Section IIb: Substance Abuse Centers – Substance Abuse Services

Wyoming has implemented statewide standards for delivering substance abuse assessment and treatment services to the citizens of Wyoming. These standards have created a strong foundation for providing substance abuse services and improving access to quality services. However, the demand for services continues to grow beyond the capacity of the current system.

"It took both group therapy and individual therapy to help me. I have been sober for 10 months. At my graduation at the end of the program, I was able to get my 4 year old son back."
- Client

There is an ongoing need for additional substance abuse services for youth, adults, and older adults. This section of the Gaps Analysis Report provides an overview of the substance abuse system, identifying both exemplary practices and gaps in services. Following a brief review of recent legislation and policies impacting the delivery of substance abuse services, this report includes a statewide review of the current substance abuse system in Wyoming; a description of the types of services delivered; the criteria for services; and data on the number of clients served and services delivered. Discussions of relevant issues are highlighted throughout this section.

The Wyoming Mental Health and Substance Abuse Services Division (MHSASD) and the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC) have developed a public substance abuse continuum of care to assure that individuals who need services receive the care that they need to maintain sobriety and control their addictions in order to function within their families and in society.

In addition to Outpatient Substance Abuse Services and Residential services, many programs also offer adjunct services to support a person's recovery, including Quality of Life (QOL) funds to provide transportation and other support services to help individuals live independently. The centers also link clients to programs that provide training for education and employment skills; life skills development; and/or child care. These adjunct services are an important component of services which help an individual recover and maintain a substance-free life.

The Wyoming substance abuse continuum of care is delivered by Community Mental Health Centers (CMHCs) which provide both mental health and substance abuse services. In some communities, the CMHC only offers mental health services, and a separate substance abuse provider delivers substance abuse services. The term "Substance Abuse Center" (SAC) is used in this report to represent both types of providers which deliver these services.

In addition to the SACs described in this report, there are also a number of smaller substance abuse programs which are state-funded, but are not represented in this report. These programs serve a small number of clients and there is limited data available for these programs. These programs are:

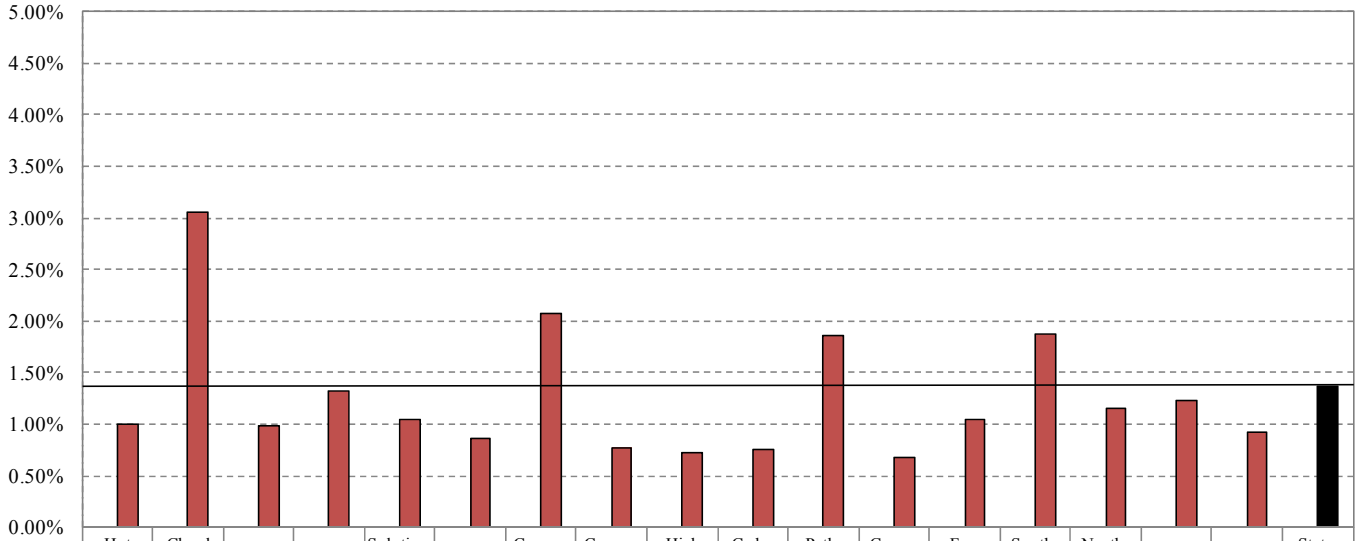
- Self Help
- Way Station
- YES House

SACs provide a range of substance abuse services to adolescents (ages 8-17) and adults (ages 18 and older) who use, abuse, or are dependent on drugs and/or alcohol. The majority of available substance abuse services are designed for adults. Only a few SACs offer services specifically designed for adolescents.

Figure 37 shows the Penetration Rate for each SAC and statewide. The Penetration Rate shows the proportion of the general population which accessed Outpatient Substance Abuse Services. This number is calculated by dividing the number clients who received one or more substance abuse service in FY 2009 into the general population. The information is ordered by the size of the SAC, with the least-populated on the left (Hot Springs) and the most populated on the right (Peak Wellness). Statewide data is shown at the far right. The statewide Penetration Rate is 1.36%, showing that nearly one and a half (1 ½) percent of the total population of the state received substance abuse services in FY 2009.

The Penetration Rates varied among SACs. Cloud Peak, Curran-Seeley, Pathfinder, and Southwest had the highest Penetration Rates.

Figure 37
Substance Abuse Penetration Rate (Clients/General Population)
By SAC and Statewide
FY 2009

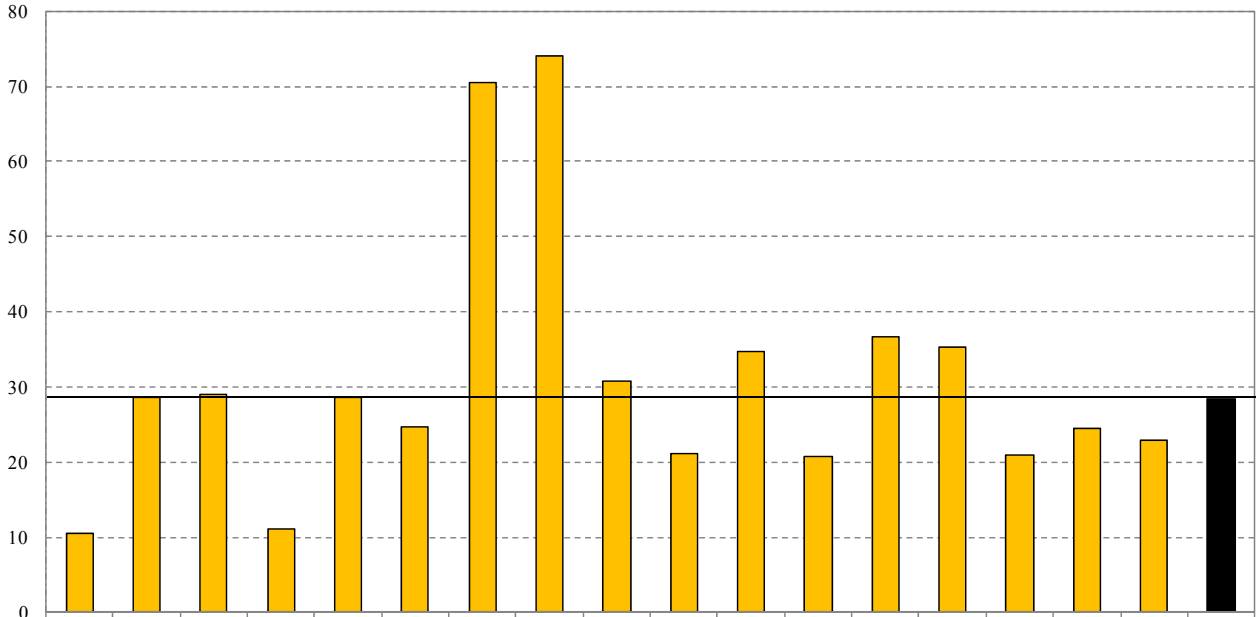


	Hot Springs	Cloud Peak	Big Horn	VOA	Solutions For Life	Carbon	Curran-Seeley	Corner-stone	High Country	Cedar Mtn	Path-finder	Camp-bell	Fre-mont	South-west	North-ern	Central	Peak	State-wide
Population	4,622	7,821	11,322	28,662	15,695	15,624	20,376	20,617	25,087	27,574	32,758	41,473	38,113	39,944	50,605	73,129	140,666	532,668
Client Population	46	239	111	379	163	134	423	160	181	209	607	282	400	751	583	904	1,287	7,258
Penetration Rate	1.00%	3.06%	0.98%	1.32%	1.04%	0.86%	2.08%	0.78%	0.72%	0.76%	1.85%	0.68%	1.05%	1.88%	1.15%	1.24%	0.91%	1.36%

Figure 38 shows the average number of hours delivered to each client in FY 2009 by Substance Abuse Center (SAC) and statewide. The data is ordered by the population of the SAC, with the least-populated on the left (Hot Springs) and the most-populated on the right (Peak Wellness). The statewide average is also shown on the far right.

