telemedicine	
<input type="checkbox"/> District Court	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Veterans Affairs	
<input type="checkbox"/> Drug Court	<input type="checkbox"/> Outpatient Psychiatric Service	<input type="checkbox"/> Vocational Rehabilitation	
<input type="checkbox"/> DUI Court	<input type="checkbox"/> Physician	<input type="checkbox"/> Wyoming State Hospital	
<input type="checkbox"/> Early Childhood Development	<input type="checkbox"/> Private Mental Health	<input type="checkbox"/> 12 Step Program	
<input type="checkbox"/> Problem Solving Court	<input type="checkbox"/> Other :	<input type="checkbox"/> Other :	
Comments: (Document the client's comments regarding specific services and the use and helpfulness of those services.)			

b.	Summarize <i>why</i> the client needs, and is using services.
c.	<p>How did the client learn that there was an opportunity to receive services? <i>(please check all that apply)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Service availability well-known in the area. <input type="checkbox"/> Client knew the services were there, but did not think they applied/available to their needs. <input type="checkbox"/> Client had to independently research services available to get assistance. <input type="checkbox"/> Client was not aware of services in the community. <input type="checkbox"/> Client was referred. <input type="checkbox"/> Other, please comment:
d.	<p>Did the client experience any interagency barriers to accessing mental health and / or substance abuse services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
e.	<p>Was the client satisfied with the access and timeliness of the services provided?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please identify the reason:</p>

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f.	<p>If there was a delay in accessing services, did the client, family or society experience any negative consequences while waiting to receive treatment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If yes, please explain:</p>
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g.	<p>If the client was placed on a waiting list, were there any support services available within the community for the client while waiting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>If yes, what type of waiting list was it?</p> <p>If yes, what types of services were provided?</p> <p>How did client learn of these services?</p> <p>From whom were services provided?</p>
----	--

	<p>How helpful were they?</p> <p>What were the costs of the services?</p>
--	--

h.	<p>Are treatment and community support resources available for as much time as necessary?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

i.	<p>Were there any services the client felt would have helped them succeed in treatment and recovery denied, delayed, suspended or terminated because of client's inability to pay?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

j.	<p>Were there any services the client felt would have helped them succeed in treatment and recovery denied, delayed, suspended or terminated for other reasons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>

Information Sources	Please cite your sources of information used for completing section 2; please use titles not names:
Comments	Comments regarding access to and availability of services, section 2:

Section 3: Quality of Service Including Recovery Support.

The community offers an array of services and programs to support and promote individuals and families who may benefit from services and to support recovery and resilience from mental health and substance abuse problems by individuals, children and families needing those services.

Outcome A: Client's mental health and/or substance abuse recovery is supported through an array of services and professionally qualified staff.

Item	Question
a.	<p>Were wraparound services, formal and informal, customized to the individuals or families needs available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
b.	<p>If early intervention is available in community-based settings such as head start programs, child development centers, public health clinics, primary care physicians, faith community, 12 step programs, the internet, schools, housing offices, law enforcement encounters, attorney's office, community organizations or emergency rooms was it used? If it is not available, please state that under comments.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available</p> <p>If YES, please identify those who offered the early intervention services and describe the service.</p> <p>Comments:</p>
c.	<p>Did the client feel they were encouraged and supported by the community to succeed in treatment and recovery?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain the reasons for your answer. Identify anything the community does that was either helpful or unhelpful to the client's treatment recovery.</p>

d.	<p>As a result of mental illness and/or addiction, did the client, or did the client's family experience any form of discrimination or stigma in the community?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
e.	<p>Were professional case management services available (<i>i.e. finding and coordinating treatment and support services, preparing and monitoring case plans and advocating on behalf of the client</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
f.	<p>Were follow-up mental health and/or substance abuse services and other necessary supportive services offered or provided? (<i>If yes, please explain what they were.</i>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
g.	<p>Did anyone assist or advocate for the client in navigating the system to obtain services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who helped and how did they help?</p>

h.	<p>Did the client take advantage of all services offered to them? If no, why not?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
Information Sources	<p>Please cite your sources of information used for completing section 3A; please use titles not names:</p>
Comments	<p>Comments regarding quality of services including recovery support, section 3A:</p>

Outcome B: Services offered are responsive to the cultural context, characteristics, and the cultural/ethnic traditions of the populations that are served. The program builds on the unique values, preferences, and strengths of individuals in their community. The system includes culturally/linguistically diverse providers.

