



Position Statement on Wilderness Programs

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Wilderness programs are services that attempt to help individuals, typically adolescents, with behavioral problems by taking the individual into the wilderness and exposing them to an outdoor survival skills experience. Many of these programs do not include adequate behavioral health treatment services to address the therapeutic needs of the individual with severe behavioral health conditions. It is Behavioral health's position that the standard of care provided within a given wilderness program must be consistent with the same behavioral health medical necessity treatment guidelines for residential treatment center programs that any other program would be required to adhere to in order to meet the patient's needs. Behavioral health utilizes ASAM, and LOCUS/CALOCUS behavioral health medical necessity guidelines for evaluation and treatment at the residential treatment level of care in all care settings. These components include the following minimum standards:

- Care coordination with other care providers and social services, as needed and appropriate
- Clinical assessment at least once per day by an appropriately qualified behavioral health clinician
- Individual or group therapy at least 2 times per week
- Medical history and physical examination within 12 months prior to admission or within 30 days after admission, as medically indicated
- Medication administration or supervision at least 1 time per day
- Medication reconciliation initiated within 24 hours
- Nursing staff on-site or on-call 24 hours per day
- On-site supervision 24 hours per day, 7 days a week
- Preliminary discharge plan initiated within 24 hours
- Psychiatric evaluation, initial within 1 business day, subsequent at least 1 time per week
- Psychosocial assessment and substance evaluation within 48 hours
- Structured therapeutic program at least 4 hours per day
- Toxicology screen, quantitative drug analysis, self-help, 12-step, or education group as needed

Behavioral health recognizes residential treatment programs as clinically appropriate for individuals when they contain evidence-based behavioral health treatment services needed to address the member's condition, regardless of whether they are located in wilderness settings. If a wilderness program does not contain behavioral health treatment services of adequate frequency and quality, it is behavioral health's position that this type of program, at a minimum, delays access to clinically appropriate treatment and can lead to further decompensation due to this delay. Even more concerning, these types of wilderness programs without clinically appropriate treatment services can expose teens to potentially life threatening risks that are both not required to treat the underlying behavioral conditions and/or can lead to additional harm due to triggering or re-triggering of trauma experiences that are counter-indicated to a individual who is already struggling with a severe behavioral health condition.



For all of the reasons outlined in this position statement, if a wilderness program does meet evidence-based standards of care for residential treatment center programs and is appropriately licensed by the state as such, these cases would be reviewed clinically for medical necessity. Requests for Wilderness Programs that do not meet evidence-based standards of care for residential treatment center programs, as outlined in ASAM or LOCUS/CALOCUS behavioral health medical necessity treatment guidelines, are denied on an administrative basis, because they are not recognized by behavioral health as a treatment service.