Statewide, the average number of hours of substance abuse service for each client was 28.45 hours. The average number of hours per client varied across the different SACs. Hot Springs clients received the lowest number of hours per year, with each client averaging 10.51 hours of service. Hot Springs is the only SAC that did not deliver Intensive Outpatient (IOP) services because of the small number of clients needing these intensive services. For those clients needing IOP, Hot Springs helps them access an IOP program from a neighboring SAC. Cornerstone and Curran-Seeley clients received the highest average hours per client at 74.16 and 70.61 hours per client per year. Cornerstone served 160 IOP clients while Curran-Seeley served 423 clients.

Figure 38
Average Hours per Client per Year
By SAC and Statewide
FY 2009



	Hot Springs	Cloud Peak	Big Horn	VOA	Solutions For Life	Carbon	Curran-Seeley	Corner-stone	High Country	Cedar Mtn	Path-finder	Camp-bell	Fre-mont	South-west	North-ern	Central	Peak	State-wide
Hours	483	6,854	3,215	4,177	4,655	3,300	29,870	11,866	5,580	4,436	21,099	5,828	14,682	26,554	12,219	22,064	29,604	206,485
Clients	46	239	111	379	163	134	423	160	181	209	607	282	400	751	583	904	1,287	7,258
Hours/Client	10.51	28.68	28.96	11.02	28.56	24.62	70.61	74.16	30.83	21.22	34.76	20.66	36.70	35.36	20.96	24.41	23.00	28.45

Penetration Rate and average hours per client data provide information on how many clients received substance abuse services and how much service they received. In some SACs, there may be a Penetration Rate which is lower than the statewide average but each client received more hours than the statewide average. Other SACs served more clients in comparison to the statewide average, and delivered fewer services than average. Access to services and the amount of services are influenced by many factors, including system values, distance to services, staffing patterns, the number of vacant staff positions, and the types of services offered for each SAC. Four (4) SACs had higher penetration rates than the statewide average and had higher than average hours per service. These were Cloud Peak, Curran-Seeley, Pathfinder, and Southwest.

Substance Abuse Discussion: Substance Abuse Centers' (SAC) Access and Average Hours Per Client. There is wide variability in the number of clients who receive substance abuse services from SACs. The development of a statewide benchmark will help improve access to services. The statewide Penetration Rate (1.36%) combined with the average hours per client (28.45 hours) may be used as an initial benchmark for service access and utilization. The development of a standard for Outpatient Substance Abuse Service access and average hours of service delivery will provide a benchmark for enhancing services in Wyoming.

Substance Abuse Trends: All Outpatient Substance Abuse Services. As shown in Figure 39, there were a total of 8,249 clients who received Outpatient Substance Abuse Services in FY 2005. In FY 2009, there were 7,258 clients who received Outpatient Substance Abuse Services. This data shows a decrease of 12.0%. The total number of hours of Outpatient Substance Abuse Services delivered to clients was 152,964 in FY 2005. This number increased to 206,485 hours in FY 2009, which shows a 35.0% increase in Outpatient Substance Abuse Service hours. The average hours per client increased from 18.54 hours in FY 2005 to 28.45 hours per client in FY 2009. This data illustrates that the centers delivered more services to clients in FY 2009, which can help achieve more positive outcomes.

Figure 39
Trends in Service Utilization: All Outpatient Substance Abuse Services
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	8,249	7,258	-12.0%
Hours	152,964	206,485	35.0%
Hours Per Client	18.54	28.45	53.4%

Types of Substance Abuse Services

Substance abuse clients in Wyoming may receive Outpatient Services and/or Specialty Services. These services are outlined below.

Outpatient Substance Abuse Services

- Prevention Education (includes consultation) (no data available)
- Early Intervention (no data available)
- Assessment
- Individual Outpatient Therapy Services
- Group Outpatient Therapy Services
- Case Management
- Intensive Outpatient (IOP) Group Therapy
- Medication Management Services

Specialized Substance Abuse Services

- Social Detox
- Medical Detox
- Primary Residential
- Transitional Residential
- Acute Inpatient Services (no data available)
- Wyoming State Hospital Services for persons with co-occurring disorders (no data available)

Outpatient Substance Abuse Services

This section provides information on the total number of clients receiving Outpatient Substance Abuse Services and the total number of hours of Outpatient Substance Abuse Services delivered by SACs. In addition, data on the types of services is provided, with a description of the trends in services between FY 2005 and FY 2009.

Prevention Education

Substance Abuse Prevention Education activities are focused on creating awareness within communities that alcoholism and drug addiction are chronic conditions that can be successfully prevented and treated. Prevention activities include a variety of services designed to help prevent the development of substance abuse disorders in the general population. These services may be focused on children, youth, pregnant women, men, older adults, and other target populations. These services are conducted by Substance

Abuse Centers (SAC) to educate the community regarding substance abuse facts, problems, and available treatment resources.

SAC staff provide these services to inform the public, community groups, human service agencies, schools, and other special interest groups about how to address substance abuse within the community. Educational activities may include identifying substance abuse problems or symptoms, locating services available in the community, and providing information on the consequences of drug use for the person and family.

Prevention Education activities are focused on reaching out to identified populations, providing screening services, and helping to facilitate referrals to existing services. These activities are an important component of improving access to treatment services. Persons interviewed reported that these services are beneficial. SACs also offer consultation activities. SAC staff are available to work with organizations and/or schools to help promote substance abuse prevention activities. Prevention Education services are not reported to WCIS. Therefore, no data is available on the number of persons who receive these prevention services.

Early Intervention Services

Early Intervention services are available for clients who do not have a major substance use disorder but are at risk for developing a substance abuse disorder without Early Intervention services. Individuals appropriate for this level of care are not at risk of withdrawal; are willing to explore how current alcohol or drug use may affect personal goals; and are interested in gaining an understanding of current drug use patterns and the skills to change those patterns.

Early Intervention services are offered at all SACs. These services may involve individual, group, or family counseling, as well as educational experiences focused on helping the individual recognize and avoid harmful or inappropriate substance use. These services are short-term and are focused on identifying warning signs and symptoms and offering strategies for making behavioral changes. No data is available for Early Intervention services.

Assessment

The Addiction Severity Index (ASI) has been adopted by all SACs. This standardized instrument has been used in Wyoming for the past seven (7) years to systematically assess client patterns of substance abuse. This assessment instrument identifies the client's strengths, abilities, and needs, as well as the individual's patterns of substance and alcohol abuse. Assessments also screen for any mental health disorders or physical health problems, including medical, dental, and disease issues. Referrals to appropriate services are made, when available.

The ASI provides the information necessary for completing the American Society of Addiction Medicine (ASAM) Level of Care Tool. The ASAM clearly outlines the level of care needed by the individual and provides a reliable method for identifying the service needs of each client. This instrument provides an excellent roadmap for determining the level of care needed by the clients, how much services are needed, and anticipated length of treatment.

"There are often clients that can't come to our center for an assessment because of transportation or health issues. We would love to have a counselor accompany us on in-home visits and give assessments to clients in their own home."
- Department of Family Services

DUI Assessments

Assessments for individuals who have been arrested for Driving Under the Influence (DUI) are completed either by the SACs or by Individual Assessors who are certified by MHSASD. The SACs complete Addiction Severity Index (ASI) Assessments for individuals with lower-level misdemeanor DUIs.

Beginning in January 2006, the Addicted Offender Act was implemented. This legislation requires that individuals who have been found to have a felony or high misdemeanor DUI receive a DUI Addiction Severity Index (ASI) Assessment from an Independent Certified Assessor. The Independent Assessor completes the ASI, makes a recommendation, and forwards the information to the court. The judge then determines the outcome of the case and may refer the individual to a SAC for substance abuse treatment.

This new legislation has produced mixed results. Persons interviewed noted that the quality of the assessment varies across Independent Assessors. In addition, in some cases, the Independent Assessors have not completed the assessment in a timely manner. As a result, some judges have requested a second assessment from the SAC, which absorbs additional time and resources. Subsequently, the MHSASD is providing additional training to improve the quality of the assessments, as well as reviewing information on the efficiency and timeliness of the assessments completed by the Independent Certified Assessors.

Some of the substance abuse staff interviewed expressed concern regarding the quality and/or timeliness of the DUI Assessments conducted by Independent Certified Assessors. There was also concern that some of the assessors modified the score so the individual could be referred for services delivered by the Independent Certified Assessor.

Substance Abuse Discussion: MHSASD Study of DUI Assessments conducted by Independent Certified Assessors. Due to some concerns regarding the quality and timeliness of the Driving Under the Influence (DUI) assessments conducted by the Independent Certified Assessors, the MHSASD may want to examine the feasibility of conducting a survey of the courts, Independent Certified Assessors, and SACs. This survey would evaluate the quality, timeliness, and efficiency of these assessments.

Individual Outpatient Substance Abuse Services

Individual Outpatient Substance Abuse Services are available for clients who are ready for recovery, but who need motivating and monitoring strategies to strengthen readiness. In addition, these clients are able to maintain abstinence and/or manage their substance use symptoms with minimal support.