Item	Question
a.	<p>Did the service providers and others the client encountered in seeking treatment and recovery related services (such as education, housing, courts, law enforcement, etc.) have an understanding of cultural differences, <u>not just specific to ethnicity</u>, to provide more effective services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
b.	<p>Did the community show respect of the client's religious and spiritual beliefs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments:</p>
c.	<p>Did the client encounter any language barrier in seeking treatment and recovery support services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
d.	<p>Did the client experience any problem in accessing services as a result of any physical disability or limitation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Information Sources	Please cite your sources of information used for completing section 3B; please use titles not names:
Comments	Comments regarding quality of services including recovery support, section 3B:

Outcome C: Services offered are strength-based. The strengths children and families possess are taken into account in the planning and implementation of a coordinated treatment plan. Clients, and where appropriate their family, are involved in decisions and are able to make choices about their care.

Item	Question
a.	<p>Were services explained before the client started receiving them?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
b.	<p>Was the client informed about what improvements to expect as a result of services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
c.	<p>Were services matched to the client's desired outcomes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
d.	<p>Did the persons or agencies to which the client looked for help assess and understand the strengths of the client and the clients' natural support group, including family?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

e.	Did individuals and their families participate in decision making when seeking services in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
----	--

f.	Are clients and families actively managing the identification and implementation of recovery goals and services? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
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g.	When appropriate, were family members and other supporters involved or invited to be involved in determining necessary services? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?
----	---

Information Sources	Please cite your sources of information used for completing section 3C; please use titles not names:
Comments	Comments regarding quality of services including recovery support, section 3C:

Section 4: Coordination of Services.

Mental Health and substance abuse services are integrated and coordinated with other service programs and are viewed by the community as an integral part of the system of care for the client.

Item	Question
a.	<p>Were the services coordinated or adapted so that the person could remain near home, family members and/or children with the least restrictions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specifically how?</p> <p>If no, why not?</p> <p>How did this help or hamper the client's outcome?</p>
b.	<p>Was there coordination and collaboration of services by all involved agencies to work together for unified services beyond a simple referral?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Comments (<i>Please indicate how the client felt, and how other agencies perceived this</i>):</p>
c.	<p>To the extent possible, are treatment services transparent to the community and community resources transparent to the treatment community; do they complement one another seamlessly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:</p>

d.	<p>Do local agencies and providers coordinate services to promote the empowerment of individuals and families with mental health or substance abuse treatment and recovery needs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>
e.	<p>Did coordination meetings that were held involve the client? <i>(An example would be a family partnership meeting or multi - disciplinary team meeting.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify the meeting and participants:</p>
Information Sources	<p>Please cite your sources of information used for completing section 4; please use titles not names:</p>
Comments	<p>Comments regarding coordination of services:</p>



Section 5: Additional Comments.

Please use this area to provide additional comments about mental health and/or substance abuse services offered in this area not previously noted in this review instrument.

Comments:



Section 6: Case File Review.

This is not a mandatory part of the SYNC review process. If the organization requests and is comfortable allowing reviewers to view the structure of the case file **but not client specific information**, please review and note the following:

1. Tone of court orders, are they strength based?
2. Evidence that a client needs assessment was done?
3. Consistency in client contacts documented?
4. Client expectations clearly delineated?
5. Appears client was involved in the case planning process?
6. Picture of client in the case file?

Other:

- End Onsite Review Instrument Scoring -

Section 7: Preparation for Debriefing.

Following completion and quality assurance of the onsite review instrument, review teams may be asked to debrief the cases reviewed, in a group setting. The debriefing process is designed to promote consistency in the case reviews, thereby decreasing the subjectivity of the review process. Debriefings are usually held the morning of the last day of the review week; reviewers can assist the site leaders in facilitating these debriefings by:

- Coming prepared to present information on the cases they reviewed and by completing the Debriefing Report (see attached copy/SYNC15);
- Providing a brief overview of the case, how each outcome was rated, and why;
- Presenting information as concisely as possible, sharing only information that is relevant to the case under review, and ensuring that the information is consistent with the completed onsite review instrument;
- Remembering that the purpose of the debriefings is not to educate other team members about all the details of a case or to critique the agencies/organizations/providers policies or practices, but rather to focus on the reviewers' findings regarding the outcomes as listed in the onsite review instrument;
- Participating fully in the debriefing discussions while supporting the site leaders in ensuring that every team member has an equal opportunity to share their opinions;
- Understanding the value of the debriefing process and being willing to put their judgments under the scrutiny of the other team members;
- Remaining open to the feedback of the group, especially the site leaders, and being aware of the potential need for review team members to reconsider case findings following the debriefing process;
- Alerting the site leaders to concerns regarding schedules, logistical arrangements, or other issues that might create challenges in completing the review, and
- Giving feedback in a constructive way using the Appreciate Inquiry approach described in the onsite review instrument on page 9.