Individual Outpatient Substance Abuse Services are offered at all SACs. Individual Outpatient Substance Abuse Services are provided in regularly scheduled sessions one (1) to two (2) hours per week for approximately three (3) months. These services are focused on helping each client achieve changes in alcohol- or other drug-using behaviors. Individual Outpatient Substance Abuse Services help to address major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment. Individuals learn to cope with major life tasks without resuming the use of alcohol or other drugs. Individuals who complete a program of Individual Outpatient Substance Abuse Services are encouraged to continue their care activities to help maintain recovery and positive outcomes.

Substance Abuse Trends: Individual Outpatient Substance Abuse Services. As shown in Figure 40, there were a total of 3,750 clients who received Individual Outpatient Substance Abuse Services in FY 2005. In FY 2009, there were 3,356 clients who received Individual Outpatient Substance Abuse Services. This data shows a decrease of 10.5%. The total number of hours of Individual Outpatient Substance Abuse Services delivered to clients was 16,889 in FY 2005. This number decreased to 16,310 hours in FY 2009. This data shows a 3.4% decrease in Individual Outpatient Substance Abuse Service hours. The average hours per client increased from 4.50 hours in FY 2005 to 4.86 hours per client in FY 2009. While Individual Outpatient Substance Abuse Services decreased, there was an increase in IOP services and Group Therapy services.

Figure 40
Trends in Service Utilization: Individual Outpatient Substance Abuse Services
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	3,750	3,356	-10.5%
Hours	16,889	16,310	-3.4%
Hours Per Client	4.50	4.86	7.9%

Group Outpatient Substance Abuse Services

Group Outpatient Substance Abuse Services are offered at all SACs. They are provided in regularly scheduled sessions which typically last one (1) to three (3) hours per week for approximately three (3) months. These services are delivered to a group of individuals, often with common characteristics (e.g., young adult; women; men; prenatal/perinatal).

Along with Individual Outpatient Substance Abuse Services, Group Outpatient Substance Abuse Services help to address major lifestyle, attitudinal, and behavioral substance abuse issues that have the potential to undermine the goals of treatment. Through group therapy sessions, individuals learn to cope with major life tasks without resuming the use of alcohol or other drugs.

Substance Abuse Trends: Group Outpatient Substance Abuse Services. As shown in Figure 41, there were a total of 2,693 clients who received Group Outpatient Substance Abuse Services in FY 2005. In FY 2009, there were 3,165 clients who received Group Outpatient Substance Abuse Services. This data shows an increase of 17.5%. The total number of hours of Group Outpatient Substance Abuse Services delivered to clients was 38,485 in FY 2005. This number increased to 64,159 hours in FY 2009, which shows a 66.7% increase in Group Outpatient Substance Abuse Service hours. The average hours per client increased from 14.29 hours in FY 2005 to 20.27 hours per client in FY 2009.

Figure 41
Trends in Service Utilization: Group Outpatient Substance Abuse Services
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	2,693	3,165	17.5%
Hours	38,485	64,159	66.7%
Hours Per Client	14.29	20.27	41.8%

With recent funding cuts, the centers have decreased the number of clients who receive Individual Outpatient Substance Abuse Services and increased Group Outpatient Substance Abuse Services. The Group Outpatient Substance Abuse Services make more efficient use of staff time, with one staff person delivering services to two (2) to ten (10) individuals. This trend is shown in Figures 42 and 43.

Intensive Outpatient (IOP) Group Therapy

Intensive Outpatient (IOP) Group Therapy services are available for clients who require a structured program several times a week to promote progress through the stages of change. These clients indicate a high likelihood of relapse or continued use if they do not receive close monitoring and support several times a week. In addition, these clients require the structure and support of IOP in order to learn to cope with their environment and recover.

"My IOP group is from 5:30 PM to 8:30 PM. However, I don't get off of work until 6:30 PM. I want to go to IOP group, but I can't leave work early, and this is the only IOP group available at my SAC. It's very difficult."
- Client

Intensive Outpatient (IOP) Group Therapy services, the most intensive level of Outpatient Substance Abuse Services, are offered by all SACs, except Hot Springs. IOP services include nine (9) to twelve (12) hours per week of group therapy services, as well as individual counseling and services for families. In addition, clients are required to attend Alcoholics Anonymous (AA) at least one (1) hour each week in the community. These intensive services are typically

offered three (3) or four (4) nights a week, for two (2) to three (3) hours each night. One (1) night a week is usually available for families to attend and receive services, which help them develop skills and resolve problems in the home environment.

The SACs utilize one (1) or more Intensive Outpatient (IOP) program models. The four (4) most frequently used models are the Matrix Model, Seven Lakes Model, Cognitive Behavior Therapy, and the Twelve-Step Model. These structured programs provide counseling and education about substance abuse and mental health problems. Individuals who complete the formal portions of these programs are strongly encouraged to participate in continuing care activities at least one (1) day a week to help maintain recovery and positive outcomes.

As noted earlier, the IOP services illustrated in this report only represent Intensive Outpatient (IOP) Group Therapy hours. Individual IOP services were reported as Individual Therapy services.

There is variability in how substance abuse centers' IOP services are implemented across the state. Figures 42a and 42b (on the next page) show the number of clients enrolled in IOP services, the total number of substance abuse clients, and the percent of substance abuse clients who are enrolled in IOP services. In addition, the total hours of IOP services, the total substance abuse hours, and the percent of IOP services is also shown. This data is shown for each SAC and statewide.

Statewide, 26.1% of substance abuse clients were enrolled in an IOP program. This proportion ranges from 12.1% in Volunteers of America to 68.1% in Cornerstone. The proportion of IOP hours out of the toal substance abuse hours is 54% statewide. Across the SACs, the proportion ranges from 25.8% in High Country to 75.9% in Curran-Seeley. It would be informativeto conduct a special follow-up study with clients who have been discharged from services and determine which programs have been the most effective at treatment substance abuse disorders. This study would provide valuable outcome data on the cost-effectiveness of substance abuse program.

Figure 42a (Table 1 of 2)
Percentage of Substance Abuse Clients Enrolled in IOP Services
By SAC and Statewide
FY 2009

		Hot Springs	Cloud Peak	Big Horn	VOA	Solutions For Life	Carbon	Curran-Seeley	Corner-stone	High Country	Statewide
Intensive OP Group Therapy	Clients	-	32	60	46	87	38	236	109	58	1,893
	Hours	-	2,110.50	1,852.75	2,253.75	3,103.50	1,299.25	22,674.75	7,933.00	1,438.75	111,489
	Hours/Client	-	65.95	30.88	48.99	35.67	34.19	96.08	72.78	24.81	58.90
Total Outpatient	Clients	46	239	111	379	163	134	423	160	181	7,258
	Hours	483.25	6,854.25	3,214.75	4,177.00	4,654.75	3,299.50	29,870.00	11,866.25	5,580.25	206,485
	Hours/Client	10.51	28.68	28.96	11.02	28.56	24.62	70.61	74.16	30.83	28.45
Percent IOP	**% IOP Client**	**-**	**13.4%**	**54.1%**	**12.1%**	**53.4%**	**28.4%**	**55.8%**	**68.1%**	**32.0%**	**26.1%**
	% IOP Hours	**-**	**30.8%**	**57.6%**	**54.0%**	**66.7%**	**39.4%**	**75.9%**	**66.9%**	**25.8%**	**54.0%**

Figure 42b (Table 2 of 2)
Percentage of Substance Abuse Clients Enrolled in IOP Services
By SAC and Statewide
FY 2009

		Cedar Mtn	Path-finder	Camp-bell	Fre-mont	South-west	North-ern	Central	Peak	Statewide
Intensive OP Group Therapy	Clients	37	114	122	165	157	235	213	197	1,893
	Hours	1,469	11,021.00	3,398.50	9,770.00	11,733.00	7,334.75	10,585.50	13,510.75	111,488.75
	Hours/Client	39.70	96.68	27.86	59.21	74.73	31.21	49.70	68.58	58.90
Total Outpatient	Clients	209	607	282	400	751	583	904	1,287	7,258
	Hours	4,435.75	21,098.75	5,827.50	14,681.50	26,554.00	12,219.25	22,064.25	29,604.00	206,485.00
	Hours/Client	21.22	34.76	20.66	36.70	35.36	20.96	24.41	23.00	28.45
Percent IOP	**% IOP Client**	**17.7%**	**18.8%**	**43.3%**	**41.3%**	**20.9%**	**40.3%**	**23.6%**	**15.3%**	**26.1%**
	% IOP Hours	**33.1%**	**52.2%**	**58.3%**	**66.5%**	**44.2%**	**60.0%**	**48.0%**	**45.6%**	**54.0%**

Substance Abuse Trends: IOP Group Therapy. As shown in Figure 43, there were a total of 1,395 clients who received IOP Group Therapy in FY 2005. In FY 2009, there were 1,893 clients who received IOP Group Therapy. This data shows an increase of 35.7%. The total number of hours of IOP Group Therapy delivered to clients was 79,439 in FY 2005. This number increased to 111,489 hours in FY 2009, which shows a 40.3% increase in IOP Group Therapy hours. The average hours per client increased from 56.95 hours in FY 2005 to 58.90 hours per client in FY 2009.

Figure 43
Trends in Service Utilization: IOP Group Therapy
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	1,395	1,893	35.7%
Hours	79,439	111,489	40.3%
Hours Per Client	56.95	58.90	3.4%

Substance Abuse Promising Practice: Curran-Seeley Foundation. The Curran-Seeley Foundation provides an excellent model for the delivery of substance abuse services. Curran-Seeley has one of the highest rates of access to services, with a Penetration Rate of 2.08%. The program has an excellent Intensive Outpatient (IOP) Group Therapy program. Staff work four or five nights per week. The clients meet two to five nights per week, depending on the phase of treatment. The average client receives over 96 hours of IOP Group Therapy services per year. These IOP Group Therapy services are delivered to clients and require that family members attend one group session each week. This intensive program helps both client and family members achieve positive outcomes. The dedication of the staff is clearly shown in the data, the number of clients receiving services, and the average hours per client.

"The one thing that saved me was the people. The staff didn't give up on me. I did everything I could to get kicked out of here. I tried hard, and they didn't give up on me. They loved me anyway."
- Client

Note: The Curran-Seeley Director noted that the program experienced an increase in positive outcomes when the program philosophy changed to allow people to continue receiving services following a relapse. This change communicated a deeper understanding of high-need clients and the support they need, allowing many of them to complete a program from which they might otherwise have been expelled. Many of the SAC programs now embrace this philosophy with their clients.

Case Management

All SACs offer Case Management services. Case Management services assist clients and program staff in meeting the goals of treatment by helping to coordinate and access supportive services and community resources during recovery. Case Management staff assist clients in accessing medical and dental services, obtaining benefits, and enrolling in educational programs. Case Management staff advocate on behalf of the client and provide support to the client and the family.

Substance Abuse Trends: Case Management Services. As shown in Figure 44, there were a total of 2,519 clients who received Case Management services in FY 2005. In FY 2009, there were 3,206 clients who received Case Management services. This data shows an increase of 27.3%. The total number of hours of Case Management delivered to clients was 8,478 in FY 2005. This number decreased to 6,966 hours in FY 2009, which shows a 17.8% decrease in Case Management hours. The average hours per client decreased from 3.37 hours in FY 2005 to 2.17 hours per client in FY 2009.

Figure 44
Trends in Service Utilization: Case Management
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	2,519	3,206	27.3%
Hours	8,478	6,966	-17.8%
Hours Per Client	3.37	2.17	-35.4%

Substance Abuse Promising Practice: Natrona County Court Case Management Program. The Natrona County Court Case Management program started as a pilot project funded by the MHSASD. The goal of this program was to coordinate services across programs for persons in the circuit court system who needed substance abuse services. This funding created a leadership team of CWCC, judges, district attorneys, and local substance abuse providers. In addition, a Case Manager was hired to coordinate services, with services provided from an office at the circuit court. For each person ordered to get an ASI and/or other evaluations, the Case Manager worked with the person to select a provider, schedule an appointment, and monitor if the ASI was completed. These coordinated services kept the judge informed, helped the client get the services needed, and improved coordination across services to promote positive outcomes. The pilot project was highly effective and has been continued through local and state funding. The judges, attorneys, CMHCs, and other providers are extremely positive and supportive of the program. In addition, the leadership team continues to meet quarterly, to discuss what is working and how to continue to improve the collaboration between agencies. This Court Case Management program provides an excellent model for other communities to improve coordination between programs, ensures court orders are fully implemented, and assists clients in achieving positive outcomes.

Medication Management

Medication Management services for mental health clients have expanded through additional legislative funding. Medication services are primarily delivered through mental health programs and are available on a limited basis to clients receiving substance abuse services. However, these services are still are very limited for clients receiving substance abuse services. In most instances, clients access these services through a psychiatrist who delivers mental health psychiatric services at a CMHC. Clients with co-occurring mental health and substance abuse disorders who require psychotropic medications most often benefit from ongoing medication support services. However, these services are scarce and are typically funded and reported by the mental health program. Therefore, the data may not fully reflect all of the substance abuse clients who receive medication services.

Substance Abuse Trends: Medication Management Services. As shown in Figure 45, there were a total of 105 substance abuse clients who received Medication Management services in FY 2005. In FY 2009, there were 561 substance abuse clients who received Medication Management services. This data shows an increase of 434.3%. The total number of hours of Medication Management delivered to substance abuse clients was 126 in FY 2005. This number increased to 1,279 hours in FY 2009, which shows a 915.3% increase in Medication Management hours. The average hours per client increased from 1.20 hours in FY 2005 to 2.28 hours per client in FY 2009. These Medication Management services were delivered by psychiatrists who also deliver Medication Management to mental health clients.

Figure 45
Trends in Service Utilization: Medication Management
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	105	561	434.3%
Hours	126	1,279	915.3%
Hours Per Client	1.20	2.28	90.0%

Substance Abuse Continuum of Care

The majority of data collected from Wyoming Substance Abuse Centers and reported in this document illustrates the number of clients who receive community-based substance abuse services and the amount of service received. This data was reported to the MHSASD WCIS management information system by SACs funded by the state. There are a number of certified substance abuse providers and programs in Wyoming that conduct DUI assessments and deliver substance abuse services which do not report data to the state; therefore, data for the services that they provide is not included in this report.

A special model for showing these state-funded Outpatient Substance Abuse Services has been developed to illustrate the continuum of care. This includes the types of substance abuse services delivered in Wyoming, the number of clients receiving those services, and the average hours per client. To help the reader understand all components of this complex model, the graph has initially been divided into three (3) components. Each of the following three (3) figures will describe one (1) component of the model. The third figure in the series displays all of the components in one (1) graph.

This model shows the five (5) primary substance abuse services which comprise the Outpatient Substance Abuse Continuum of Care. Some of the services delivered by SACs are NOT reported in this model. The services which are not included are: Detox services, Residential services, and Inpatient services. Detox, Residential, and Inpatient services are reported in terms of days rather than hours. Therefore, they cannot be combined with the hourly services reported in the continuum of care for Outpatient Substance Abuse Services, which are reported as hours.

The six (6) outpatient hourly services reported in this model are as follows:

1. **Assessment**
   Assessment using the Addiction Severity Index (ASI)

2. **Individual Outpatient Therapy**
   Outpatient Services delivered to the individual <u>and</u> Intensive Outpatient Services delivered to the individual

3. **Group Outpatient Therapy**
   Outpatient Substance Abuse Services delivered in a group setting

4. **Case Management**
   Linkage services to assist the client in accessing other services

5. **Intensive Outpatient (IOP) Group Therapy**
   Intensive Outpatient (IOP) Group Therapy services delivered in a group setting

6. **Medication Management**
   Medication services delivered by a psychiatrist or other practitioner to assess, prescribe, and/or manage medication

Figure 46 shows the Wyoming statewide data for the Outpatient Substance Abuse Continuum of Care Services in FY 2009. The State population (532,668) is shown on the left, along with the total number of substance abuse clients who received an outpatient hourly service (7,258) in the fiscal year. The statewide Penetration Rate across all clients was 1.36%. The total number of hours for these six (6) services was 206,485. The average number of hours per client across these six (6) services was 28.45.

The color bar in Figure 46 shows the breakdown of the Outpatient Substance Abuse Services and the number of service hours for each service. In addition, the proportion of hours for each service is provided. For example, there were 6,283 hours of Assessment Services delivered in FY 2009. This is 3.04% of the total hours of the Outpatient Substance Abuse services delivered. Individual Outpatient Therapy service hours represent 7.90 % of the Outpatient Substance Abuse Services, Group Outpatient Therapy service hours are 31.07%, Case Management hours represent 3.37%, Intensive Outpatient (IOP) Group Therapy service hours are 53.99%, and Medication Management service hours are 0.62% of all Outpatient Substance Abuse Services hours.