Reviewers should come to debriefings prepared to present the information regarding the cases that they have finished reviewing. The presentation should take no more than 10-15 minutes. After the presentation, the reviewer will answer questions from the site leaders and other team members.

Debriefing Information



Review Sample #:

Review Team:

Type of Case:

Date of Review:

What is the “take away” message (a one sentence statement) of this case?

Access to Services: *Please provide summary statements that describe how the client was or was not able to access appropriate services. Include discussion regarding any identified barriers to services.*

1.

2.

3.

4.

5.

Quality of Service: *Support for Recovery: Please provide summary statements that describe the quality of service and how such services did or did not support the clients recovery.*

1.

2.

3.

4.

5.

Coordination of Services: *Please provide summary statements that describe how the coordination of services between local agencies and how such coordination did or did not support the clients service plan.*

1.

2.

3.

4.

5.

Other Comments or Observations:

Review Checklist

SYNC review instrument:

- Front cover of instrument is complete.
- Sample number is assigned for documentation only; this is not the provider's case number.
- All consent and confidentiality forms have been filled out and disbursed according to the instructions.
- Consensus has been reached and all items have been answered.
- Only use generic names have been used throughout the **SYNC** instrument such as "mom," "spouse," "boss," "attorney," and "caseworker."
- SYNC** review instrument has received two levels of quality assurance by an on-site coordinator and possibly by an off-site coordinator; all areas of concern have been cleared.

Debriefing and exit meetings (*when held*):

- Preparation for debriefing meeting¹⁴ form has been completed.
- If unable to attend the exit meeting,¹⁵ provide an "exit notables form" to the site leader.

Review notebook or review packet:

- Any questionnaires, consents and confidentiality forms have been completed and returned to the review notebook or review packet.
- Citizen reviewer reimbursement and travel forms have been completed and returned to the review notebook or review packet.
- All hand written materials and/or notes have been left in the review notebook, review packet or given to the onsite coordinator; this material will be shredded within twenty-four (24) hours.
- Any electronic documents and/or notes have been deleted from computers and the "recycle bin" emptied in the presence of the onsite coordinator.
- Completed review notebook or review packet has been turned in to the local site leader.
- Electronic equipment has been turned into the local site leader.

¹⁴ There may be instances when a debriefing meeting is not held.

¹⁵ There may be instances when an exit meeting is not held.



Glossary of Terms

Access: Providing timely choices and flexibility regarding treatment and recovery support needed to find a path to recovery.

Advocacy services: Services provided by an organization or agency which support and help select those mental health and/or substance abuse services that a client needs.

Availability: Professional, community based mental health and/or substance abuse services which are present and ready for use.

Citizen: An individual, whose application has been received, processed, cleared and trained to do a **SYNC** review. An example of this person might be a school counselor, caseworker, mental health and/or substance abuse provider, law enforcement officer; someone who is a stakeholder with regards to the provisions of mental health and/or substance abuse services.

Client: Any individual who receives or has received professional services from a mental health and/or substance abuse professional in a professional capacity.

Community based services: A partnership of consumer, local government, and businesses working to increase access to, and develop consumer-oriented, community-based services for persons with mental health and/or substance abuse treatment needs.

Community: A group sharing an environment, with enough shared interests (intent, belief, resources, preferences, needs, risks and other conditions), present and common to affect the identity of the participants and their degree of cohesiveness.

Critical pivot points: A point in time anywhere during the life of the case, where something significant occurred that influenced the case.

Cultural competence: Cultural competence refers to the ability to work effectively with individuals from different cultural and ethnic backgrounds, or in settings where several cultures coexist. It includes the ability to understand the language, culture, and behaviors of other individuals and groups, and to make appropriate recommendations.

Cultural sensitivity: Cultural sensitivity is a component of cultural competence and means that mental health and/or substance abuse professionals make an effort to be aware of the potential and actual cultural factors that affect their interactions with a client. It also means that they are willing to design programs and materials, to implement programs, and to make recommendations that are culturally relevant and culturally specific.

Discrimination: Treatment or consideration of, or making a distinction in favor of or against, a person based on the group, class, or category to which that person belongs rather than on individual merit.

Early intervention: Early intervention is the provision of services for the purpose of lessening the effects of a condition. Early intervention can be remedial or preventive in nature; remediating existing problems or preventing their occurrence.

Empowerment: Increasing the spiritual, political, social or economic strength of individuals and communities. It often involves increased confidence in one's own capacities.