Figure 46
Statewide
Substance Abuse Clients/Hours/Outpatient Services – Color Bar
FY 2009

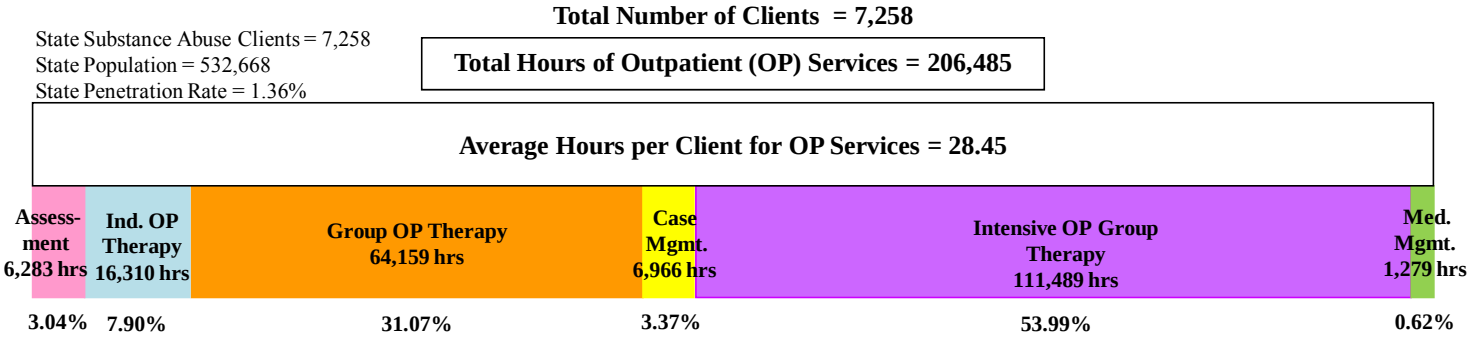


Figure 47 shows the same information described in Figure 46. In addition, it provides information on Assessment services which were delivered statewide. The Assessment column shows that 3,118 clients received an assessment. This shows that 42.96% of all clients receiving these Outpatient Substance Abuse Services received an Assessment in FY 2009. Dividing the number of unique clients who received an Assessment into the total number of Assessment hours calculates an average number of Assessment hours per Assessment client. Thus, as shown at the bottom of the Assessment column, each Assessment client averaged 2.01 hours of Assessment services in the year.

Figure 47
Statewide
Substance Abuse Clients/Hours/Outpatient Services – Color Bar and One Service Type
FY 2009

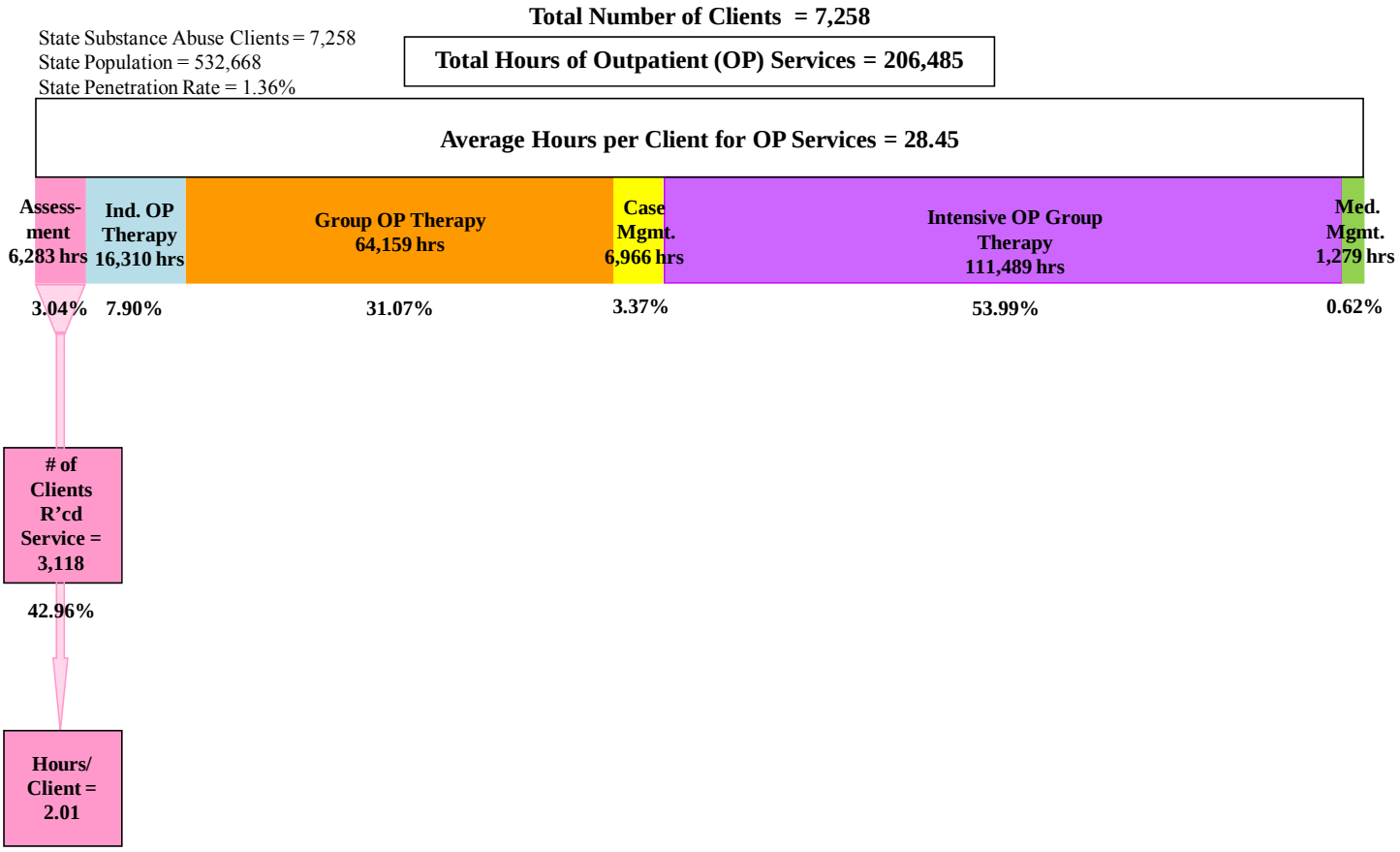


Figure 48 (on the next page) shows the full illustration of the statewide continuum of Outpatient Substance Abuse Services, building upon the information shown in Figures 46 and 47. The other five (5) services are shown in the full model (see Figure 48). Following Assessment services, the next column of data shows information on Individual Outpatient Group Therapy services. There were 16,310 hours of Individual Outpatient Group Therapy services delivered, which represents 7.90 % of all Outpatient Substance Abuse Service hours. There were 3,356 clients who received Individual Outpatient Group Therapy services. This shows that 46.24% of all clients received Individual Outpatient Group Therapy services. Each client receiving Individual Outpatient Substance Abuse Services averaged 4.86 hours of service in the year.

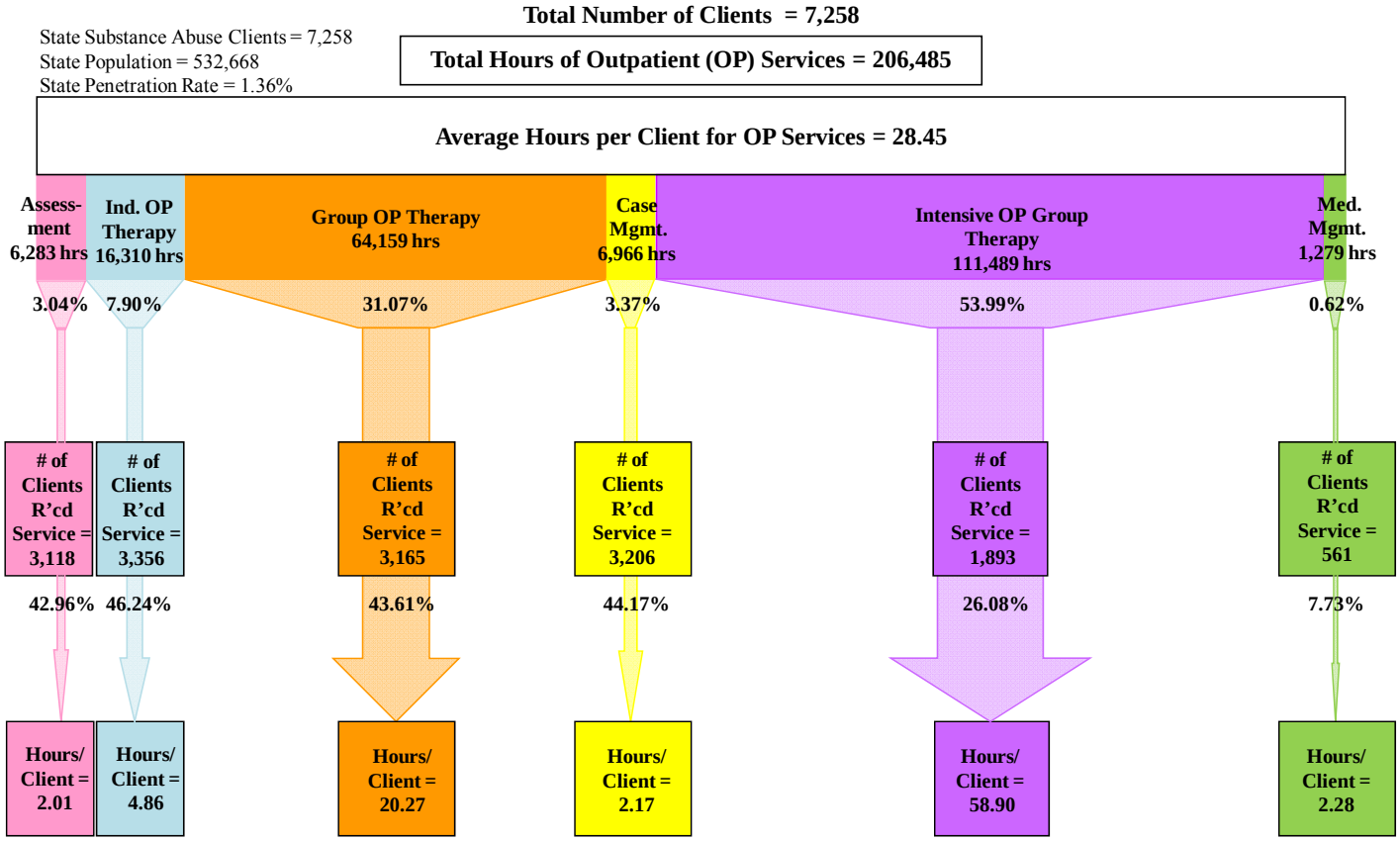
The next column of data shows Group Outpatient Therapy services. There were 64,159 hours of Group Outpatient Therapy service delivered, which represent 31.07% of all Outpatient Substance Abuse Service hours. There were 3,165 clients who received Group Outpatient Therapy services. This represents 43.61% of all clients received Group Outpatient Therapy services. Each client who received Group Outpatient Therapy services averaged 20.27 hours of service in the year.

Case Management services are shown in Figure 48. There were 6,966 hours of Case Management services (3.37%). There were 3,206 clients who received Case Management services. This was 44.17% of all Outpatient Substance Abuse Service clients. Each client who received Case Management services averaged 2.17 hours of service in the year.

Figure 48 also shows Intensive Outpatient (IOP) Group Therapy services. There were 111,489 hours of IOP Group Therapy services delivered in FY 2009. This was 53.99% of all Outpatient Substance Abuse Service hours. There were 1,893 clients who received IOP Group Therapy services (26.08%). Each client who received Intensive Outpatient Group Therapy services averaged 58.90 hours of service in the year.

Figure 48 also shows Medication Management services. There were 1,279 hours of Medication Management services delivered in FY 2009. This was 0.62% of all Outpatient Substance Abuse Service hours. There were 561 clients who received Medication Management services (7.73%). Each client who received Medication Management services averaged 2.28 hours of service in the year.

Figure 48
Statewide
Substance Abuse Clients/Hours/Outpatient Services
FY 2009



As Health Care Reform is implemented, it will be important for substance abuse services to be integrated into physical health services. Coordination and collaboration between primary care services and substance abuse services improves client outcomes and promotes wellness and recovery. Southwest Counseling Services' employment of a Physician Assistant provides an easily replicable model for other centers.

Substance Abuse Promising Practice: Southwest Counseling Service's Integration of Primary Medical Care and Substance Abuse Care. Since 2004, Southwest Counseling Service has provided on-site primary medical care to clients of Recovery Services to help prevent, diagnose, and treat their medical ailments and substance abuse disorders. Southwest Counseling Service implemented this program in response to the severe shortage of physicians in Sweetwater County and the county's difficulty in securing non-urgent medical care. Southwest Counseling Service remodeled a building into a full medical clinic and has a full-time Physician Assistant on staff. The Physician Assistant is available by appointment, walk-in, or emergency and provides routine medical care and assists clients in managing their disease. Clients are able to have their health issues treated which allows them to attend more treatment sessions, be retained

in treatment, and save money. This program is an excellent model for integrating medical services into behavioral health care and helping individuals live healthier, substance-free lives.

Youth Substance Abuse Services

The Outpatient Substance Abuse Services Continuum of Care data shows all clients served by SAC. As shown in Figure 49, there were 7,258 clients who received these services in FY 2009. Of these 7,258 clients, 681 (or 9.4%) were youth 17 years of age or younger. Only a few of the SACs offer substance abuse services for youth. The majority of persons interviewed noted that there is a big gap in substance abuse services for youth. There are also very few Alcoholics Anonymous (AA) groups targeted specifically for youth.

"Fifty percent (50%) of high school-aged kids binge drink on a regular basis, and 85% have drunk alcohol within a 30 day period."
- Department of Education

Figure 49
Statewide Substance Abuse Clients Served
By Age
FY 2009

	Number of Clients	Percent
Youth	681	9.4%
Adults	6,577	90.6%
Total	7,258	100.0%

Out of the total number of youth ages 0-17 in the state population (N=128,457), this shows that only 0.53% of youth in the state receive Outpatient Substance Abuse Services. Similarly, youth received 8.6% of all Outpatient Substance Abuse Services hours (see Figure 50 on the next page).

Figure 50
Statewide Substance Abuse Service Hours
By Age
FY 2009

	Number of Hours	Percent
Youth	17,685	8.6%
Adults	188,800	91.4%
Total	206,485	100.0%

Substance Abuse Gap: Substance Abuse Services for Youth. There is a high rate of binge drinking among high school age youth (50%). Until recently, there has been no specific funding for substance abuse services for youth. HB 308 recently funded social detox for youth and the division funds five (5) juvenile drug court programs and two (2) juvenile/adult joint drug court programs. However, there is a need to develop and expand substance abuse services for youth and develop curriculum that is appropriate for this young population.

Summary of Outpatient Substance Abuse Services

Outpatient Substance Abuse Services for each SAC are summarized in Figures 51a and 51b. The SACs are ordered by population, with the least populated SAC (Hot Springs) on the left of the first table, and the most populated (Peak Wellness) on the right of the second table. Most SACs offer each of these services. The hours per client helps to standardize this information across the SACs. For example, the average number of hours per client for IOP Group Therapy ranges from 24.81 hours per client in High Country to 96.68 hours per client in Pathfinder. The statewide average is 28.45 hours per client.

Figure 51a
Summary of Outpatient Substance Abuse Services
FY 2009
(Table 1 of 2)

		Hot Springs	Cloud Peak	Big Horn	VOA	Solutions For Life	Carbon	Curran-Seeley	Corner-stone	High Country	Statewide
Assessment	Clients	19	33	59	-	57	77	183	61	91	3,118
	Hours	63.25	59.50	145.25	-	98.50	160.00	382.75	351.50	176.75	6,283
	Hours/Client	3.33	1.80	2.46	-	1.73	2.08	2.09	5.76	1.94	2.01
OP Individual Therapy	Clients	32	109	82	45	86	62	158	2	145	3,356
	Hours	188.75	616.00	565.00	162.25	263.50	269.75	614.50	5.00	757.00	16,310
	Hours/Client	5.90	5.65	6.89	3.61	3.06	4.35	3.89	2.50	5.22	4.86
OP Group Therapy	Clients	13	188	36	70	96	76	230	109	99	3,165
	Hours	203.50	3,838.50	404.75	1,719	1,112.50	1,478.25	5,740.00	3,576.50	2,992.75	64,159
	Hours/Client	15.65	20.42	11.24	24.56	11.59	19.45	24.96	32.81	30.23	20.27
Intensive OP Group Therapy	Clients	-	32	60	46	87	38	236	109	58	1,893
	Hours	-	2,110.50	1,852.75	2,253.75	3,103.50	1,299.25	22,674.75	7,933.00	1,438.75	111,489
	Hours/Client	-	65.95	30.88	48.99	35.67	34.19	96.08	72.78	24.81	58.90
Case Management	Clients	15	124	87	19	29	84	186	1	131	3,206
	Hours	17.25	176.00	238.50	42.00	75.25	87.50	456.00	0.25	214.00	6,966
	Hours/Client	1.15	1.42	2.74	2.21	2.59	1.04	2.45	0.25	1.63	2.17
Medication Management	Clients	3	22	7	-	2	1	2	-	1	561
	Hours	10.50	53.75	8.50	-	2	5	2	-	1.00	1,279
	Hours/Client	3.50	2.44	1.21	-	0.75	4.75	1.00	-	1.00	2.28
Total Outpatient	**Clients**	**46**	**239**	**111**	**379**	**163**	**134**	**423**	**160**	**181**	**7,258**
	Hours	**483.25**	**6,854.25**	**3,214.75**	**4,177.00**	**4,654.75**	**3,299.50**	**29,870.00**	**11,866.25**	**5,580.25**	**206,485**
	Hours/Client	**10.51**	**28.68**	**28.96**	**11.02**	**28.56**	**24.62**	**70.61**	**74.16**	**30.83**	**28.45**
Penetration Rate	**General Population**	**4,622**	**7,821**	**11,322**	**28,662**	**15,695**	**15,624**	**20,376**	**20,617**	**25,087**	**532,668**
	Penetration Rate	**1.00%**	**3.06%**	**0.98%**	**1.32%**	**1.04%**	**0.86%**	**2.08%**	**0.78%**	**0.72%**	**1.36%**

Figure 51b
Summary of Outpatient Substance Abuse Services
FY 2009
(Table 2 of 2)