Family centered practice: Family resource, support and education services; intensive, family-centered crisis intervention services; and the relationship between family support, family preservation, child protection, and child welfare services.¹⁶

Family partnership meeting: A process to help clients and families identify and establish/re-establish a natural support system for their current problems. The support team members help the family identify their strengths and match those strengths to satisfy their critical needs. Where matches are not found through the family, the services of an outside resource can be used to supplement the family's individualized course of action plan to support the client.¹⁷

Independent living services: Independent living services describes an endeavor to assist in making it possible for people to live within their own homes or communities.

Information release/consent: Includes the following listed forms that are to be filled out prior to a **SYNC** review starting¹⁸:

1. Authorization for the release of confidential information form;
2. use and disclosures question and answer information form, and
3. use and disclosures authorization.

Interagency barriers: Bureaucratic friction among organizations and agencies that tend to impede cooperation and the achievement of successful, community based treatment and common goals.

Interagency: Involving or representing two or more organizations or agencies, especially government agencies.

Life of the case: The entire time, from today backwards to the point where a client first became involved with mental health or substance abuse services organization, the criminal justice system or other related agency or organization.

Mental health professional: A person who is licensed and/or certified by the State of Wyoming to treat mental illness and/or substance abuse issues.

MHSASD: A unit within the Wyoming Department of Health, a state agency; the Mental Health Substance Abuse Services Division.¹⁹

Multi-disciplinary team meeting: A statutory defined team created to develop and monitor the individualized treatment plan as defined in Title 14 of Wyoming State Statutes.

Period under review (PUR): A defined time period by the WYCRP of a number of specific months in a case that is to be reviewed.

¹⁶ According to the Child Welfare Information Gateway at: <http://www.childwelfare.gov/famcentered/>.

¹⁷ A Family Partnership Meeting is not the same as a Multi Disciplinary Team Meeting.

¹⁸ See also the definition for Releases.

¹⁹ More information about this agency can be found at: <http://wdh.state.wy.us>.

Prospective client: Any individual who may receive professional services from a mental health and/or substance abuse agency or professional.

Provider: A mental health and/or substance abuse provider with a focus on the treatment needs of individuals at the state and local levels.

Quality of services: Every person with a mental health and/or substance abuse treatment need should have the opportunity for growth, recovery and inclusion in their community, have access to services and supports of their choice, and enjoy a quality of life that includes family and friends.

Recovery: A personal and unique process of changing one's attitudes, values, feelings, goals, skills and/or roles through with the assistance of a mental health and/or substance treatment professional.

Releases: Documents created by the Wyoming Department of Health, Mental Health Substance Abuse Division and the Wyoming Citizen Review Panel that are to be executed prior to the start of any review that guarantee certain conditions will be adhered to in the **SYNC** review process.

Resilience: The positive capacity of people to cope with stress and personal catastrophe. It is also used to indicate a characteristic of resistance to the impact of future negative events.

SOC (Systems of Care): Systems of care is not a program; it is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.²⁰

Stigma: Negative labels that identify a person and/or barriers which can discourage individuals and their families from getting the help they need due to the fear of being discriminated against.²¹

Strength based: A strength based approach identifies the positive mental health and/or substance abuse resources and abilities of the individual and/or available in a community as opposed to focusing on deficits.

SYNC: A review process and instrument designed and created by the Wyoming Citizen Review Panel and Wyoming Department of Health, Mental Health/Substance Abuse Division that is used to help communities identify systemic barriers.²²

Transition services: A planning process coordinated by a service provider which allows for clients to make an almost seamless move into independent living.

²⁰ According to SAMSHA at <http://systemsofcare.samhsa.gov/>.

²¹ According to the U.S. Department of Health and Human Services at <http://mentalhealth.samhsa.gov/stigma/>.

²² The assistance of Dr. Richard J. Delaney, PhD and Casey Family Programs in the creation of his process is greatly appreciated.

Transparent: A process characterized by accessibility of information.

Treatment: Programs that use a strength-based family centered approach to promoting mental wellness and empowering the client to prevent the recurrence of future problems.

Unified services: Coordinated assets, people and processes supporting the individualized service plans.

Wrap-around: Enveloping a client and family with all the services to help them meet their goals in a mental health and/or substance abuse treatment plan.

WYCRP: The Wyoming Citizen Review Panel is a private, non-profit entity located in Cheyenne, Wyoming promoting family centered and strength based practices in child welfare and mental health/substance abuse services.²³



Form **SYNC1** – September 1, 2009 Version; 1000 hours

²³ More information about the organization may be obtained at <http://wycrp.org>.

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