		Cedar Mtn	Path-finder	Camp-bell	Fre-mont	South-west	North-ern	Central	Peak	Statewide
Assessment	Clients	67	254	171	215	429	357	514	575	3,118
	Hours	100.50	499.00	313.00	391.75	815.25	407.25	1,132.50	1,186.00	6,283
	Hours/Client	1.50	1.96	1.83	1.82	1.90	1.14	2.20	2.06	2.01
OP Individual Therapy	Clients	124	299	176	179	332	428	279	868	3,356
	Hours	1,021.25	2,023.50	331.50	775.25	1,772.50	1,727.00	873.25	4,343.50	16,310
	Hours/Client	8.24	6.77	1.88	4.33	5.34	4.04	3.13	5.00	4.86
OP Group Therapy	Clients	104	402	127	240	395	98	384	520	3,165
	Hours	1,651.75	7,405.00	1,643.50	3,549.50	9,944.50	1,193.25	9,114.00	8,591.25	64,159
	Hours/Client	15.88	18.42	12.94	14.79	25.18	12.18	23.73	16.52	20.27
Intensive OP Group Therapy	Clients	37	114	122	165	157	235	213	197	1,893
	Hours	1,469.00	11,021.00	3,398.50	9,770.00	11,733.00	7,334.75	10,585.50	13,510.75	111,489
	Hours/Client	39.70	96.68	27.86	59.21	74.73	31.21	49.70	68.58	58.90
Case Management	Clients	116	152	107	171	507	413	259	846	3,206
	Hours	193.25	123.25	84.00	169.00	1,909.00	1,334.00	291.25	1,555.75	6,966
	Hours/Client	1.67	0.81	0.79	0.99	3.77	3.23	1.12	1.84	2.17
Medication Management	Clients	-	38	38	13	183	66	44	145	561
	Hours	-	27.00	57.00	26.00	379.75	223.00	67.75	416.75	1,279
	Hours/Client	-	0.71	1.50	2.00	2.08	3.38	1.54	2.87	2.28
Total Outpatient	**Clients**	**209**	**607**	**282**	**400**	**751**	**583**	**904**	**1,287**	**7,258**
	Hours	**4,435.75**	**21,098.75**	**5,827.50**	**14,681.50**	**26,554.00**	**12,219.25**	**22,064.25**	**29,604.00**	**206,485**
	Hours/Client	**21.22**	**34.76**	**20.66**	**36.70**	**35.36**	**20.96**	**24.41**	**23.00**	**28.45**
Penetration Rate	**General Population**	**27,574**	**32,758**	**41,473**	**38,113**	**39,944**	**50,605**	**73,129**	**140,666**	**532,668**
	Penetration Rate	**0.76%**	**1.85%**	**0.68%**	**1.05%**	**1.88%**	**1.15%**	**1.24%**	**0.91%**	**1.36%**

Specialized Substance Abuse Services

In addition to Outpatient Substance Abuse Services, there are a number of different Specialized Services for substance abuse clients who need a higher, or more acute, level of care. These include Detoxification Services, Residential Services, Inpatient Services, and Wyoming State Hospital Co-Occurring services. These services are described below.

Detoxification ("Detox") Services

Detox is an abbreviated term for detoxification services, which, in general, is the process of ridding the body of a toxic substance. In the case of substance addiction, the toxins are the addict's drugs of choice. When an individual quits using an addictive substance, the body rebels and the person experiences a variety of physical and mental withdrawal symptoms as it detoxifies. These symptoms range from a relatively mild hangover to major incidents including seizures, which can, in severe cases, result in death.

Individuals are referred to Detox Services if they are not stable enough to benefit from treatment. Detox Services may occur in a social, non-medical setting or in a medically monitored inpatient facility, depending upon the needs of the individual. Detox is a first step for every person beginning the process of addressing their addiction. Many programs require the individual to complete detox prior to being accepted into the program. Most residential programs in the state require the person to be clean and sober prior to admission to the facility.

Social Detox Services

Social Detox Services help individuals to safely manage withdrawal and begin the process of engaging in further treatment. Social Detox is a compassionate way for the individual to rid his/her body of drugs, as well as prepare for further treatment.

Social Detox is not intended to be a comprehensive treatment for addiction, but rather a precursor to further treatment methods. Individuals who are going through a Social Detox program are given a safe environment to begin the withdrawal from drugs or alcohol. Individuals are treated humanely and with respect. The average length of stay ranges from one (1) to three (3) days. Some individuals stay less than six (6) hours while others stay for several days. These individuals receive referrals to community based services following completion of the pre-treatment Social Detox period.

Social Detox facilities rarely use medications but are monitored or supervised by medical professionals or licensed counselors. Professionals in Social Detox programs evaluate a client to determine if he/she can safely detox without medical supervision. Transportation to medical facilities is arranged for those clients needing a medically-managed setting.

A limited number of Social Detox programs exist in the state. Across the state, Peak Wellness, Fremont County Alcohol Crisis Center, Central Wyoming Counseling Center, Volunteers of America, and Southwest Counseling Services provide Social Detox services. However, the Social Detox services delivered by Peak Wellness are funded only through

city and county funds; they do not receive state funds. Therefore, they primarily serve only clients from the Peak Wellness region.

The largest program, Fremont County Alcohol Crisis Center, is a 28-bed facility that provides both Social Detox services and short-term (30 days) Transitional Residential services. This facility is nearly always at full capacity. Clients from Fremont County Alcohol Crisis Center, clients from other counties in the state, and individuals from other states utilize the services at this facility.

Substance Abuse Promising Practice: Fremont County Alcohol Crisis Center. The Fremont County Alcohol Crisis Center, a Social Detox program located in Riverton, provides an admirable and economical model for delivering Social Detox services to individuals. This program utilizes staff and paid clients to offer supportive, effective, short-term services to help the individual begin addressing his/her addictions. This program provides an important service to clients in this region and statewide.

Social Detox provides an important service to help a client safely manage symptoms of withdrawal. When a client cannot access Social Detox services, the client often returns home to detox alone or under the supervision of family members. Other clients detox in the local jail. Social Detox services have expanded in the past four years, but many persons interviewed reported that there is a need for additional Social Detox services.

Substance Abuse Gap: Expanding Social Detox. Social Detox services provide a cost-effective model for meeting the needs of substance abuse and mental health clients who need a safe place to stay while going through detoxification. The Central Region has the largest number of detox beds, through Fremont County Alcohol Crisis Center and Central Wyoming Counseling Center's Residential Treatment Facility. All other regions have some capacity to deliver Social Detox services except in the Basin Region, where there aren't any programs. There is a need to develop Social Detox services in the Basin Region and expand services in other regions.

In addition to having a limited number of Social Detox programs in the state, there is limited and incomplete service utilization data being report by the Social Detox programs. At the present time, not all of the Social Detox programs routinely report data to the WCIS data system. This makes it difficult to document the need and the utilization of these services.

Medical Detox Services

Medical Detox Services are delivered within an inpatient setting. Medical Detox refers to a wide variety of detoxification techniques used by the medical profession. Some individuals only require observation by medical professionals while detoxing naturally. Others require medical intervention, which may include tranquilizers or other drugs that reduce the symptoms caused by withdrawal from the addictive drug. The use of various Medical Detox procedures depends on many factors, including the type of addictive drug (alcohol, opiate, etc.), the severity of the addiction, and the philosophy of the treatment provider.

There are a few county hospitals in Wyoming that are willing to provide Medical Detox services. However, in most instances, individuals are kept in the inpatient setting for only two or three days, and are released as soon as medically stable. Referrals to Outpatient and/or Residential programs are made at the time of discharge. These county hospitals do not offer extended Inpatient Hospital-based treatment services.

Substance Abuse Gap: Medical Detox Services. This level of service offers a safer, medically-managed environment for individuals who cannot be served by a Social Detox program. There are a limited number of Medical Detox facilities in the state. There is a need for additional Medical Detox services in each region across the state.

Substance Abuse Residential Services

Substance abuse Residential Services are available to individuals who have a higher level of need than that provided by Outpatient Substance Abuse Services, or the individual displays opposition to treatment and needs a structured environment to achieve therapeutic goals and recovery. Often, these individuals do not recognize the skills needed to prevent continued substance use, with imminently dangerous consequences. In addition, the individual's home environment may be dangerous and the individual would benefit from a 24-hour structure to learn to cope. These individuals, because of specific functional deficits, need safe and stable living environments in order to develop their recovery skills.

Residential Programs offer organized treatment services that have a planned regimen of care in a 24-hour residential setting. The goals of treatment are to promote abstinence from substance use and effect a global change in the individual's lifestyles, attitudes, and values. Treatment services adhere to defined policies, procedures, and clinical protocols. Interventions are directed by appropriately trained and credentialed addiction treatment staff. Case Management services help to facilitate client's reintegration into the larger community.

There are five (5) residential programs in Wyoming: Peak Wellness, Central, Southwest, Volunteers of America, and Cedar Mountain. There are a total of 276 beds available in the state. Services are designed to meet the needs of clients. Some clients require only 30 days of residential treatment, while others require 90 days or longer.

Southwest Counseling's Therapeutic Community Residential programs offer services which may last one year or longer. The Therapeutic Community treatment model is a drug-free residential setting that uses treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.

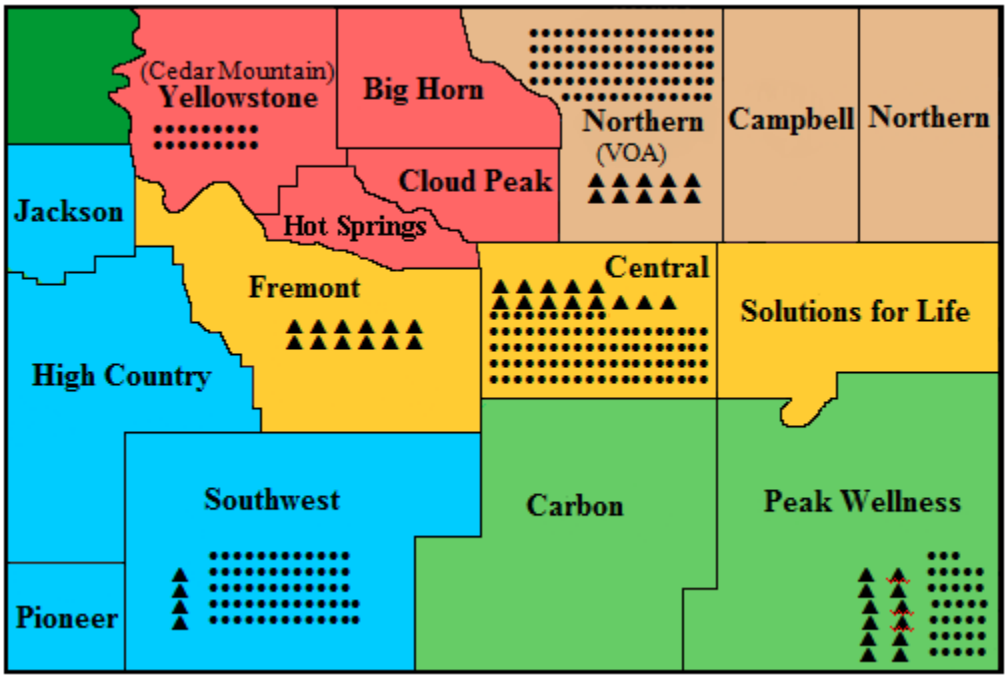
Historically, there were a very limited number of residential beds for youth. This shortage was addressed with the opening of Central's Residential Program, which dedicated 11 beds for youth, out of the total 86 beds.

Substance Abuse Promising Practice: Central Wyoming Counseling Center Substance Abuse Residential Treatment Center. The CWCC opened the 86 bed Substance Abuse Residential Treatment Center in October 2008. It offers intensive Residential Substance Abuse services to men, women, women with children, and adolescents. This program has had a significant impact on the waiting lists across the state, allowing access to persons needing this level of service. Once an individual completes the primary Residential Treatment program, he/she is either moved into a Transitional Treatment program, enroll in the Outpatient Treatment program, or referred back to a treatment provider in their home community. A coordinated discharge plan is developed to help support the person as he/she moves back into the community. This program has been successful and provides a valuable resource for the state.

Figure 52 (on the next page) shows the number and location of state-funded substance abuse residential beds available in Wyoming in May 2010. There are two types of residential programs: Primary Residential and Transitional Residential. These services are extremely limited. Some SACs have additional Social Detox services available (e.g., Peak Wellness has eight beds) but these are not funded by the state and therefore, not reported to the state data system.

Figure 53 (on the next page) shows the same information, but in numerical and table format. There are a total of 276 Primary Residential beds and 51 Transitional Residential beds in the state.

Figure 52
State-funded Substance Abuse Residential Beds
By SAC
May 2010



●	Primary Residential
▲	Transitional Residential

Figure 53
Number of Primary and Transitional Residential Beds
By SAC
May 2010

Name of CMHC/SAC	# of Primary Residential Beds	# of Transitional Residential Beds
Peak Wellness	33	12
Central	86	13
Southwest	62	4
Volunteers of America	77	10
Cedar Mountain	18	0
Fremont County Alcohol Crisis Center	0	12
TOTAL	**276**	**51**

A few of the residential programs offer services to men or women with dependent children. Day Care services are available for the children during the day while the parent is receiving treatment services. Upon discharge from all Residential Programs, individuals are encouraged to participate in continuing care programs in their local communities.

The data in this section represents only Residential Substance Abuse Programs funded by the MHSASD. These services have been expanded in the past four years as a result of funding from SF 76 and HB 91. Residential Programs which are developed with local funds do not report data to the state. As a result, the data in this report may not reflect all of the Residential Services available in Wyoming.

Primary Residential Services

Primary Residential Services are designed to provide an intensive level of residential care. Clients attend a minimum of 30 hours of treatment each week, which includes education and therapy groups, individual counseling, family counseling, and exercise. The length of stay in the program is determined on an individual basis, according to client needs. There are a total of 276 beds available from five (5) programs in the state. These programs include: Peak Wellness, Central, Southwest, Volunteers of America, and Cedar Mountain.

Substance Abuse Trends: Primary Residential Services. As shown in Figure 54, there were a total of 952 clients who received Primary Residential services in FY 2005. In FY 2009, there were 1,270 clients who received Primary Residential services. This data shows an increase of 33.4%. The total number of days for Primary Residential services was 52,203 days in FY 2005. This number increased to 76,498 days in FY 2009, which shows a 46.5% increase in Primary Residential service days. The average days per client increased from 54.84 days per client in FY 2005 to 60.23 days per client in FY 2009. This shows a 9.8% increase.

Figure 54
Trends in Service Utilization: Primary Residential Services
By Statewide
FY 2009

	FY 2005	FY 2009	Percent Increase
Clients	952	1,270	33.4%
Days	52,203	76,498	46.5%
Days Per Client	54.84	60.23	9.8%

Substance Abuse Promising Practice: Southwest Counseling Women and Children's Residential Program. Southwest Counseling's service offers Residential programs utilizing the Therapeutic Community Model for Men, Women, and Women with their Children. The Women and Children's program allows women to enter residential treatment and have their children live with them while receiving treatment. This program consistently is at full capacity and houses an average of 12 children per day. While the women attend treatment, the children participate in an on-site daycare or attend school. The program focuses on the women developing employment and life management skills, while

providing hands-on parenting education and support. This program provides an excellent model for delivering comprehensive services that help individuals achieve positive, long-term outcomes including keeping families together throughout treatment.

Transitional Residential Services

Transitional Residential Services are designed to provide a lower level of residential care for clients who are ready to 'step down' from Primary Residential Services, or need additional supportive services than available through IOP services. As of May, 2010, there are a total of 51 beds available from five (5) programs in the state. These programs are offered by: Peak Wellness, Central, Southwest, Volunteers of America, and Fremont County Alcohol Crisis Center.

Substance Abuse Gap: Transitional Residential Housing. There is limited availability of "step-down" Residential Substance Abuse Services. Some regions have different levels of supported housing available, while others have very few Transitional Residential Services. The development of additional Transitioning Housing opportunities would help support clients as they learn to live independently in the community without addiction.

Substance Abuse Discussion: Communicating Residential Bed Availability. The state is developing a systematic method for communicating the availability of substance abuse residential beds. A web-based database provides assistance in linking resources to clients and providers who could benefit from these services. This system will provide information on the number of beds filled, the number of vacancies, and other relevant information on vacant residential beds.

In addition to the Transitional Residential beds, there are now 15 Oxford Houses started in Wyoming. Oxford Houses are drug-free group homes which are based on a national model. All Oxford Houses have specific requirements that must be fulfilled in order to obtain and retain the Oxford House Charter. These include:

- The house must be democratically self-run.
- The house membership is responsible for all household expenses.
- The house must immediately expel any member who uses alcohol or drugs.

The number of residents in a house may range from six to fifteen. These homes may be designed to serve only men, only women, or women with children. Oxford Houses have been found to be an effective and low-cost method of preventing addiction relapse and are providing a valuable resource in Wyoming. Oxford Houses provide a cost-effective model for supporting individuals in their recovery. Additional houses are being developed each year.

Summary of Specialized Substance Abuse Services

There has been an increase in the development and expansion of substance abuse Specialized Services. The number of Social Detox beds has increased and this service is more available. However, many stakeholders reported that there continues to be a need for additional Social Detox beds in each region. There is also a continued need for additional Medical Detox beds. Few hospitals are willing to admit clients needing this intense level of service.

There has been a substantial increase in the number of substance abuse Residential Services with the funding for Central's Residential Program. There are now 276 Primary Residential beds and 51 Transitional Residential beds across the state. Stakeholders reported a need for additional Transitional Residential beds, but were pleased with the additional Primary Residential program in Casper.

There continues to be a need for services for persons with a co-occurring diagnosis. Some centers offer specialized programs for persons with a co-occurring diagnosis; however, there is a continuing need to develop evidence-based treatment programs that offer comprehensive services for people with a co-occurring diagnosis. Expanding all of these Specialized Services in the coming years will greatly improve the outcomes for substance abuse clients.

Substance Abuse Discussion: Substance Abuse Client Outcomes. An evaluation and analysis of the effectiveness of different substance abuse treatment models on long-term client outcomes is recommended. The SACs offer different promising practice service models, but there has not been any study or long-term follow-up to determine if some of the programs are more effective at helping people get and stay substance-free over time. A targeted follow-up study that collects client-level outcomes at three months, six months, 12 months, and discharge would provide valuable information for identifying exemplary programs.